NB Trauma Program
Programme de traumatologie du NB

Horizon Health Network
Réseau de santé Horizon

Vitalité Health Network
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Ambulance NB

New Brunswick Department of Health
Ministère de la santé du Nouveau-Brunswick

New Brunswick Trauma Registry
Data Set—Data Dictionary

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Introduction

The New Brunswick Trauma Registry (NBTR) is the bringing together of data from ANB, the two Health Authorities, Stan Cassidy Rehabilitation Centre, and the Coroner's Office in order to gain a more inclusive picture of injury in New Brunswick. The Registry is two data sets: the Comprehensive Data Set (CDS) and the Minimal Data Set (MDS). These two data sets grew out of the years of data that was collected on the patients at the Saint John Regional Hospital in the early infancy of the Trauma Program. The majority of the data revolves around the Field Trauma Triage and the Toll Free Trauma Transfers and has developed to include not only the Level 1 and 2 Trauma Centres, but also the Level 3 centers.

The purpose of this data set data dictionary is to provide a clear definition of and data entry instructions for each data element within the set of data for the NBTP. This will provide consistency in data collection across the province as well as aid in the interpretation of this data.

The NBPTR is managed by the New Brunswick Trauma Program. Data is obtained from all Level 1, Level 2, and Level 3 trauma centres in New Brunswick.

Saint John Regional Hospital
Moncton City Hospital
George Dumont Hospital
Edmundston Regional Hospital
Dr. Everett Chalmers Regional Hospital
Hôpital Regional Chaleur
Campbellton Regional Hospital
Miramichi Regional Hospital

The goals of the New Brunswick Trauma Program contribute to the reduction of injuries and related deaths in New Brunswick by providing data which will allow for the examination of provincial injury epidemiology. The NBTP will participate within the structure of the National Trauma Registry to facilitate provincial and international injury comparisons. The NBTP will work through the provincial sub-committees of education, research, and prevention to increase awareness of injury as a public health problem in New Brunswick, assist injury prevention programs, and facilitate injury research.

Trauma Defined

For the purposes of the NBTR and Minimal Data Set, the patient population will be inclusive of patients registered in any Emergency Department based on the following criteria. This will be inclusive of patients that are discharged from the Emergency Department admitted to the facility, as well as those transferred to other facilities.

	Trauma Registry
Inclusion	1. Patient presented with evidence of or reported injury AND 2. CTAS level 1, 2, 3 or (not documented). a. CTAS 4-5, Patients 0-15 years that Fall. 3. Transfers in or out seen in Emergency on arrival. 4. DOAs/DIEs. 5. Coroner's cases. 6. All patients with any identifiable quality issue (not already in the Trauma Registry).
Exclusion	1. CTAS level 4 and 5 (including falls for Age >15) 2. Intentional overdose
Data Requirements	Patients with ED disposition of Discharged: See user guide for required fields Data entry will be completed on a 1 in every three days basis as per calendar provided.
	Data entry will be completed on all admissions that meet the inclusion criteria. Date entry completed by Health Records Professionals will be on patients: • Has an ISS greater than 12, using an international scoring system created to calculate the severity of injury; or ISS greater than 8, for all penetrating injuries. Has an ICD external cause of injury code that meets the definition of trauma; and • Meets one of the following criteria: 1. Admitted to a participating hospital; or 2. Treated in the emergency department of a participating hospital (not admitted); or 3. Died in the emergency department of a participating hospital after treatment was initiated (not admitted).

Roles and Access to Registry

There are five main roles associated with the NB Trauma Registry:
1. System administrator
2. Trauma Coordinator
3. Trauma Nurse
4. Health Records Coder
5. Report Pick Up Access

The system administrator will have overall access to the Trauma Registry for all sites for both incidents and admissions. Reference: NBTP Policy 3.5-020 Access to and Release of Information

Digital Innovation, Inc. NB Central Site

Role ID/Description			
Role ID	10	20	21
Description	Central Site Admin	Trauma Coordinator	Trauma Nurse
Web Portal Tab			
Web Portal Applications Ability	Yes	Yes	Yes
Trauma Event Module Ability	Yes	Yes	Yes
Web Portal Admin Ability	Yes	Yes	Yes
Web Report Pickup Ability	Yes	Yes	Yes
Web Data Submission Ability	No	No	No
Permissions Tab			
Role Access	View	View	None
Facility Access	Edit	View	None
Facility Group Access	Edit	View	None
Staff View Level	All/All Searchable	All/All Searchable	Created by Facility
Satff Edit Level	All/All Searchable	All/All Searchable	Created by Facility
Staff Add Level	All/All Searchable	All/All Searchable	Created by Facility
Property Item Access	None	None	None
Custom Definition Menu Edit Level	None	None	None
Custom Definition Field Edit Level	None	None	None
Custom Definition Deploy Level	None	None	None
User View Level	All/All Searchable	All/All Searchable	Created by Facility
User Edit Level	All/All Searchable	All/All Searchable	Created by Facility
User Add Level	All/All Searchable	All/All Searchable	Created by Facility
User Admin Account Level	All/All Searchable	All/All Searchable	Created by Facility
Web Report Pickup View Level	All/All Searchable	All/All Searchable	Created by Facility
Web Report PickUp Admin Level	All/All Searchable	All/All Searchable	Created by Facility
Data Entry Defaults View Level	All/All Searchable	All/All Searchable	Created by Facility
Data Entry Defaults Edit Level	All/All Searchable	All/All Searchable	Created by Facility
Direct Connect RW Level	All/All Searchable	None	None
Web Report Runner Admin Level	All/All Searchable	All/All Searchable	None
Web Report Runner View Level	All/All Searchable	All/All Searchable	Created by Facility
User Account Role Filter	*Central Site*	*Hospital*	*Hospital*
	Hospital		
Trauma Event			
Trauma Event Search Level	All/All Searchable	All/All Searchable	All/All Searchable
Trauma Event View Level	All/All Searchable	All/All Searchable	All/All Searchable
Trauma Event Add Level	All/All Searchable	All/All Searchable	All/All Searchable
Trauma Event Edit Level	All/All Searchable	All/All Searchable	All/All Searchable
Trauma Event Delete Level	All/All Searchable	All/All Searchable	None
Trauma Admission Add Level	All/All Searchable	All/All Searchable	Created by Facility
Trauma Admission View Level	All/All Searchable	All/All Searchable	Created by Facility
Trauma Admission Edit Level	All/All Searchable	All/All Searchable	Created by Facility
Trauma Admission Delete Level	All/All Searchable	All/All Searchable	Created by Facility
Trauma Number Edit Ability	No	No	No

Retention of NB Trauma Registry

Data within the New Brunswick Trauma Registry will be kept in accordance with NB Trauma Program policy: 3.5-030 Data Quality and Retention.

Data Dictionary Layout

The data elements are grouped according to the type of data they cover. Each data element will have the following specifications:

- Field Number: Number given to each field for accessing the corresponding information.
- Name in Database: The actual name of the field in the Registry.
- Definition: The definition of the data element.
- Data Type: The type of data that can be entered into the field, character, date or number. For instance, number indicates that the field is restricted strictly to numeric values.
- Data Element Length: The number of characters required for that data element. For example,"21" cannot be entered into a field with a data element length of 1. When decimal places are accepted for a data element, they are denoted by a number following a comma. For example, "5, 2" denotes a total field length of 5, including 2 decimal places.
- Mandatory: A simple yes or no signifying whether the data element is mandatory for submission.
- Field Values: A list of the possible values that may be entered into the field for the data element, either the format of the field or a range of accepted values.
- Constraints: Any constraints on the values that can be input.
- Null Values: This will signify how null values are to be accepted. It will specify how to deal with data that is not documented or is not applicable. See section _ for details on Null values.
- Required Logic: The logic associated with the field. For example: If Work Related is "Y" then the Occupation Field will be activated.

Null Values

Unknown: This null value applies if, at the time of patient care documentation or data abstraction, information was not known.

Not applicable: This null value code applies if, at the time of patient care documentation, the information requested was not applicable to the patient, the hospitalization or the patient care event. For example, if the patient is not ventilated, then VENTILATION_DAYS is not applicable.

Timeliness

Data entry will follow timelines to be available for verification and then available for release.

ANB – data from ANB will be loaded into the Registry within 72 hours of approval from required personnel approximately 21 day post event.

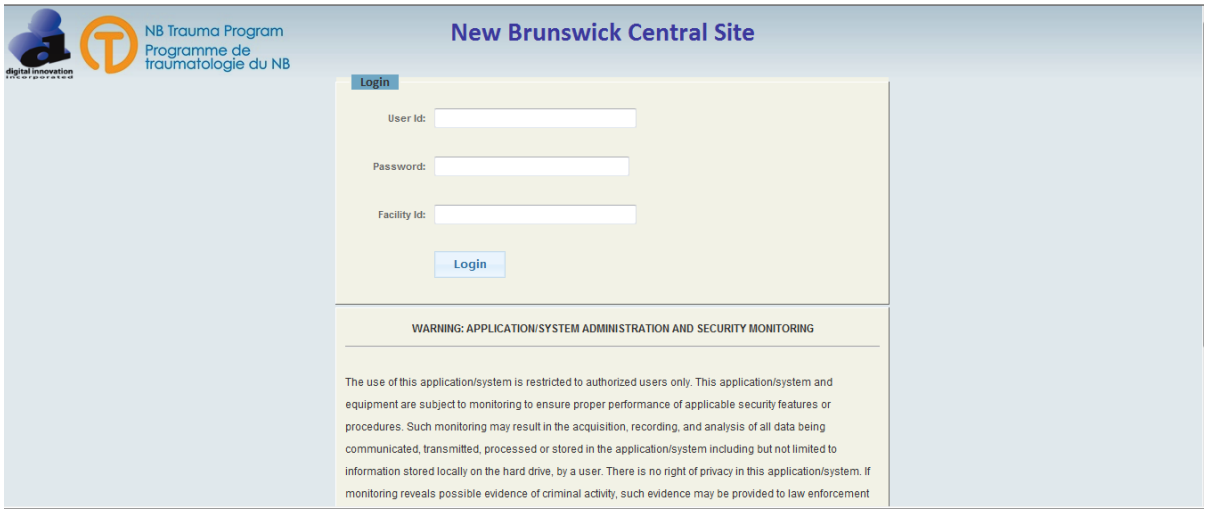
MDS – data will be entered into the Registry within 72 hours from registration.

Trauma Nurse CDS – data will be entered into Registry within 30 days of the DAD completion. The DAD requirement is 45 days from the close of the month.

Health Records CDS for NTR – data will be entered into Trauma Registry within 15 days of the DAD completion. The DAD requirement is 45 days from the close of the month.

Month	Run 3M Report	Complete Coding	TN Complete
April	June 30th	July 15th	July 31st
May	July 31st	August 15th	August 31st
June	August 31st	September 15th	September 30th
July	September 30th	October 15th	October 31st
August	October 31st	November 15th	November 30th
September	November 30th	December 15th	December 31st
October	December 31st	January 15th	January 31st
November	January 31st	February 15th	February 28th
December	February 28th	March 15th	March 31st
January	March 31st	April 15th	April 30th
February	April 30th	May 15th	May 31st
March	May 31st	June 15th	June 30th

LOGIN SCREENS:

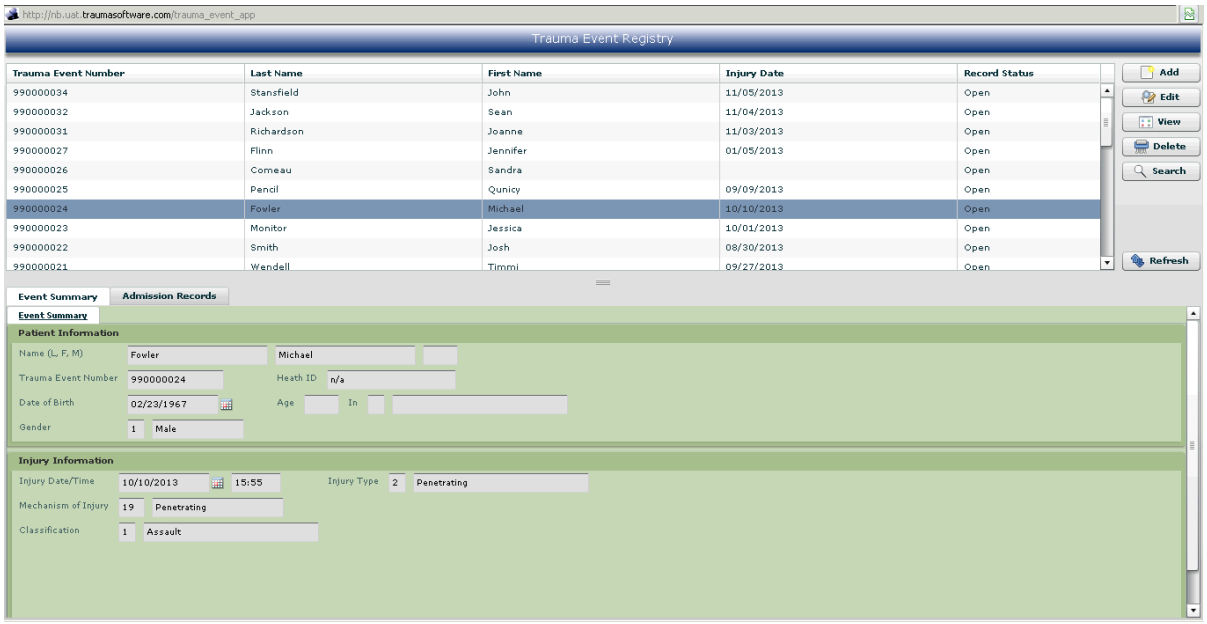


User IDs, passwords and default facilities are assigned by the Trauma Registry Manager.

Type your user name, password and default facility into the login screen and select Login.

Facility ID numbers	
0001 – Dr. Everett Chalmers Regional Hospital	0032 – Hotel-Dieu-St-Joseph St-Quentin
0005 – Campbellton Regional Hospital	0033 – Charlotte County Hospital
0009 – Edmundston Regional Hospital	0034 – Sussex Health Centre
0012 – Stan Cassidy Rehabilitation Centre	0035 – Tracadie-Sheila Hospital
0016 – Grand Manan Hospital	0039 – Chaleur Regional Hospital
0020 – Moncton Hospital	0041 – Hospital de l'Enfant – Caraquet
0021 - St. Joseph's Hospital	0042 – Grand Falls General Hospital
0022 – Miramichi Regional Hospital	0045 – Stella-Maris-de-Kent Hospital
0023 – Hotel Dieu St. Joseph's	0046 – Oromocto Public Hospital
0026 – Sackville Memorial Hospital	0048 – Georges Dumont Hospital
0029 – Saint John Regional Hospital	0049 – Upper River Valley Hospital

Select the Trauma Event (English) / Incident de traumatologie (Français) link to access the registry.

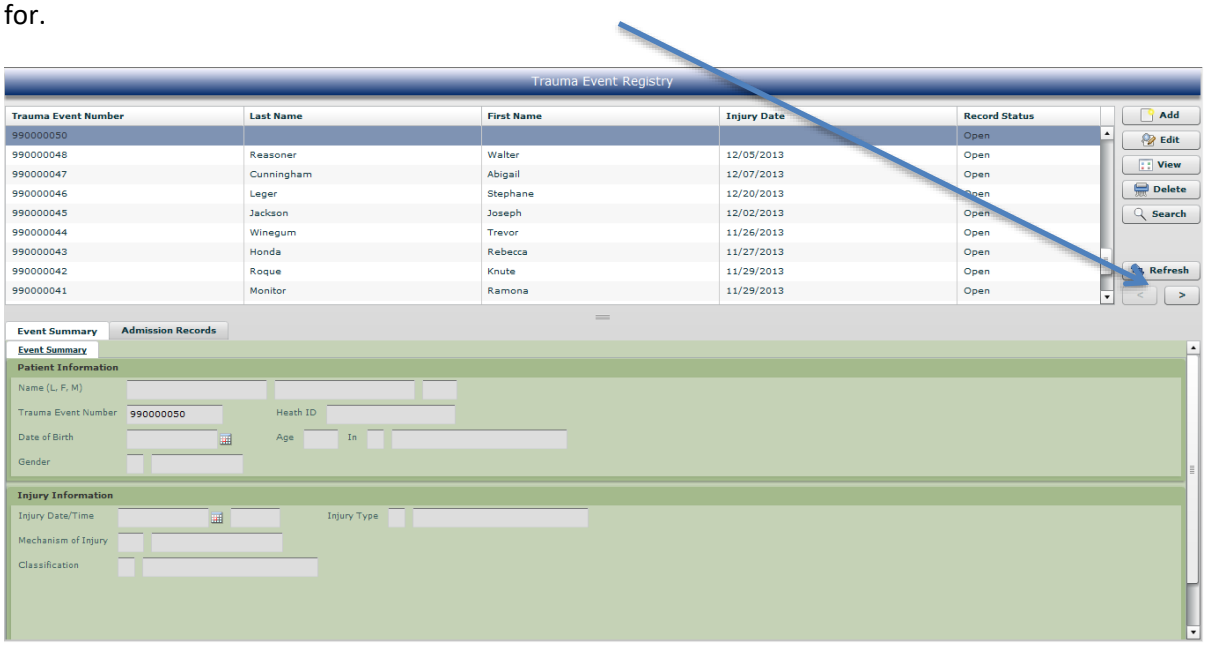


Once you have logged into the NB Trauma Registry, the Trauma Event list will be displayed. The upper half of the screen will list the trauma events in the system. The Trauma Event Number, the Last Name, the First Name, the Injury data and the Record status will be displayed.

The lower half of the screen will display specific information pertaining to the patient that you have selected in the upper part of the screen.

The Event Summary will give you the patient and injury information specific to the patient.
The Admission Records will list the admissions, or visits to facilities, assigned to the patient selected.

The Screen will hold 50 patients at one time. To view additional Trauma Events select the arrow on the right side of the screen or use the search screen to limit the trauma events that you are looking for.



EVENT:

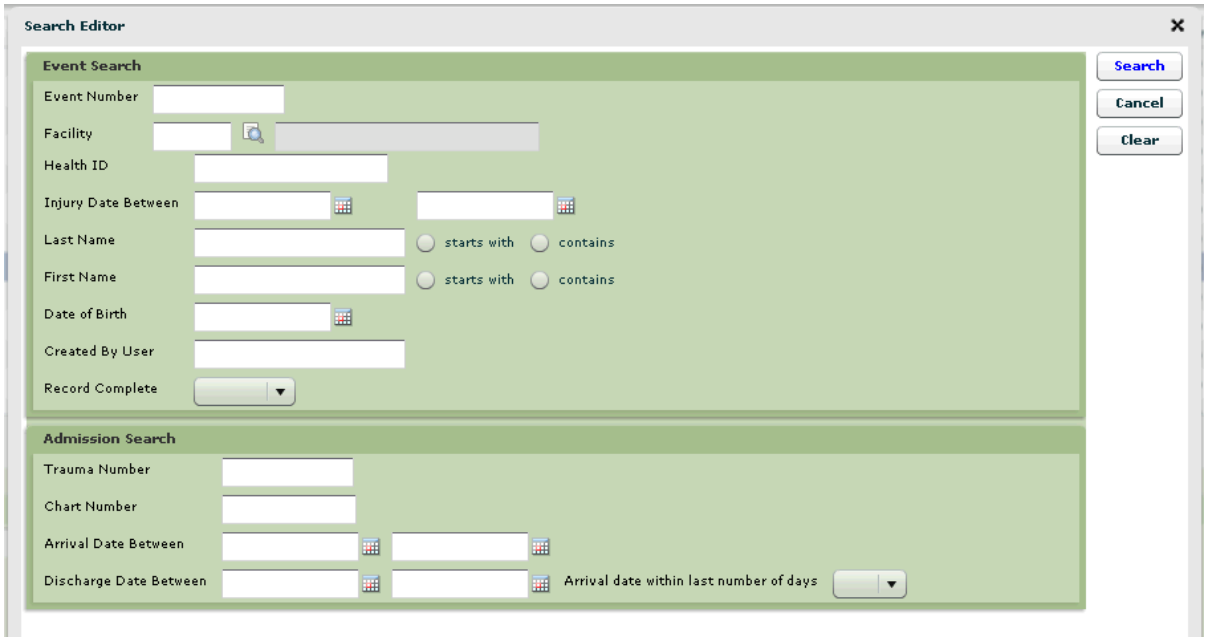
Event data consists of the information pertaining to the actual injury along with any pre-hospital data specific to arrival by ambulance.

ADMISSION:

The admission record will consist of all the information pertaining to the patient visit to a facility. This will be inclusive of the visit to the Emergency Department and those that go on to be admitted to the facility. Each facility will have a separate admission record in the registry. These admissions records will be linked to the Trauma Event.

For example: 1 Trauma event could have two admissions
Jane Doe was in a motor vehicle collision on 12/31/2013 (Trauma Event), the patient arrived at the Tracadie Hospital 12/31/2013 (1st Admission) and was seen in the Emergency Department. They then were transferred to the Moncton Hospital 01/01/2014 (2nd Admission). The patient was discharged home from the Moncton Hospital (Event Complete and admissions complete)

Search for Trauma Event or Patient:



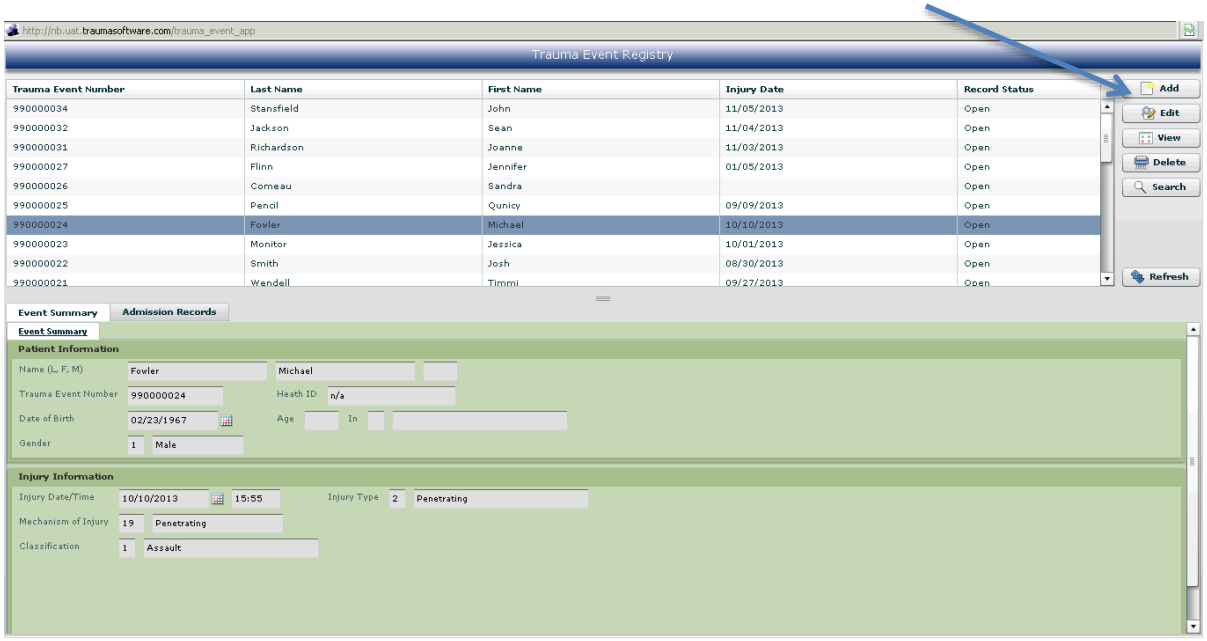
If the patient has a previous visit in a facility or has already documented a trauma event you can use the search screen to identify the trauma event for the patient. Each of the fields can be used to search based on the event search or admission search. It is recommended to search each patient with the Health ID to verify if the patient is already in the system.

Patients with visits to multiple Trauma Facilities:
To assist in the flow of data entry, the data entry will be started at the facility where the trauma event was initiated. Due to the fact that there is data entry each day at the Level 1 trauma facility, if there is a transfer to the level 1 or 2 facilities, it will be the responsibility to enter minimal information from the sending site; including the facility, the date of arrival, ED disposition and receiving facility. The Sending site will then search for the trauma event and complete the data for the responsible site.

Duplicate Events:
Should you discover a duplicate event please notify the Registry Manager. The registry manager will also run audit reports based on Health ID to proactively look for duplicate events.

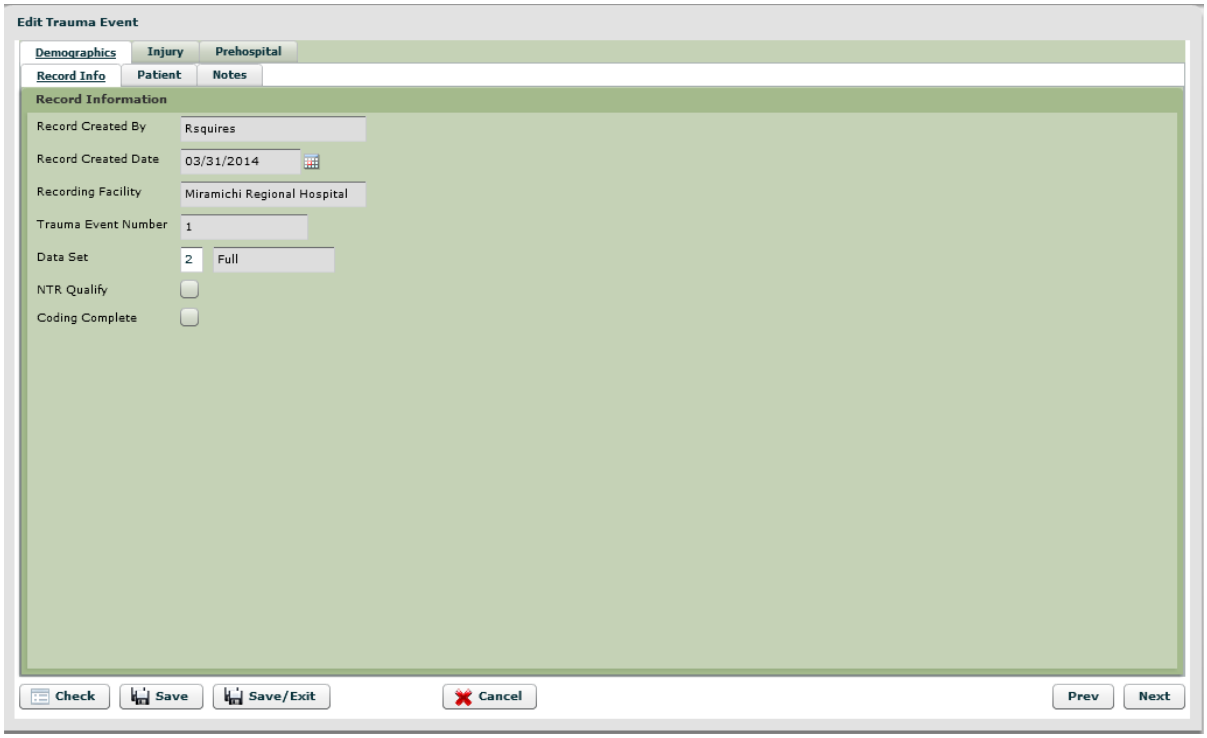
ADD NEW TRAUMA EVENT:

On the main entry screen, select the Add button to create a new Trauma Event.



Data Fields

DEMOGRAPHIC: RECORD INFO



Field Number and Code	M001 – REC_BY
Name of field	Record Created By
Definition	This identifies the person that has initiated the trauma event into the Registry.
Data type	Character
Length of data field	25
Mandatory	Yes
Field Values	See List of Users in Registry
Constraints	
Null Values	None

Field Values:

Additional Information: The Record Created By will be generated automatically by the system as attached to the username of the person that has logged in an initiated the trauma event record.

Required Logic: None

Field Number and Code	M002 – CREATED_EVENT
Name of field	Record Created Date
Definition	This identifies the date that the trauma event was initiated into the registry.
Data type	Date
Length of data field	10
Mandatory	Yes
Field Values	
Constraints	MM/dd/YYYY
Null Values	None

Additional Information: The Record Created Date will be generated automatically by the system as attached to the date that the user has logged in an initiated the trauma event record.

Required Logic: None

Field Number and Code	M003 – CREATED_FAC
Name of field	Recording Facility
Definition	This identifies the facility involved in the Trauma event.
Data type	Character
Length of data field	25
Mandatory	Yes
Field Values	See Appendix A for List of facilities.
Constraints	
Null Values	None

Field Values:

	Dr. Everett Chalmers Regional Hospital
	Campbellton Regional Hospital
	Edmundston Regional Hospital
	The Moncton Hospital
	Miramichi Regional Hospital
	Saint John Regional Hospital
	Hopital Regional Chaleur
	Georges Dumont Hospital

Additional Information: The Recording Facility will be generated automatically from the system as attached to the user logged in and initiated the trauma event in the registry. There will only be Trauma events generated from the facilities that have a trauma nurse.

Required Logic: None

Field Number and Code	M004 – TRAUMA_EVENT_NUM
Name of field	Trauma Event Number
Definition	This identifies the trauma event in the registry.
Data type	Number
Length of data field	9
Mandatory	Yes
Field Values	Numbers will be added sequentially to the system for each trauma event entered into the registry.
Constraints	
Null Values	None

Additional Information: The Trauma Event Number will be generated automatically from the system sequentially as events are initiated in the registry.

Required Logic: None

Field Number and Code	M005 - DATASET
Name of field	Data Set
Definition	This identifies the data set requirement for the entry of the information in the Trauma event.
Data type	Number
Length of data field	1
Mandatory	Yes
Field Values	See below:
Constraints	
Null Values	None

Field Values

1.	Minimal	This will be used for the patients that come to the emergency department and are discharged home. There will be minimal fields that are required to be completed for these patients.
2.	Full	This will be used to open all the data fields in the registry. This will be used for patients that come to the Emergency Department and are subsequently admitted to the facility, patients that Die in Emergency, are transferred to another trauma centre or require the full set of data fields to be complete.

Additional Information: The Data Set will be defaulted to 1 (Minimal) and will need to be changed to 2 (Full) for patients that are admitted , patients that die in Emergency, are transferred to another trauma centre or meet the requirements of an ISS >12.

Required Logic:
If 'Minimal' is selected then some fields are not required. If "Full" is selected then all data fields are available for entry.

Field Number and Code	M006 – REG_INC_YN01
Name of field	NTR Qualify
Definition	Used to identify the trauma event or patient admission that will be identified to qualify for the National Trauma Registry.
Data type	Yes/No
Length of data field	1
Mandatory	Yes
Field Values	See Below
Constraints	Y/N
Null Values	None

Field Values:

1.	Yes	Identifies the event or patient as qualifying with an ISS > 12
2.	No	Identifies the event of patient that will not qualify with an ISS > 12
	Blank	Identifies the patients that have not been reviewed or are questionable

Additional Information:

The Health Records Professional will be responsible to confirm the ISS and update this field to Yes/No. The field will default to “N” and can be changed to ‘blank’ if the trauma nurse feels the trauma event is questionable.

Required Logic:

Field Number and Code	M287 – SCR_CMP_YN01
Name of field	Coding Complete
Definition	Used to identify that the Health Records Professional has completed the AIS and ICD-10 coding.
Data type	Yes/No
Length of data field	1
Mandatory	No
Field Values	See Below
Constraints	Y/N
Null Values	See below

Field Values:

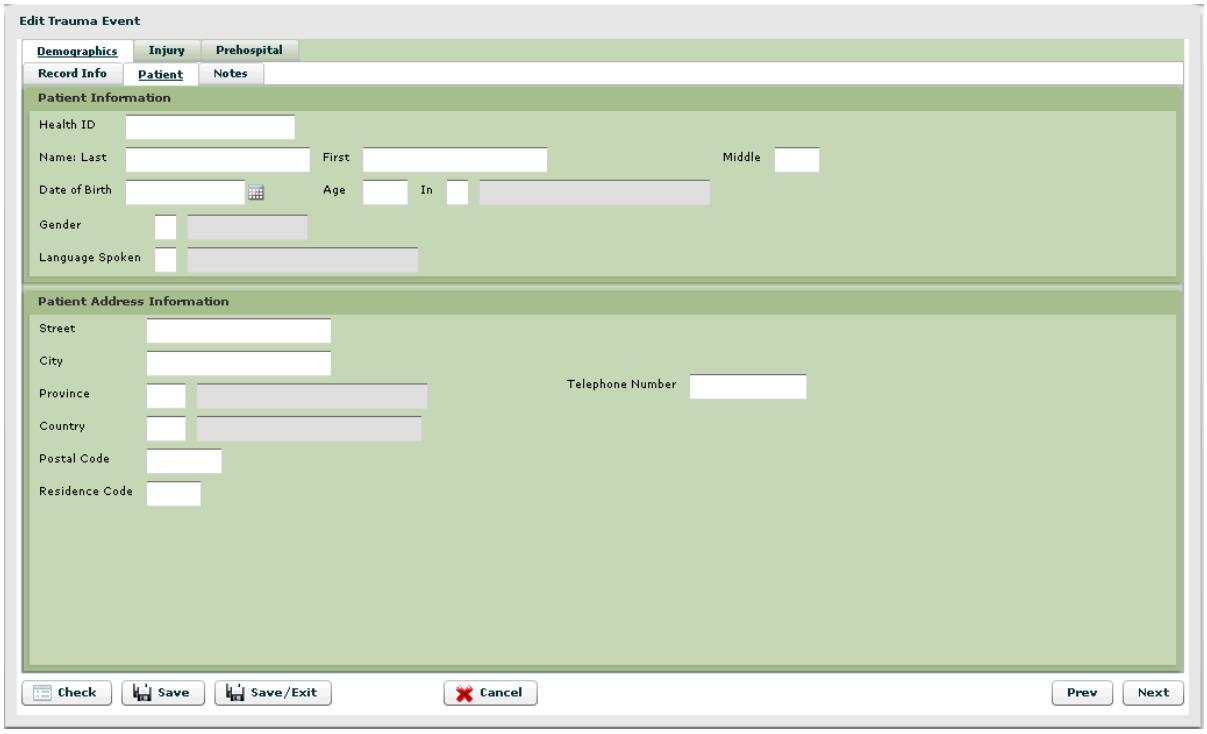
Y	Yes	The Health Records Professional has completed the AIS and ICD-10 coding.
N	No	The Health Records Professional has not completed the AIS and ICD-10 coding.
	Blank	Identifies the patients that have not been reviewed or are questionable

Additional Information:

The Health Records Professional will be responsible to confirm the ISS and update this field to Yes/No. The field will default to “N” and can be changed to ‘blank’ if the trauma nurse feels the trauma event is questionable and requires coding.

Required Logic: None

DEMOGRAPHICS: PATIENT



The Patient Screen includes the Patient identifying information as well as the Patient Address information.

Field Number and Code	M007 – PAT_NHI_NUM
Name of field	Health ID
Definition	This identifies the health ID number of the patient involved in the Trauma event.
Data type	Character
Length of data field	15
Mandatory	
Field Values	
Constraints	
Null Values	? and /

Additional Information: This is the Medicare number for New Brunswick patients and the Health ID for any other province or specially assigned medical number. The field will accept alphanumeric characters so enter the field as required.

If the patient is from another country and the Health ID/Medicare is not available enter /.
If the Health ID/Medicare is not known enter ?.

Required Logic: None

Field Number and Code	M008 – PAT_NAME_L
Name of field	Patient Last Name
Definition	Last name of the patient
Data type	Character
Length of data field	50
Mandatory	Yes
Field Values	
Constraints	
Null Values	None

Required Logic:

Additional Information:

Field Number and Code	M009 – PAT_NAM_F, PAT_NAM_MI
Name of field	Patient First Name, Patient Initial
Definition	First name of the patient
Data type	Character
Length of data field	30
Mandatory	Yes
Field Values	
Constraints	
Null Values	None

Required Logic:

Additional Information:

John/Jane Doe policy:
If the patient is not properly identified on arrival to the facility: wait and enter the patient into the Trauma Registry once the proper identification has been completed. If the trauma event must be entered immediately, use the assigned chart number and Doe, Jane or John to initiate the chart and it will be updated when proper identification is complete.

Field Number and Code	M010 - DOB_DATE
Name of field	Date of Birth
Definition	Identifies the date of birth for the patient.
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	?

Additional Information: the age will not display on the Demographics Tab until the injury date is entered on the Injury Tab.

Required Logic:
When Injury Date and Date of Birth are valued, the Age and Age Units will auto-calculate from the difference between the Injury Date and the Date of Birth.

Display Logic:
If the age is >= 2 years, then display the age in Years.
If the age is < 2 years, then display the age in Months.
If the age is <1 month, then display the age in Days.

Field number and Code	M011 – AGE_VALUE
Name of field	Age (Age and Age Units)
Definition	Age of the patient at the time of the trauma event.
Data type	Number
Length of data field	3
Mandatory	Yes
Field Values	
Constraints	
Null Values	?

Additional Information:

Either the Date of Birth must be valued or both components of the Age (age and age units) must be valued and cannot be / not applicable.

When entering the Date of Birth, the last two digits can be entered and it will fill the first two digits in. Be careful when entering dates before 1925. If you enter 25 or more, the field will auto fill with 19XX. If you enter 24 or less it will auto fill with 20XX.

If the date of injury is unknown the age will not be able to auto-calculate. In this case, enter the date of arrival in the Emergency Department. This will auto-calculate the age. Then you can update the injury date to be unknown and add the approximation fields.

Field Number and Code	M012 – PAT_GENDER
Name of field	Gender
Definition	Identifies the gender of the patient
Data type	Integer
Length of data field	1
Mandatory	No
Field Values	See below
Constraints	
Null Values	None

Field Values:

1.	Male	Male
2.	Female	Female
?	Unknown	Transgendered, truly unknown or not documented.

Required Logic:

Additional Information:

Field Number and Code	M013 – PAT_LANGUAGE
Name of field	Language Spoken
Definition	Identify the language that the patient wished to be addressed in or the mother tongue.
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See list below
Constraints	
Null Values	? and /

Field Values:

1.	English	English
2.	French	French
3.	Other	Other
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information: This will only be required for the patients that are admitted

Field Number and Code	M014 – PAT_ADR_S01
Name of field	Patient Address: Street
Definition	Identifies the Street of the address of the patient.
Data type	Character
Length of data field	50
Mandatory	
Field Values	
Constraints	
Null Values	?

Required Logic:

Additional Information: The address will be completed on all patients that are admitted.

NOTE: If the patient comes from a Nursing Home, please add the name of the Nursing Home in the Street Address.

Field Number and Code	M015 – PAT_ADR_CI
Name of field	Patient Address: City
Definition	Identifies the city of the address of the patient.
Data type	Character
Length of data field	60
Mandatory	
Field Values	
Constraints	
Null Values	?

Required Logic:

Additional Information:

Field Number and Code	M016 – PAT_ADR_REG
Name of field	Patient Address: Province
Definition	Identifies the province of the home address of the patient.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See Below
Constraints	
Null Values	

Field Values:

1.	Ontario	
2.	Manitoba	
3.	Saskatchewan	
4.	British Columbia	
5.	Alberta	
6.	Quebec	
7.	New Brunswick	
8.	Newfoundland & Labrador	
9.	Prince Edward Island	
10.	Nova Scotia	
11.	Northwest Territories and Nunavut	
12.	Yukon Territory	
13.	United States	
14.	Other	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information: This field will be defaulted to New Brunswick and will need to be updated when necessary.

Field Number and Code	M017 – PAT_ADR_CY
Name of field	Patient Address: Country
Definition	Identifies the country of the home address of the patient.
Data type	Character
Length of data field	1
Mandatory	
Field Values	See below
Constraints	
Null Values	

Field Values:

1.	Canada	Canada
2.	United States	United States
3.	Other	Other
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information: This field will be defaulted to Canada and will need to be updated when necessary.

Field Number and Code	M018 – PAT_ADR_POST
Name of field	Patient Address: Postal Code
Definition	Identifies the postal code of the home address of the patient.
Data type	Characters
Length of data field	6
Mandatory	
Field Values	
Constraints	A#A#A#
Null Values	?

Required Logic:

Additional Information:

Field Number and Code	M019 – PAT_ADR_CI_CODE
Name of field	Patient Address: Residence Code
Definition	Identifies the residence code (Census Subdivision Code) of the home address of the patient.
Data type	Integer
Length of data field	4
Mandatory	
Field Values	
Constraints	XXXX
Null Values	

Required Logic:

Additional Information: This will be filled in by the Health Records Professionals or the Trauma Registry Manager, unless provided by the Meditech system, for the patients that are admitted to the Level I, II, or III Trauma Centres.

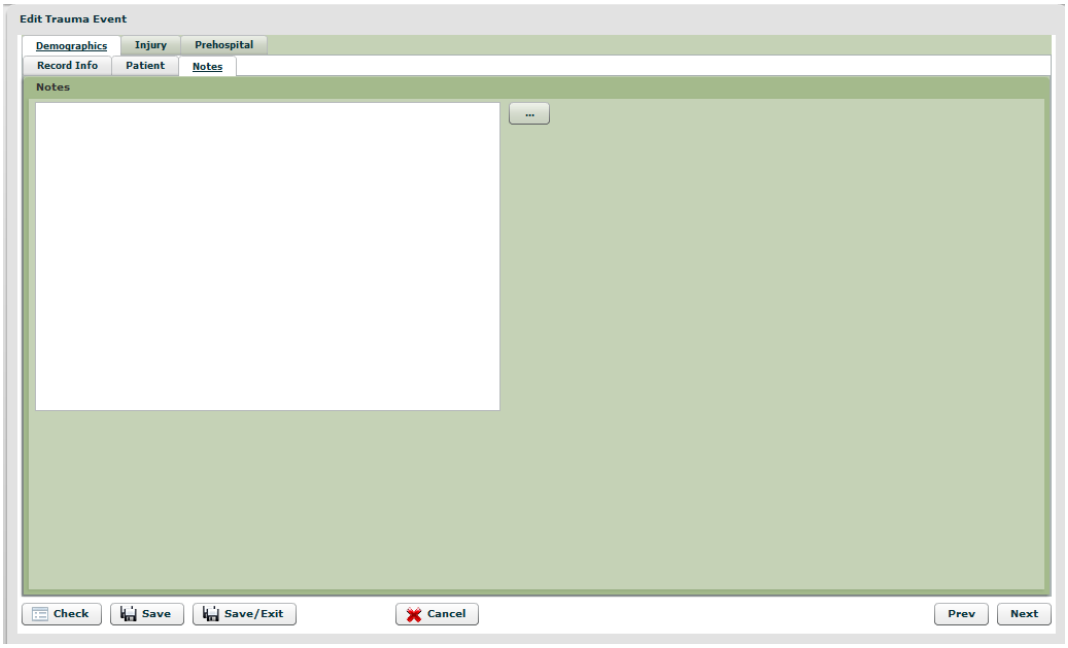
01	Saint John County
02	Charlotte County
03	Sunbury
04	Queens
05	Kings
06	Albert
07	Westmorland
08	Kent
09	Northumberland
10	York County
11	Carleton
12	Victoria
13	Madawaska
14	Restigouche
15	Gloucester
2000	Newfoundland & Labrador
2001	Prince Edward Island
2002	Nova Scotia
2004	Quebec
2005	Ontario
2006	Manitoba
2007	Saskatchewan
2008	Alberta
2009	British Columbia
2041	United States

Field Number and Code	M020 – PAT_TEL_NUM01
Name of field	Patient Address: Telephone Number
Definition	Identifies the telephone number of the patient.
Data type	Integer
Length of data field	10
Mandatory	
Field Values	
Constraints	##########
Null Values	?

Required Logic:

Additional Information: The telephone number will be completed for patients that are admitted.

NOTE TAB/Demographics:



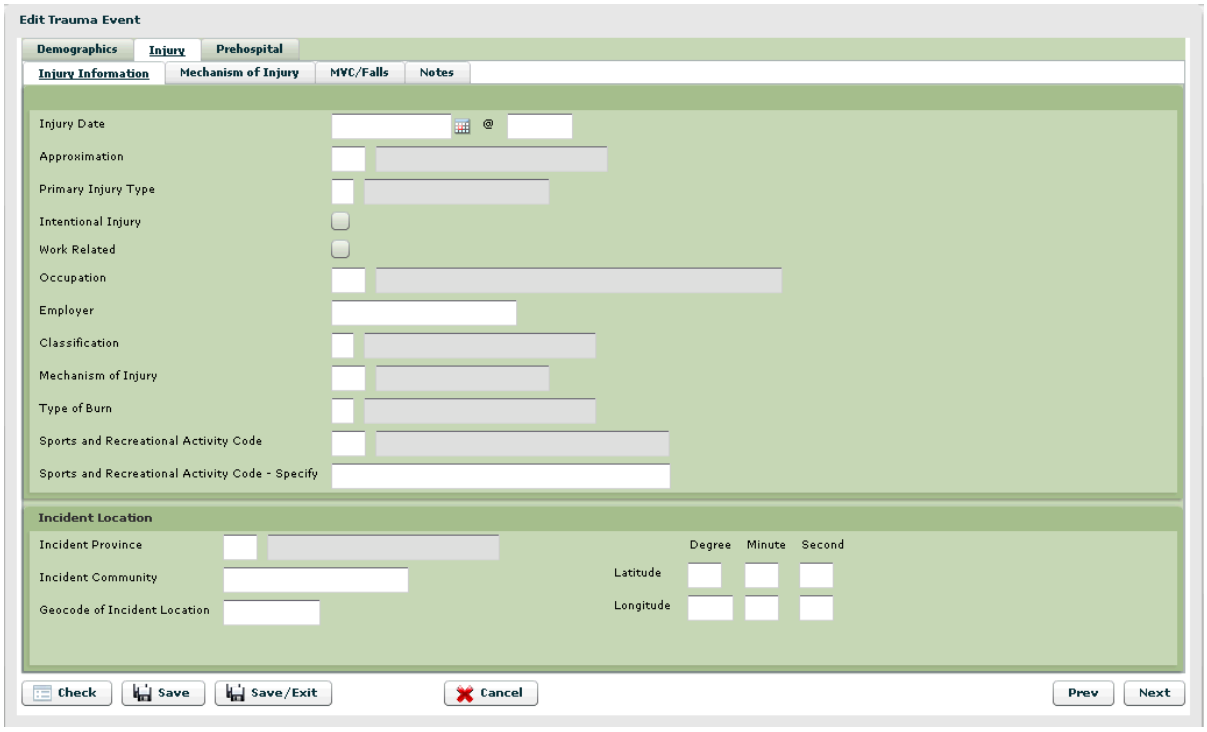
Field Code	PAT_MEMO

This note tab will be used as a communication tool for the Health Records Professionals and Trauma Nurses. The Trauma Nurse can use this field to make comments about the qualifying status of the Trauma Event. The Health Records Professionals will use it to specify that the record is complete by entering their initials in the field.

For example:
07/24/14 – DM/complete

Character Restriction: 5,000 characters.

TRAUMA EVENT: INJURY: INJURY INFORMATION



Field Number and Code	M021 – INJ_DATE
Name of field	Injury Date
Definition	Identifies the date that the patient was injured.
Data type	Date
Length of data field	10
Mandatory	Yes
Field Values	
Constraints	MM/dd/YYYY
Null Values	?

Required Logic:

Field Number and Code	M022 – INJ_TIME
Name of field	Injury Time
Definition	Identifies the time when the trauma event occurred.
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	?

Required Logic:

Additional information: These fields are for the date and time of injury. Be careful to identify the actual injury date. This may not be the same as the registration date. For example, a patient fell yesterday afternoon and presents to the Emergency Department today. If the date and time are not specifically detailed then use the best estimate according to the documentation.

If there are multiple incidents leading up to the Emergency Department Visit (for example the patient falls three times in the last 24 hours) use the date and time of the most recent fall as that is the incident that finally brought the patient to the system. Use the Note Tab to document about the additional falls, if necessary.

If the date and time are not exactly known then the Approximation field will be enabled for entry. Different combinations are possible. If you do not know the exact date: enter a '?' in the date field.

It will allow you to use the approximation field to enter an approximation, for example < a week ago. If you do not know the exact time you can enter the date that is known and enter a '?' in the time field. Then use the approximation field if there are indications in the documentation that may detail that it happened in the morning, night, etc. If further details are known they can be documented on the Injury Note Tab.

If the time documented is estimated and rounded to the hour/minute, enter this as a time. For example, if the patient was documented to have fallen at around noon, then use noon as the time of injury.

Due to the fact that the Age is calculated based on the date of injury, it is helpful to identify the injury date. If the patient arrives today in the emergency department and there is no documentation detailing when the event happened, you can assume that it happened today (or yesterday) if the event happened close to the midnight hour.

Field Number and Code	M023 – INJ_OCCUR
Name of field	Approximation
Definition	Identifies when the incident occurred if the exact time is unknown
Data type	Integer
Length of data field	2
Mandatory	If actual time of injury is not known.
Field Values	See list below
Constraints	
Null Values	? unknown

Field Values:

1.	Morning	0601 to 1200
2.	Afternoon	1201 to 1800
3.	Evening	1801 to 2400
4.	Night	0001 to 0600
5.	Today	Today
6.	Yesterday	Yesterday
7.	< one week ago	Less than a week ago
8.	> one week ago	More than a week ago
9.	Not Documented	
10.	Not Obtainable	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information: If the date and time is not exactly known then the approximation field will be enabled for entry. Different combinations are possible. If you do not know the exact date: enter a '?' in the date field. It will allow you to use the approximation field to enter an approximation, for example < a week ago. If you do not know the exact time you can enter the date that is known and enter a '?' in the time field. Then use the approximation field if there are indications in the documentation that may detail that it happened in the morning, night, etc. If further details are known they can be documented on the Injury Note Tab.

Field number and Code	M024 – INJ_TYPE01
Name of field	Primary Injury Type
Definition	Identifies the primary mechanism of injury
Data type	Integer
Length of data field	1
Mandatory	Yes
Field Values	See below
Constraints	
Null Values	?

Field Values:

1.	Blunt	The majority of injuries are blunt. Inhalation, including chemical, and ingestion injuries are considered blunt.
2.	Penetrating	Any injury is defined as penetrating if the patient is impaled by an object or if a missile (bullets, piece of glass or metal) enters the body. Impaling objects may include knives, nails, or fence posts.
3.	Burns	Burns, including any fire/steam/heat related inhalation injuries.
4.	Drowning/asphyxiation	Should be used for cases of drowning, near drowning or asphyxiation (including suffocation and hanging, etc)
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information: This field will default to blunt. For patients with more than one injury type consider the most serious injury. For example: if the patient has significant burns and a fractured femur, the patient would have a primary injury type of Burns.

Field Number and Code	M025 – PATQ_RSP_TY04
Name of field	Intentional Injury
Definition	To identify the intentional injuries.
Data type	Y/N
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	

Field Values

1.	Yes	Yes
2.	No	No
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information: refers to identifying the intent of the injury. If there is any documentation specific to the intention of the injury then enter 'Y'. This field has been defaulted to 'N' and needs to be updated if required.

Field number and Code	M026 – INJ_WORK_YN
Name of field	Work Related
Definition	Identifies injuries that happen at work.
Data type	Y/N
Length of data field	1
Mandatory	
Field Values	See below
Constraints	
Null Values	?

Field Values

1.	Yes	
2.	No	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information: is used to identify incidents that happen at work or while in the execution of the injured's job. This field will default to 'N' and will need to be changed to 'Y' if necessary.

Field Number and Code	M027 – PAT_JOB
Name of field	Occupation
Definition	The type of industry that the patient was working in at the time of the injury.
Data type	Integer
Length of data field	2
Mandatory	If the trauma event is work related, then this is a mandatory field.
Field Values	See Appendix H for list.
Constraints	
Null Values	

Field Values:

1.	Recreation, Sports, and Performing Arts	Athletes, Dancers, Physical Fitness Instructors, Actors
2.	Medicine and Health	MDs, Nurses, therapists, Ambulance Attendants, Dental Assistants, Veterinarians, Mental Health Workers
3.	Other professional, administrative, and artistic	Clerks, teachers, engineers, writers, literary agents, Artists, Accountants, Data Processors, Office workers
4.	Sales	Insurance agents, sales clerks, retail store workers, service station attendants
5.	Protective Services	Firefighters, Police, Security Guards, soldiers
6.	Other Services	Janitors, Food Service, Personal Services (hairstylists, cooks, day care workers, florists, butchers, public utility workers, landscapers)
7.	Mining or quarrying	Drilling or blasting
8.	Forestry, Logging	
9.	Farming, Fishing, Hunting	General or specialist farms such as horse farms
10.	Manufacturing – processing or machinery	Packaging food, inspecting, knitting, metal plating, mixing chemicals, sheet metal, sawing, shaping clay, pulp and paper mills, grain elevators
11.	Other Manufacturing – Assembly, Repairing, or Fabricating	mechanic, shoe maker, vehicle assembler, upholsterer
12.	Construction trades	Plumber, carpentry, electrician, general contractor, bulldozer operator

13.	Transport equipment operators	drivers of car, vans, trucks, buses, ambulances and taxis
14.	Other Drivers	Fast Food Delivery, Streetcars, Railways, ships, aircraft
15.	Material Handling and related equipment operation	Freight handler, forklift operator, crane operator, hoist operator
16.	Other crafts and stationary equipment operators	Printers, photo Processing, Audio/Visual Equipment operators
17.	Student	Full time , all ages
18.	Retired	
19.	Homemaker	
20.	Unemployed	
21.	Other	
22.	Not Documented	
/.	Not Applicable	
?.	Unknown	

Required Logic: This field will be mandatory if the Work related = Y.

Additional Information:

Field Number and Code	M028 – PAT_EMPLOYER
Name of field	Employer
Definition	Identifies the employer when the occupation and work related fields are valued.
Data type	Free Text
Length of data field	50
Mandatory	No
Field Values	
Constraints	
Null Values	Blank

Required Logic: If work related = Y, then the field for the employer will be enabled.

Additional Information:

Field Number and Code	M029 – INJ_CLASS
Name of field	Classification
Definition	Groups the patients by the primary cause or mechanism of the trauma event.
Data type	Integer
Length of data field	2
Mandatory	Yes
Field Values	See list below
Constraints	
Null Values	?

Field Values:

1.	Assault	
2.	Burns	
3.	Fall	
4.	Motorized Vehicle Collision	
5.	Non-motorized Vehicle	
6.	Self-Harm	
7.	Sport	
8.	Other	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M030 – INJ_MECH01
Name of field	Mechanism of Injury
Definition	To further clarify or detail how the injury happened.
Data type	Integer
Length of data field	2
Mandatory	No
Field Values	See list below
Constraints	
Null Values	? and /

Field Values:

1.	Abuse	
2.	Amputation	
3.	Asphyxiation	
4.	Bite – Cat	
5.	Bite – Dog	
6.	Bite – Other	
7.	Crush	
8.	Exposure	Used for exposure to cold, i.e. hypothermia or anything that affects the skin, i.e. chemicals spilled on skin
9.	Fall	
10.	Foreign Body	Includes anything in the eye (dirt, chemicals, tree branch, welder's flash)
11.	Gunshot wound	
12.	Hanging	
13.	Ingestion	
14.	Inhalation	
15.	Laceration	
16.	Movement	Includes rolling of ankles while stepping off curbs or where the patient did not actually fall (jumping from levels)
17.	Not Documented	

18.	Other	
19.	Penetrating	Included needle stick injuries.
20.	Sexual	
21.	Struck	Used when either the patient hits something, i.e. struck head while playing in the yard, or something hits the patient, i.e. struck by a falling piece of ice.
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information: The mechanism of injury is to be filled in if there are additional details that are needed to identify what happened to the injured person. For example: if the patient amputated his arm while driving his bicycle then it would be available to select Non-motorized vehicle in the classification and amputation in the Mechanism of Injury field. There are also times when you do not have to identify any entry in this field. For example: if the patient fell, then only the classification fall has to be selected. There is no reason to enter fall in the MOI as well.

Field Number and Code	M031 – BURN_TYPE
Name of field	Type of Burn
Definition	Identify what type of burn.
Data type	Integer
Length of data field	1
Mandatory	No
Field Values	See list below
Constraints	
Null Values	

Field Values:

1.	Thermal	Caused by fire, steam or hot objects
2.	Chemical	Caused by contact with household or industrial chemicals, in a liquid, solid or gas form including contact with natural foods that can cause irritation to skin.
3.	Electrical	Caused by contact with electrical sources
4.	Scald	Caused by contact with hot liquids
5.	Not Documented	
6.	Other	
7.	Radiation	Caused by sun tanning, x-rays, or sun lamps
/.	Not Applicable	
?.	Unknown	

Required Logic: Only answer if Classification = Burn.

Additional Information:

Field Number and Code	M032 – INJ_ACT
Name of field	Sports and Recreational Activity Code
Definition	Identify the sport or recreational activity involved in the incident
Data type	Integer
Length of data field	3
Mandatory	
Field Values	See below
Constraints	
Null Values	

Field Values

1.	Aerobics	
2.	Aircraft: Recreational Motorized (e.g. Fixed wing)	
3.	Aircraft: Recreational Non-motorized (e.g. Glider)	
4.	All-Terrain Vehicle	
5.	Amusement Rides	
6.	Auto Racing	
7.	Badminton	
8.	Baseball (Hard Ball, Soft Ball, T-ball, and Slo-pitch)	
9.	Basketball	
10.	Billiards/Pool/Shuffleboard	
11.	Boating: Motorized	
12.	Boating: Non-motorized (canoe, kayak, rowboat, sailboat, pedal boat)	
16.	Boating: Windsurf/Sail board	
18.	Boating: Waverunners, Seadoos, etc	
19.	Boating: Other ,unspecified	
20.	Boxing (organized, would not include children at play)	
21.	Bowling (5 or 10 pin)	
22.	Cricket	

23.	Croquet/Lawn Bowling	
24.	Curling	
25.	Cycling: Driver (if unspecified, assume driver)	
26.	Cycling: Passenger	
27.	Cycling: Unicycles	
28.	Dancing	
29.	Darts	
30.	Dirt Biking/Mini Biking/Motocross	
31.	Diving	
32.	Fencing	
33.	Fire (Open flames outdoors – e.g. Charcoal and gas barbecues, camp fires)	
34.	Fireworks: User	
35.	Fireworks: Observer	
36.	Fishing	
37.	Football	
38.	Go-carting	
39.	Golf	
40.	Gymnastics (Organized – would not include children at play)	
41.	Handball	
42.	Hang-gliding/Para-sailing	
43.	Hiking	
44.	Horseback riding	
45.	Hockey: Ice (if type of hockey is unspecified, assume ice or street depending on season)	
46.	Hockey: Non-ice, Non-inline hockey	
48.	Hockey: Inline	
49.	Horseshoes	
50.	Hunting: Bow and arrow, Gun, Knives	
53.	Jogging/running	
54.	Lacrosse	

55.	Lawn Darts	
56.	Luge/Bobsled	
57.	Martial Arts: Judo, Kendo, Karate, Tae Kwon-DO, Jiu-Jitsu, etc	
58.	Mountaineering/Rock climbing	
59.	Playground equipment (Swings, Slides, Monkey Bars, Teeter-totter in any location)	
60.	Play not further specified (e.g. running, jumping, skipping, general play activities)	
61.	Racquetball	
62.	Ringette	
63.	Rugby	
64.	Scuba Diving	
65.	Shooting: Bow and arrow (targets) Gun (i.e. non-hunting use of firearm, targets, rifle range, skeet)	
67.	Skateboarding	
68.	Skating: Ice (use in winter season if type of skating is not specified	
69.	Skating: Inline	
70.	Skating: Roller	
71.	Skiing: Downhill – recreational (use if type of skiing is not specified)	
72.	Skiing: Downhill – Racing	
73.	Skiing: Cross-country	
74.	Ski Jumping (includes moguls and aerial stunts	
75.	Sky diving/Parachuting	
76.	Snowboarding	
77.	Snowmobiling: Driver (assume driver if not specified)	
78.	Snowmobiling: Passenger	
79.	Snowmobiling: Towed behind on toboggan, tube, sleigh	
80.	Soccer	
81.	Squash	
82.	Swimming: Pool	
83.	Swimming: Open water	

84.	Swimming: Wading pool, location unspecified	
85.	Tennis	
86.	Tobogganing/Sledding/Snow tubing (not towed)	
87.	Track and Field	
88.	Trampoline	
89.	Volleyball	
90.	Walking (for Exercise)	
91.	Water Polo	
92.	Waterskiing/Tubing	
93.	Weightlifting (recreational or organized, includes exercise equipment)	
94.	Wrestling (organized, does not include children at play)	
95.	Observer of sporting event	
96.	Other	
97.	Non-motorized scooters	
98.	Rodeo sports	
99.	Scooter - motorized	
100	Cheerleading	
101	Pickelball	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information: will be used to specify additional information in a number of instances. If the classification of Sports is selected then the sport that the patient was involved in can be identified. For example: if the patient was playing basketball when the incident happened, then basketball can be selected.

This list is also inclusive of recreational activities when motorized and non-motorized vehicles are used. It is important to use this list to further specify the details around the incident. For example: if the patient was involved in a bicycle crash select the non-motorized vehicle incident from the classification and then select the corresponding entry from the Sports and Recreational Activity list - #25 (Cycling – driver)

Field Number and Code	M033 – INJ_EACT_S
Name of field	Sports and Recreational Activity Code - Specify
Definition	Identify additional information on the sport or recreational activity involved in the incident
Data type	Free Text
Length of data field	50
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic: Can be completed if Sports and Recreation Code has been selected to further specify the details of the event.

Field Number and Code	M034 – INJ_ADR_REG
Name of field	Incident Province
Definition	Identify the province where the trauma incident happened.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See Below
Constraints	
Null Values	

Field Values:

1.	Ontario	
2.	Manitoba	
3.	Saskatchewan	
4.	British Columbia	
5.	Alberta	
6.	Quebec	
7.	New Brunswick	
8.	Newfoundland & Labrador	
9.	Prince Edward Island	
10.	Nova Scotia	
11.	Northwest Territories and Nunavut	
12.	Yukon Territory	
13.	United States	
14.	Other	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information: This will be completed by the ANB Linkage for those patients that come by Ambulance. The field defaults to New Brunswick and will need to be changed if the incident happened in another province and/or did not come by ambulance.

Field Number and Code	M035 – INJ_ADR_REG_S
Name of field	Incident Community
Definition	Name of community where incident happened from ANB
Data type	Free Text
Length of data field	50
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information: This will be completed by the ANB Linkage for those patients that come by Ambulance.

Field Number and Code	M036 – INJ_GEOCODE
Name of field	Geocode of Incident Location
Definition	Describes the exact location of the trauma event using the geocode.
Data type	Integer
Length of data field	8
Mandatory	
Field Values	
Constraints	XXXXXXX
Null Values	

Required Logic:

Additional Information: This will be completed by the ANB Linkage for those patients that come by Ambulance.

Enter the seven digit code which indicates the location of the trauma event. Geocode is a numeric classification system used by ambulance personnel to document the location of the trauma event.

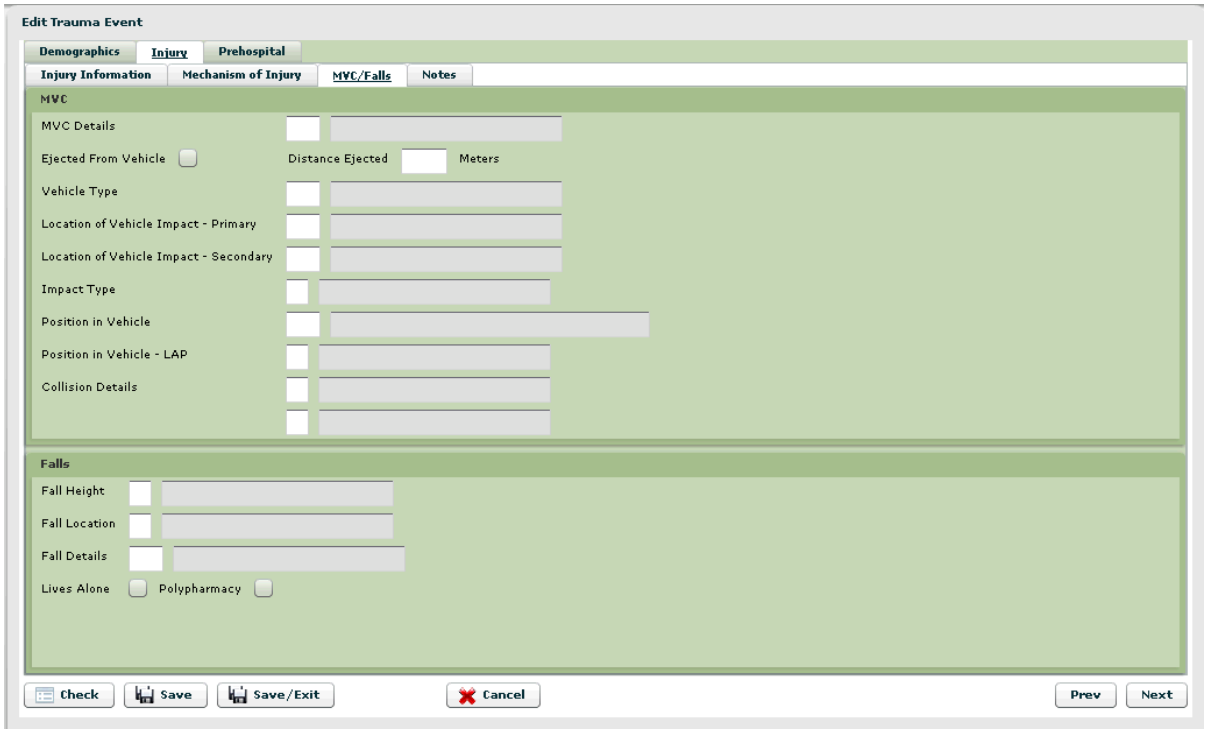
Field Number and Code	M037 – INJ_LAT_DEG, INJ_LAT_MIN, INJ_LAT_SEC, INJ_LONG_DEG, INJ_LONG_MIN, INJ_LONG_SEC
Name of field	Latitude and Longitude
Definition	Describes the exact location of the trauma event using the Latitude and the Longitude measurements.
Data type	Integer
Length of data field	12
Mandatory	
Field Values	
Constraints	XX XX XX
Null Values	

Required Logic:

Additional Information: This will be completed by the ANB Linkage for those patients that come by Ambulance.

Enter the latitude and longitude measurements based on the Degree, Minute and Second which indicates the location of the trauma event.

INJURY: MVC/FALLS



This MVC/FALLS tab will be enabled if classification = 3 (Falls) or 4 (Motorized Vehicle Collision)

Field Number and Code	M038 – INJ_VEH_INC_DET03
Name of field	MVC Details
Definition	Provides the details of what happened during the MVC
Data type	Integer
Length of data field	2
Mandatory	Yes, if classification of MVC selected
Field Values	See list below
Constraints	
Null Values	

Field Values

1.	Animal	
2.	Head-on	
3.	Not Documented	
4.	Off Road	
5.	Rear end	
6.	Rollover	
7.	Pedestrian	
8.	Sideswipe	
9.	Struck	
10.	T-bone	
11.	Other	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M039 – PATQ_RSP_YN01
Name of field	Ejected from Vehicle
Definition	Identifies patients that were ejected or thrown from the vehicle
Data type	Y/N
Length of data field	
Mandatory	
Field Values	See Below
Constraints	
Null Values	?

Field Values

1.	Yes	
2.	No	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information: If the patient has been ejected from the motor vehicle answer yes. Also should be used to identify a pedestrian that has been struck by a vehicle and thrown a distance. If the answer is yes, then also add the distance that the patient has been ejected in metres. Refer to the Ambulance record to locate this information.

Field Number and Code	M040 – INJ_VEH_EJECT_DIST
Name of field	Distance Ejected
Definition	Identifies the distance travelled by the patient after being ejected from the vehicle.
Data type	Number
Length of data field	3
Mandatory	
Field Values	
Constraints	To be recorded in metres
Null Values	Blank

Required Logic: To be completed if Ejected from Vehicle = Y

Additional Information:

Field Number and Code	M041 – VEH_TYPE
Name of field	Vehicle Type
Definition	Identifies the type of motor vehicle used in the incident
Data type	Integer
Length of data field	1
Mandatory	Yes, if classification = MVC
Field Values	See listing below
Constraints	
Null Values	

Field Values

1.	Bus	
2.	Passenger Vehicle	
3.	Light Truck (van)	Includes SUVs and vans
4.	Heavy Truck	More than ½ ton
5.	Recreational vehicle	
6.	Motorcycle	
7.	Snowmobile	
8.	ATV	
9.	Boat	
10.	Transport Truck	
11.	Logging Truck	
12.	Plane	
13.	Train	
14.	Other	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M042 – INJ_IMP_L, INJ_OIMP_LOC01
Name of field	Location of Vehicle impact – Primary and Secondary
Definition	Describes the location of the initial impact on a vehicle for those patients injured in a motor vehicle crash.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See below
Constraints	
Null Values	? and /

Field Values

1.	Right front corner	
2.	Right front	
3.	Right centre	
4.	Right rear	
5.	Right rear corner	
6.	Back centre	
7.	Left rear corner	
8.	Left rear	
9.	Left centre	
10.	Left front	
11.	Left front corner	
12.	Front centre	
13.	Front complete	
14.	Right complete	
15.	Back complete	
16.	Left complete	
17.	Top	
18.	Undercarriage	

19.	No contact	
/.	Not Applicable	
?.	Unknown	

Required Logic:
To be enabled if the Classification = MVC
If Location of Vehicle Impact – Primary is valued then enable the Location of Vehicle Impact – Secondary.

Additional Information: this will identify where on the vehicle the impact of the collision. Refer to the documentation to find the information. The primary vehicle impact describes the location of the impact for the vehicle the patient was travelling in or on. The secondary vehicle is another vehicle involved in the collision which the patient was not travelling in or on.

For example: If only driver's side is specified in the chart, record Left Complete. If Head-on is specified in the chart, record Front Complete.

For example: two cars involved in a T-bone collision. Patient is in the primary impact vehicle that has received impact on Left Complete. The Secondary Impact of the other vehicle would be Front Complete.

Field Number and Code	M043 – INJ_IMP_TYPE
Name of field	Impact Type
Definition	Describes the type of impact on a vehicle for those patients injured in a motor vehicle crash.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See below
Constraints	
Null Values	? and /

Field Values:

1.	Approaching	Head-on
2.	Angle	
3.	Rear end	
4.	Sideswipe	
5.	Turning	
6.	Single Motor vehicle	
7.	Single Motor vehicle other	
8.	Other	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information

Field Number and Code	M044 – INJ_VEH_POS
Name of field	Position in Vehicle
Definition	Identifies the location of the patient in the vehicle.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See below
Constraints	
Null Values	

Field Values

1.	Driver	
2.	Middle front	
3.	Right front	
4.	Left rear	
5.	Middle rear	
6.	Right rear	
7.	Behind middle row	Occupants of third row in vans
8.	Hanger-on	Person hanging on to the outside of the vehicle (on roof or rear bumper) or in the back of an open half ton truck.
9.	Front NS	Front not specified
10.	Rear NS	Rear not specified
11	Passenger NS	Passenger not specified as to location in vehicle.
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M045 – INJ_VEH_ONLAP
Name of field	Position in Vehicle - LAP
Definition	Identifies the location of the patient in the vehicle as the lap of another passenger.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See below
Constraints	
Null Values	

Field Values

1.	Passenger was sitting on the lap of vehicle passenger	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information: This field will default to / Not Applicable and will need to be updated if necessary.

Field Number and Code	M046 – INJ_VEH_INC_DET01, INJ_VEH_INC_DET02
Name of field	Collision Details Primary and Secondary
Definition	Identifies more details of the collision of the two vehicles.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See below
Constraints	
Null Values	

Field Values

1.	Impact with moving object	
2.	Impact with fixed object	
3.	Submersion	
4.	Vehicle fire	
5.	Vehicle rollover	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information: Primary collision details are for the car that the patient was associated with. The Secondary collision details are provided on the other vehicle involved in the collision.

Field Number and Code	M047 – INJ_FALL_HGT
Name of field	Fall Height
Definition	Identifies the height that the patient fell
Data type	Integer
Length of data field	1
Mandatory	Yes, if classification of Fall selected
Field Values	See list below
Constraints	
Null Values	? and /

Field Values:

1.	Same Level	
2.	Less than 3m (10ft)	
3.	3 to 6m (10ft to 20ft)	
4.	More than 6m (20ft)	
5.	Not Documented	
6.	More than 5 stairs	
7.	Less than 6 stairs	
8.	Stairs – Unknown number	
/.	Not Applicable	
?.	Unknown	

Required Logic: If Classification = 3 (Fall) then enable field.

Additional Information:

Field Number and Code	M048 – INJ_FALL_LOC
Name of field	Fall Location
Definition	Identifies where the fall happened
Data type	Integer
Length of data field	2
Mandatory	Yes, if classification of Fall selected
Field Values	See list below
Constraints	
Null Values	

Field Values:

1.	Home	
2.	Work	
3.	Nursing Home	
4.	Outside	
5.	Public Place	
6.	School	
7.	Special Care Home	
8.	Daycare	
9.	Hospital	
/.	Not Applicable	
?.	Unknown	

Required Logic: If Classification = 3 (fall) then enable field.

Additional Information:

Field Number and Code	M049 – INJ_FALL_DET
Name of field	Fall Details
Definition	Describes what was involved with the fall of the patient – answers the question – fell from what?
Data type	Integer
Length of data field	2
Mandatory	Yes, if classification of Fall selected
Field Values	See list below
Constraints	
Null Values	

Field Values:

1.	Animal	
2.	Bed	
3.	Bridge	
4.	Carried	
5.	Crib	
6.	Equipment	
7.	Furniture	
8.	Horse	
9.	Ice	
10.	Ladder	
11.	Not Documented	
12.	Other	
13.	Playground	
14.	Same Level	
15.	Shopping Cart	
16.	Shower/Tub	
17.	Toilet	
18	Tree	
19.	Vehicle	

20	Roof	
21.	Deck/balcony	
/.	Not Applicable	
?.	Unknown	

Required Logic: If Classification = 3 (fall) then enable field.

Additional Information:

Field Number and Code	M050 – PATQ_RSP_YN02
Name of field	Lives Alone
Definition	The patient lives alone
Data type	Y/N
Length of data field	1
Mandatory	
Field Values	See below
Constraints	
Null Values	

Field Values

1.	Yes	
2.	No	
/.	Not Applicable	
?.	Unknown	

Required Logic: If Age >= 65 or Blank, Unknown, then enable the field.

Additional Information:

Field Number and Code	M051 – PATQ_RSP_YN03
Name of field	Polypharmacy
Definition	Identifies senior patients that are taking more than 4 prescription drugs, excluding vitamins.
Data type	Yes/No
Length of data field	
Mandatory	
Field Values	See below
Constraints	
Null Values	

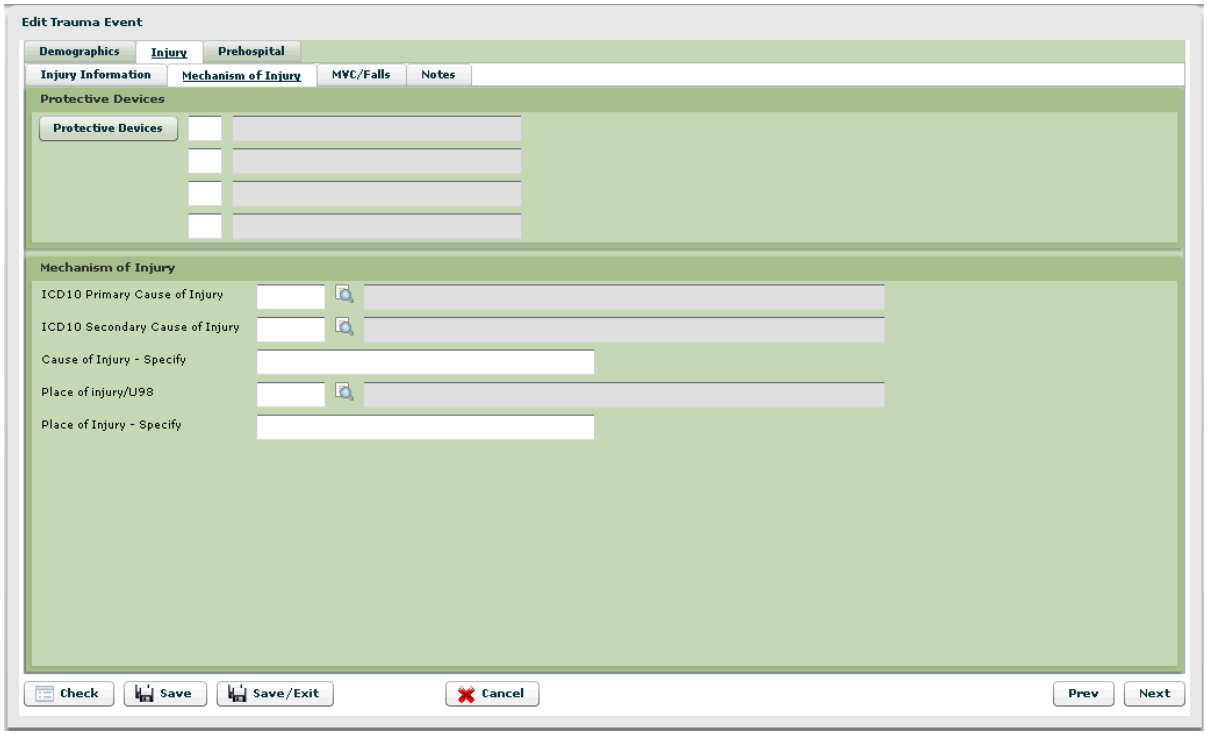
Field Values

1.	Yes	
2.	No	
/.	Not Applicable	
?.	Unknown	

Required Logic: If Age >= 65 or Blank, Unknown, then enable the field.

Additional Information:

INJURY: MECHANISM OF INJURY



Field Number and Code	M052 – INJ_PDEVS
Name of field	Protective Devices
Definition	Identifies if protective devices were used to help prevent the injuries.
Data type	Pick List
Length of data field	
Mandatory	
Field Values	See appendix D for listing
Constraints	Up to 4 can be selected for each event
Null Values	? and /

Field Values

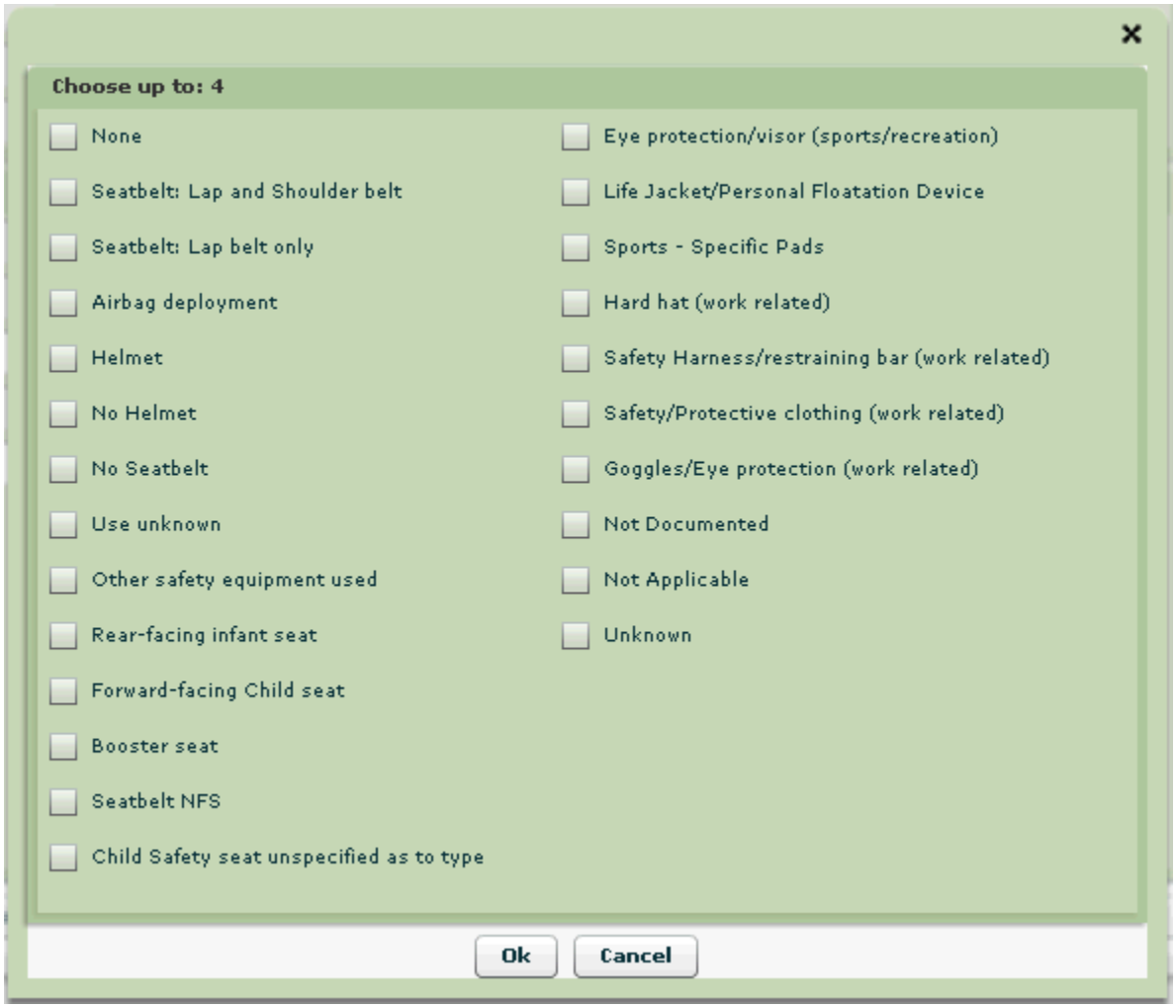
0.	None	
1.	Seatbelt: Lap and Shoulder Belt	
2.	Seatbelt: Lap belt only	
6.	Airbag deployment	
8.	Helmet	
9.	No Helmet	
10.	No Seatbelt	
11.	Use unknown	
12.	Other safety equipment used	
13.	Rear-facing infant seat	
14.	Forward-facing child seat	
15	Booster Seat	
16.	Seatbelt: NFS	
18.	Child Safety seat unspecified as to type	
19	Eye protection/visor	Sport and recreational use
20.	Life Jacket/Personal Floatation Device	
21.	Sports – specific pads	
22.	Hard Hat	Work related

23.	Safety Harness/restraining bar	Work related
24.	Safety/Protective Clothing	Work related
25.	Goggles/Eye protection	Work related
26.	Not Documented	
/.	Not Applicable	
?.	Unknown	

Required Logic: If Protective Devices = None, then no other protective devices can be selected. If Protective Devices = 1 then enable 2, 3, and 4.

Additional Information: See document NB TRAUMA REGISTRY UPDATE Protective Devices_2019 for more information.

Select up to 4 of the protective devices.



Field Number and Code	M053 – INJ_ECODE01
Name of field	ICD10 Primary Cause of Injury
Definition	The ICD-10-CA external cause of injury code that reflects the cause of the patient's most serious injuries.
Data type	Integer
Length of data field	3
Mandatory	Yes
Field Values	See Appendix I and J
Constraints	
Null Values	No Null values accepted

Required Logic:

Additional Information: This will be filled out by the Health Records Professional. These are based on the International Classification of Diseases (ICD-10-CA) that describes the nature of the injury. See Appendix J for the ICD-10-CA codes.

Field Number and Code	M054 – INJ_ECODE02
Name of field	ICD10 Secondary Cause of Injury
Definition	The ICD-10-CA external cause of injury code that reflects the secondary cause of the patient's most serious injuries.
Data type	Integer
Length of data field	3
Mandatory	Yes
Field Values	See Appendix I and J
Constraints	
Null Values	No Null values accepted

Required Logic:

Additional Information: This will be filled out by the Health Records Professional. . These are based on the International Classification of Diseases (ICD-10-CA) that describes the nature of the injury.

Field Number and Code	M055 – INJ_CAU_S01
Name of field	ICD10 Cause of Injury Specify
Definition	Identifies any further information pertaining to the cause of the patient's most serious injuries.
Data type	Free Text
Length of data field	60
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information: This will be filled out by the Health Records Professional.

Field Number and Code	M056 – INJ_PLC_ICD10
Name of field	Place of Injury/U98
Definition	Identifies the location of the injury.
Data type	Number
Length of data field	4
Mandatory	
Field Values	
Constraints	
Null Values	No null values accepted

Required Logic:

Additional Information: This field will be filled out by the Health Records Professional. . These are based on the International Classification of Diseases (ICD-10-CA) that describe the location of the injury.

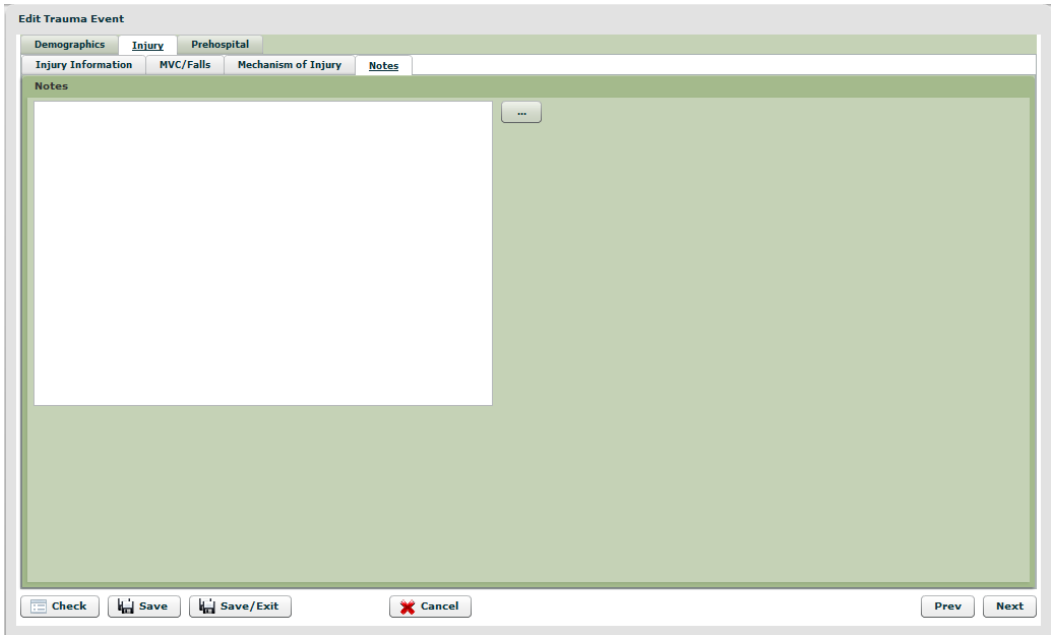
1.	U980	Home
2.	U981	Residential Institution
3.	U9820	Hospital
4.	U9828	School and other institutions and Public Areas
5.	U983	Sports and Athletic Area
6.	U984	Street and Highway
7.	U985	Trade and Service Area
8.	U986	Industrial and Construction Area
9.	U987	Farm
10.	U988	Other Specified Place of Occurrence
11.	U989	NOS Place of Occurrence
/.	Not Applicable	
?.	Unknown	

Field Number and Code	M057 – INJ_PLC_S
Name of field	Place of Injury - Specify
Definition	Identifies further details of the location of the injury
Data type	Free Text
Length of data field	60
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information: This field will be filled out by the Health Records Professional.

NOTE TAB/INJURY:

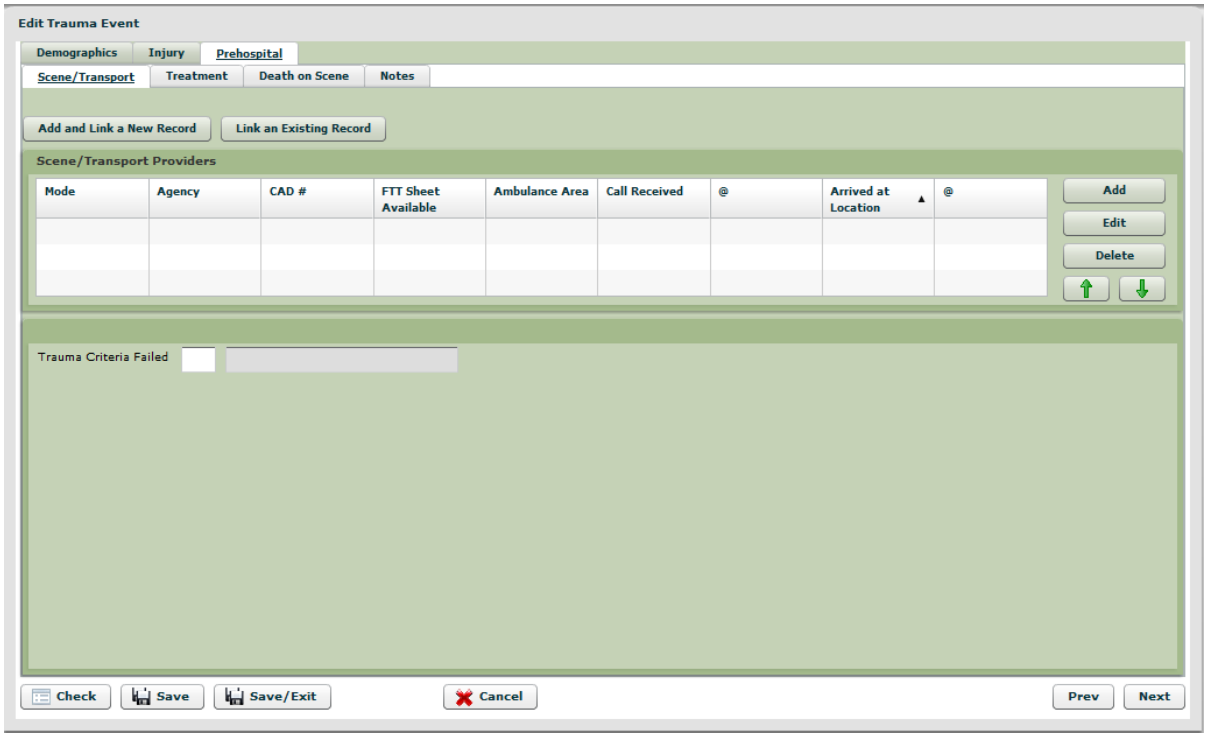


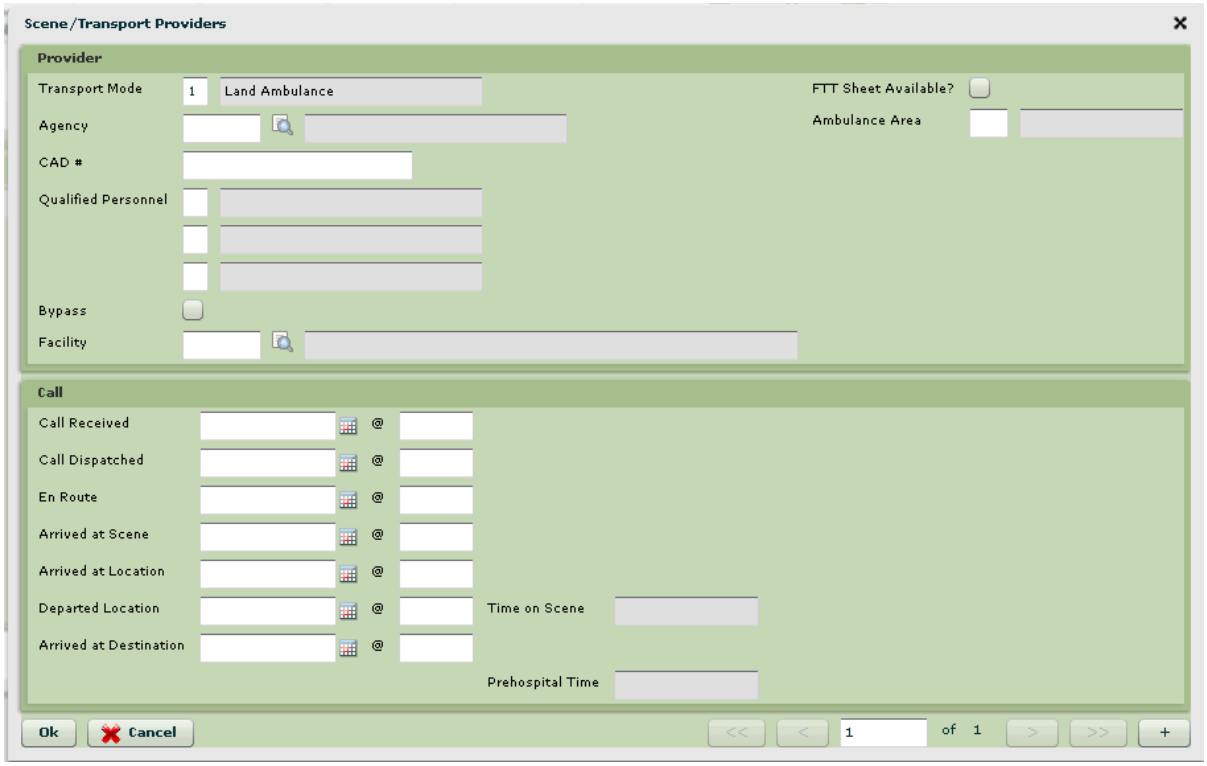
Field Code	INJ_MEMO

This Injury Note Tab will be used for the further narrative description of the Trauma Event.

For Example: Fell into trench hitting side of head on pipe, c/o HA since, eyelids swollen

PREHOSPITAL: SCENE/TRANSPORT





Field Number and Code	M058 – PHP_MODES
Name of field	Transport Mode
Definition	Identifies how the patient was transferred to the facility.
Data type	Number
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	None

Field Values

1.	Land Ambulance	
2.	Helicopter Ambulance	
3.	Fixed-wing Ambulance	
4.	Charter Fixed-wing	Includes flights from Grand Manan
5.	Charter helicopter	
6.	Private vehicle	
7.	Walk-in	
8.	Other	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information: If the patient has arrived in an ambulance that is not from ANB, then the information, if available, will have to be manually entered.

In the patient has more than one visit to a facility for the same trauma event, it is only necessary to document the mode of transport to the first facility, the first time on the Prehospital: Scene/Transport Tab.

Field Number and Code	M059 – PHP_AGNCS
Name of field	Agency
Definition	Identifies the Ambulance Agency that transported the patient.
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	? or Blank, if not transported by ambulance

Field Values

1.	ANB	
2.	PEI	
3.	NS	
4.	PQ	
5.	US	
6.	Other	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M060 – PHP_UNITS
Name of field	CAD number
Definition	This identifies the initial event in the ANB system. The Master Incident Number from ANB
Data type	Character
Length of data field	15
Mandatory	Yes for ANB transported patients
Field Values	
Constraints	
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information:

Field Number and Code	M061 – PHP_ACRS01S
Name of field	Qualified Personnel
Definition	Identifies the qualified personnel that accompanied the patient in transport from the scene or in transfer to another facility.
Data type	Selection
Length of data field	1
Mandatory	
Field Values	See list below
Constraints	
Null Values	? or Blank, if not transported by ambulance

Field Values:

1.	PCP	Primary Care paramedic
2.	ACP	Advanced Care paramedic
3.	RN	Registered nurse
4.	RT	Respiratory Therapists
5.	MD	Physician
6.	CC transport team (Critical Care)	Critical Care Transport Team
7.	Other	
/.	Not Applicable	
?.	Unknown	

Required Logic: Can select multiple personnel to identify all members of the transport team.

Additional Information:

Field Number and Code	M062 – PHP_BYPASS_HOSP_YNS
Name of field	Bypass
Definition	Identifies a decisions was made to bypass a facility for another under the Field Trauma Triage Guidelines.
Data type	Tick Box
Length of data field	1
Mandatory	
Field Values	
Constraints	
Null Values	? or Blank, if not transported by ambulance

Field Values

1.	Yes	Yes
2.	No	No
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M063 – PHP_BYPASS_HOSPS
Name of field	Bypassed Trauma Centre
Definition	Name of facility bypassed
Data type	Character
Length of data field	4
Mandatory	
Field Values	See Appendix A for Facility list.
Constraints	
Null Values	? or Blank, if not transported by ambulance

Required Logic: entered when Bypass=Y.

Additional Information:

Field Number and Code	M064 – PHP_RP_YNS
Name of field	FTT Sheet Available
Definition	Identify if a FTT sheet was available for the trauma event.
Data type	Tick Box
Length of data field	1
Mandatory	
Field Values	
Constraints	
Null Values	? or Blank, if not transported by ambulance

Field Values

1.	Yes	Yes
2.	No	No
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M065 – PHP_RSP_AREA_TYPES
Name of field	Ambulance Area (AA)
Definition	Ambulance coverage area where the incident happened.
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	? or Blank, if not transported by ambulance

Field Values: See Appendix O for map of locations

1.	W1	
2.	W2	
3.	W3	
4.	W4	
5.	W5	
6.	S1	
7.	S2	
8.	S3	
9.	S4	
10.	E1	
11.	E2	
12.	E3	
13.	E4	
14.	E5	
15.	N1	
16.	N2	
17.	N3	
18.	N4	
19.	N5	

20.	AR	Aircare
21.	AM	Air Manan
22.	CR	
/.	Not Applicable	
?.	Unknown	

Required Logic: This field will be mandatory if the transport mode selected is 'Land ambulance or air ambulance.

Additional Information:

Field Number and Code	M066 – PHP_C_DATES
Name of field	Date: Call Received for Ambulance
Definition	Identifies the date that the ambulance was called to respond to incident.
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information:

Only answer if Transport Mode selected was ‘Ambulance’.

Field Number and Code	M067 – PHP_C_TIMES
Name of field	Time: Call Received for Ambulance
Definition	Identifies the time that the ambulance was called to respond to incident
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information:

Only answer if Transport Mode selected was ‘Ambulance’.

Field Number and Code	M068 – PHP_D_DATES
Name of field	Date: Ambulance unit dispatched
Definition	Identifies the date that the ambulance was dispatched to respond to incident
Data type	Date
Length of data field	
Mandatory	
Field Values	
Constraints	
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information: Only answer if Transport Mode selected was 'Ambulance'.

Field Number and Code	M069 – PHP_D_TIMES
Name of field	Time: Ambulance unit dispatched
Definition	Identifies the time that the ambulance was dispatched to respond to incident
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information: Only answer if Transport Mode selected was 'Ambulance'.

Field Number and Code	M070 – PHP_E_DATES
Name of field	Date: Ambulance EnRoute to scene
Definition	Date that the ambulance was enroute to the scene of the incident
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information: Only answer if Transport Mode selected was 'Ambulance'.

Field Number and Code	M071 – PHP_E_TIMES
Name of field	Time: Ambulance EnRoute to scene
Definition	Time that the ambulance was enroute to the scene of the incident
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information: Only answer if Transport Mode selected was 'Ambulance'.

Field Number and Code	M072 – PHP_A_DATES
Name of field	Date: Ambulance arrives at Scene
Definition	Identifies the date the ambulance arrives at scene
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information: Only answer if Transport Mode selected was ‘Ambulance’.

Field Number and Code	M073 – PHP_A_TIMES
Name of field	Time: Ambulance arrives at Scene
Definition	Identifies the time the ambulance arrives at scene
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information: Only answer if Transport Mode selected was ‘Ambulance’.

Field Number and Code	M074 – PHP_P_DATES
Name of field	Date: Ambulance arrives at Location
Definition	Identifies the date the ambulance arrives at actual location of patient.
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information: This can be used to identify an additional time if the patient was not directly located at the scene where the ambulance arrives. Only answer if Transport Mode selected was 'Ambulance'.

Field Number and Code	M075 – PHP_P_TIMES
Name of field	Time: Ambulance arrives at Location
Definition	Identifies the time the ambulance arrives at the actual location of patient.
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information: This can be used to identify an additional time if the patient was not directly located at the scene where the ambulance arrives. Only answer if Transport Mode selected was 'Ambulance'.

Field Number and Code	M076 – PHP_L_DATES
Name of field	Date: Ambulance departs location
Definition	Identifies the date that the ambulance departs the scene for the primary facility
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information: Only answer if Transport Mode selected was 'Ambulance'.

Field Number and Code	M077 – PHP_L_TIMES
Name of field	Time: Ambulance departs location
Definition	Identifies the time that the ambulance departs the scene for the primary facility
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information: Only answer if Transport Mode selected was 'Ambulance'.

Field Number and Code	M078 – PHP_ELAPSEDS
Name of field	On Scene Time
Definition	Calculation based on the difference in the time departed the scene from the time arrived at scene
Data type	Calculation
Length of data field	3
Mandatory	
Field Values	Provided in Minutes
Constraints	
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information: Only answered if Transport Mode selected was ‘Ambulance’ and the proper dates and times are available for the calculation.

Field Number and Code	M079 – PHP_AD_DATES
Name of field	Date: Arrival at destination
Definition	Identifies the date that the patient arrives at the destination from the Scene.
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information:

This field will be used for arrival at each of the facilities involved in the trauma event. It will be based on the information provided by the ANB call sheet.

Field Number and Code	M080 – PHP_AD_TIMES
Name of field	Time: Arrival at facility
Definition	Identifies the time that the patient arrives at the facility.
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information:

This field will be used for arrival at each of the facilities involved in the trauma event. It will be based on the information provided by the ANB call sheet.

Field Number and Code	M081 – PHP_ELAPSED2S
Name of field	Pre-hospital Time
Definition	Calculation based on the difference in the time of injury to the time arrived at destination.
Data type	Calculation
Length of data field	4
Mandatory	
Field Values	Provided in Minutes
Constraints	
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information: Only answered if Transport Mode selected was 'Ambulance' and the proper dates and times are available for the calculation.

Field Number and Code	M082 – PH_TRIAGE01
Name of field	Trauma Criteria Failed
Definition	Identifies the criteria used by Ambulance NB to decide the transportation facility of the patient
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	? or / or Blank, if not transported by ambulance

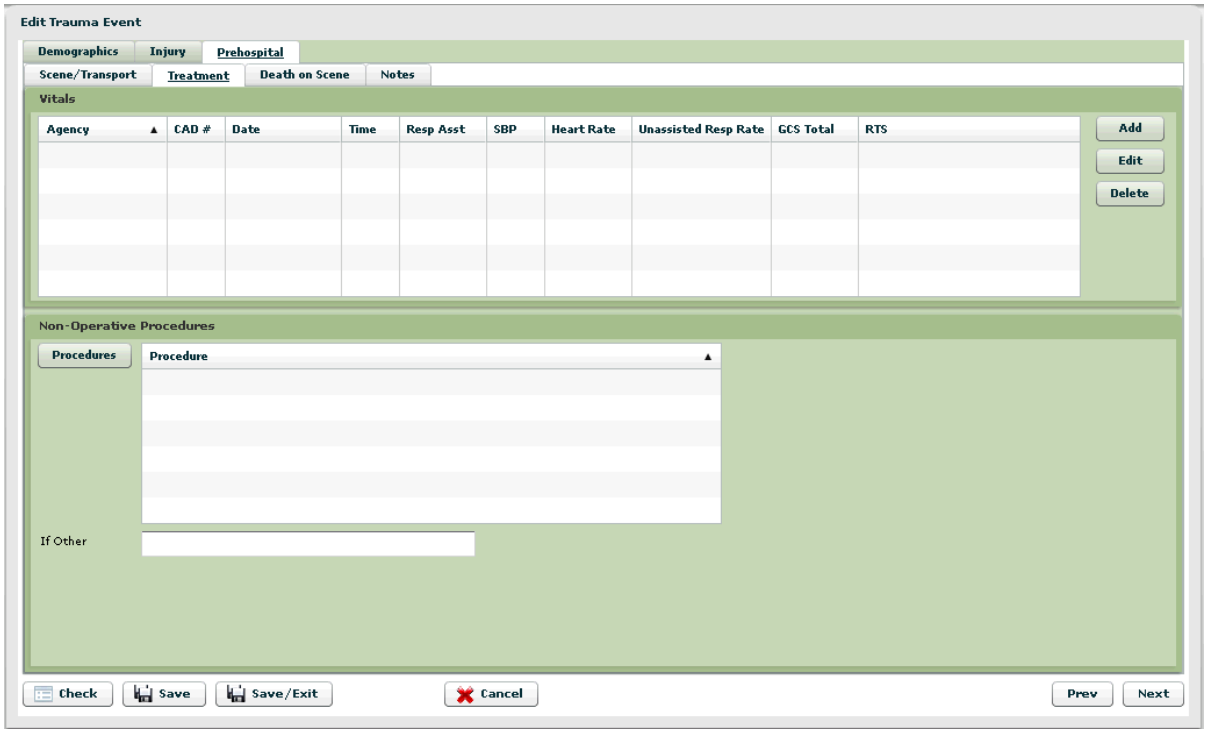
Field Values: See Appendix M for Field Trauma Triage Guidelines.

1.	1A	
2.	1	
3.	2	
4.	3	
5.	4	
6.	5	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

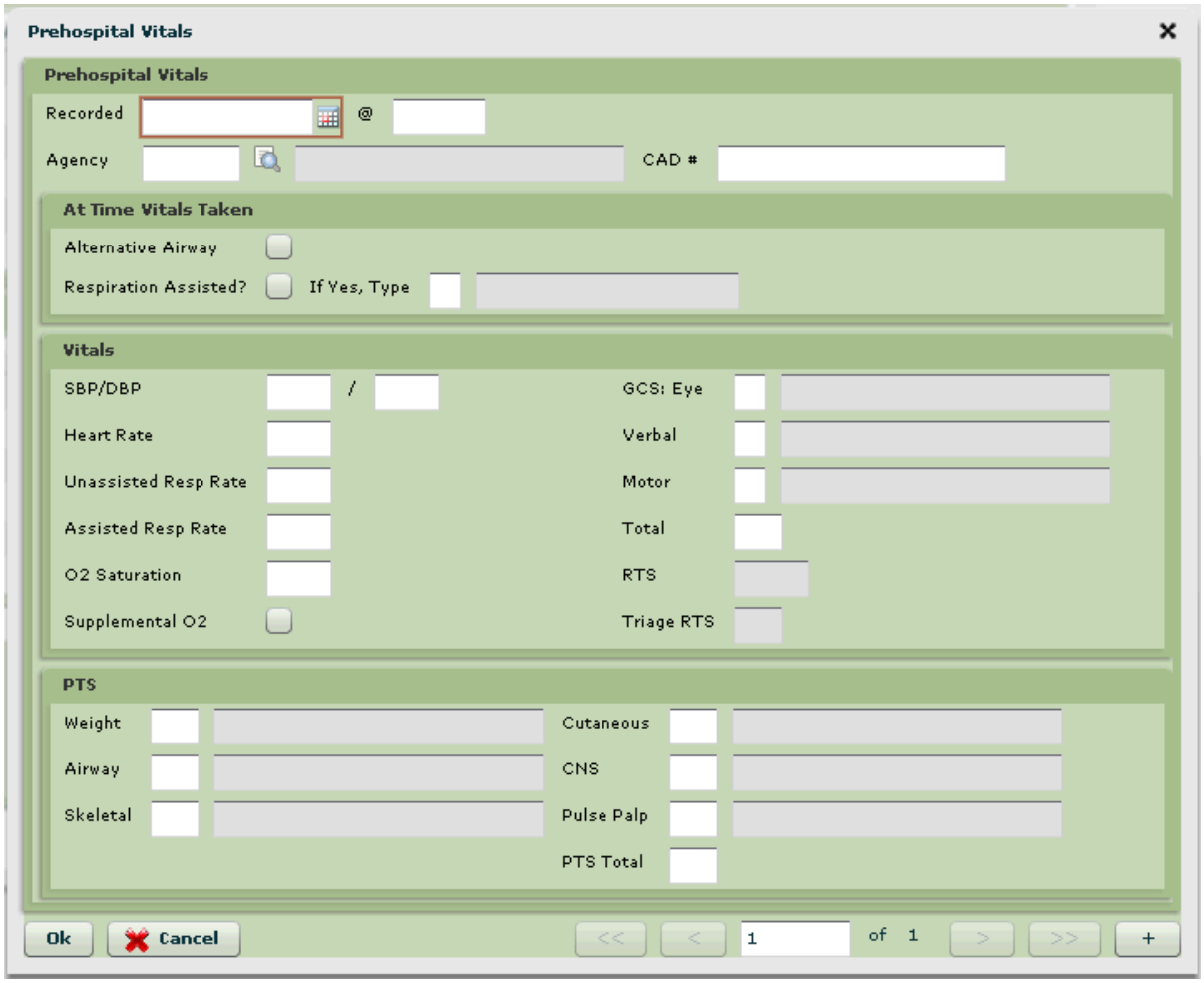
PREHOSPITAL: TREATMENT



The ANB Linkage provides the following fields: Agency, CAD number, SBP/DBP, Heart rate, O2 saturation and the GSC on the first set of vital signs taken at the scene.

The tab allows for two sets of vital signs from the scene. The trauma nurse can enter an additional set of vital signs. It is recommended to add the last set of vital signs completed at the scene as the additional set.

PREHOSPITAL: TREATMENT PREHOSPITAL VITALS



Field Number and Code	M083 – PHAS_DATES
Name of field	Recorded
Definition	Date that the pre-hospital vitals were taken.
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information:

Field Number and Code	M084 – PHAS_TIMES
Name of field	Time Recorded
Definition	Time that the pre-hospital vitals were taken
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information:

Field Number and Code	M085 – PHAS_AGNCS
Name of field	Agency
Definition	Identifies the Ambulance Agency that completed the pre-hospital vitals.
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	? or Blank, if not transported by ambulance

Field Values

1.	ANB	
2.	PEI	
3.	NS	
4.	PQ	
5.	US	
6.	Other	
/..	Not Applicable	
?.	Unknown	

Required Logic: This should be the same as the agency that transported the patient.

Additional Information:

Field Number and Code	M086 – PHAS_UNITS
Name of field	CAD number
Definition	This identifies the event in the ANB system. This is the Master Incident Number.
Data type	Character
Length of data field	15
Mandatory	Yes for ANB transported patients
Field Values	
Constraints	
Null Values	? or Blank, if not transported by ambulance

Required Logic: This should be the same as the CAD number identified for the transport of the patient from the scene.

Additional Information:

Field Number and Code	M087 – PHAS_INTUB_YNS
Name of field	Alternative Airway
Definition	This identifies if the patient had an alternative airway at the time the pre-hospital vitals were taken.
Data type	Tick Box
Length of data field	1
Mandatory	
Field Values	
Constraints	
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information:

Field Number and Code	M088 – PHAS_ARR_YNS
Name of field	Respiration Assisted?
Definition	Identifies the patients that had assisted respiration at the time of the pre-hospital vitals.
Data type	Tick Box
Length of data field	1
Mandatory	
Field Values	
Constraints	
Null Values	? or Blank, if not transported by ambulance

Field Values

1.	Yes	
2.	No	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M089 – PHAS_ARR_TYPES
Name of field	Type
Definition	This identifies the type of assisted respiration used for the patient during the pre-hospital time.
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	? or Blank, if not transported by ambulance

Field Values:

1.	Bag Valve Mask	
2.	Nasal Airway	
3.	Oral Airway	
4.	Ventilator	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M090 – PHAS_SBPS
Name of field	Systolic Blood Pressure at scene
Definition	Enter the patient's first recorded systolic blood pressure at the scene.
Data type	Number
Length of data field	3
Mandatory	
Field Values	
Constraints	
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information:

Field Number and Code	M090 – PHAS_DBPS
Name of field	Diastolic Blood Pressure at scene
Definition	Enter the patient's first recorded diastolic blood pressure at the scene.
Data type	Number
Length of data field	3
Mandatory	
Field Values	
Constraints	
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information:

Field Number and Code	M091 – PHAS_PULSES
Name of field	Heart Rate at scene
Definition	The patient's heart rate per minute at the scene
Data type	Number
Length of data field	3
Mandatory	Yes, for ANB patients
Field Values	
Constraints	
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information:

Field Number and Code	M092 – PHAS_URRS
Name of field	Unassisted Respiration Rate at scene
Definition	The patient's unassisted respiratory rate per minute at the scene.
Data type	Number
Length of data field	2
Mandatory	
Field Values	
Constraints	
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information:
If the patient arrives ventilated or bagged enter /.
Enter ? if the respiratory rate is not recorded.

Field Number and Code	M092 – PHAS_ARRS
Name of field	Assisted Respiration Rate at scene
Definition	The patient's assisted respiratory rate per minute at the scene.
Data type	Number
Length of data field	2
Mandatory	
Field Values	
Constraints	
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information:
If the patient arrives ventilated or bagged enter /.
Enter ? if the respiratory rate is not recorded.

Field Number and Code	M093 – PHAS_SA02S
Name of field	O2 Saturation Rate at scene
Definition	Enter the patient's first recorded O2 saturation rate at the scene.
Data type	Number
Length of data field	2
Mandatory	
Field Values	
Constraints	
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information:

Field Number and Code	M094 – PHAS_SO2_YNS
Name of field	Supplemental O2
Definition	Identify if the patient was given any supplemental O2 at the Scene.
Data type	Tick Box
Length of data field	1
Mandatory	
Field Values	
Constraints	
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information:

Field Number and Code	M095 – PHAS_GCS_EDS
Name of field	GCS Eye at scene
Definition	Identifies the GCS eye score for the patient at the scene
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	? or Blank, if not transported by ambulance

Field Values:

1.	No eye movement when assessed	
2.	Opens eyes to painful stimuli	
3.	Opens eyes to verbal stimuli	
4.	Opens eyes spontaneously	
/.	Not Applicable	

?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M096 – PHAS_GCS_VRS
Name of field	GCS Verbal at scene
Definition	Identifies the GCS verbal score for the patient at the scene
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	? or Blank, if not transported by ambulance

Field Values:

1.	No verbal response	
2.	Incomprehensible sounds	
3.	Inappropriate words	
4.	Confused	
5.	Oriented	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M097 – PHAS_GCS_MRS
Name of field	GCS Motor at scene
Definition	Identifies the GCS motor score for the patient at the scene
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	? or Blank, if not transported by ambulance

Field Values:

1.	No motor response	
2.	Extension to pain	
3.	Flexion to pain	
4.	Withdrawal to pain	
5.	Localizing pain	
6.	Obeys commands	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

The score can be entered as separate scores for each or as a whole number in the total field:

Field Number and Code	M098 – PHAS_GCSSC
Name of field	GCS Total at scene
Definition	Identifies the total GCS score for the patient at scene
Data type	Number
Length of data field	2
Mandatory	
Field Values	0 to 15
Constraints	
Null Values	? or Blank, if not transported by ambulance

Required Logic: The score can be entered as separate scores for each or as a whole number in the total field. If the individual scores are entered for each of the Eye, Verbal and Motor then the GCS Total will be automatically calculated and the field will be filled.

Additional Information:

Field Number and Code	M099 – PHAS_RTSSC
Name of field	Revised Trauma Score
Definition	Describes the revised trauma score and is a calculated field based on the Glasgow Coma Scale, systolic blood pressure and the respiratory rate.
Data type	Number
Length of data field	4
Mandatory	
Field Values	
Constraints	0 to 7.8408
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information:

This will be calculated at the scene and at each of the facilities involved in the trauma event.

Glasgow Coma Scale (GCS)	Systolic Blood Pressure (SBP)	Respiratory Rate (RR)	Coded Value
13-15	90+	10-29	4
9-12	76-89	30+	3
6-8	50-75	6-9	2
4-5	1-49	1-5	1
3	0	0	0

Revised Trauma Score = 0.9368(GCS) + 0.7326(SBP) + 0.2908(RR)

If any component required to calculate the RTS is not applicable or unknown, enter Unknown.

Field Number and Code	M100 – PHAS_PTS_WTS
Name of field	Pediatric Trauma Score - Weight
Definition	Identifies trauma score for pediatric patients: weight. Used as an injury severity predictor.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See below
Constraints	
Null Values	? or Blank, if not transported by ambulance

Field Values:

+2	Greater than 20Kg	Greater than 20Kg (44 lb)
+1	Between 10 and 20 Kg	Between 10 and 20 Kg (22 to 44 lb)
-1	Less than 10 Kg	Less than 10 Kg (22 lb)
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M101 – PHAS_PTS_AIRS
Name of field	Pediatric Trauma Score - Airway
Definition	Identifies trauma score for pediatric patients: airway. Used as an injury severity predictor.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See below
Constraints	
Null Values	? or Blank, if not transported by ambulance

Field Values

+2	Normal	Normal
+1	Maintainable	Maintainable (Oral or Nasal Airway, Oxygen)
-1	Unmaintainable	Unmaintainable or Intubated
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M102 – PHAS_PTS_SKLS
Name of field	Pediatric Trauma Score - Skeletal
Definition	Identifies trauma score for pediatric patients: skeletal. Used as an injury severity predictor.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See below
Constraints	
Null Values	? or Blank, if not transported by ambulance

Field Values

+2	None	None – None seen or suspected
+1	Closed fracture	Closed fracture (single, closed)
-1	Open or Multiple	Open or multiple fractures
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M103 – PHAS_PTS_CUTS
Name of field	Pediatric Trauma Score – Cutaneous
Definition	Identifies trauma score for pediatric patients: cutaneous. Used as an injury severity predictor.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See below
Constraints	
Null Values	? or Blank, if not transported by ambulance

Field Values

+2	No open wounds	No open wounds – none visible
+1	Minor open wounds	Minor open wounds (Contusion, abrasion, laceration < 7cm not through the fascia)
-1	Major or penetrating open wounds	Major or penetrating open wounds (Tissue loss, any gunshot wound or stab wound through the fascia)
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M104 – PHAS_PTS_CNSS
Name of field	Pediatric Trauma Score – CNS
Definition	Identifies trauma score for pediatric patients: central nervous system. Used as an injury severity predictor.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See below
Constraints	
Null Values	? or Blank, if not transported by ambulance

Field Values

+2	Awake	Awake
+1	Altered mental status or obtund	Altered mental status or obtund (Any loss of consciousness)
-1	Coma or abnormal flexion	Coma or abnormal flexion (Unresponsive)
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M105 – PHAS_PTS_PLPS
Name of field	Pediatric Trauma Score – Pulse
Definition	Identifies trauma score for pediatric patients: pulse. Used as an injury severity predictor.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See below
Constraints	
Null Values	? or Blank, if not transported by ambulance

Field Values

+2	Pulse palpable at wrist	Pulse palpable at wrist- Systolic blood pressure over 90 mmHg (> 90mmHg; good peripheral pulses and perfusion.
+1	Pulse palpable at groin	Pulse palpable at groin – Systolic blood pressure between 50 and 90 mmHg (Between 50 and 90mmHg; carotid/femoral pulses palpable)
-1	Pulse not palpable	Pulse not palpable- Systolic blood pressure under 50mmHg (< 50 mmHg; weak or no pulses)
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M106 – PHAS_PTSSC
Name of field	Pediatric Trauma Score – Total
Definition	Identifies trauma score for pediatric patients. Used as an injury severity predictor. If all the fields of the Pediatric trauma score are filed in then the total is a calculated field of the Total of all scores.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	
Constraints	
Null Values	? or Blank, if not transported by ambulance

Required Logic:

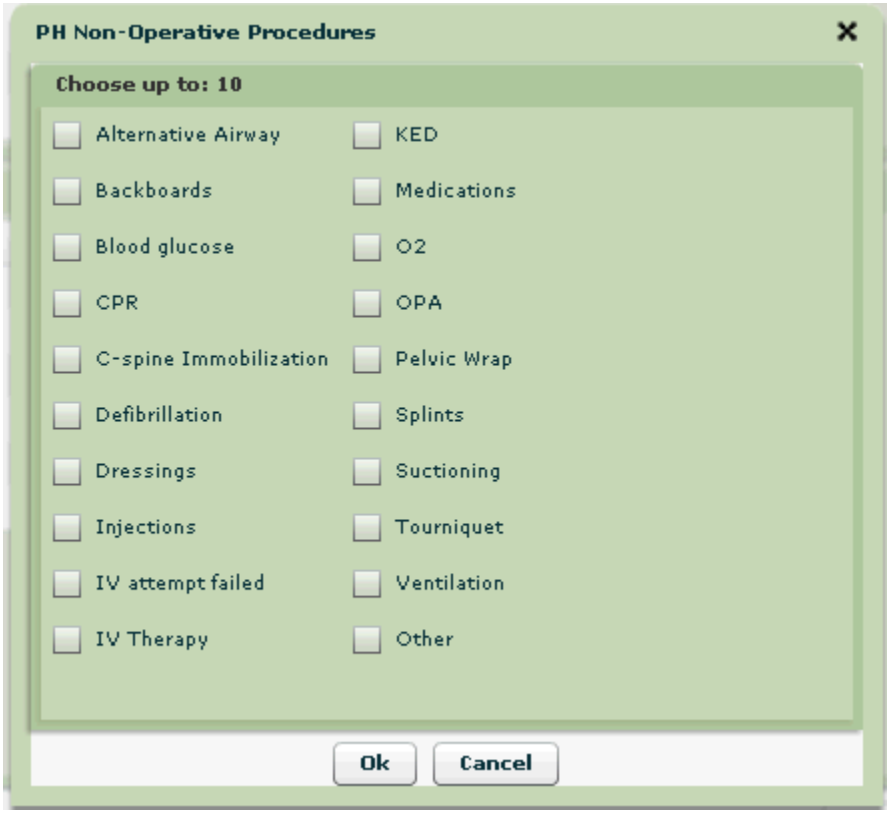
Additional Information:

PREHOSPITAL: TREATMENT NON OPERATIVE PROCEDURES

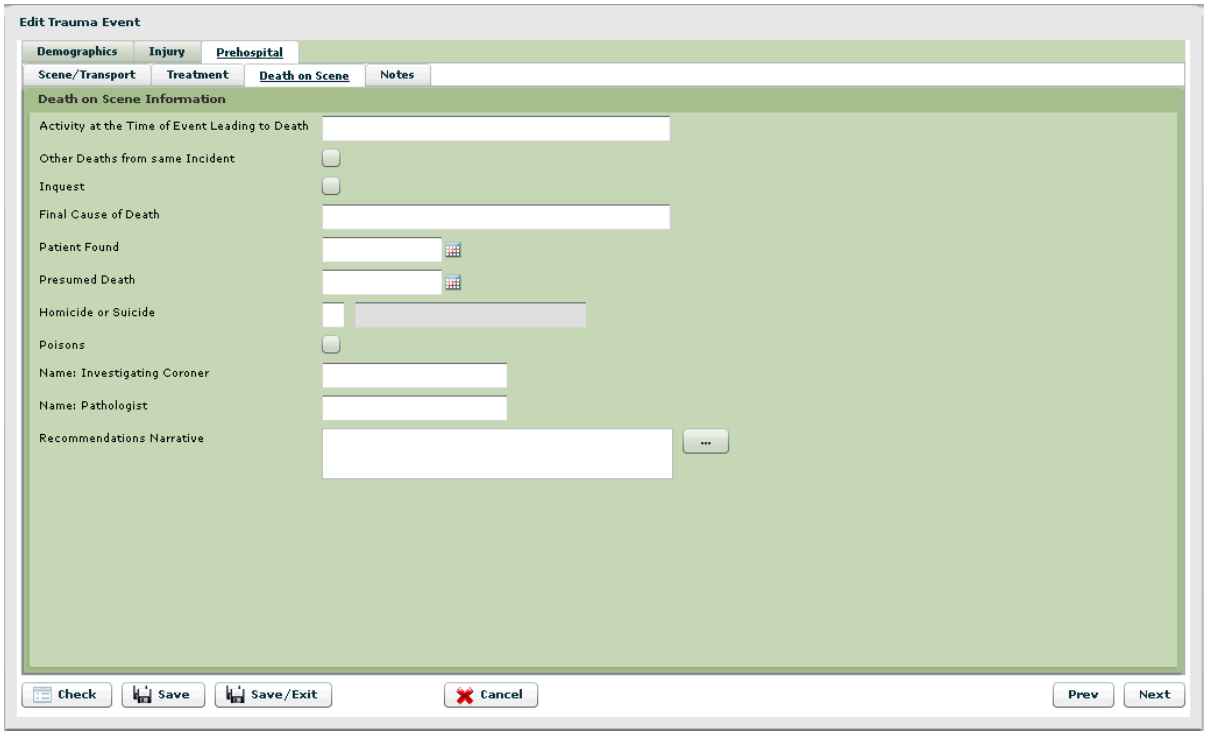
Field Number and Code	M107 – PH_INTS
Name of field	Non-operative Procedures at Scene
Definition	Identify the non-operative procedures completed by the qualified personnel at the scene
Data type	Tick Box
Length of data field	
Mandatory	
Field Values	See above pick list
Constraints	
Null Values	? or Blank, if not transported by ambulance

Required Logic:

Additional Information: Choose up to 10 of the Non-Operative Procedures.



PREHOSPITAL: DEATH ON SCENE



This screen will provide data on the patients that do not make it to the hospital and are not cared for by Ambulance NB. These will mostly consist of the Coroner's cases of patients dead on the scene and bodies recovered where injury was suspected.

Field Number and Code	M108 – INJ_ACT_S
Name of field	Activity at the time of event leading to death
Definition	Identify what was being done when the patient expired.
Data type	Free Text
Length of data field	50
Mandatory	
Field Values	
Constraints	None
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M109 – INJ_MULTI_DTH_YN
Name of field	Other deaths from same event
Definition	Identify if other people were involved in the same incident
Data type	Tick Box
Length of data field	1
Mandatory	
Field Values	
Constraints	
Null Values	? and /

Field Values

1.	Yes	Yes
2.	No	No
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M110 – DTH_INQUEST
Name of field	Inquest
Definition	Identify if inquest was requested on event.
Data type	Tick Box
Length of data field	1
Mandatory	
Field Values	
Constraints	
Null Values	? and /

Field Values

1.	Yes	Yes
2.	No	No
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M111 – DTH_CAU_S01
Name of field	Final Cause of Death
Definition	Enter the final Cause of death if different from the preliminary cause.
Data type	Free Text
Length of data field	50
Mandatory	
Field Values	
Constraints	None
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M112 – PAT_FOUND_DATE
Name of field	Date: Patient found
Definition	Date that the patient was found.
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	?

Required Logic:

Additional Information:

Field Number and Code	M113 – PRESUME_DTH_DATE
Name of field	Date: Patient presumed dead
Definition	Enter the date that the patient was presumed dead.
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	?

Required Logic:

Additional Information:

Field Number and Code	M114 – DTH_MANNER
Name of field	Homicide or Suicide
Definition	Identify if homicide or suicide was involved in the event.
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	Blank if neither involved

Field Values

1.	Homicide	
2.	Suicide	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M115 – DTH_BY_POISON_YN
Name of field	Poisons
Definition	Identify if poisons was involved in the trauma event
Data type	Tick Box
Length of data field	1
Mandatory	
Field Values	See below
Constraints	
Null Values	? and /

Field Values

1.	Yes	
2.	No	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M116 – CORONER_S
Name of field	Name: Investigating Coroner
Definition	Identify the investigating coroner.
Data type	Free text
Length of data field	50
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M117 – PATHOLOGIST_S
Name of field	Name: Pathologist
Definition	Identify the Pathologist.
Data type	Free Text
Length of data field	25
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic:

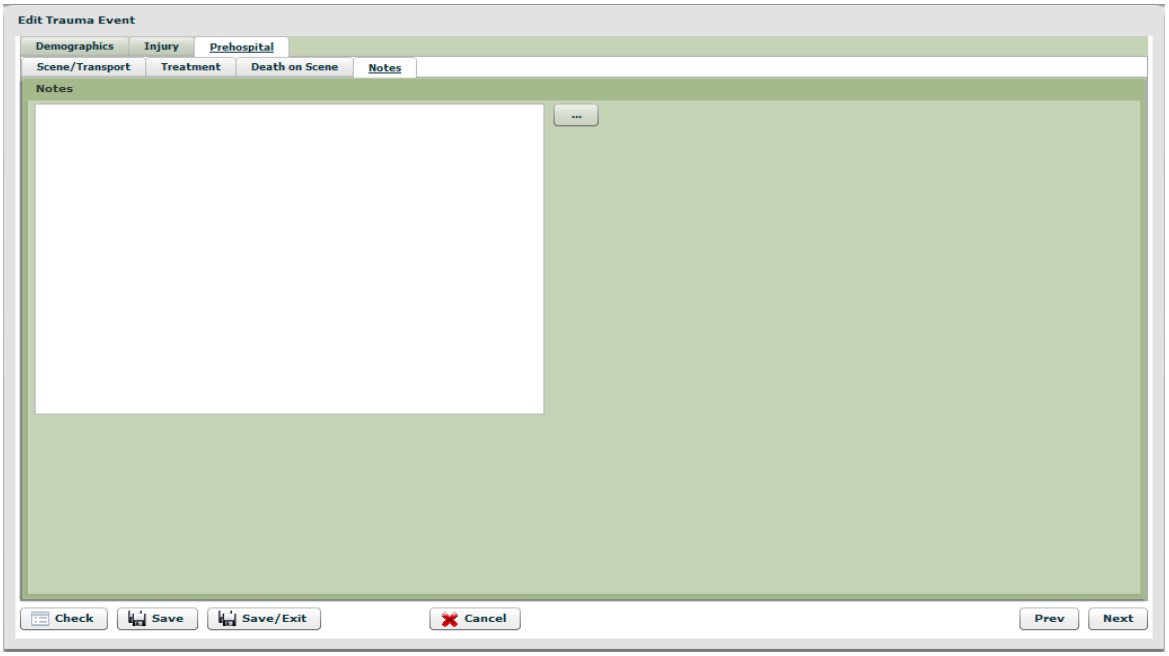
Additional Information:

Field Number and Code	M118 – DTH_INQUEST_MEMO
Name of field	Recommendations narrative
Definition	Identify any recommendations from the inquest.
Data type	Free text
Length of data field	100
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information:

NOTE TAB/PREHOSPITAL:

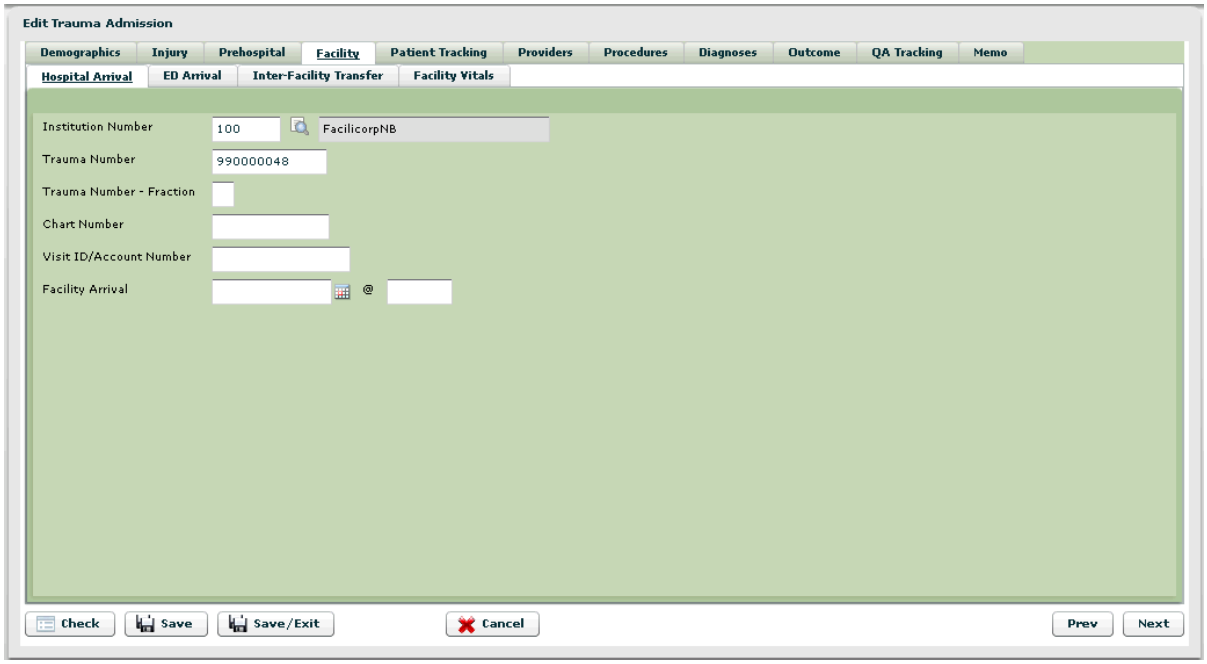


Field Code	PH_MEMO

This will be used for the Brief Description coming from ANB in the Linkage.

For example: Pt M 66 y/o involved in an ATV accident travelling approximately 30 km/h. ATV flipped and fell on the pt. C/O right sided chest pain, no instability. Laceration to the back of the head. Pt A+Ox3 and fully immobilized.

TRAUMA ADMISSION: FACILITY – HOSPITAL ARRIVAL



Field Number and Code	M119 – INST_NUM
Name of field	Institution Number
Definition	This identifies the facility involved in the Trauma event.
Data type	Character
Length of data field	4
Mandatory	Yes
Field Values	See Appendix A for List of facilities.
Constraints	
Null Values	

The Institution Number will default to the facility attached to the user. If identifying a visit from another facility, i.e. a Level V facility, then the field must be changed.

Required Logic:

Additional Information:

Field Number and Code	M120 – TRAUMA_NUM
Name of field	Trauma Number
Definition	This identifies the trauma admission in the registry.
Data type	Number
Length of data field	9
Mandatory	Yes
Field Values	Numbers will be added sequentially to the system for each trauma admission entered into the registry.
Constraints	
Null Values	None

Required Logic:

Additional Information: The Trauma Number will be generated automatically from the system sequentially as admissions are initiated in the registry

Field Number and Code	M121 – VISIT_NUM
Name of field	Trauma Number - Fraction
Definition	This identifies subsequent trauma events associated with the same chart number.
Data type	Number
Length of data field	9
Mandatory	Yes
Field Values	
Constraints	
Null Values	None

The Trauma Number – Fraction will identify historical data from Collector that identified subsequent trauma events from the same chart number.

Required Logic:

Additional Information:

Field Number and Code	M122 – PAT_REC_NUM
Name of field	Chart Number/Medical Record
Definition	Unique identifier for the patient in a specific facility.
Data type	Integer
Length of data field	8
Mandatory	Yes
Field Values	
Constraints	
Null Values	None

Required Logic:

Additional Information:

Facility Chart Number Prefixes	
D – Dr. Everett Chalmers Regional Hospital	Q – Hotel-Dieu-St-Joseph St-Quentin
K – Campbellton Regional Hospital	None – Charlotte County Hospital
E – Edmundston Regional Hospital	None – Sussex Health Centre
None – Stan Cassidy Rehabilitation Centre	TR – Tracadie-Sheila Hospital
None – Grand Manan Hospital	BA – Chaleur Regional Hospital
M0 – Moncton Hospital	CA – Hospital de l'Enfant – Caraquet
None - St. Joseph's Hospital	G – Grand Falls General Hospital
M – Miramichi Regional Hospital	K – Stella-Maris-de-Kent Hospital
H – Hotel Dieu St. Joseph's	Z – Oromocto Public Hospital
V – Sackville Memorial Hospital	D – Georges Dumont Hospital
None – Saint John Regional Hospital	UR – Upper River Valley Hospital

Field Number and Code	M123 – PAT_ACCOUNT
Name of field	Visit Id/Account Number
Definition	This identifies the patient visit within the facility once the patient has been admitted or seen in Emergency department.
Data type	Number
Length of data field	10
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M124 – PAT_ORIGIN
Name of field	Patient Origin
Definition	Identifies if the patient is coming from the Scene or from another facility by ambulance.
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	Blank

Field Values:

1.	Scene	Identifies patients that have come from the scene
2.	Transfer	Identifies patients that have arrived via another facility
3.	Other	Identifies patients that have not arrived from the scene of the incident or have not come to the Emergency Department on the date of the incident.

/.	Not Applicable	
?.	Unknown	
	Blank	Identifies trauma admissions that are subsequent to the original visit that brought the patient to the Emergency Department

Required Logic:

Additional Information:

Field Number and Code	M125 – PAT_A_DATE
Name of field	Date: Facility Arrival
Definition	Date the patient arrived from scene or transfer to the receiving facility.
Data type	Date
Length of data field	10
Mandatory	Yes
Field Values	
Constraints	MM/dd/YYYY
Null Values	? or /

Required Logic:

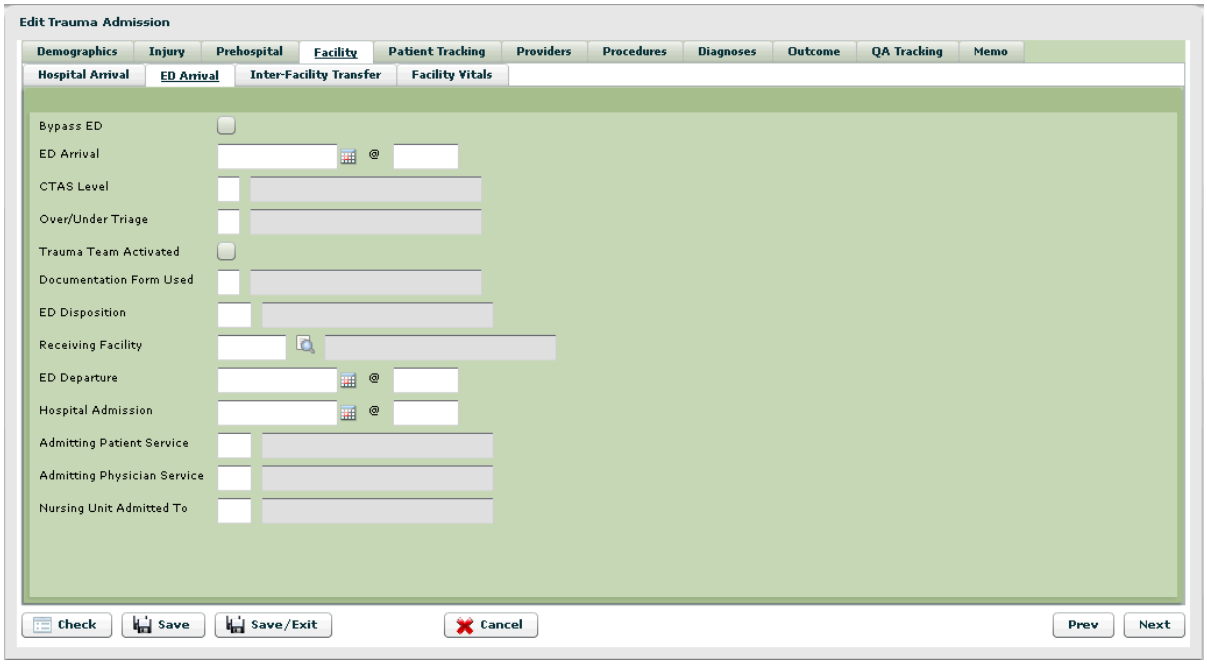
Additional Information:

Field Number and Code	M126 – PAT_A_TIME
Name of field	Time: Facility Arrival
Definition	Time the patient arrived from scene or transfer to the receiving facility.
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	

Required Logic:

Additional Information:

TRAUMA ADMISSION: FACILITY ED ARRIVAL



MDS Patients: *For the patients that are registered in Emergency and are discharged home the following fields are required to complete:*

Chart Number

VisitID/Account Number

ED Arrival date and time

CTAS Level

Documentation form used

ED Disposition

ED Departure Date and Time

Diagnosis (On Diagnosis Tab)

Field Number and Code	M127 – ED_BYPASS_YN
Name of field	Bypass ED
Definition	If the patient has come directly to the facility for admission without stopping at the Emergency Department
Data type	Tick Box
Length of data field	1
Mandatory	
Field Values	
Constraints	
Null Values	None

Field Values:

1.	Yes	
2.	No	
/.	Not Applicable	
?.	Unknown	

Required Logic: If the patient has bypassed the Emergency Department the fields down to Hospital Admission Date and Time to record will be greyed out. This field will default to No and will need to be changed if required.

Additional Information:

Field Number and Code	M128 – EDA_DATE
Name of field	ED Arrival Date
Definition	Identifies the date that the patient arrived in the facility based on registration or triage.
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	? or /

Required Logic:

Additional Information:

Field Number and Code	M129 – EDA_TIME
Name of field	ED Arrival Time
Definition	Identifies the earliest time that the patient arrived in the facility based on registration or triage.
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	?

Required Logic:

Additional Information:

Field Number and Code	M130 – ED_TRIAGE_DET
Name of field	CTAS/Triage Level
Definition	Identifies the triage level that was assigned to the patient on arrival.
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See below
Constraints	
Null Values	? or /

Field Values:

1.	1	
2.	2	
3.	3	
4.	4	
5.	5	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M131 – ED_OVERUNDER
Name of field	Over/Under Triage
Definition	Identifies that the patient was not properly triaged at the facility
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	

Field Values:

1.	Over	The patient was triaged to a higher level than identified
2.	Under	The patient was triaged to a lover level than identified.
/.	Not Applicable	Select if trauma nurse agrees with the triage level assigned by the Triage Nurse in the Emergency Department.
?.	Unknown	

Required Logic:

Additional Information: this will be completed for admitted patients to confirm the accuracy of the CTAS level assigned to the patient. Select over or under if there is a discrepancy in the triage level. If there is agreement to the triage level assigned then select / (not applicable). Add a comment to the Memo field to specify any issues with over or under triage.

Field Number and Code	M132 – ED_TTA_YN
Name of field	Trauma Team Activation
Definition	Identifies the activation of the Trauma Team in the Emergency when the patient arrived in the department
Data type	Tick Box
Length of data field	1
Mandatory	
Field Values	
Constraints	
Null Values	? and /

Field Values:

1.	Yes	
2.	No	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information: This field will default to '/' and will be changed if the Trauma Team Activation has been completed.

Field Number and Code	M133 – SRC_DOC_TYPE01
Name of field	Documentation Form Used
Definition	Identify the type of documentation used to collect the data
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See list below
Constraints	
Null Values	

Field Values:

1.	Triage	
2.	ED Record	
3.	Nursing Notes	
4.	Injury Notes	
5.	Trauma Notes	
6.	Code Blue Notes	
7.	Physician Notes	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information: Select the documentation form that was used to collect the majority of the information from the chart.

Field Number and Code	M134 – ED_DSP
Name of field	ED Disposition
Definition	Identifies what happened to the patient in the emergency room – discharged, admitted, etc
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See below
Constraints	
Null Values	None

Field Values:

1.	Another Acute Care Facility	Use if the patient has gone to a Level V Trauma Centre
2.	Another Trauma Centre	Use if the patient has gone to another Level I, II, or III Trauma Centre
3.	OR	Patient sent to the Operating Room
4.	ICU	Patient admitted to the Intensive Care Unit
5.	Ward	Patient admitted to the Ward
6.	DIE in Emergency	Patient dies in the Emergency Department
7.	Discharged Home	Patient goes home from Emergency Department
8.	Other	See below
9.	LWBS	Left Without Being Seen
10.	AMA	Against Medical Advice.
11.	Interventional Radiology	Patient sent to Interventional Radiology
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Non-Trauma Admits:

Option 8 (Other): will be used for patients that are admitted to the facility for non-trauma reasons. The trauma event may have brought them to the facility, but if the reason they are admitted is not trauma related then there is no reason to follow the patient to discharge.

- Enter the ED Disposition = 8
- Document on the Facility Note Tab: Patient admitted for Non-Trauma issue
- Enter n/a in the Trauma Diagnosis (or the injury sustained during the event).
- Document the description of the diagnosis that did lead to the admission (if necessary)

Field Number and Code	M135 – RFS_WFLNK
Name of field	Receiving Facility
Definition	Identifies what facility the patient is being transferred to.
Data type	Integer
Length of data field	4
Mandatory	
Field Values	See Appendix A for facility numbers
Constraints	
Null Values	

Required Logic: This field will be enabled if option 1 or 2 is selected to identify going to another facility.

Additional Information:

Field Number and Code	M136 – EDD_DATE
Name of field	Date: ED Departure
Definition	Specifies the date that the patient physically left the Emergency department after discharge or for the nursing unit.
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	?

Required Logic:

Additional Information:

Field Number and Code	M137 – EDD_TIME
Name of field	Time: ED Departure
Definition	Specifies the time that the patient physically left the Emergency department for discharge or for the nursing unit.
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	?

Required Logic:

Additional Information:

Field Number and Code	M138 – ED_LOS
Name of field	ED Length of Stay
Definition	Calculated length of stay in the Emergency Department.
Data type	Calculation
Length of data field	
Mandatory	
Field Values	
Constraints	Cannot be filled manually
Null Values	

Required Logic: None

Additional Information: this field will display the length of stay in the Emergency Department in Days, Hours, and Minutes (depending on length of stay). It will be calculated if the Date and Time of ED arrival and the Date and Time of ED Departure are completed. If any of the fields are missing then the ED Length of Stay will be unknown.

Field Number and Code	M139 – ADM_DATE
Name of field	Date: Hospital Admission
Definition	Date the patient is admitted to the facility department.
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	

Required Logic: If the patient bypasses the Emergency Department, the logic will skip down to this field. Or, if the ED disposition is equal to 3 (OR), 4 (ICU), or 5 (ward) this field will be enabled.

Additional Information:

Field Number and Code	M140 – ADM_TIME
Name of field	Time: Hospital Admission
Definition	Time the patient is admitted to the facility department.
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	

Field Number and Code	M141 – ADM_SVC
Name of field	Admitting Patient Service
Definition	To identify patients admitted to the Intensivist.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See list below
Constraints	
Null Values	

Field Values:

99.	Intensivist	
/.	Not Applicable	

Required Logic:

Additional Information: This field will default to / Not applicable and will be changed to 99 (Intensivist) to identify the physicians working in the ICU and not their appropriate physician service.

Field Number and Code	M142 – ADMP_TYPE
Name of field	Admitting Physician Service
Definition	Physician Service the patient is admitted under.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See list below
Constraints	
Null Values	Unknown

Field Values:

1.	Family Practice	
10.	Internist	
11.	Allergist	
12.	Cardiologist	
13.	Dermatologist	
14.	Endocrinologist	
15.	Gastro-enterologist	
16.	Nephrologist	
17.	Neurologist	
18.	Respirologist	
19.	Rheumatologist	
20.	Pediatrician	
30.	General Surgeon	
31.	Cardiac Surgeon	
32.	Neurosurgeon	
33.	Oral Surgeon	
34.	Orthopedic Surgeon	
35.	Plastic Surgeon	
36.	Thoracic Surgeon	
37.	Transplant Surgeon	

38.	Traumatologist	
39.	Urologist	
50.	Obstetrician/Gynecologist	
55.	Critical Care Physician	
57.	Anaesthesiologist	
58.	Palliative Care	
60.	Otolaryngologist	
62.	Ophthalmologist	
64.	Psychiatrist	
66.	Hematologist	
68.	Immunologist	
70.	Physiatrist	
72.	Geriatrician	
74.	Oncologist	
77.	Pathologist	
78.	Microbiologist	
79.	Parasitologist	
80.	Radiologist	
81.	Radiotherapist	
82.	Geneticist	
83.	Toxicologist	
87.	Dentist	
91.	Podiatrist	
95.	Vascular Surgeon	
96.	Infectious Disease Specialist	
97.	Neonatologist	
99.	Intensivist	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M143 – ED_DSP_DET
Name of field	Nursing Unit Admitted to
Definition	Identify the nursing unit that the patient went to on admission
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See list below
Constraints	
Null Values	? and /

Field Values:

1.	MICU	
2.	NICU	
3.	SICU	
4.	PICU	
5.	CCU	
6.	ICU	
7.	MSICU	
8.	PACU	
9.	OR	RETIRED
10.	ED	
11.	EIP	
12.	OBS	
13.	Not Documented	
14.	DOA	
15.	DIE	
16.	S-3AN	
17.	S-3BN	
18.	S-3CN	
19.	S-3CS	

20.	S-3DS	
21.	S-4AN	
22.	S-4AS	
23.	S-4BN	
24.	S-4BS	
25.	S-4CN	
26.	S-4CS	
27.	S-4DN	
28.	S-5AN	
29.	S-5AS	
30.	S-5BN	
31.	S-5BS	
32.	S-5CN	
33.	S-5CS	
34.	T-600	
35.	T-5600	
36.	T-5400	
37.	T-5200	
38.	T-5100	
39.	T-2600	
40.	T-4600	
41.	T-4200	
42.	T-4100	
43.	T-3600	
44.	T-3400	
45.	T-3200	
46.	T-1600	
47.	D-2SE	
48.	D-3E	
49.	D-3SE	
50.	D-3SW	

51.	D-3NW	
52.	D-4NW	
53.	D-4W	
54.	D-4NE	
55.	D-4SW	
56.	G-3A	
57.	G-3B	
58.	G-3C	
59.	G-3D	
60.	G-3E	
61.	G-3F	
62.	G-4A	
63.	G-4B	
64.	G-4C	
65.	G-4D	
66.	G-4E	
67.	G-4F	
68.	C-2E	
69.	C-3W	
70.	C-1E	
71.	C-1W	
72.	C-2W	
73.	C-3E	
74.	C-4E	
75.	C-4W	
76.	M-1W	
77.	M-1E	
78.	M-2W	
79.	M-2E	
80.	M-3E	
81.	M-4E	

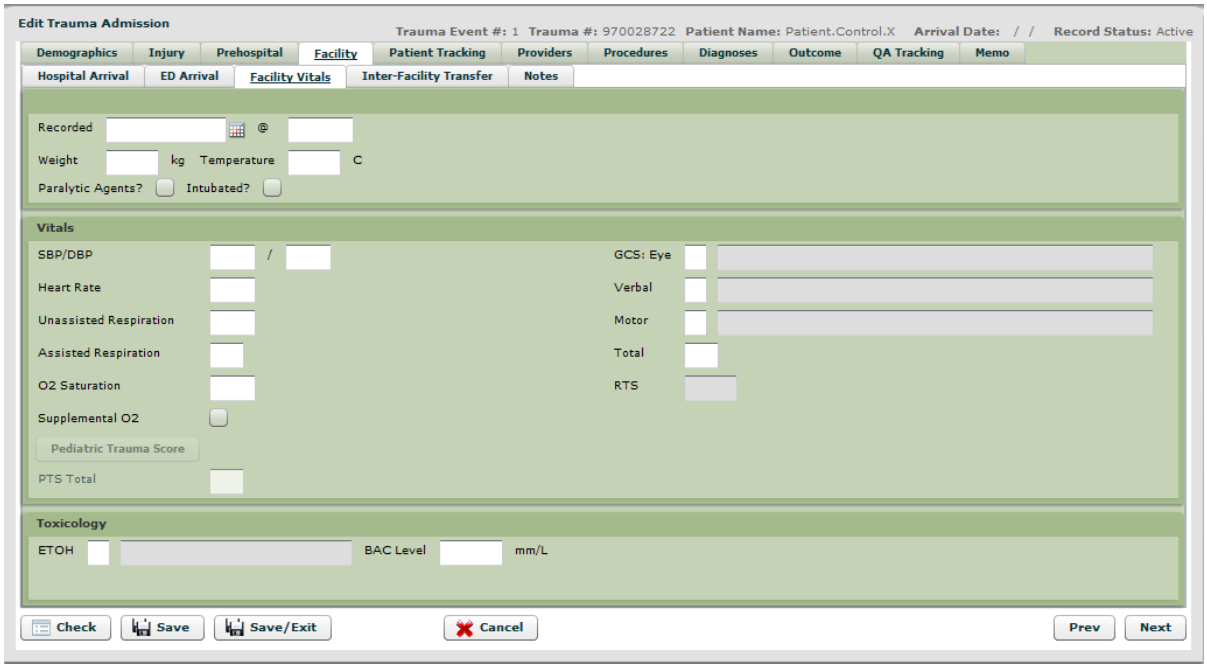
82.	M-4W	
83.	E-OBS	
84.	E-AJC	
85.	E-PSY	
86.	E-PED	
87.	E-PSY/PED	
88.	E-Soins Prolonges	
89.	E-MED	
90.	E-CHIR	
91.	E-GYN	
92.	K-OBS	
93.	K-PSY	
94.	K-GERI	
95.	K-MEDSURG	
96.	D-4SE	
97.	T-4400	
99	Other	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information: will reflect the first nursing unit that the patient has been admitted to. For those patients that go to the OR, identify in the ED Disposition field that the patient went to the OR and in the Nursing Unit Admitted to identify the first nursing unit admitted to. OR will no longer be an option to fill in this field.

S = Saint John Regional Hospital
T = The Moncton Hospital
D = Dr. Everett Chalmers Hospital
G = Georges-L-Dumont Hospital
C = Chaleur Regional Hospital
M = Miramichi Regional Hospital
E = Edmundston Regional Hospital
K = Campbellton Regional Hospital

TRAUMA ADMISSION: FACILTY: FACILITY VITALS



Field Number and Code	M144 – EDAS_DATE
Name of field	Date: completed
Definition	Identify the date when the first set of vitals were taken for the patient.
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M145 – EDAS_TIME
Name of field	Time: completed
Definition	Identify the time when the first set of vitals were taken for the patient.
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M146 – EDAS_WGT
Name of field	Weight
Definition	Weight of the patient
Data type	Number
Length of data field	3
Mandatory	
Field Values	
Constraints	This is for pediatric patients up to their 18th birthday.
Null Values	? and /

Required Logic:

Additional Information:

Field Number and Code	M147 – EDAS_TEMP
Name of field	Temperature
Definition	Enter the first recorded temperature in Celsius degrees at the facility
Data type	Number
Length of data field	3
Mandatory	
Field Values	
Constraints	
Null Values	? and /

Required Logic:

Additional Information:

Because the use of the decimal is allowed, 3 digits must be entered (include the digit after the decimal point). Enter ? if it is not documented.

Field Number and Code	M148 – EDAS_PAR_YN
Name of field	Paralytic Agents in effect?
Definition	Were paralytic agents in effect at the time of the GCS was calculated at the facility?
Data type	Tick Box
Length of data field	1
Mandatory	
Field Values	See below
Constraints	
Null Values	? and /

Field Values

1.	Yes	Yes
2.	No	No
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M149 – EDAS_INTUB_YN
Name of field	Intubated?
Definition	Identify if the patient was intubated
Data type	Tick Box
Length of data field	1
Mandatory	
Field Values	See below
Constraints	
Null Values	/ and ?

Field Values

1.	Yes	Yes
2.	No	No
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M150 – EDAS_SBP
Name of field	Systolic Blood Pressure at Facility
Definition	Enter the patient's systolic blood pressure on arrival at the facility.
Data type	Number
Length of data field	3
Mandatory	Yes
Field Values	
Constraints	
Null Values	Enter ? if systolic blood pressure is not documented or unknown.

Required Logic:

Additional Information:

Field Number and Code	M151 – EDAS_DBP
Name of field	Diastolic Blood Pressure at Facility
Definition	Enter the patient's diastolic blood pressure on arrival at the facility.
Data type	Number
Length of data field	3
Mandatory	Yes
Field Values	
Constraints	
Null Values	Enter ? if diastolic blood pressure is not documented or unknown.

Required Logic:

Additional Information:

Field Number and Code	M152 – EDAS_HR
Name of field	Heart Rate at Facility
Definition	Enter the patient's heart rate per minute on arrival at facility
Data type	Number
Length of data field	3
Mandatory	
Field Values	
Constraints	
Null Values	Enter ? if heart rate is not documented

Required Logic:

Additional Information:

Field Number and Code	M153 – EDAS_URR
Name of field	Unassisted Respiration Rate at Facility
Definition	Enter the patient's unassisted respiratory rate per minute on arrival at facility.
Data type	Number
Length of data field	2
Mandatory	Yes
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information:
If the patient arrives ventilated or bagged enter "/".
Enter ? if the respiratory rate is not recorded.

Field Number and Code	M154 – PHAS_ARRS
Name of field	Assisted Respiration Rate at facility
Definition	The patient's assisted respiratory rate per minute at the facility.
Data type	Number
Length of data field	2
Mandatory	
Field Values	
Constraints	
Null Values	Enter ? if the assisted respiration rate at facility is not documented or unknown.

Required Logic:

Additional Information:
If the patient arrives ventilated or bagged enter /.
Enter ? if the respiratory rate is not recorded.

Field Number and Code	M155 – PHAS_SO2_YNS
Name of field	Supplemental O2
Definition	Identify if the patient was given any supplemental O2 at the Scene.
Data type	Tick Box
Length of data field	1
Mandatory	
Field Values	
Constraints	
Null Values	? and /

Required Logic:

Additional Information:

Field Number and Code	M157 – EDAS_GCS_EO
Name of field	GCS Eye at Facility
Definition	Identifies the GCS eye score for the patient at the facility
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	? and /

Field Values:

1.	No eye movement when assessed	
2.	Opens eyes to painful stimuli	
3.	Opens eyes to verbal stimuli	
4.	Opens eyes spontaneously	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M158 – EDAS_GCS_VR
Name of field	GCS Verbal at facility
Definition	Identifies the GCS verbal score for the patient at the facility
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	? and /

Field Values:

1.	No verbal response	
2.	Incomprehensible sounds	
3.	Inappropriate words	
4.	Confused	
5.	Oriented	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M159 – EDAS_GCS_MR
Name of field	GCS Motor at facility
Definition	Identifies the GCS motor score for the patient at facility
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	

Field Values:

1.	No motor response	
2.	Extension to pain	
3.	Flexion to pain	
4.	Withdrawal to pain	
5.	Localizing pain	
6.	Obeys commands	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

The score can be entered as separate scores for each or as a whole number in the total field:

Field Number and Code	M160 – EDAS_GCS
Name of field	GCS Total at facility
Definition	Identifies the total GCS score for the patient at facility
Data type	Number
Length of data field	1
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic: The score can be entered as separate scores for each or as a whole number in the total field. If the individual scores are entered for each of the Eye, Verbal and Motor then the GCS Total will be automatically calculated and the field will be filled.

Additional Information:

Field Number and Code	M161 – EDAS_RTS_W
Name of field	Revised Trauma Score
Definition	Describes the revised trauma score and is a calculated field based on the Glasgow Coma Scale, systolic blood pressure and the respiratory rate.
Data type	Number
Length of data field	4
Mandatory	
Field Values	
Constraints	
Null Values	?

Required Logic:

Additional Information:

This will be calculated at the scene and at each of the facilities involved in the trauma event.

If any component required to calculate the RTS is not applicable or unknown, enter Unknown.

Field Number and Code	M162 – EDAS_PTS_WT
Name of field	Pediatric Trauma Score - Weight
Definition	Identifies trauma score for pediatric patients: weight. Used as an injury severity predictor.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See below
Constraints	
Null Values	

Field Values:

+2	Greater than 20Kg	Greater than 20Kg (44 lb)
+1	Between 10 and 20 Kg	Between 10 and 20 Kg (22 to 44 lb)
-1	Less than 10 Kg	Less than 10 Kg (22 lb)
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M163 – EDAS_PTS_AIR
Name of field	Pediatric Trauma Score - Airway
Definition	Identifies trauma score for pediatric patients: airway. Used as an injury severity predictor.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See below
Constraints	
Null Values	

Field Values

+2	Normal	Normal
+1	Maintainable	Maintainable (Oral or Nasal Airway, Oxygen)
-1	Unmaintainable	Unmaintainable or Intubated
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M164 – EDAS_PTS_SKL
Name of field	Pediatric Trauma Score - Skeletal
Definition	Identifies trauma score for pediatric patients: skeletal. Used as an injury severity predictor.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See below
Constraints	
Null Values	

Field Values

+2	None	None – None seen or suspected
+1	Closed fracture	Closed fracture (single, closed)
-1	Open or Multiple	Open or multiple fractures
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M165 – EDAS_PTS_CUT
Name of field	Pediatric Trauma Score – Cutaneous
Definition	Identifies trauma score for pediatric patients: cutaneous. Used as an injury severity predictor.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See below
Constraints	
Null Values	

Field Values

+2	No open wounds	No open wounds – none visible
+1	Minor open wounds	Minor open wounds (Contusion, abrasion, laceration < 7cm not through the fascia)
-1	Major or penetrating open wounds	Major or penetrating open wounds (Tissue loss, any gunshot wound or stab wound through the fascia)
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M166 – EDAS_PTS_CNS
Name of field	Pediatric Trauma Score – CNS
Definition	Identifies trauma score for pediatric patients: central nervous system. Used as an injury severity predictor.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See below
Constraints	
Null Values	

Field Values

+2	Awake	Awake
+1	Altered mental status or obtund	Altered mental status or obtund (Any loss of consciousness)
-1	Coma or abnormal flexion	Coma or abnormal flexion (Unresponsive)
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M167 – EDAS_PTS_PLP
Name of field	Pediatric Trauma Score – Pulse
Definition	Identifies trauma score for pediatric patients: pulse. Used as an injury severity predictor.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See below
Constraints	
Null Values	

Field Values

+2	Pulse palpable at wrist	Pulse palpable at wrist- Systolic blood pressure over 90 mmHg (> 90mmHg; good peripheral pulses and perfusion.
+1	Pulse palpable at groin	Pulse palpable at groin – Systolic blood pressure between 50 and 90 mmHg (Between 50 and 90mmHg; carotid/femoral pulses palpable)
-1	Pulse not palpable	Pulse not palpable- Systolic blood pressure under 50mmHg (< 50 mmHg; weak or no pulses)
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M168 – EDAS_PTS
Name of field	Pediatric Trauma Score – Total
Definition	Identifies trauma score for pediatric patients. Used as an injury severity predictor. If all the fields of the Pediatric trauma score are filed in then the total is a calculated field of the Total of all scores.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	
Constraints	
Null Values	? and /

Required Logic:

Additional Information:

Field Number and Code	M169 – ED_IND_ALC
Name of field	ETOH Chart Reference
Definition	To identify if there is documentation that specifies the use of alcohol.
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See list below
Constraints	
Null Values	None

Field Values

1.	Yes	
2.	Drugs Only	Retired April 2019
3.	ETOH negative	Retired April 2019
4.	ETOH only	Retired April 2019
5.	Negative	Retired April 2019
6.	No	
7.	Not Documented	Retired April 2019
/.	Not Applicable	
?.	Unknown	

Required Logic:

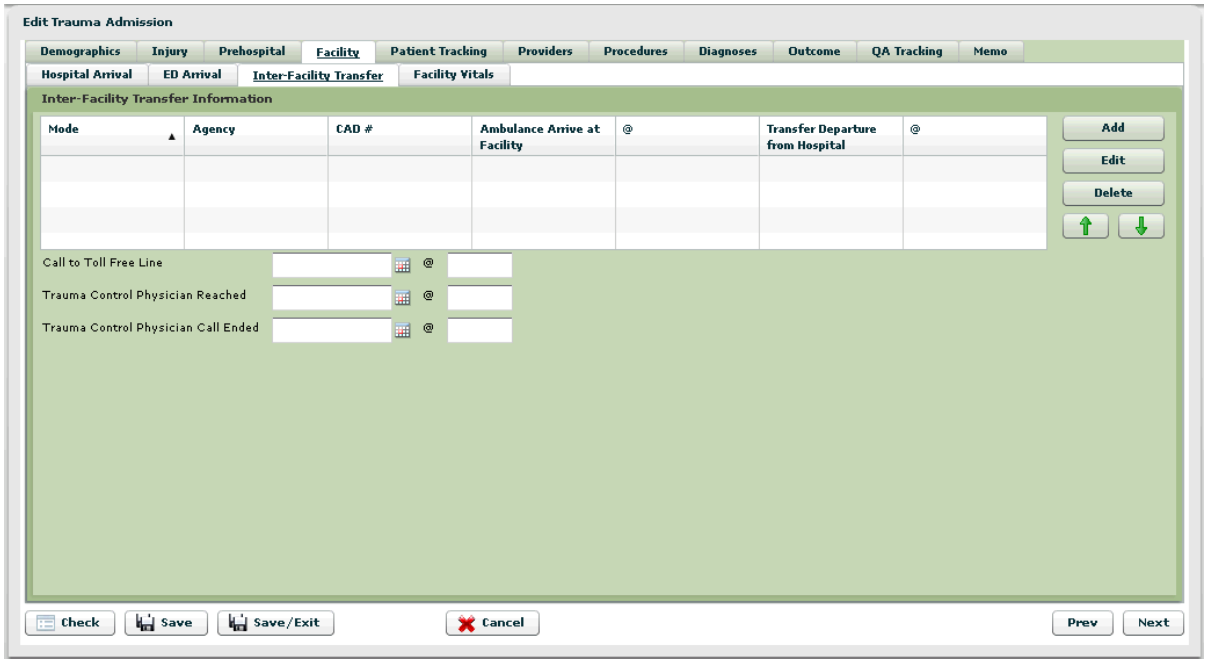
Additional Information:

Field Number and Code	M170 – EDAS_BAC_LVL
Name of field	BAC (Blood Alcohol Concentration)
Definition	Enter the patient's first documented Blood Alcohol Concentration in the facility.
Data type	Number
Length of data field	5
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information:
The BAC level should be entered for all admitted patients within 12 hours of the injury.

TRAUMA ADMISSION: FACILTY: INTER-FACILITY TRANSFER



Field Number and Code	M171 – RMT_CS_C_DATE01
Name of field	Date: Call to Toll Free Trauma Line
Definition	Date that the call is initiated to the Toll Free Trauma Line
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M172 - RMT_CS_C_TIMEO1
Name of field	Time: Call to Toll Free Trauma Line
Definition	Time that the call is initiated to the Toll Free Trauma Line
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M173 – RMT_CS_DATE01
Name of field	Date: Trauma Control Physician Reached
Definition	Identifies the date that the Trauma Control Physician was reached
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M174 – RMT_CS_TIMEO1
Name of field	Time: Trauma Control Physician Reached
Definition	Identifies the time that the TCP was reached.
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M175 – RMT_CS_E_DATE01
Name of field	Date: Trauma Control Physician call ended.
Definition	Identifies the date that the TCP ended call.
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	

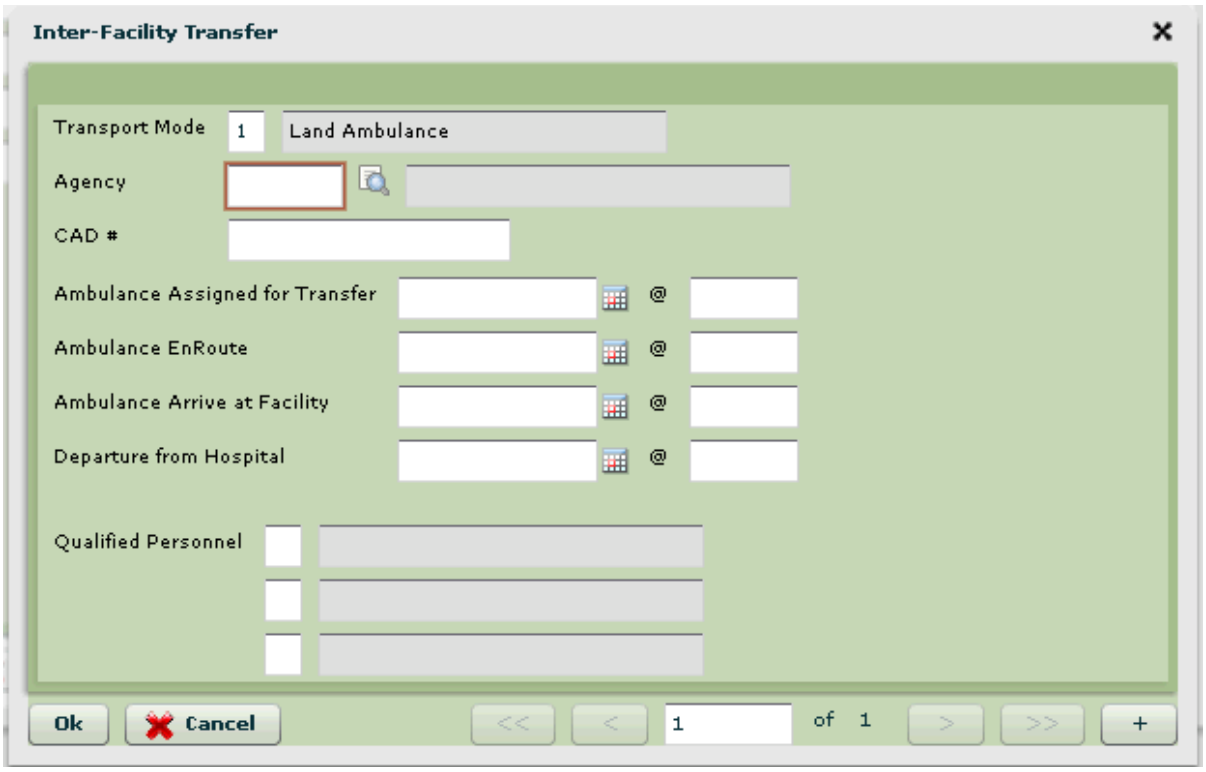
Required Logic:

Additional Information:

Field Number and Code	M176 – RMT_CS_E_TIME01
Name of field	Time: Call to Trauma Control Physician ended.
Definition	Identifies the time that the call to the TCP ended.
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	

Required Logic:

Additional Information:


Inter-Facility Transfer
Transport Mode
1
Land Ambulance
Agency
CAD #
Ambulance Assigned for Transfer
@
Ambulance EnRoute
@
Ambulance Arrive at Facility
@
Departure from Hospital
@
Qualified Personnel
Ok
Cancel
<<
<
1
of 1
>
>>
+

Field Number and Code	M177 – ITP_MODES
Name of field	Transport Mode
Definition	Identifies how the patient was transferred from the facility.
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	

Field Values:

1.	Land Ambulance	
2.	Helicopter Ambulance	
3.	Fixed-wing Ambulance	
4.	Charter Fixed-wing	Use for Air Manan flights from Grand Manan.
5.	Charter Helicopter	
6.	Private Vehicle	
7.	Walk-in	
8.	Other	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M178 – ITP_AGNCLNKS
Name of field	Agency
Definition	Identifies the Ambulance Agency that transported the patient.
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	

Field Values

1.	ANB	
2.	PEI	
3.	NS	
4.	PQ	
5.	US	
6.	Other	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M179 – ITP_RP_NUMS
Name of field	CAD number
Definition	This identifies the event in the ANB system. This is the Master Incident Number
Data type	Character
Length of data field	15
Mandatory	Yes for ANB transported patients
Field Values	
Constraints	
Null Values	Blank, if not transported by ambulance
Source	ANB

Required Logic:

Additional Information:

Field Number and Code	M180 – ITP_D_DATES
Name of field	Date: Ambulance assigned for transfer
Definition	Identifies the date that the ambulance was assigned to transfer the patient from the primary facility
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	Blank, if not transported by ambulance
Source	ANB

Required Logic:

Additional Information:

Field Number and Code	M181 – ITP_D_TIMES
Name of field	Time: Ambulance assigned for transfer
Definition	Identifies the time that the ambulance was assigned to transfer the patient from the primary facility
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	Blank, if not transported by ambulance

Required Logic:

Additional Information:

Field Number and Code	M182 – ITP_E_DATES
Name of field	Date: Ambulance enRoute
Definition	Date that the ambulance is on route to the facility to pick up a patient for transfer
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	Blank, if not transported by ambulance
Source	ANB

Required Logic:

Additional Information:

Field Number and Code	M183 – ITP_E_TIMES
Name of field	Time: Ambulance enRoute
Definition	Time that the ambulance is on route to the facility to pick up a patient for transfer
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	Blank, if not transported by ambulance
Source	ANB

Required Logic:

Additional Information:

Field Number and Code	M184 – ITP_A_DATES
Name of field	Date: Ambulance Arrive at Facility
Definition	Identify when the ambulance was at the facility and prepared for transfer
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	Blank, if not transported by ambulance

Required Logic:

Additional Information:

Field Number and Code	M185 – ITP_A_TIMES
Name of field	Time: Ambulance Arrived at Facility
Definition	Identify when the ambulance arrives at facility and prepared for transfer
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	Blank, if not transported by ambulance

Required Logic:

Additional Information:

Field Number and Code	M186 – ITP_L_DATES
Name of field	Date: Departed from Hospital
Definition	Date the ambulance leaves the primary facility enroute for secondary facility.
Data type	Date
Length of data field	
Mandatory	
Field Values	
Constraints	
Null Values	Blank, if not transported by ambulance

Required Logic:

Additional Information:

Field Number and Code	M187 – ITP_L_TIMES
Name of field	Time: Departure from Hospital
Definition	Time the ambulance leaves the sending facility enroute for receiving facility.
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	Blank, if not transported by ambulance
Source	ANB

Required Logic:

Additional Information:

Field Number and Code	M188 – ITP_ACRS01S
Name of field	Qualified Personnel
Definition	Identifies the qualified personnel that accompanied the patient in transport from the scene or in transfer to another facility.
Data type	Selection
Length of data field	1
Mandatory	
Field Values	See list below
Constraints	
Null Values	
Source	ANB

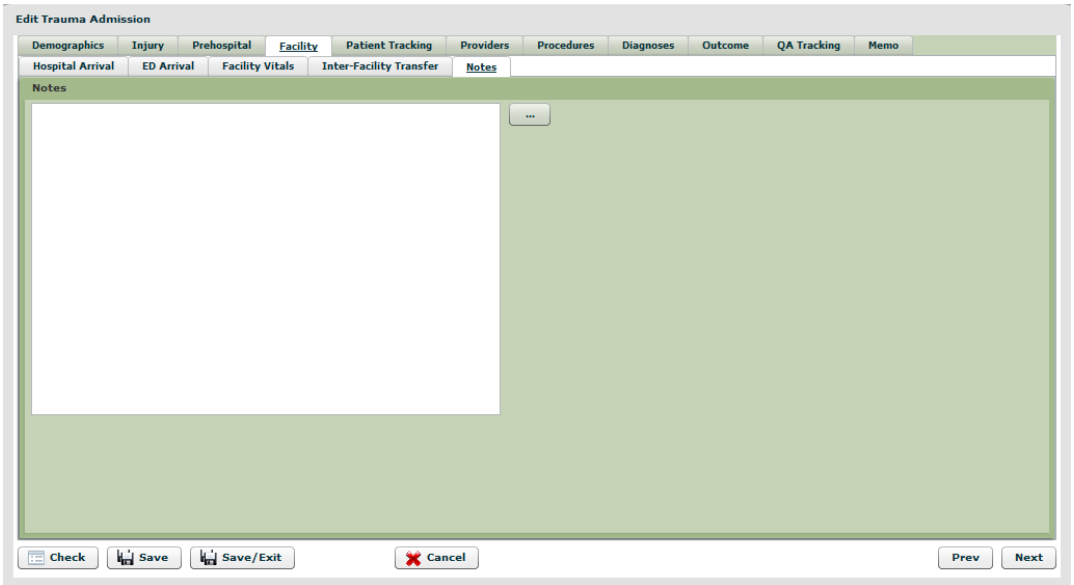
Field Values:

1.	PCP	Primary Care Paramedic
2.	ACP	Advanced Care Paramedic
3.	RN	Registered Nurse
4.	RT	Respiratory Therapist
5.	MD	Physician
6.	CC transport team (Critical Care)	Critical Care Transport Team
7.	Other	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information: Select multiple personnel to identify all members of the transport team.

NOTE TAB/FACILITY:



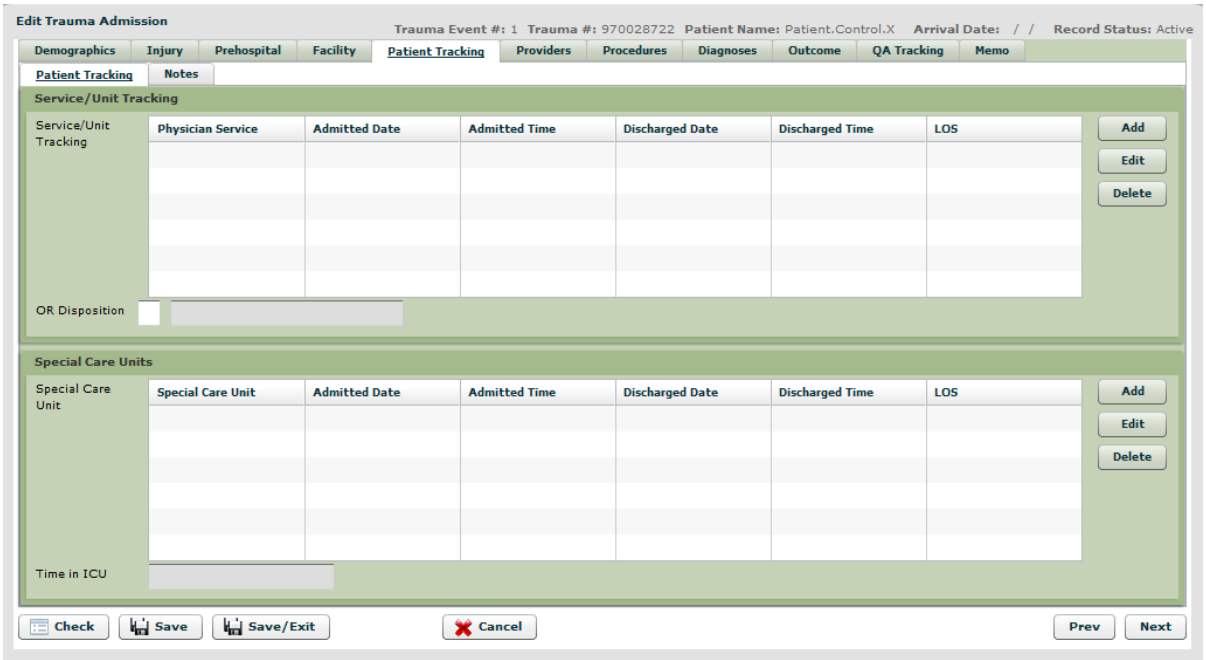
Field Code	ED_MEMO

This note field will be used for anything pertaining to the Facility:

For example:

- If the patient was admitted for Non-Trauma related issues. Enter the patient as an MDS patient and document on the Note Tab – Patient admitted for Non-Trauma issues.
- Document any interventions during the Inter Facility transfer (Remember to document these on the Sending Facility NoteTab). State what was done and the provider that performed the intervention.
- Anything pertaining to the facility visit: narrative of what happened in the emergency department or reason for delay in transfer.

TRAUMA ADMISSION: PATIENT TRACKING



Field Number and Code	M189 – OR_DISP
Name of field	OR Disposition
Definition	Identifies where the patient went after being admitted to the Operating Room and surgery is complete
Data type	Character
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	/ and ?

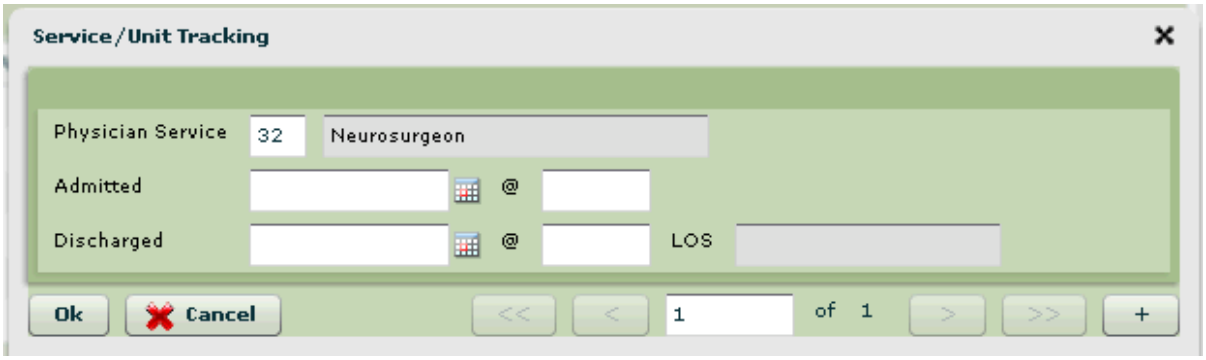
Field Values:

1.	Special Care Unit	
2.	Ward	
3.	Morgue	
4.	Other	

/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:



Field Number and Code	M190 – ST_CODES
Name of field	Physician Service
Definition	Physician Service the patient is looking after the patient.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See list below
Constraints	
Null Values	Unknown

Field Values:

1.	Family Practice	
10.	Internist	
11.	Allergist	
12.	Cardiologist	
13.	Dermatologist	
14.	Endocrinologist	
15.	Gastro-enterologist	
16.	Nephrologist	
17.	Neurologist	
18.	Respirologist	
19.	Rheumatologist	
20.	Pediatrician	

30.	General Surgeon	
31.	Cardiac Surgeon	
32.	Neurosurgeon	
33.	Oral Surgeon	
34.	Orthopedic Surgeon	
35.	Plastic Surgeon	
36.	Thoracic Surgeon	
37.	Transplant Surgeon	
38.	Traumatologist	
39.	Urologist	
50.	Obstetrician/Gynecologist	
55.	Critical Care Physician	
57.	Anaesthesiologist	
58.	Palliative Care	
60.	Otolaryngologist	
62.	Ophthalmologist	
64.	Psychiatrist	
66.	Hematologist	
68.	Immunologist	
70.	Physiatrist	
72.	Geriatrician	
74.	Oncologist	
77.	Pathologist	
78.	Microbiologist	
79.	Parasitologist	
80.	Radiologist	
81.	Radiotherapist	
82.	Geneticist	
83.	Toxicologist	
87.	Dentist	
91.	Podiatrist	

95.	Vascular Surgeon	
96.	Infectious Disease Specialist	
97.	Neonatologist	
99.	Intensivist	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M191 – ST_MD_A_DATES
Name of field	Date: Admitted to Service
Definition	Specifies the date that the patient was admitted to the service in facility
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M192 – ST_MD_A_TIMES
Name of field	Time: Admitted to service
Definition	Specifies the time that the patient was admitted to the service while in facility
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M193 – ST_DIS_DATES
Name of field	Date: Discharged from Service
Definition	Specifies the date that the patient was discharged from the service in facility
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M194 – ST_DIS_TIMES
Name of field	Time: Discharged from service
Definition	Specifies the time that the patient was discharged from to the service while in facility
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	

Required Logic:

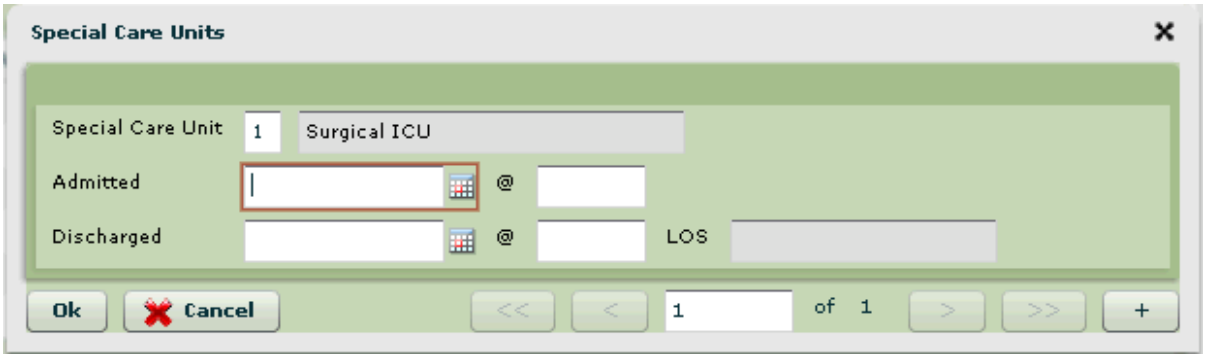
Additional Information:

Field Number and Code	M195 – ST_ELAPSEDSC
Name of field	LOS (Length of Stay) per service
Definition	Calculated total amount of time from date of admission to date of discharge of a specific service while in the facility.
Data type	Number
Length of data field	4
Mandatory	Yes
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information:

TRAUMA ADMISSION: PATIENT TRACKING: SPECIAL CARE UNITS



Field Number and Code	M196 – LT_SVCS
Name of field	Special Care Unit
Definition	Specifies the special care unit that the patient was admitted to in facility
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	

Field Values:

1.	Surgical ICU	
2.	Pediatric ICU	
3.	Neuro ICU	
4.	Burn ICU	
5.	Stepdown/Observation Unit	
6.	ICU	
7.	Other	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M197 – LT_A_DATES
Name of field	Date: Admitted to Special Care Unit
Definition	Specifies the date that the patient was admitted to a special care unit in facility
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M198 – LT_A_TIMES
Name of field	Time: Admitted to special care unit
Definition	Specifies the time that the patient was admitted to a special care unit while in facility
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M199 – LT_DIS_DATES
Name of field	Date: Discharged from special care unit
Definition	Specifies the date that the patient was discharged from a special care unit in facility
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M200 – LT_DIS_TIMES
Name of field	Time: Discharged from special care unit
Definition	Specifies the time that the patient was discharged from a special care unit in facility
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M201 – LT_ELAPSEDSC
Name of field	LOS (Length of Stay) per special care unit
Definition	Calculated total time from date of admission to date of discharge of a special care unit while in the facility.
Data type	Number
Length of data field	4
Mandatory	Yes
Field Values	
Constraints	
Null Values	

Required Logic:

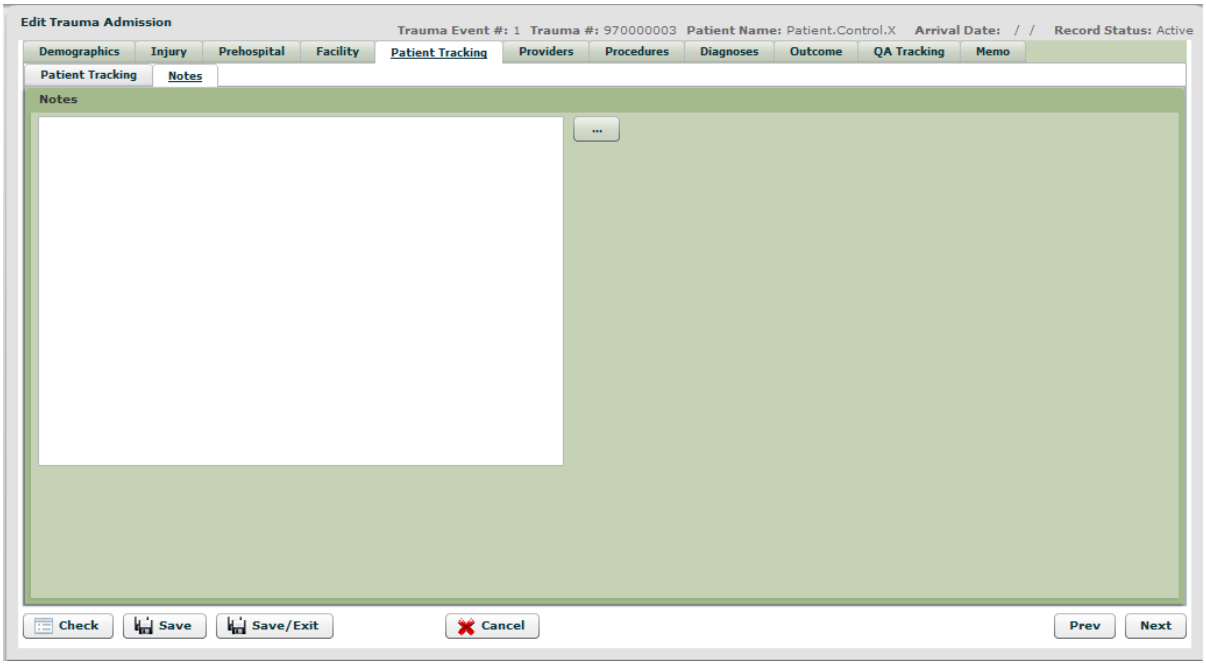
Additional Information:

Field Number and Code	M202 – ??
Name of field	Time in ICU
Definition	Calculated total time from date of admission to date of discharge of all special care units while in the facility.
Data type	Number
Length of data field	4
Mandatory	Yes
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information:

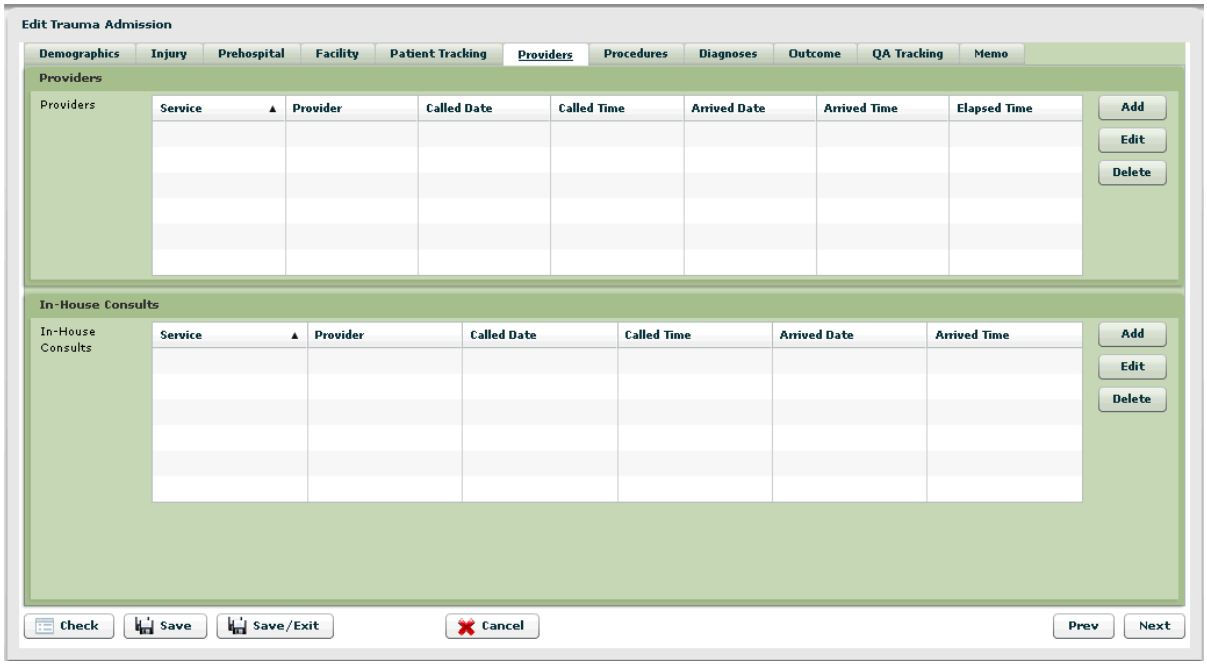
NOTE TAB/PATIENT TRACKING:

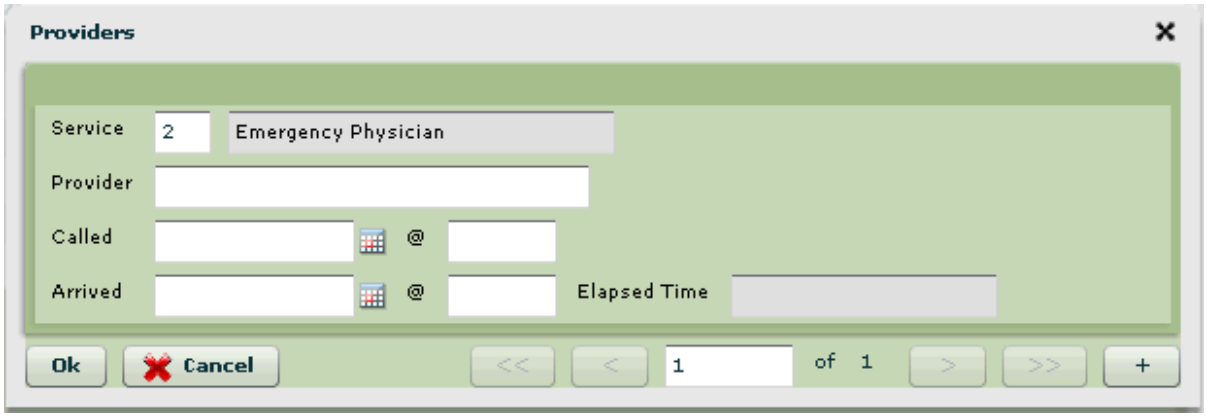


Field Code	MEMO2

The Health Records Professionals will use this to document anything related to the Patient tracking for patients with an ISS > 12.

TRAUMA ADMISSION: PROVIDERS





Field Number and Code	M203 – EDP_TYPES
Name of field	Service
Definition	Identifies the Health Care Professional dealing with the patient.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See list below
Constraints	
Null Values	Unknown

Field Values:

2.	Emergency Physician	
3.	Trauma Control Physician	
4.	Trauma Team Leader	
5.	Referring Physician	
6.	Nurse	
7.	Respiratory Therapist	
8.	Other	
92.	Documentation Nurse	
93.	Triage Nurse	
/.	Not Applicable	

?.	Unknown	

Required Logic:

Additional Information: For identifying the providers responsible for specific functions in the patient's care. Only use the listed options for this provider table.

Field Number and Code	M204 – EDP_ID_SS
Name of field	Provider
Definition	The name of the Health Care Professional
Data type	Free Text
Length of data field	35
Mandatory	Yes, if provider is selected.
Field Values	
Constraints	Format: Last name, First Name
Null Values	None

Required Logic:

Additional Information:

Field Number and Code	M205 – EDP_C_DATES
Name of field	Date: Provider Called
Definition	Date that the Provider was called to consult the patient.
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	? and /

Required Logic:

Additional Information:

Field Number and Code	M206 – EDP_C_TIMES
Name of field	Time: Provider Called
Definition	Time that the Provider called to consult the patient.
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M207 – EDP_A_DATES
Name of field	Date: Provider Arrived
Definition	Date that the Provider arrived in response to consult the patient.
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	? and /

Required Logic:

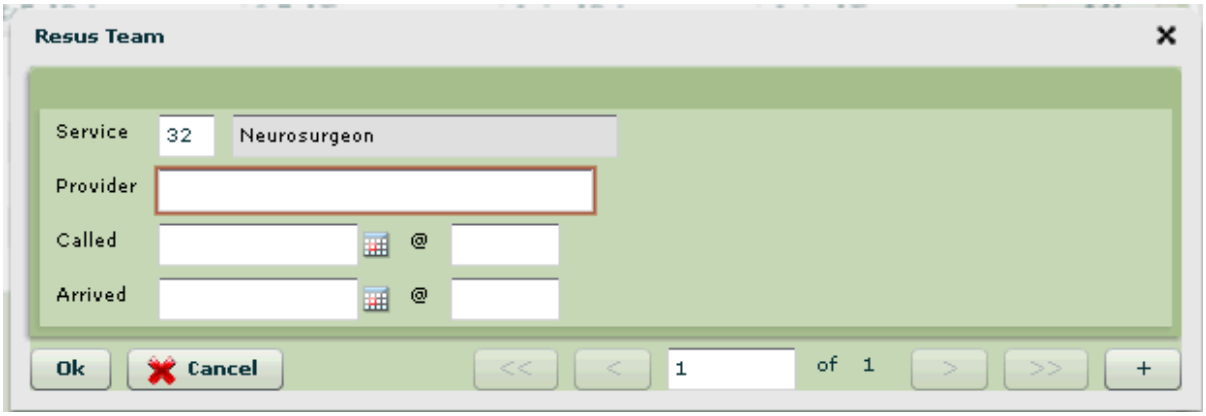
Additional Information:

Field Number and Code	M208 – EDP_A_TIMES
Name of field	Time: Provider Arrived
Definition	Time that the Provider arrived in consult to the patient.
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	

Required Logic:

Additional Information:

TRAUMA ADMISSION: PROVIDERS: IN HOUSE CONSULTS



Field Number and Code	M209 – CS_TYPES
Name of field	Service
Definition	Identifies the service of the physician.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See list below
Constraints	
Null Values	

Field Values:

1.	Family Practice	
10.	Internist	
11.	Allergist	
12.	Cardiologist	
13.	Dermatologist	
14.	Endocrinologist	
15.	Gastro-enterologist	
16.	Nephrologist	
17.	Neurologist	
18.	Respirologist	
19.	Rheumatologist	
20.	Pediatrician	
30.	General Surgeon	
31.	Cardiac Surgeon	
32.	Neurosurgeon	
33.	Oral Surgeon	
34.	Orthopedic Surgeon	
35.	Plastic Surgeon	
36.	Thoracic Surgeon	
37.	Transplant Surgeon	

38.	Traumatologist	
39.	Urologist	
50.	Obstetrician/Gynecologist	
55.	Critical Care Physician	
57.	Anaesthesiologist	
58.	Palliative Care	
60.	Otolaryngologist	
62.	Ophthalmologist	
64.	Psychiatrist	
66.	Hematologist	
68.	Immunologist	
70.	Physiatrist	
72.	Geriatrician	
74.	Oncologist	
77.	Pathologist	
78.	Microbiologist	
79.	Parasitologist	
80.	Radiologist	
81.	Radiotherapist	
82.	Geneticist	
83.	Toxicologist	
87.	Dentist	
91.	Podiatrist	
95.	Vascular Surgeon	
96.	Infectious Disease Specialist	
97.	Neonatologist	
99.	Intensivist	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M210 – CS_ID_SS
Name of field	Provider
Definition	The name of the physician
Data type	Free Text
Length of data field	35
Mandatory	Yes, if provider is selected.
Field Values	
Constraints	Format: Last name, First Name
Null Values	None

Required Logic:

Additional Information:

Field Number and Code	M211 – CS_C_DATES
Name of field	Date: Provider Called
Definition	Date that the Provider was called to consult the patient.
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	? and /

Required Logic:

Additional Information:

Field Number and Code	M212 – CS_C_TIMES
Name of field	Time: Provider Called
Definition	Time that the Provider was called in consult to the patient.
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M213 – CS_A_DATES
Name of field	Date: Provider Arrived
Definition	Date that the Provider arrived to consult the patient.
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	? and /

Required Logic:

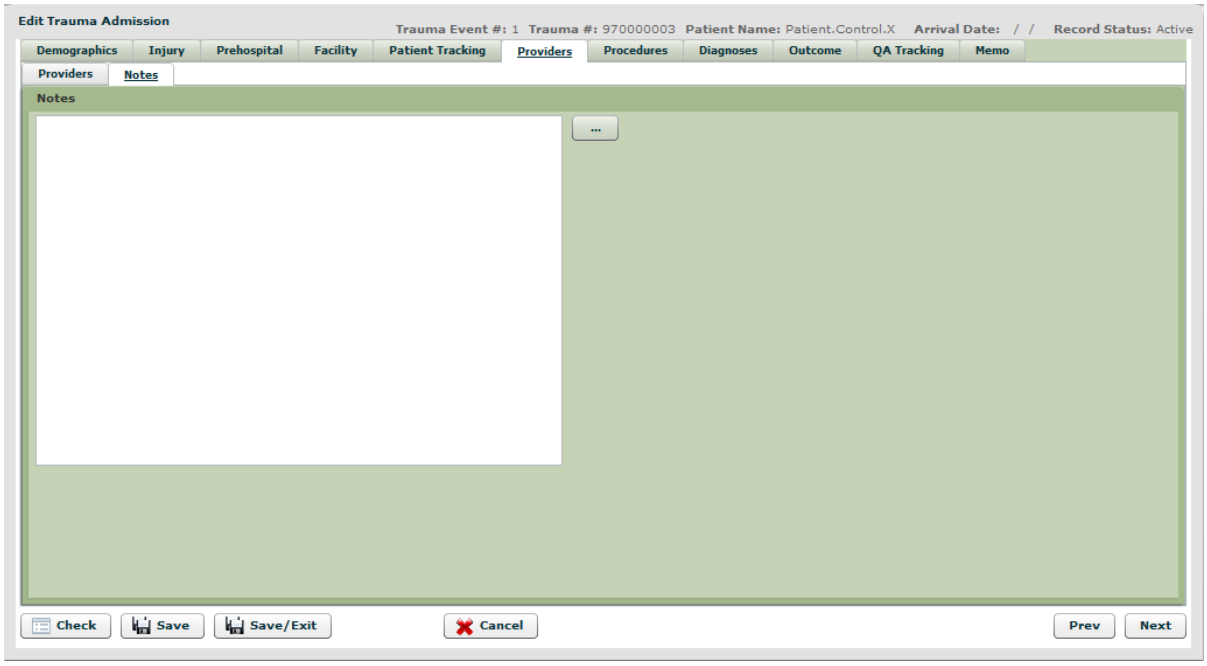
Additional Information:

Field Number and Code	M214 – CS_A_TIMES
Name of field	Time: Provider Called
Definition	Time that the Provider arrived in consult to the patient.
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	

Required Logic:

Additional Information:

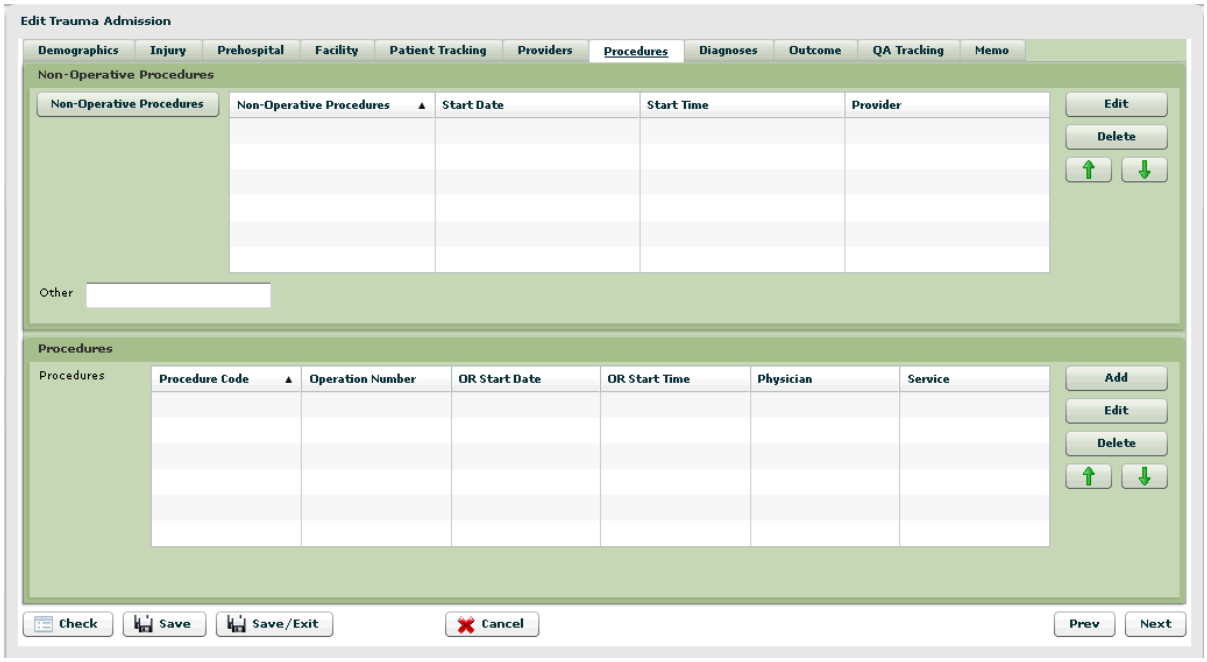
NOTE TAB/PROVIDERS:



Field Code	MEMO3

This note tab will be used to document any further details as it relates to the Providers.

TRAUMA ADMISSION: PROCEDURES



Field Number and Code	M215 – ED_INTS
Name of field	Non-operative Procedures at Facility
Definition	Identify the non-operative procedures completed by personnel once the patient has arrived at the facility
Data type	
Length of data field	Selected from list
Mandatory	
Field Values	See Below or field values.
Constraints	
Null Values	

Required Logic:

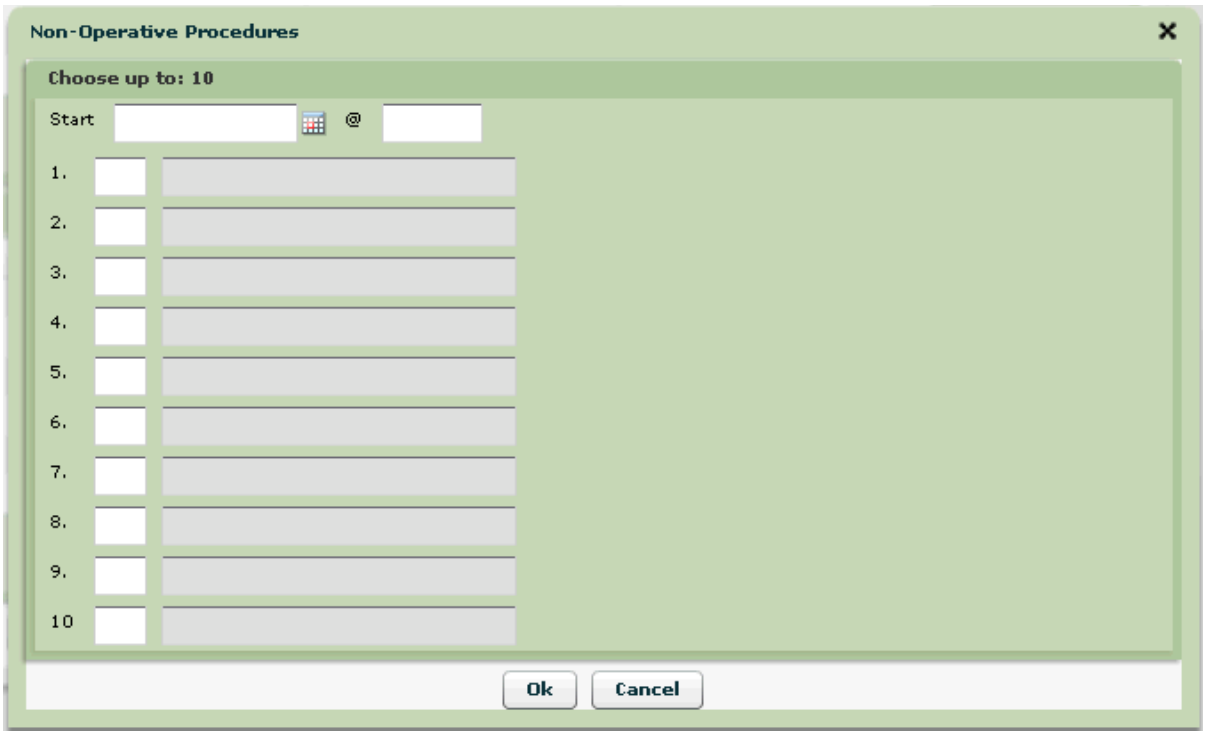
Additional Information:

1.	ABG	
2.	Alternative Airway	
3.	Analgesia	
4.	Angiography	
5.	Antibiotic-Fracture	
6.	Antibiotic-Other	
7.	Anticoagulant-Other	
8.	Anticoagulant-Warfarin	
9.	Arterial Line	
10.	Aspen Collar	
11.	Bedside Glucose	
12.	Beta-blockers	
13.	Blanket Warmer	
14.	Blood Typing	
15.	Blood work	
16.	Blood/Blood products	
17.	Burr Holes	

18.	Cast	
19.	Central line	
20.	Applied Cervical Collar in ED	
21.	Chest Tubes	
22.	CPR	
23.	Cricothyrotomy	
24.	CT Scan – Head	
25.	CT Scan – Spine	
26.	CT Scan – Chest	
27.	CT Scan – Abdomen	
28.	CT Scan – Pelvis	
29.	CT Scan – Other	
30.	Cut Down	
31.	Defibrillation	
32.	Dilantin	
33.	DPL	
34.	Dressings	
35.	ED Thoracotomy	
36.	EDUS	
37.	EKG	
38.	External Ventricular Drain	
39.	FAST	
40.	Fluid Bolus	
41.	Fluid Warmer	
42.	Foley	
43.	Gastric Tube	
44.	Halo Traction/Tongs	
45.	ICP Monitoring	
46.	Intraosseous	
47.	IV medication infusions	
48.	IV Therapy	

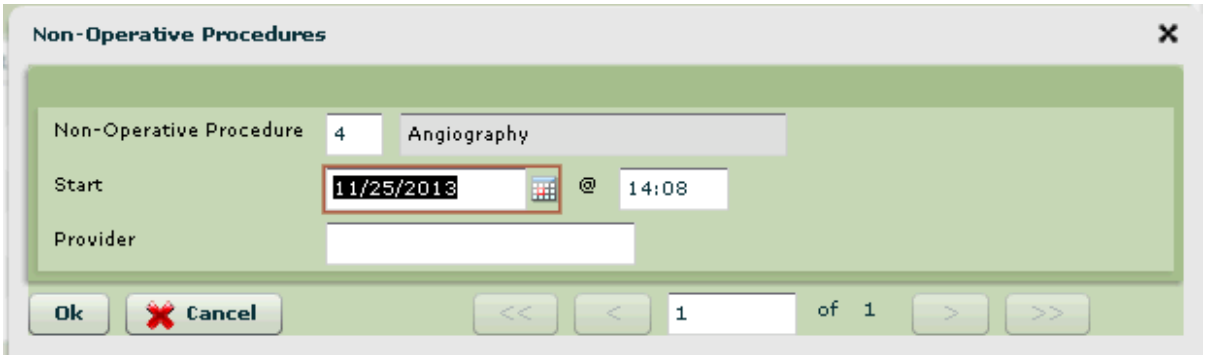
49.	Mannitol	
50.	Massive Transfusion activation	
51.	MRI	
52.	Nasal Intubation	
53.	Needle decompression	
54.	NPA	
55.	O2 Sat	
56.	OPA	
57.	Oral Intubation	
58.	Other	
59.	Pelvic Wrap	
60.	Pericardiocentesis	
61	Pregnancy Test	
62.	Procedural Sedation and Analgesia	
63.	Prothrombin Complex Concentrate	
64.	Reduction	
65.	Sedation with Paralytic	
66.	Sling	
67.	Spine Board	
68.	Splints	
69.	Staples	
70.	Suction	
71.	Sutures	
72.	Tetanus status	
73.	Tourniquet	
74.	Tracheotomy	
75.	Traction/pins	
76.	Tranexamic Acid	
77.	Ultrasound	
78.	Urine Dip/Urinalysis	

79.	Urine Toxicology	
80.	Ventilation	
81.	Vitamin K	
82.	Warm Blankets	
83.	X-rays	
84	CT Scan PAN	
85	Extubation	
86	End Tidal CO2	
87	Observation	
88	Medication	
89	Procedure	
90	Lab Result	
/.	Not Applicable	
?.	Unknown	

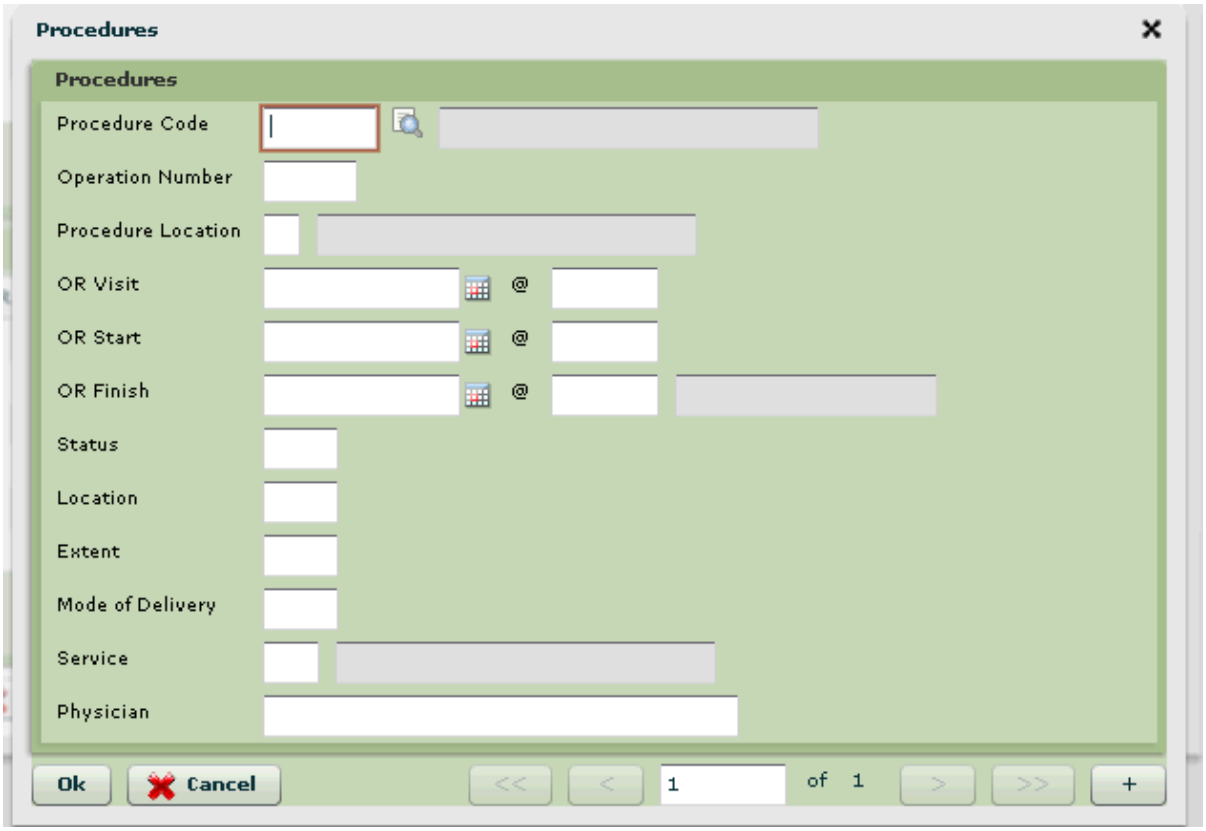


There are a number of different ways that the non-operative procedures can be entered. To select one date and time, then select each of the non-operative procedures that were completed. They will then appear listed on the main tab.

If the procedures are completed at different times, then you can enter them as per each date and time or once they are entered, you can edit them to enter the specific date and time and the person that performed the procedure.



TRAUMA ADMISSION: PROCEDURES: PROCEDURES



Field Number and Code	M216 – PR_ICD10_S
Name of field	Procedure Code
Definition	CCI codes describing the operative procedures performed on the patient
Data type	Character
Length of data field	10
Mandatory	Yes
Field Values	Valid CCI procedure codes
Constraints	
Null Values	Not applicable

Required Logic:

Additional Information: Click on the  to bring up the menu of Procedure Codes.

Up to ten procedure codes can be recorded per patient visit to the OR, with the possibility of 25 operative visits.

Only those procedures performed at the reporting hospital should be included, not those performed at the referring facility. Procedures must be performed in the OR, or in certain instances, in the ICU.

If the patient is not managed operatively, enter not applicable.

The decimal points are not included in the codes.

Field Number and Code	M217 – PR_OP_NUMS
Name of field	Operation Number
Definition	Identifies the number of times the patient went to the Operating Room.
Data type	Number
Length of data field	2
Mandatory	Yes, if there is an operative procedure completed.
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M218 – PR_LOCS
Name of field	Operation Location
Definition	Identifies where the operative procedure took place.
Data type	Character
Length of data field	2
Mandatory	Yes, if there is an operative procedure completed.
Field Values	See Below
Constraints	
Null Values	?

Field Values:

1.	Main OR	
2.	Diagnostic Imaging	
3.	Emergency Department	
4.	Endoscopic Room	
5.	Nursing Unit	
6.	Cardiac Cath	
7.	Ambulatory Clinic	
8.	ICU	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M219 – PR_OR_A_DATES
Name of field	Date: OR Visit
Definition	Identifies the date that the patient went to the operation
Data type	Date
Length of data field	10
Mandatory	Yes, if there is an operative procedure completed.
Field Values	
Constraints	MM/dd/YYYY
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M220 – PR_OR_A_TIMES
Name of field	Time: OR Visit
Definition	Identifies the time that the patient went to the operation.
Data type	Time
Length of data field	5
Mandatory	Yes, if there is an operative procedure completed.
Field Values	
Constraints	XX:XX
Null Values	?

Required Logic:

Additional Information:

Field Number and Code	M221 – PR_OR_STR_DATES
Name of field	Date: OR Start
Definition	Identifies the date that the operation started
Data type	Date
Length of data field	10
Mandatory	Yes, if there is an operative procedure completed.
Field Values	
Constraints	MM/dd/YYYY
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M222 – PR_OR_STR_TIMES
Name of field	Time: OR Start
Definition	Identifies the time that the operation started.
Data type	Time
Length of data field	5
Mandatory	Yes, if there is an operative procedure completed.
Field Values	
Constraints	XX:XX
Null Values	?

Required Logic:

Additional Information:

Field Number and Code	M223 – PR_OR_STP_DATES
Name of field	Date: OR Finish
Definition	Identifies the date that the operation finished.
Data type	Date
Length of data field	10
Mandatory	Yes, if there is an operative procedure completed.
Field Values	
Constraints	MM/dd/YYYY
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M224 – PR_OR_STP_TIMES
Name of field	Time: OR Finish
Definition	Identifies the time that the operation finished.
Data type	Time
Length of data field	5
Mandatory	Yes, if there is an operative procedure completed.
Field Values	
Constraints	XX:XX
Null Values	?

Required Logic:

Additional Information:

Field Number and Code	M225 – PR_CCI_STATS
Name of field	Status
Definition	Used to identify interventions which are repeated or revisions, abandoned after onset or part of a staged process.
Data type	Character
Length of data field	2
Mandatory	No
Field Values	
Constraints	
Null Values	? and /

Required Logic:

Additional Information:

Field Number and Code	M226 – PR_CCI_LOCS
Name of field	Location
Definition	Used to identify the anatomical side or location involved in the intervention.
Data type	Number
Length of data field	2
Mandatory	
Field Values	
Constraints	
Null Values	? and /

Required Logic:

Additional Information: Used to identify the anatomical side or location involved in the intervention. Examples would include left, right, or bilateral.

Field Number and Code	M227 – PR_CCI_EXTS
Name of field	Extent
Definition	Used to identify a quantitative measure related to the intervention.
Data type	Number
Length of data field	2
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information: Used to identify a quantitative measure related to the intervention. Examples include the number of lesions removed or the length of the laceration repaired.

Field Number and Code	M228 – PR_CCI_MODES
Name of field	Mode of Delivery
Definition	Used to identify information related to the method of delivery of the intervention.
Data type	Number
Length of data field	2
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information: Used to identify information related to the method of delivery of the intervention. Examples include direct, indirect or self-directed.

Field Number and Code	M229 – PR_SVCS
Name of field	Service
Definition	Service of the Physician that completed the operation.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See list below
Constraints	
Null Values	Unknown

Field Values:

1.	Family Practice	
10.	Internist	
11.	Allergist	
12.	Cardiologist	
13.	Dermatologist	
14.	Endocrinologist	
15.	Gastro-enterologist	
16.	Nephrologist	
17.	Neurologist	
18.	Respirologist	
19.	Rheumatologist	
20.	Pediatrician	
30.	General Surgeon	
31.	Cardiac Surgeon	
32.	Neurosurgeon	
33.	Oral Surgeon	
34.	Orthopedic Surgeon	
35.	Plastic Surgeon	
36.	Thoracic Surgeon	

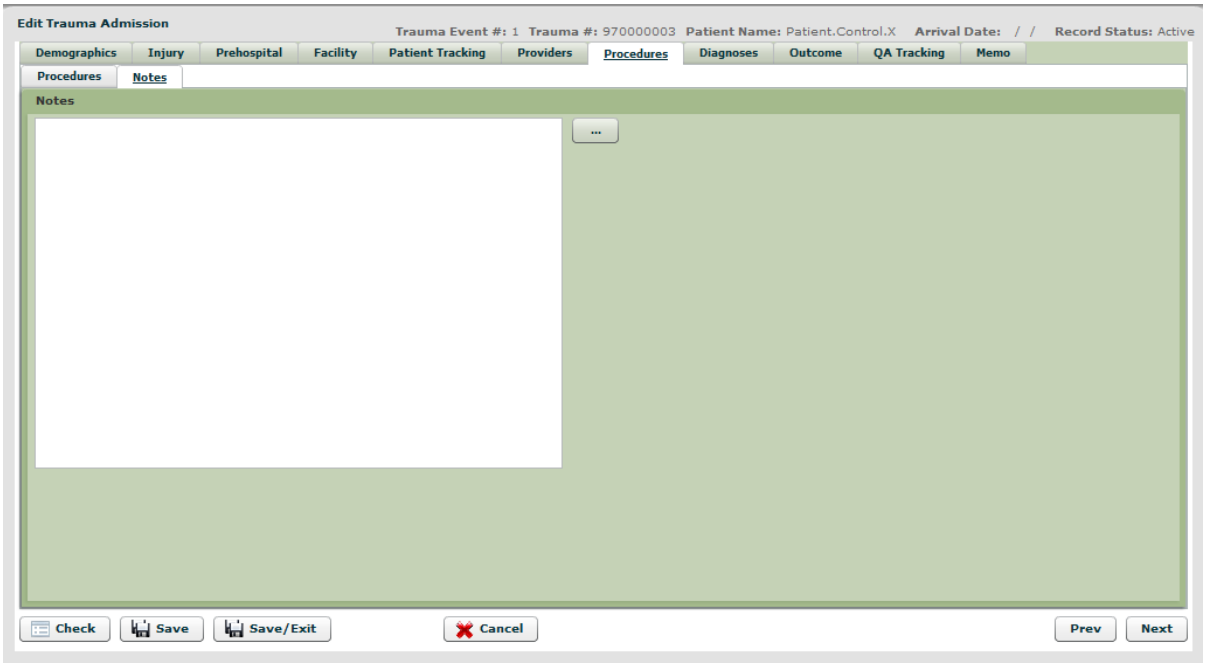
37.	Transplant Surgeon	
38.	Traumatologist	
39.	Urologist	
50.	Obstetrician/Gynecologist	
55.	Critical Care Physician	
57.	Anaesthesiologist	
58	Palliative Care	
60.	Otolaryngologist	
62.	Ophthalmologist	
64.	Psychiatrist	
66.	Hematologist	
68.	Immunologist	
70.	Physiatrist	
72.	Geriatrician	
74.	Oncologist	
77.	Pathologist	
78.	Microbiologist	
79.	Parasitologist	
80.	Radiologist	
81.	Radiotherapist	
82.	Geneticist	
83.	Toxicologist	
87.	Dentist	
91.	Podiatrist	
95.	Vascular Surgeon	
96.	Infectious Disease Specialist	
97.	Neonatologist	
99.	Intensivist	
/.	Not Applicable	
?.	Unknown	

Field Number and Code	M230 – PR_MD_SS
Name of field	Physician
Definition	The name of the physician
Data type	Free Text
Length of data field	35
Mandatory	
Field Values	
Constraints	Format: Last name, First Name
Null Values	None

Required Logic:

Additional Information:

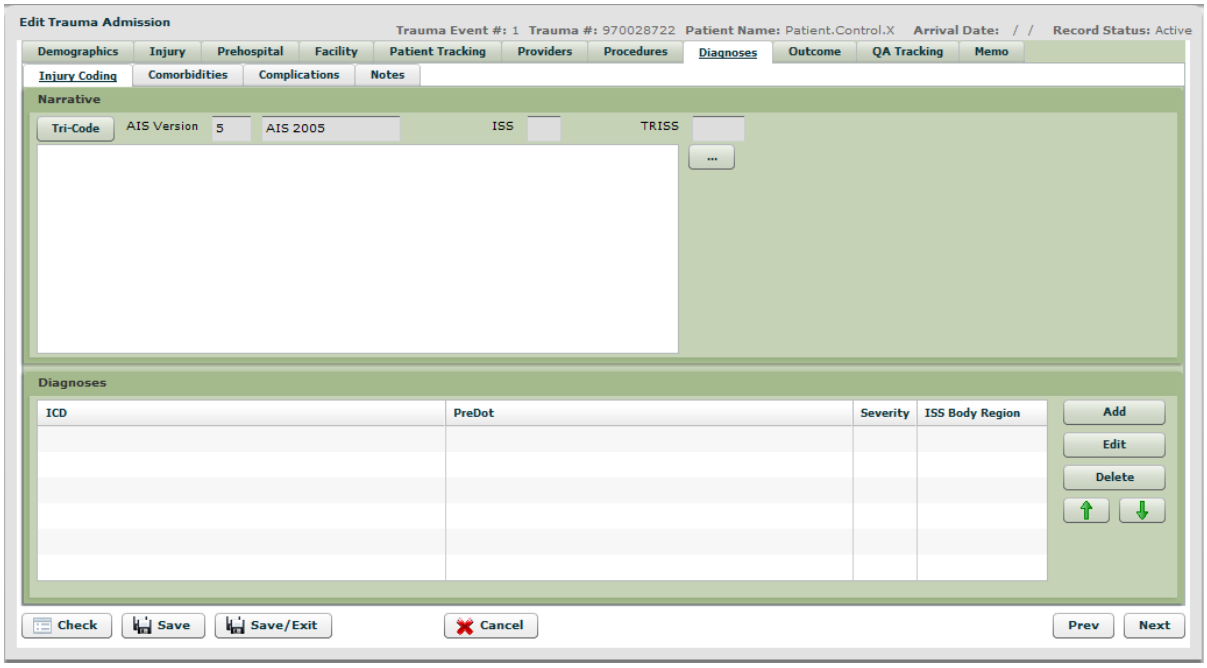
NOTE TAB/PROCEDURES:



Field Code	PR_MEMO

This note tab will be used to document information specific to the Procedures completed during the trauma admission.

TRAUMA ADMISSION: DIAGNOSES: INJURY CODING



Field Number and Code	M231 – AIS_VER
Name of field	AIS version
Definition	Identify the version of AIS that is being used.
Data type	Integer
Length of data field	1
Mandatory	
Field Values	5
Constraints	
Null Values	None

Required Logic:

Additional Information:

Field Number and Code	M232 - ISS
Name of field	ISS
Definition	The patient's injury Severity Score for this injury as calculated based on the Abbreviated Injury Scale (AIS 2005) once all the injury information is available or at the time of patient discharge.
Data type	Number
Length of data field	5
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic:

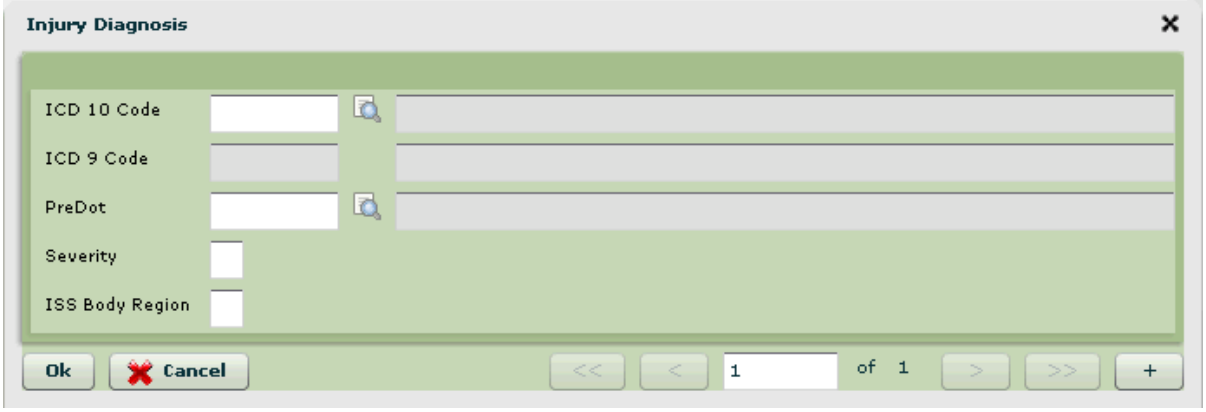
Additional Information:
The ISS is a calculated field based on the injury descriptions. The ISS is the sum of the squares of the highest AIS code in each of the three most severely injured ISS body regions. ISS scores ranges between 1 and 75.

Field Number and Code	M233 - TRISS
Name of field	TRISS
Definition	Combines both physiologic and anatomic indices to characterize the severity of injury and estimate the patient survival probability
Data type	Character
Length of data field	5
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information:

TRISS is used to determine the probability of survival of the patient. The TRISS calculator determines the probability from the ISS, RTS, and patient's age.



Click on the  to bring up the menu of ICD-10 Codes.

Field Number and Code	M234 – ICD10_S
Name of field	Anatomical Diagnosis
Definition	Identify the up to 27 diagnosis available to describe the injuries sustained by the patient
Data type	Character
Length of data field	
Mandatory	Yes
Field Values	
Constraints	Valid ICD-10 Codes
Null Values	None

Required Logic:

Additional Information:

Field Number and Code	M235 – PREDOT_S
Name of field	PreDot
Definition	Identify the up to 27 diagnosis available to describe the injuries sustained by the patient based on the Abbreviated Injury Scale.
Data type	Character
Length of data field	
Mandatory	
Field Values	Valid AIS codes
Constraints	
Null Values	None

Required Logic:

Additional Information: The first digit identifies the body region; the second digit identifies the type of anatomical structure; the third and fourth digits identify the specific anatomic structure or the specific nature of the injury; the fifth and sixth digits identify the level of injury. The digit to the right of the decimal point is the AIS score.

Field Number and Code	M236 – AIS_SEVS
Name of field	Severity
Definition	Identify the severity of the injury based on the AIS code
Data type	Integer
Length of data field	1
Mandatory	
Field Values	
Constraints	
Null Values	None

Required Logic:

Additional Information:

1.	Minor	
2.	Moderate	
3.	Serious	
4.	Severe	
5.	Critical.	
6.	Maximal (untreatable)	

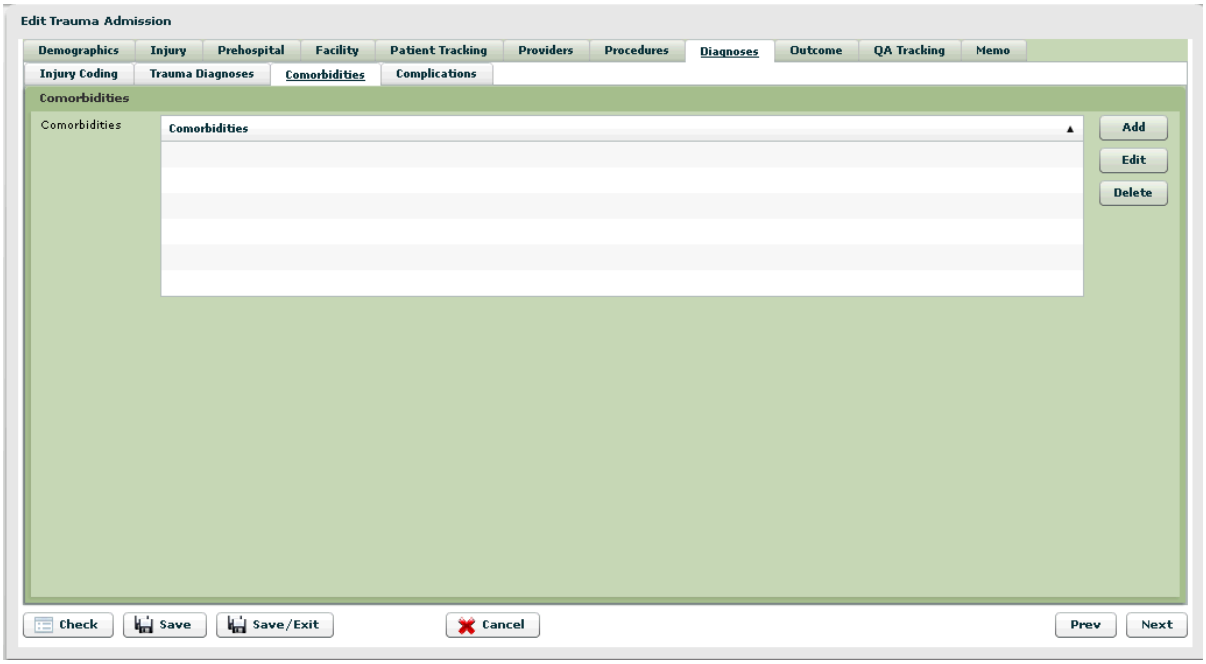
Field Number and Code	M237 – ISS_BRS
Name of field	ISS Body Region
Definition	Identify the body region injured
Data type	Integer
Length of data field	1
Mandatory	
Field Values	
Constraints	
Null Values	None

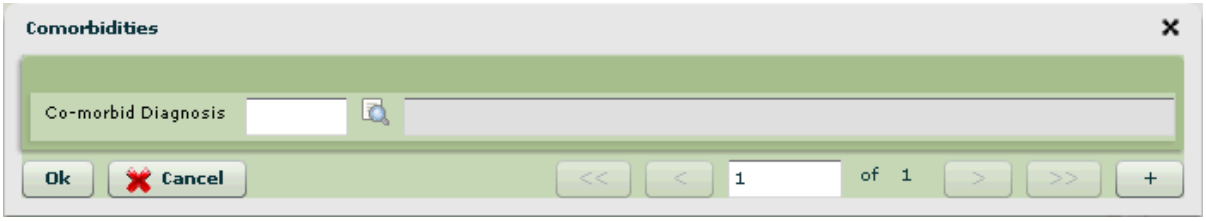
Required Logic:

Additional Information:

1.	Head or neck	Head and neck injuries include injury to the brain or cervical spine, skull or cervical spine fractures. Asphyxia is assigned to head.
2.	Face	Facial injuries include those involving the mouth, ears, eyes, nose and facial bones.
3.	Chest	Chest injuries include all lesions to internal organs in the cavity. Chest injuries also include those to the diaphragm, rib cage, and thoracic spine. Drowning is assigned to Chest.
4.	Abdominal or Pelvic Contents	Abdominal and pelvic contents injuries include all lesions to internal organs in the cavity. Lumbar spine lesions are included in the abdominal and pelvic area.
5.	Extremities or pelvic girdle	Injuries to the extremities or to the pelvic girdle include sprains, fractures, dislocations, and amputations
6.	External	External injuries include lacerations, contusions, abrasions, and burns independent of their locations on the body surface. Hypothermia, electrical injury, frostbite are assigned to external.

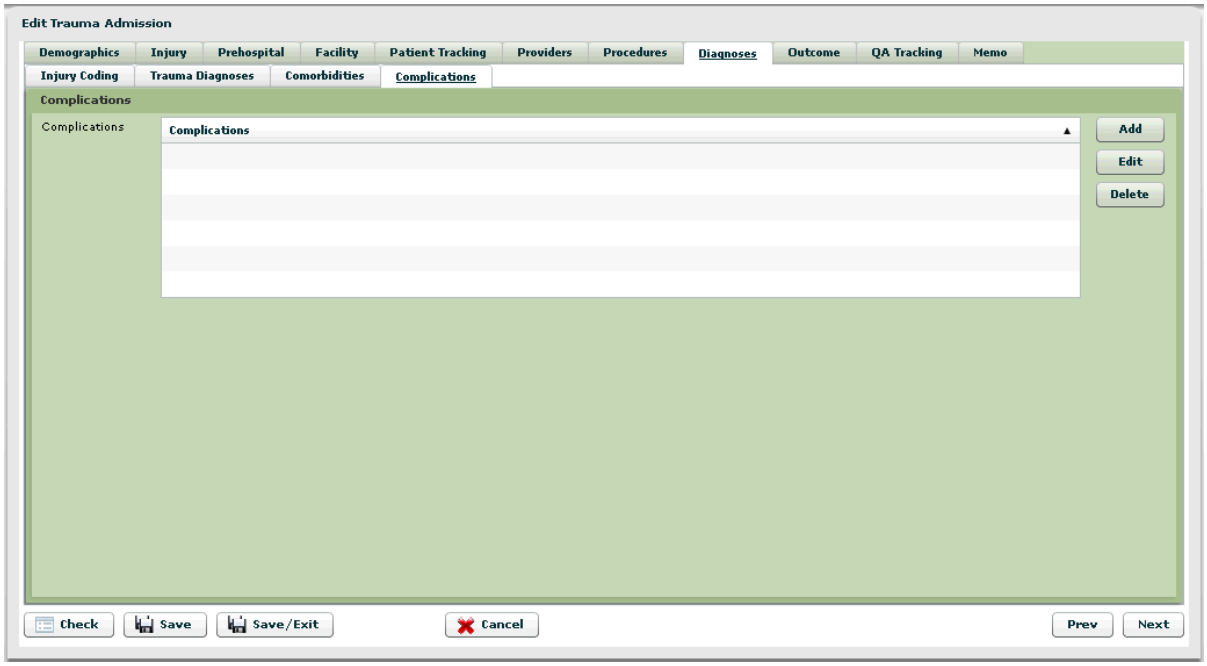
TRAUMA ADMISSION: DIAGNOSES: COMORBIDITIES





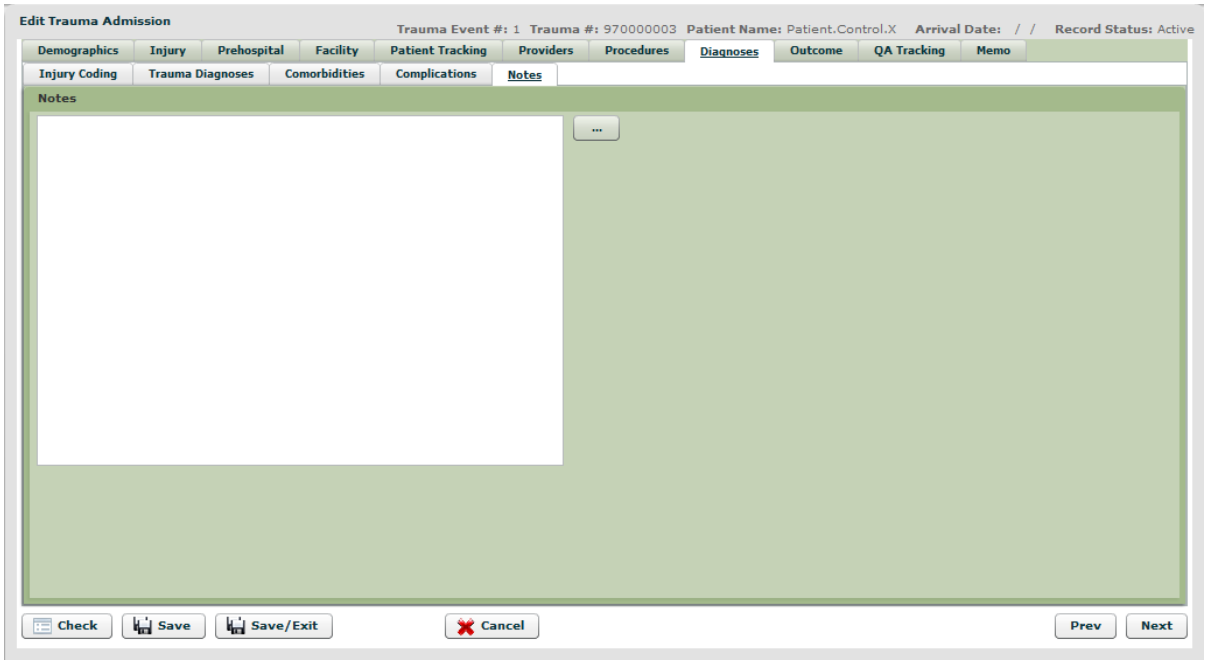
Click on the  to bring up the menu of ICD-10 Codes.

TRAUMA ADMISSION: DIAGNOSES: COMPLICATIONS



Click on the  to bring up the menu of ICD-10 Codes.

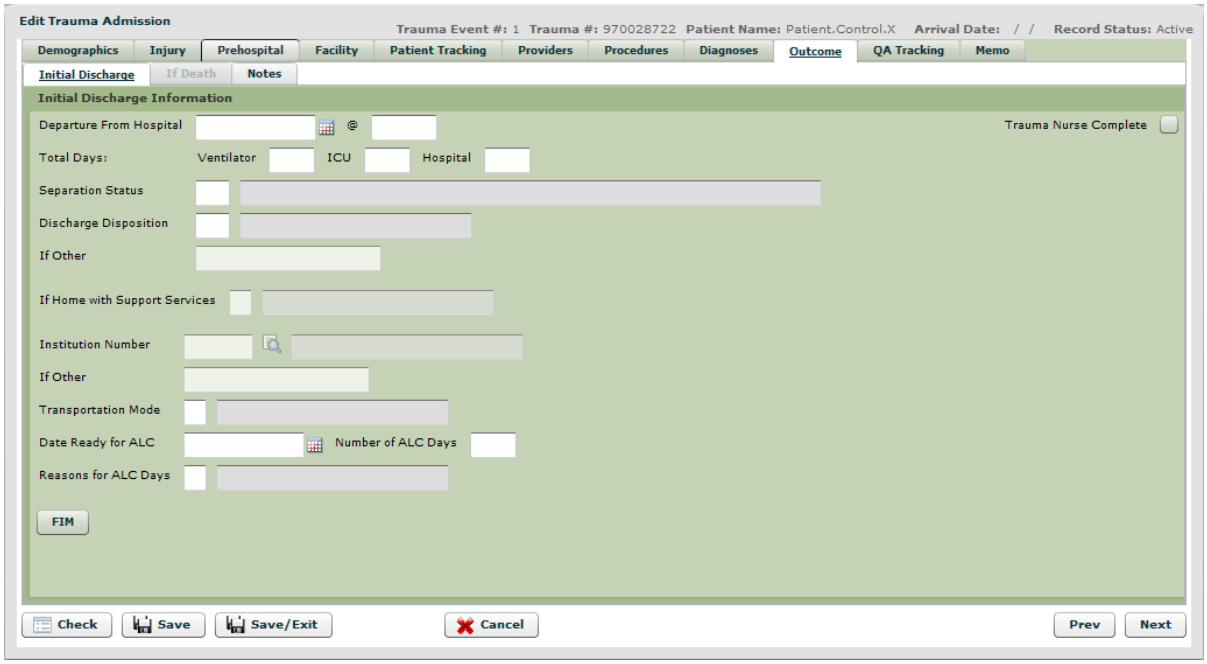
NOTE TAB/DIAGNOSIS:



Field Code	DX_MEMO

This note tab will be used to document anything specific to the diagnosis of the patient during the trauma admission. For example, if the patient is admitted for non-trauma reason, the actual reason can be documented: CHF.

TRAUMA ADMISSION: OUTCOME: INITIAL DISCHARGE



Field Number and Code	M238 – DIS_DATE
Name of field	Date: Departure from hospital
Definition	Date the patient left the facility.
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	None

Required Logic:

Additional Information:

Field Number and Code	M239 – DIS_TIME
Name of field	Departure from hospital: Time
Definition	Time the patient left the facility.
Data type	Time
Length of data field	5
Mandatory	
Field Values	
Constraints	XX:XX
Null Values	?

Required Logic:

Additional Information:

Field Number and Code	M240 – VENT_DAYS
Name of field	Ventilator Days
Definition	Identifies the number of days that the patient was intubated and mechanically ventilated intermittently or continuously at the trauma facilities.
Data type	Number
Length of data field	3
Mandatory	Yes
Field Values	>=1
Constraints	
Null Values	? and /

Required Logic:

Additional Information:
The number of ventilator days does not include the day ventilation is begun (unless there is only one day of ventilation, in which case the number of ventilator days equals 1)

If a patient is not mechanically ventilated at any time during the hospital stay, enter not applicable.
If the patient is mechanically ventilated but the length of time is not documented, enter not known.
Also does not include ventilation during OR procedures only.
Also need to include in definition if includes PSV—currently I do but NTR had never clarified this for me.
Non-invasive ventilation like CPAP should be excluded

Field Number and Code	M241 – ICU_DAYS
Name of field	ICU Days
Definition	Identifies the number of days that the patient was in the intensive care units.
Data type	Number
Length of data field	3
Mandatory	Yes
Field Values	>=1
Constraints	
Null Values	None

Required Logic:

Additional Information:

Field Number and Code	M242 – HOSP_LOS
Name of field	Total Hospital Days
Definition	Total number of hospital days from date of admission to date of discharge.
Data type	Number
Length of data field	4
Mandatory	Yes
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information:
LOS is the total number of hospital days from Date of Admission to Date of Discharge. Patients who were admitted and discharged or died on the same day have a length of stay of 1 day.

Field Number and Code	M243 – DIS_STATUS
Name of field	Separation Status
Definition	Discharge status of the patient.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See below
Constraints	
Null Values	

Field Values:

6.	Discharged alive	
7.	Died in hospital after admission	
8.	Died in Emergency, other than failed resuscitation attempt	
9.	Died after failed resuscitation attempt lasting between 5 and 15 minutes	
10.	DOA (declared dead on arrival) less than 5 minutes after presentation/resuscitation efforts or no resuscitation attempt.	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M244 – DIS_DEST
Name of field	Discharge Disposition
Definition	The location to which the patient is discharged or the services arranged for the patient immediately upon discharge from the facility.
Data type	Character
Length of data field	2
Mandatory	
Field Values	See Below
Constraints	
Null Values	

Field Values:

1.	Home	
2.	Home with support services	
3.	Another acute care facility	Patient transferred to another acute care facility for continuing care.
4.	General Rehabilitation Facility	Patient is discharged and admitted to the same facility for rehabilitation care.
5.	Chronic Care Facility	Patient transferred to chronic care facility. Example: St. Joseph's Hospital or Ridgewood.
6.	Nursing Home	
7.	Special Rehabilitation facility	Patient transferred to Stan Cassidy Centre for Rehabilitation.
8.	Foster Care/Children's Aid	
9.	Other	
10.	Died	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M245 – DIS_DEST_S
Name of field	If Other
Definition	Identifies details if other is selected from the Discharge Disposition
Data type	Free text
Length of data field	50
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M246 – DIS_SVC
Name of field	If Home with Support Services
Definition	Identifies details if home with support services is selected from the Discharge Disposition
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	

Field Values:

1.	Home Care	Extramural care
2.	Outpatient Rehabilitation	
3.	Community Services	
4.	Special Education	
5.	Other	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M247 - WDFLNK
Name of field	Institution Number
Definition	Identifies facility if another facility is selected in the discharge Disposition
Data type	Integer
Length of data field	4
Mandatory	
Field Values	See Appendix A for list of facilities
Constraints	
Null Values	

Required Logic:

Additional Information:

	0001	Dr. Everett Chalmers Regional Hospital
	0005	Campbellton Regional Hospital
	0009	Edmundston Regional Hospital
	0012	Stan Cassidy Centre for Rehabilitation
	0016	Grand Manan Hospital
	0020	The Moncton Hospital
	0021	St. Joseph's Hospital
	0022	Miramichi Regional Hospital
	0023	Hotel-Dieu St. Joseph, Perth Andover
	0026	Sackville Memorial Hospital
	0029	Saint John Regional Hospital
	0032	Hotel-Dieu St. Joseph, St-Quentin
	0033	Charlotte County Hospital
	0034	Sussex Health Centre
	0035	Tracadie-Sheila Hospital
	0039	Chaleur Regional Hospital
	0041	Caraquet Hospital
	0042	Grand Fall General Hospital

	0045	Stella Maris de Kent Hospital
	0046	Oromocto Public Hospital
	0048	Georges Dumont Hospital
	0049	Upper River Valley Hospital
	0165	QEII Health Sciences Centre
	0265	IWK Health Centre
	0365	Cumberland Regional Health Care Centre
	0170	Queen Elizabeth Hospital
	0270	Community Hospital – O'Leary
	0370	King's County Memorial Hospital
	0470	Prince County Hospital
	0570	Souris Hospital
	0670	Stewart Memorial Hospital
	0770	Western Hospital
	0150	Hopital de l'Enfant Jesus
	0250	Hopital de Maria
	0350	Centre Hospitalier de l'Universite Laval
	0180	Calais Regional Hospital

Field Number and Code	M248 – DIS_FAC_S
Name of field	If Other
Definition	Identifies details if other is selected from the institution number
Data type	Free text
Length of data field	50
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M249 – DT_MODE
Name of field	Transport Mode
Definition	Identifies how the patient was transported to the receiving facility
Data type	Integer
Length of data field	1
Mandatory	
Field Values	
Constraints	
Null Values	

Field Values:

1.	Land Ambulance	
2.	Helicopter Ambulance	
3.	Fixed-wing Ambulance	
4.	Charter Fixed-wing	
5.	Charter Helicopter	
6.	Private Vehicle	
7.	Walk-in	
8.	Other	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M250 – DIS_READY_DATE
Name of field	Date ready for Alternate Level of Care
Definition	Identifies the date that the patient was ready for discharge.
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	? and /

Required Logic:

Additional Information:

Field Number and Code	M251 – DELAY_DAYS
Name of field	Number of ALC days
Definition	Identifies the number of days that the patient stayed in the facility as alternate level of care
Data type	Number
Length of data field	2
Mandatory	
Field Values	
Constraints	
Null Values	? and /

Required Logic:

Additional Information:

Field Number and Code	M252 – DDR01
Name of field	Reasons for ALC Days
Definition	Identifies the reason for the patient remaining in the facility under alternate level of care
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	

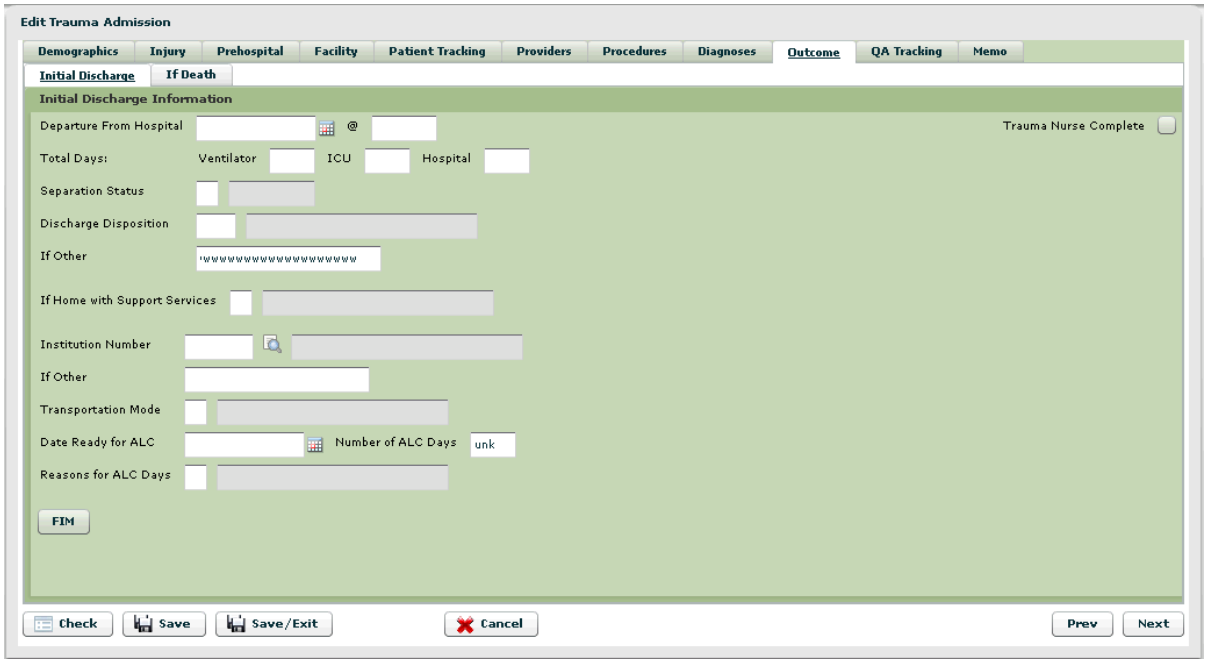
Field Values:

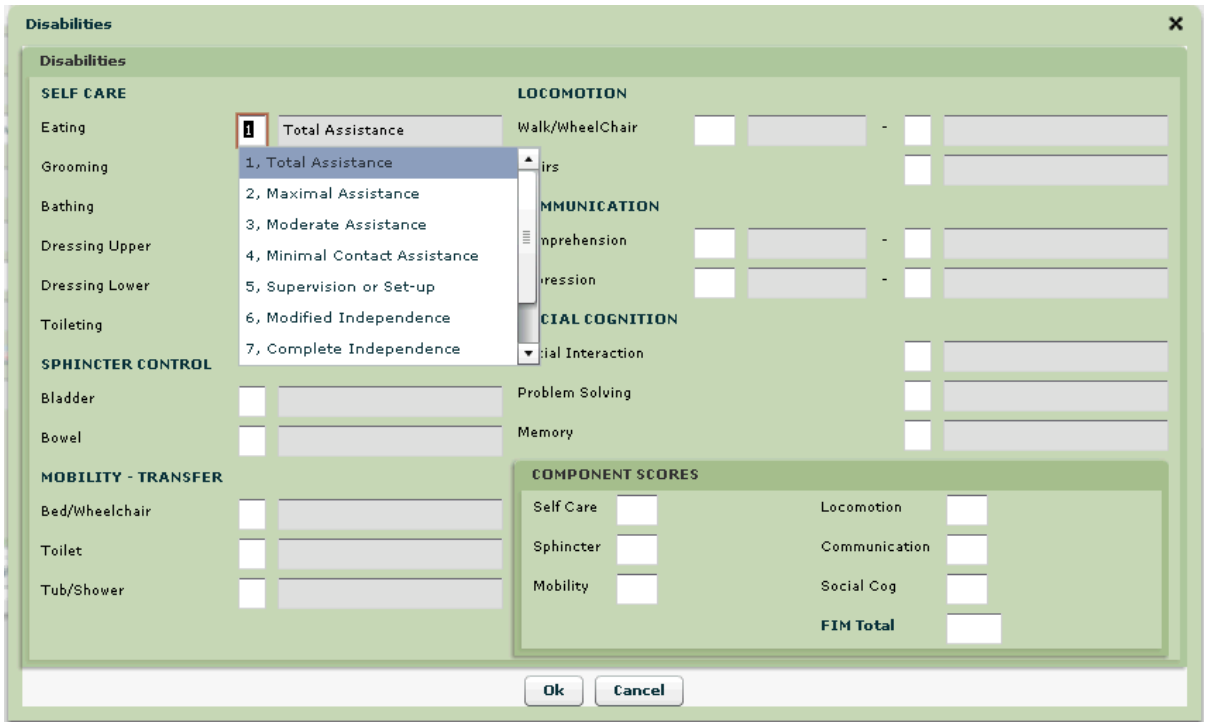
1.	Lack of available beds	
2.	Lack of available services	
3.	Other	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

TRAUMA ADMISSION: INITIIAL DISCHARGE: FIM SCORES





Field Number and Code	M253
Name of field	FIM Scores
Definition	FIM scores are the measure of disability – what the patient can do.
Data type	Integer
Length of data field	1
Mandatory	
Field Values	
Constraints	
Null Values	

Field Values:

1.	Total Assistance	
2.	Maximal Assistance	
3.	Moderate Assistance	
4.	Minimal Contact Assistance	
5.	Supervision or Setup	
6.	Modified Independence	
7.	Complete Independence	

Required Logic:

Additional Information:

Eating

1.	Total Assistance	
2.	Maximal Assistance	
3.	Moderate Assistance	
4.	Minimal Contact Assistance	
5.	Supervision or Setup	
6.	Modified Independence	
7.	Complete Independence	

Grooming

1.	Total Assistance	
2.	Maximal Assistance	
3.	Moderate Assistance	
4.	Minimal Contact Assistance	
5.	Supervision or Setup	
6.	Modified Independence	
7.	Complete Independence	

Bathing

1.	Total Assistance	
2.	Maximal Assistance	
3.	Moderate Assistance	
4.	Minimal Contact Assistance	
5.	Supervision or Setup	
6.	Modified Independence	
7.	Complete Independence	

Dressing Upper Body

1.	Total Assistance	
2.	Maximal Assistance	
3.	Moderate Assistance	
4.	Minimal Contact Assistance	
5.	Supervision or Setup	
6.	Modified Independence	
7.	Complete Independence	

Dressing Lower Body

1.	Total Assistance	
2.	Maximal Assistance	

3.	Moderate Assistance	
4.	Minimal Contact Assistance	
5.	Supervision or Setup	
6.	Modified Independence	
7.	Complete Independence	

Toileting

1.	Total Assistance	
2.	Maximal Assistance	
3.	Moderate Assistance	
4.	Minimal Contact Assistance	
5.	Supervision or Setup	
6.	Modified Independence	
7.	Complete Independence	

Bladder Management

1.	Total Assistance	
2.	Maximal Assistance	
3.	Moderate Assistance	
4.	Minimal Contact Assistance	
5.	Supervision or Setup	
6.	Modified Independence	
7.	Complete Independence	

Bowel Management

1.	Total Assistance	
2.	Maximal Assistance	
3.	Moderate Assistance	
4.	Minimal Contact Assistance	
5.	Supervision or Setup	
6.	Modified Independence	

7.	Complete Independence	

Bed/Wheelchair

1.	Total Assistance	
2.	Maximal Assistance	
3.	Moderate Assistance	
4.	Minimal Contact Assistance	
5.	Supervision or Setup	
6.	Modified Independence	
7.	Complete Independence	

Toilet

1.	Total Assistance	
2.	Maximal Assistance	
3.	Moderate Assistance	
4.	Minimal Contact Assistance	
5.	Supervision or Setup	
6.	Modified Independence	
7.	Complete Independence	

Tub/Shower

1.	Total Assistance	
2.	Maximal Assistance	
3.	Moderate Assistance	
4.	Minimal Contact Assistance	
5.	Supervision or Setup	
6.	Modified Independence	
7.	Complete Independence	

Type of locomotion

1.	Walk	
2.	Wheelchair	

1.	Total Assistance	
2.	Maximal Assistance	
3.	Moderate Assistance	
4.	Minimal Contact Assistance	
5.	Supervision or Setup	
6.	Modified Independence	
7.	Complete Independence	

Stairs

1.	Total Assistance	
2.	Maximal Assistance	
3.	Moderate Assistance	
4.	Minimal Contact Assistance	
5.	Supervision or Setup	
6.	Modified Independence	
7.	Complete Independence	

Type of Comprehension

1.	Auditory	
2.	Visual	

1.	Total Assistance	
2.	Maximal Assistance	
3.	Moderate Assistance	
4.	Minimal Contact Assistance	
5.	Supervision or Setup	
6.	Modified Independence	
7.	Complete Independence	

Expression

1.	Verbal	
2.	Non Verbal	

1.	Total Assistance	
2.	Maximal Assistance	
3.	Moderate Assistance	
4.	Minimal Contact Assistance	
5.	Supervision or Setup	
6.	Modified Independence	
7.	Complete Independence	

Social Interaction

1.	Total Assistance	
2.	Maximal Assistance	
3.	Moderate Assistance	
4.	Minimal Contact Assistance	
5.	Supervision or Setup	
6.	Modified Independence	
7.	Complete Independence	

Problem Solving

1.	Total Assistance	
2.	Maximal Assistance	
3.	Moderate Assistance	
4.	Minimal Contact Assistance	
5.	Supervision or Setup	
6.	Modified Independence	
7.	Complete Independence	

Memory

1.	Total Assistance	
2.	Maximal Assistance	
3.	Moderate Assistance	
4.	Minimal Contact Assistance	
5.	Supervision or Setup	
6.	Modified Independence	
7.	Complete Independence	

Field Number and Code	M254 – IMCP_SCORE01
Name of field	Self-Care Component Score
Definition	Calculated score based on the Self Care Components
Data type	Integer
Length of data field	2
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M255 – IMCP-SCORE02
Name of field	Sphincter Control Component Score
Definition	Calculated score based on the sphincter components.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M256 – IMCP_SCORE03
Name of field	Mobility Components Score
Definition	Calculated score based on the mobility components
Data type	Integer
Length of data field	2
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M257 – IMCP_SCORE04
Name of field	Locomotion Component Score
Definition	Calculated score based on the locomotion components.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M258 – IMCP_SCORE05
Name of field	Communication Component Score
Definition	Calculated score based on the communication components.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information:

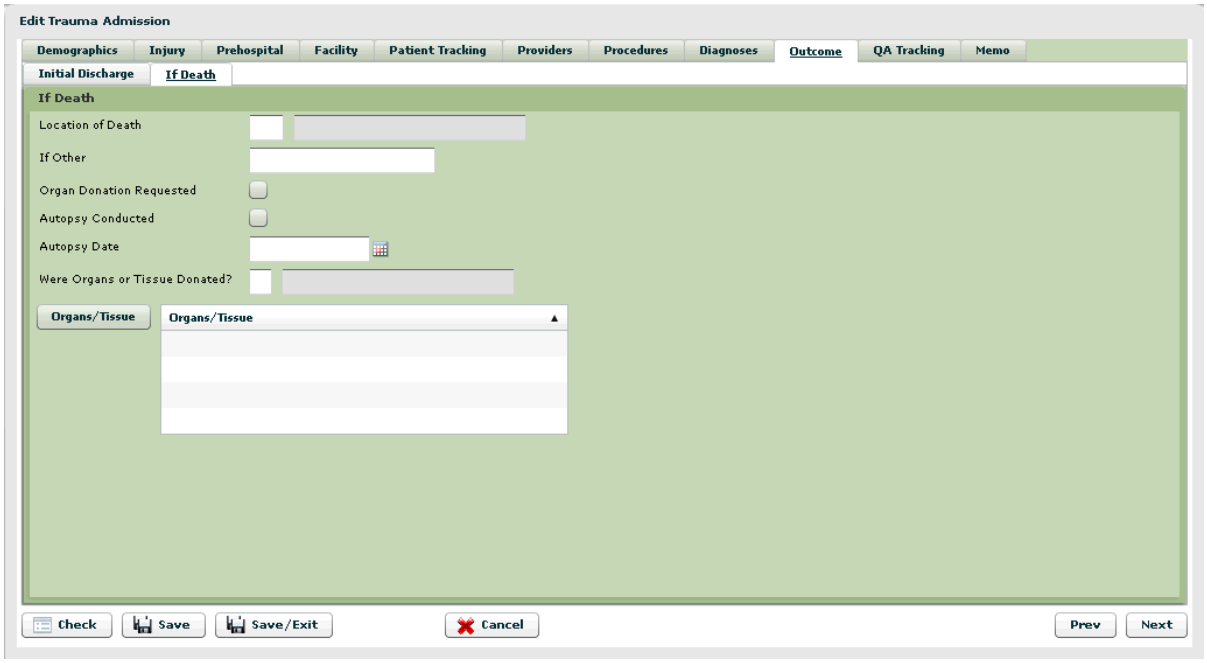
Field Number and Code	M259 – IMCP_SCORE06
Name of field	Social Cognition Component Score
Definition	Calculated score based on the social cognition components.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M260 – IM_TOTAL_SCORE
Name of field	Total Score
Definition	Calculated total based on all scores
Data type	Integer
Length of data field	2
Mandatory	
Field Values	
Constraints	
Null Values	

TRAUMA ADMISSION: OUTCOME: IF DEATH



Field Number and Code	M261 – DTH_LOC
Name of field	Location of Death
Definition	The location of the patient in the facility when they died
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See below
Constraints	
Null Values	

Field Values:

1.	Emergency Department	
2.	Operating Room/Recovery Room	
3.	Neuro ICU	
4.	SICU	
5.	PICU	
6.	Stepdown Unit	
7.	ICU	
8.	Ward	
9.	Palliative Care	
10.	Other	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M262 – DTH_LOC_S
Name of field	If Other
Definition	Identifies details if other is selected from location of death.
Data type	Free text
Length of data field	50
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M263 – ORG_STAT_YN
Name of field	Organ Donation Requested
Definition	Identifies if the family was requested to donate organs from patient
Data type	Tick Box
Length of data field	1
Mandatory	
Field Values	See below
Constraints	
Null Values	? and /

Field Values:

1.	Yes	
2.	No	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M264 – AUT_YN
Name of field	Autopsy Conducted
Definition	Identifies if there was an autopsy conducted on the patient
Data type	Tick Box
Length of data field	1
Mandatory	
Field Values	Y and N
Constraints	
Null Values	? and /

Field Values:

1.	Yes	
2.	No	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M265 – AUT_DATE
Name of field	Autopsy Date
Definition	Date that the autopsy was completed
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	? and /

Required Logic:

Additional Information:

Field Number and Code	M266 – ORG_PROCURE
Name of field	Were organs or Tissue Donated?
Definition	Identifies if the patient donated any organs or tissue
Data type	Integer
Length of data field	1
Mandatory	
Field Values	
Constraints	
Null Values	? and /

Field Values:

1.	Yes	
2.	No	
/.	Not Applicable	
?.	Unknown	

Required Logic:

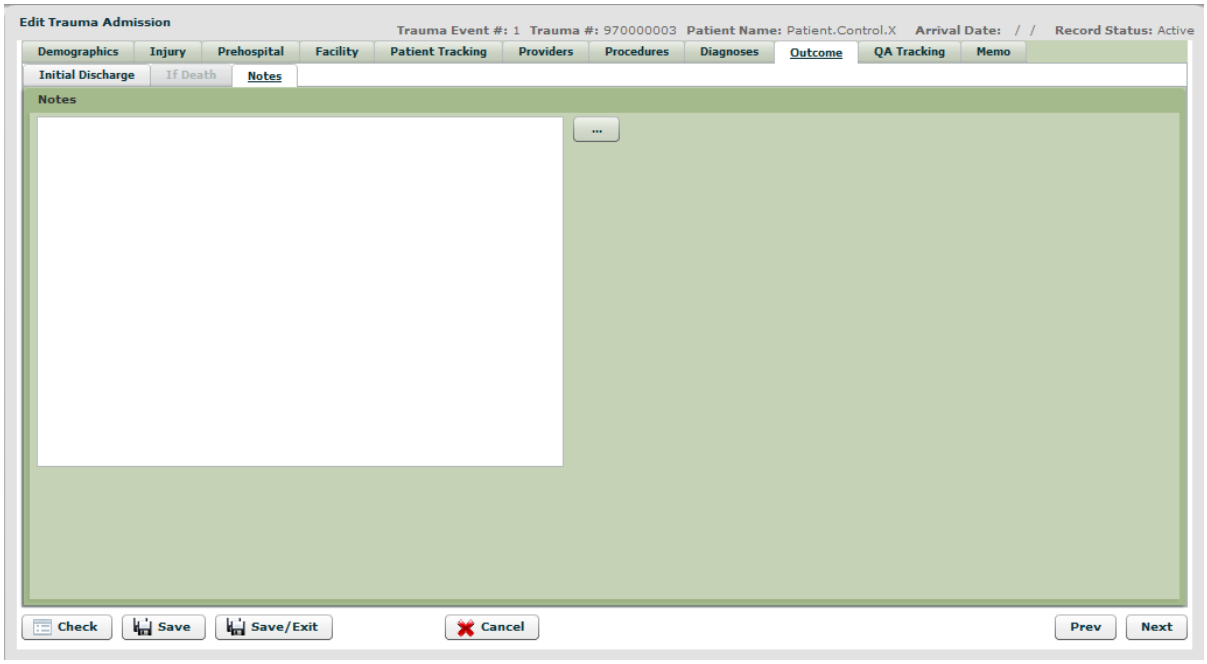
Additional Information:

Field Number and Code	M267 – ORG_DNR01
Name of field	Organs/Tissue
Definition	Identifies the organs or tissue donated from the patient
Data type	Tick Box
Length of data field	1
Mandatory	
Field Values	
Constraints	
Null Values	Unknown

Required Logic:

Additional Information: Select up to four from options below.

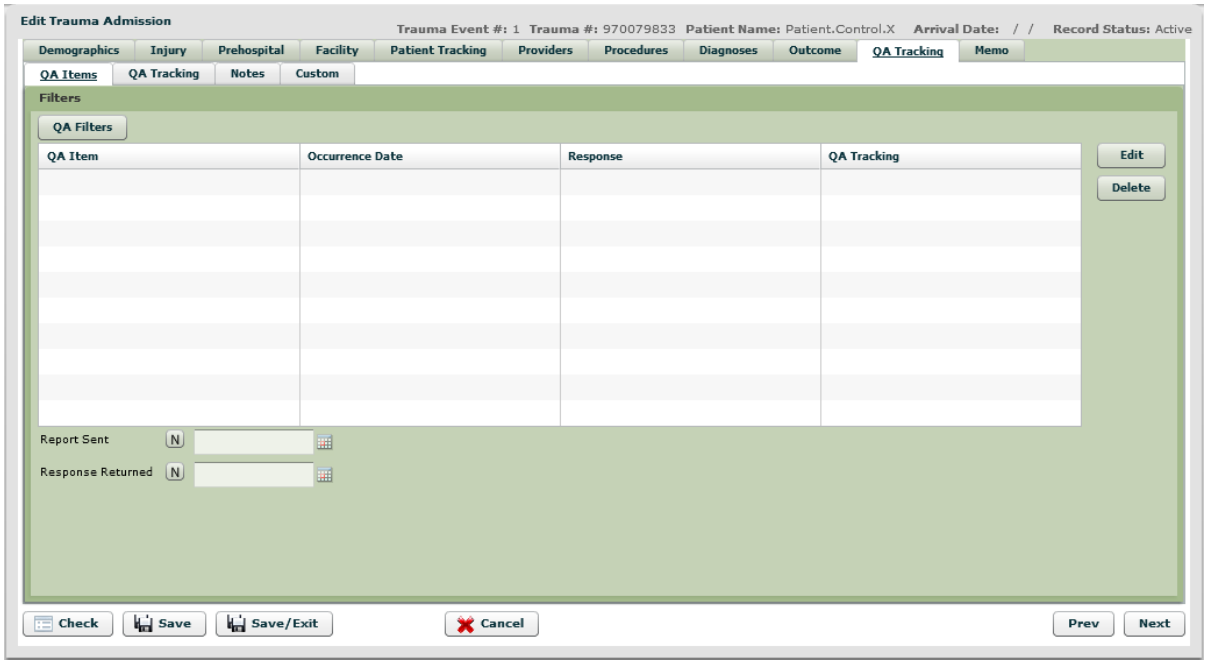
NOTE TAB/OUTCOME:

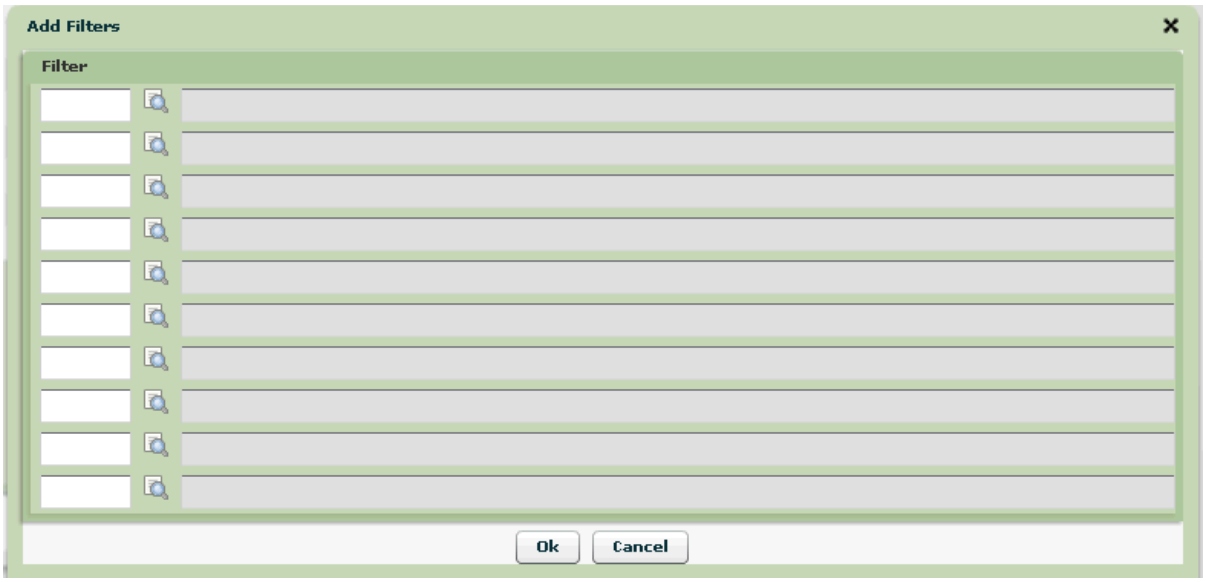


Field Code	DIS_MEMO

This note tab will be used to document anything specific to the outcome or discharge of the patient during the trauma admission. For example, any comments surrounding the Coroner's Case, if care is withdrawn because patient is a no-code or if the patient has an advanced directive.

TRAUMA ADMISSION: QA TRACKING: QA ITEMS





Click on the  to bring up the menu of Quality Issues.

Quality Filters:

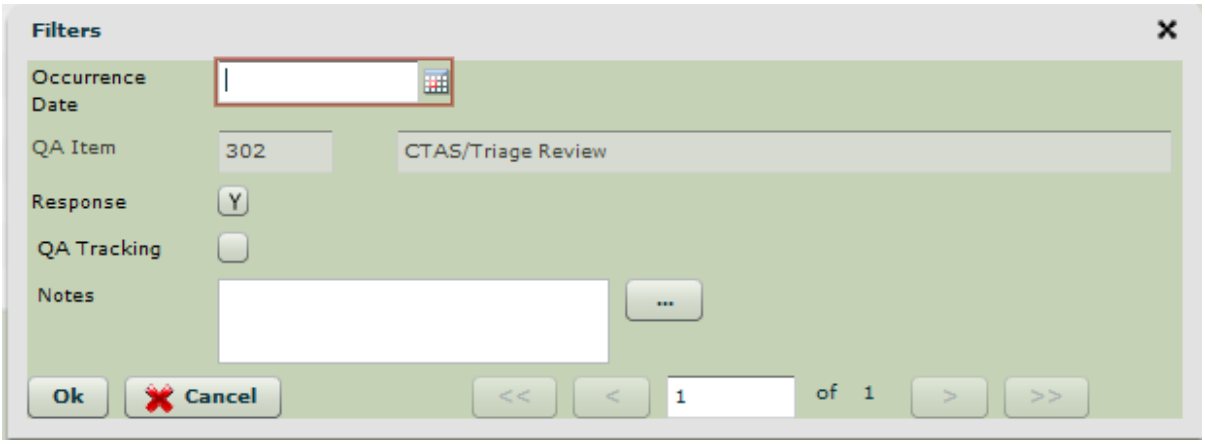
100.	Massive Transfusion Protocol	
101.	Sentinel Event	
102	CPG Deviation	
103	Positive Feedback	
200.	Medication Incident – Allied Health	
201	Documentation – Respiratory Therapist	
202	Policy Procedure – Allied Health	
203	Documentation – Other	
204	Airway Management – Respiratory Therapist	
300	Medication Incident – Nursing	
301	Communication - Nursing	
302	CTAS Triage Review	
303	Documentation – Tetanus Status	
304	Documentation - Nursing	
306	Documentation – Serial Neuros	
308	Policy Procedure – Nursing	
310	Clinical Care – Nursing	

311	Equipment – Nursing	
312	Procedural Sedation Review	
400	Chest Tube Review	
401	Airway Management – Physician	
405	Communication – Physician	
406	Unplanned Care Event	
407	Clinical Care – Physician	
408	Delayed Diagnosis	
410	Time to – Antibiotics	
411	Time to – Physician	
412	Time to – Consultation	
413	Time to – Diagnostic Imaging	
414	Time to – Primary Survey	
416	Documentation – Physician	
417	Missed Injury	
418	Direct to CT	
419	Policy Procedure – Physician	
420	Clinical Care – Physician	
422	Medication Incident – Physician	
425	Medication Incident – Pain Management	
500	Transfer – Patient Preparation	
501	Repeat Visit Review	
502	Emergency Department LOS	
503	Time to – ICU	
504	Time to – Intubation	
506	Admission Service	
507	On-Call Service	
508	Death Review	
509	Time to – CT	
510	Trauma Team Activation	
511	Spinal Management Review	

512	Time to – OR	
513	Equipment – Facility	
514	Transfer – Personnel	
516	Inappropriate Number of Calls for Transfer	
600	FTT – Bypass Failure	
601	FTT – Missed Activation	
602	FTT - Misapplication	
603	FTT – Destination Decision	
604	Documentation – ANB	
606	Policy Procedure – ANB	
607	Airway Management – ANB	
608	Communication – Transfer Sending Physician	
609	Communication – Transfer Receiving Physicians	
610	On Scene Time – ANB	
611	Delay Call to the Line	
612	Personnel – ANB	
613	Transfer - Equipment	
614	ETA Notification Concern	
615	No Call to the Trauma Line	
616	Transfer – TCP Availability	
617	Transfer – Order Review	
618	Transfer – Mode of Transport	
619	Transfer – Delay at Sending Facility	
620	Communication – TCP	
621	Clinical Care – ANB	
622	Communication – CCTC Desk	
623	Equipment – ANB	
624	Transfer – Clinical Care	
625	Air Ambulance Review	
626	Communication - Paramedic	
700	Other	

/.	Not Applicable	
?.	Unknown	

Additional information: refer to 2016 Quality Filters – Guide for direction on entering QA filters.



Field Number and Code	M268 – PI_OPEN_DATES
Name of field	Occurrence Date
Definition	Identifies the date the quality issue happened
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	

Required Logic: This would be the date of the incident.

Additional Information:

Field Number and Code	M269 – FLT_RSP_YNS
Name of field	Response
Definition	
Data type	Tick Box
Length of data field	1
Mandatory	
Field Values	Yes
Constraints	
Null Values	

Field Values:

1.	Yes	Yes
2.	No	No
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M270 – FLT_QA_YNS
Name of field	QA Tracking
Definition	Identifies the quality filters that require further review for the Trauma Program
Data type	Tick Box
Length of data field	1
Mandatory	
Field Values	
Constraints	
Null Values	

Field Values:

1.	Yes	Yes
2.	No	No
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M271 – FLT_MEMOS
Name of field	Notes
Definition	Provide brief detail of the Qualify Filter
Data type	Free Text
Length of data field	275
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M288 – QA_RP_SENT_YN
Name of field	QA Report Sent
Definition	Identify if Quality Improvement report sent from NB Trauma Program.
Data type	Yes/No
Length of data field	1
Mandatory	No
Field Values	Y/N
Constraints	
Null Values	Blank

Required Logic:

Additional Information:

Field Number and Code	M289 – QA_RP_SENT_DATE
Name of field	QA Report Sent Date
Definition	Identify date that the Quality Improvement report was sent from the NB Trauma Program.
Data type	Date
Length of data field	10
Mandatory	No
Field Values	
Constraints	MM/dd/YYYY
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M290 – QA_RP_RSP_RC_YN
Name of field	QA Report Response Returned
Definition	Identify if QA report response has been returned to the NB Trauma Program
Data type	Yes/No
Length of data field	1
Mandatory	No
Field Values	Y/N
Constraints	
Null Values	

Required Logic:

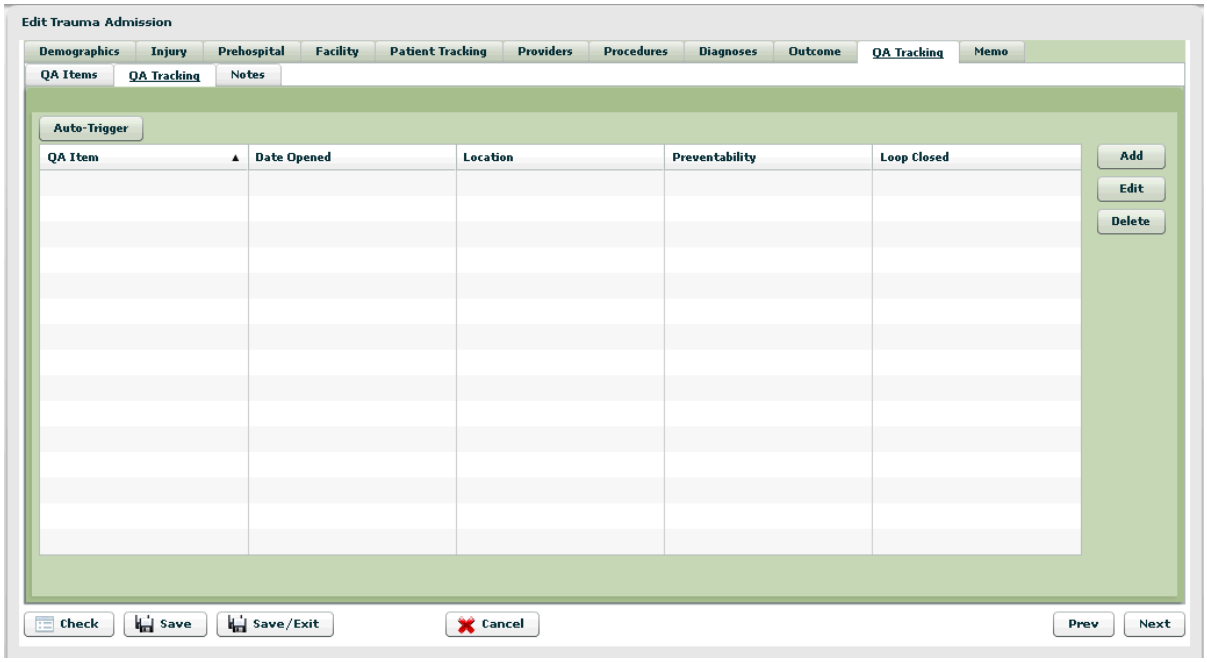
Additional Information:

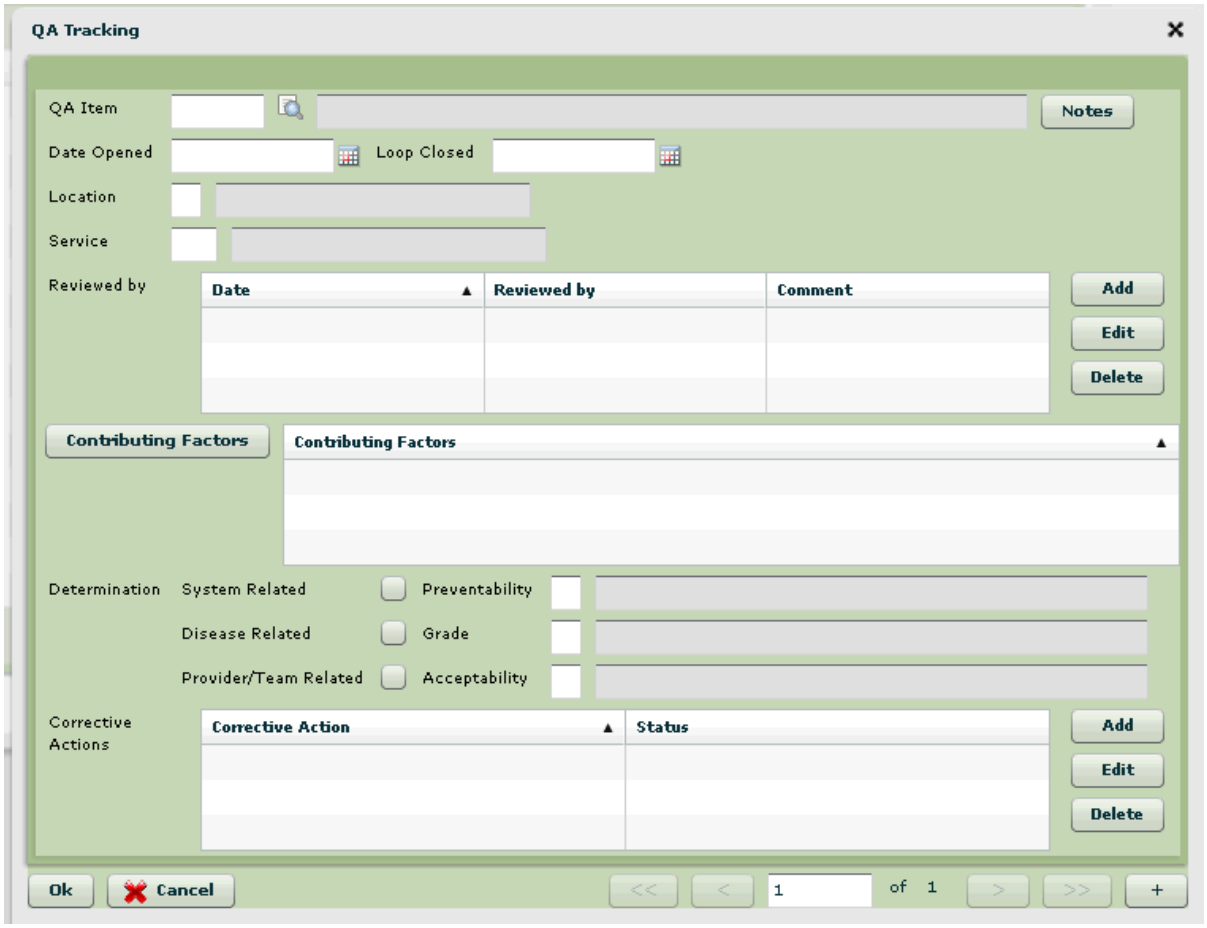
Field Number and Code	M291 – QA_RP_RSP_RC_DATE
Name of field	QA Report Response Returned Date
Definition	Identify date that the Quality Improvement report response was received by the NB Trauma Program.
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	

Required Logic:

Additional Information:

TRAUMA ADMISSION: QA TRACKING: QA TRACKING





Field Number and Code	M272 – PI_OPEN_DATES
Name of field	Date Opened
Definition	Identifies the date the review was initiated on the quality filter
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M273 – PI_CLSD_DATES
Name of field	Date Loop Closed
Definition	Identifies the date the loop was closed on the quality filter reviewed.
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	

Required Logic:

Additional Information:

Field Number and Code	M274 – PI_LOCS
Name of field	Location
Definition	Identifies where in the continuum of care the quality filter happened.
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	? and /

Field Values:

1.	Pre-hospital	
2.	ER	
3.	Facility Transfer	
4.	ICU	
5.	Nursing Unit	
6.	Diagnostic Imaging	
7.	Operating Room	
8.	Interventional Cardiology	
9.	Other	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

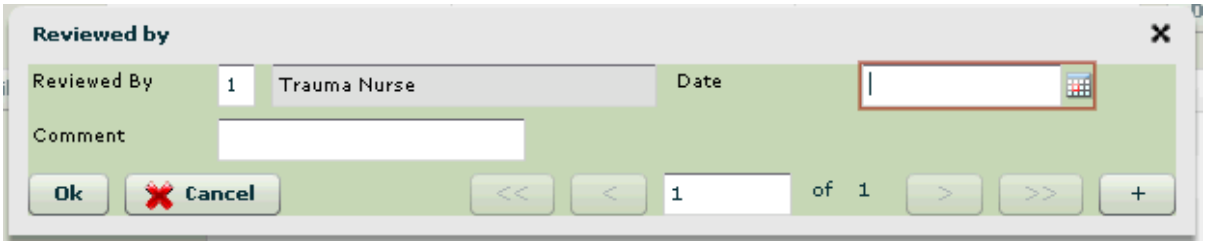
Field Number and Code	M275 – PI_STF_SVC01S
Name of field	Service
Definition	Service of the Physician that was involved in the quality filter review.
Data type	Integer
Length of data field	2
Mandatory	
Field Values	See list below
Constraints	
Null Values	Unknown

Field Values:

2.	Emergency Physician	
3.	Trauma Control Physician	
4.	Trauma Team Leader	
5.	Referring Physician	
6.	Nurse	
7.	Respiratory Therapist	
8.	Other	
1.	Family Practice	
10.	Internist	
11.	Allergist	
12.	Cardiologist	
13.	Dermatologist	
14.	Endocrinologist	
15.	Gastro-enterologist	
16.	Nephrologist	
17.	Neurologist	
18.	Respirologist	
19.	Rheumatologist	
20.	Pediatrician	

30.	General Surgeon	
31.	Cardiac Surgeon	
32.	Neurosurgeon	
33.	Oral Surgeon	
34.	Orthopedic Surgeon	
35.	Plastic Surgeon	
36.	Thoracic Surgeon	
37.	Transplant Surgeon	
38.	Traumatologist	
39.	Urologist	
50.	Obstetrician/Gynecologist	
55.	Critical Care Physician	
57.	Anaesthesiologist	
58.	Palliative Care	
60.	Otolaryngologist	
62.	Ophthalmologist	
64.	Psychiatrist	
66.	Hematologist	
68.	Immunologist	
70.	Physiatrist	
72.	Geriatrician	
74.	Oncologist	
77.	Pathologist	
78.	Microbiologist	
79.	Parasitologist	
80.	Radiologist	
81.	Radiotherapist	
82.	Geneticist	
83.	Toxicologist	
87.	Dentist	
91.	Podiatrist	

95.	Vascular Surgeon	
96.	Infectious Disease Specialist	
97.	Neonatologist	
99.	Intensivist	
/.	Not Applicable	
?.	Unknown	



Field Number and Code	M276 – PIR_RBY01S
Name of field	Reviewed By
Definition	Identifies the person that reviewed the trauma event or specific admission of the patient
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	Unknown

Field Values:

1.	Trauma Nurse	
2.	Trauma Coordinator	
3.	Medical Director	
4.	Trauma Team Leader	
5.	Case Review Team	
6.	Administrative Director	
7.	Other	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M277 – PIR_DATE01S
Name of field	Reviewed Date
Definition	Identifies the date the reviewer initiated the review of the quality filter
Data type	Date
Length of data field	10
Mandatory	
Field Values	
Constraints	MM/dd/YYYY
Null Values	

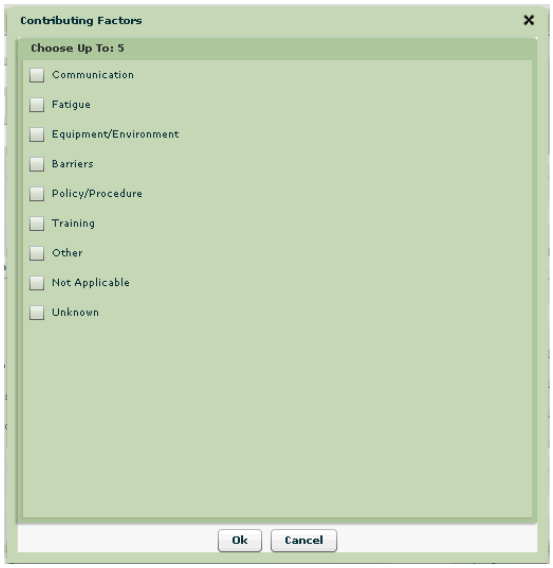
Required Logic:

Additional Information:

Field Number and Code	M252 – PIR_COMM01S
Name of field	Comment
Definition	Used to assist in the identification of the reviewer by adding the initials of the reviewer.
Data type	Free Text
Length of data field	275
Mandatory	
Field Values	
Constraints	
Null Values	

Required Logic:

Additional Information:



Code: PI_CF01S

Field Number and Code	M278 – PI_CF01S
Name of field	Contributing Factors
Definition	Identifies the factors that may have contributed to the situation with the trauma event and the quality filter being identified
Data type	Tick Box
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	Unknown

Field Values:

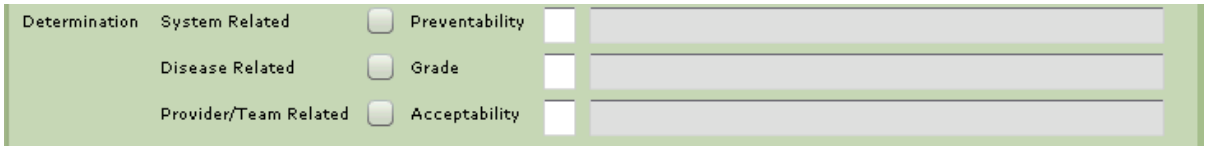
1.	Communication	
2.	Fatigue	
3.	Equipment/Environment	
4.	Barriers	
5.	Policy/procedure	
6.	Training	

7.	Other	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

QA TRACKING: DETERMINATION



Field Number and Code	M279 – PI_RSYS_YNS
Name of field	System Related
Definition	Identifies the system related determinates that may contribute to the preventability of the trauma event or quality filter.
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	

Field Values:

1.	Yes	
2.	No	
/.	Not Applicable	
?.	Unknown	

Field Number and Code	M280 – PI_PRVNTS
Name of field	Preventability
Definition	Identifies the system related determinates that may contribute to the preventability of the trauma event or quality filter.
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	

Field Values:

1.	Unanticipated event with opportunity for improvement	
2.	Anticipated event with opportunity for improvement	
3.	Event without opportunity for improvement	
4.	Undetermined opportunity for improvement.	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M281 – PI_RDIS_YNS
Name of field	Disease Related
Definition	Identifies the disease related determinates that may contribute to the grade of the trauma event or quality filter.
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	

Field Values:

1.	Yes	
2.	No	
/.	Not Applicable	
?.	Unknown	

Field Number and Code	M282 – PI_GRADES
Name of field	Grade
Definition	Identifies the disease related determinates that may contribute to the grade or of the trauma event or quality filter.
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	

Field Values:

1.	Grade Not Assigned	
2.	Grade I	
3.	Grade II	
4.	Grade III	
5.	Grade IV	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M283 – PI_RPRV_YNS
Name of field	Provider/Team Related
Definition	Identifies the Provider or Team related determinates that may contribute to the acceptability of the trauma event or quality filter.
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	

Field Values:

1.	Yes	
2.	No	
/.	Not Applicable	
?.	Unknown	

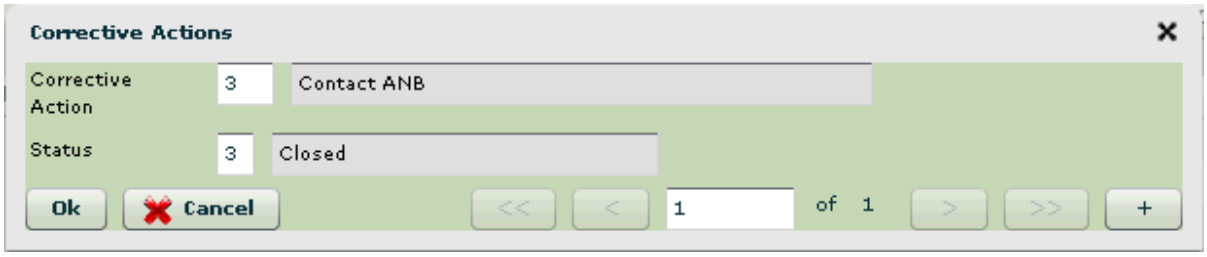
Field Number and Code	M284 – PI_ACCEPTS
Name of field	Acceptability
Definition	Identifies the provider/team related determinates that may contribute to the acceptability of the trauma event or quality filter.
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	

Field Values:

1.	Acceptable	
2.	Acceptable with reservation	
	Unacceptable	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:



Field Number and Code	M285 – PIC_C01S
Name of field	Corrective Action
Definition	Identifies the corrective action taken in response to the trauma event or quality filter
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	Unknown

Field Values:

1.	No Action Taken	
2.	For Trending	
3.	Contact ANB	
4.	Contact Department	
5.	Contact Physician	
6.	Contact Nurse	
7.	Contact Allied Health	
8.	Local M&M	
9.	Provincial M&M	
10.	Educational Offering	
11.	Develop Policy or Protocol	
12.	Revise Policy or Protocol	
13.	Referral to Quality Risk Management	

14.	Individual Counseling	
15.	Other	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

Field Number and Code	M286 – PIC_S01S
Name of field	Status
Definition	Identifies the status of the corrective action taken for the Trauma event or quality filter
Data type	Integer
Length of data field	1
Mandatory	
Field Values	See Below
Constraints	
Null Values	Unknown

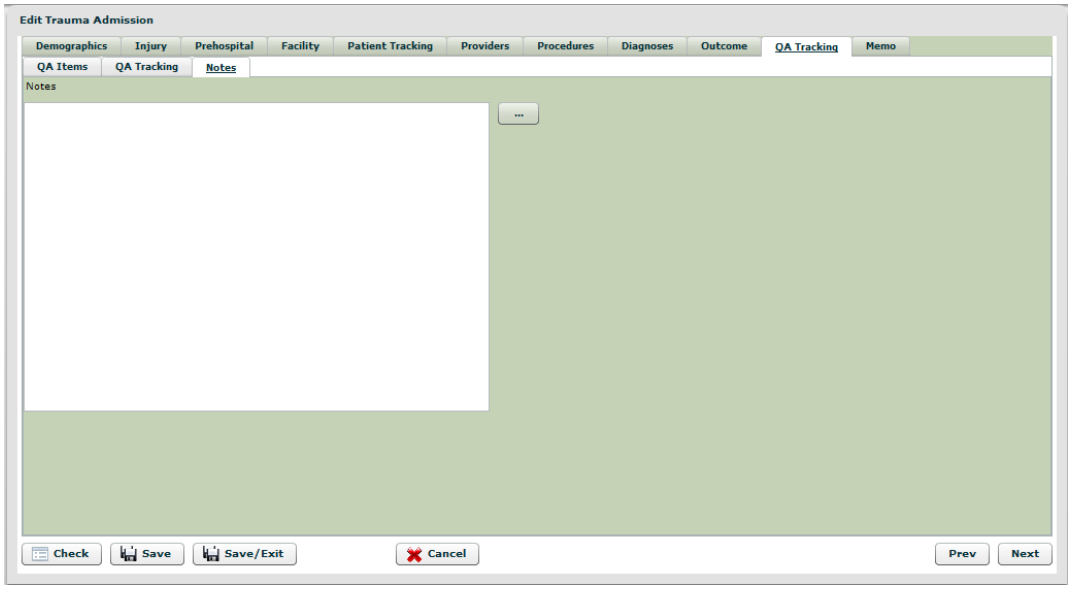
Field Values:

1.	Pending	
2.	Active	
3.	Closed	
/.	Not Applicable	
?.	Unknown	

Required Logic:

Additional Information:

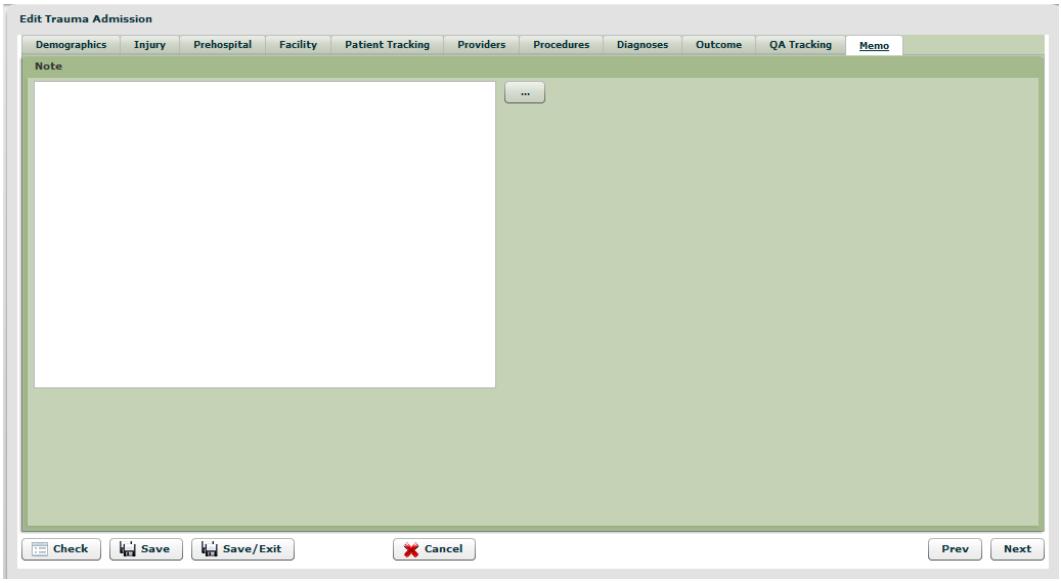
NOTE TAB/QA TRACKING



Field Code	QA_MEMO

If there are Quality Filters on visit and an Event Folder created: enter See Event Folder on the QA Tracking Note Tab.

MEMO TAB:



Field Code	MEMO1

This memo tab will be used to document the FTT criteria failed based on the Trauma Nurse assessment along with a brief description of the step failed. This will be confirmed with the actual FTT criteria failed coming from the ANB Linkage.

For example:
If the patient arrived via ambulance: FTTG: Step 2 failure: Brief LOC
If the patient did not arrive via ambulance: FTTG: N/A Walk-in
If the patient does not qualify: FTTG: DNQ

Appendix A: Institution Codes for New Brunswick Facilities and others

Zone 1
0020 – Moncton City Hospital – Level 2
0026 – Sackville Memorial Hospital – Level 5
0048 – Georges Dumont Hospital – Level 3
0045 – Stella-Maris-de-Kent Hospital – Level 5

Zone 2
0016 – Grand Manan Hospital – Level 5
0029 – Saint John Regional Hospital – Level 1
0033 – Charlotte County Hospital – Level 5
0034 – Sussex Health Centre – Level 5

Zone 3
0001 – Dr. Everett Chalmer's Regional Hospital – Level 5
0023 – Hotel Dieu St. Joseph's – Level 5
0046 – Oromocto Public Hospital – Level 5
0049 – Upper River Valley Hospital – Level 5
0012 – Stan Cassidy Rehabilitation Centre

Zone 4
0009 – Edmundston Regional Hospital – Level 3
0032 – Hotel-Dieu-St-Joseph St-Quentin – Level 5
0042 – Grand Falls General Hospital – Level 5

Zone 5
0005 – Campbellton Regional Hospital – Level 3

Zone 6
0039 – Chaleur Regional Hospital – Level 3
0035 – Tracadie-Sheila Hospital – Level 5
0041 – Hospital de l'Enfant – Caraquet – Level 5

Zone 7
0022 – Miramichi Regional Hospital – Level 3

Outside New Brunswick Facilities

0165 - QEII Health Sciences Centre – Level 1
0265 – IWK Health Centre – Level 1
0365 – Cumberland Regional Health Care Centre – Level 5

0170 – Queen Elizabeth Hospital – Level 3
0270 – Community Hospital –O'Leary – Level 5
0370 – King's County Memorial Hospital – Level 5
0470 – Prince County Hospital – Level 5
0570 – Souris Hospital – Level 5

0670 – Stewart Memorial Hospital – Level 5
0770 – Western Hospital – Level 5

0150 – Hôpital de l'Enfant Jesus – Level 1
0250 – Centre Hospitalier de l'Universite Laval
0350 – Hopital de Maria

0180 – Calais Regional Hospital

Appendix B: Inclusion Lists ICD-10-CA

The following list is the categories used for trauma reporting purposes based on the Trauma Registry definition. "Incident" and "unintentional" have been substituted for the terms "accident" and "accidental" used in the ICD definitions.

ICD-10-CA
External Cause Code Category Definition
V01–V99 Transport Incidents
V01–V06, V09–V90 Land Transport Incidents
V91–V94 Water Transport Incidents
V95–V97 Air and Space Transport Incidents
V98–V99 Other and Unspecified Transport Incidents

W00–W19 Unintentional Falls
W20–W45, W49 Exposure to Inanimate Mechanical Forces
W50–W60, W64 Exposure to Animate Mechanical Forces
W65–W70, W73, W74 Unintentional Drowning and Submersion
W75, W76, W77, W81, W83, W84 Other Unintentional Threats to Breathing, Except Due to Inhalation of Gastric Contents, Food or Other Objects
W85–W94, W99 Exposure to Electric Current, Radiation and Extreme Ambient Air Temperature and Pressure
X00–X06, X08, X09 Exposure to Smoke, Fire and Flames
X10–X19 Contact With Heat and Hot Substances
X30–X39 Exposure to Forces of Nature
X50 Overexertion and Strenuous or Repetitive Movements
X52 Prolonged Stay in Weightless Environment
X58–X59 Unintentional Exposure to Other and Unspecified Factors
X70–X84 Intentional Self-Harm, Excluding Poisoning
X86, X91–X99, Y00–Y05, Y07–Y09 Assault, Excluding Poisoning
Y20–Y34 Event of Undetermined Intent, Excluding Poisonings
Y35–Y36 Legal Intervention and Operations of War

Appendix C: Exclusion Lists ICD-10-CA

The following list is the ICD-10-CA external cause codes that are excluded from the Trauma Registry based on the definition of trauma.

ICD-10-CA Code Exclusions Definition
W78–W80 W78 Inhalation of Gastric Contents
W79 Inhalation and Ingestion of Food Causing Obstruction of Respiratory Tract
W80 Inhalation and Ingestion of Other Objects Causing Obstruction of Respiratory Tract
X20–X29 Contact With Venomous Animals and Plants
X40–X49* Unintentional Poisoning and Exposure to Noxious Substances
X51 Travel and Motion
X53, X54, X57, Y06 X53 Lack of Food
X54 Lack of Water
X57 Unspecified Privation
Y06 Neglect and Abandonment
X60–X69* Intentional Self-Harm by Poisoning
X85, X87–X90* Assault by Poisoning
Y10–Y19* Poisoning of Undetermined Intent
Y40–Y59 Drugs, Medicaments and Biological Substances Causing Adverse Effects in Therapeutic Use
Y60–Y69 Misadventures to Patients During Surgical and Medical Care
Y70–Y82 Medical Devices Associated With Adverse Incidents in Diagnostic and Therapeutic Use
Y83–Y84 Surgical and Other Medical Procedures as the Cause of Abnormal Reaction of the Patient or of Later Complication, Without Mention of Misadventure at the Time of the Procedures
Y85–Y89 Sequelae of External Causes of Morbidity and Mortality
Y90–Y98 Supplementary Factors Related to Causes of Morbidity and Mortality Classified Elsewhere

Appendix D: Injury Types

The following provides information on the specific diagnosis codes for the injury types described in NTR reports.

Description ICD-10 Code Range

Superficial: S00, S05.0, S05.1, S05.8, S05.9, S10, S20, S30, S40, S50, S60, S70, S80, S90, T00, T09.0, T11.0, T13.0, T14.0, 910–924

Musculoskeletal: S02, S12, S22, S32, S42, S52, S62, S72, S82, S92, T02, T08, T10, T12, T14.2, S03, S13, S23, S33, S43, S53, S63, S73, S83, S93, T03, T11.2, T13.2, T14.3, S09.10, S09.18, S16, S29.00, S29.08, S39.00, S39.08, S46, S56, S66, S76,
S86, S96, T06.4, T09.5, T11.5, T13.5, T14.6 800–848

Burns and Corrosion: T20, T32 940–949

Internal Organ: S06, S09.7, S09.8, S09.9, S26, S27, S36, S37, S39.6, T06.5, 850–854, 860–869

Crushing: S07, S17, S28.0, S38.0, S38.1, S47, S57, S67, S77, S87, S97, T04, 925–929

Open Wound, Including Traumatic Amputation: S01, S05.2–S05.7, S09.2, S11, S21, S31, S41, S51, S61, S71, S81, S91, T01, T09.1, T11.1, T13.1, T14.1, S08, S18, S28.1, S38.2, S38.3, S48, S58, S68, S78, S88, S98, T05, T11.6, T13.6, T14.7
870–887, 890–897

Blood Vessels: S09.0, S15, S25, S35, S45, S55, S65, S75, S85,
S95, T06.3, T11.4, T13.4, T14.5, 900–904

Nerves and Spinal Cord: S04, S14, S24, S34, S44, S54, S64, S74, S84, S94, T06.0, T06.1, T06.2, T11.3, T13.3, T14.4, 950–957

Other and Unspecified: S19, S29.7, S29.8, S29.9, S39.7, S39.8, S39.9, S49, S59, S69, S79, S89, S99, T06.8, T07, T09.8, T09.9, T11.8, T11.9, T13.8, T13.9, T14.8,
T14.9, T15, T16, T18, T19, T33, T34, T35, T66, T67, T68, T69, T70, T71, T73 (Excludes T73.0, T73.1), T75 (Excludes T75.3) 930.939, 959, 990.994, (excluding 933.1, 994.2, 994.3, 994.6)

Appendix E: List of Comorbidities and Accompanying Definitions

Alcoholism: To be determined based upon brief screening tool.
ICD-10-CA codes: F10.0–F10.9, F19.0, F19.2, Z13.3

Attention deficit hyperactivity disorder (ADHD)
ICD-10-CA code: F90.0

Ascites within 30 days: The presence of fluid accumulation (other than blood) in the peritoneal cavity noted on physical examination, abdominal ultrasound or abdominal CT/MRI.
ICD-10-CA code: R18

Autism/Asperger's
ICD-10-CA codes: F84.0, F84.1, F84.5

Bleeding disorder: Any condition that places the patient at risk for excessive bleeding due to a deficiency of blood clotting elements (such as vitamin K deficiency, hemophilia, thrombocytopenia or chronic anticoagulation therapy with Coumadin, Plavix or similar medications). Do not include patients on chronic aspirin therapy.
ICD-10-CA codes: D68.4, D66, D68.1, D67.1, D68.0, D68.3, D69.1, D69.4, D69.5, D69.6, D69.8, D69.9

Chemotherapy for cancer within 30 days: A patient who had any chemotherapy treatment for cancer in the 30 days prior to admission. Chemotherapy may include, but is not restricted to, oral and parenteral treatment with chemotherapeutic agents for malignancies, such as colon, breast, lung, head and neck, and gastrointestinal solid tumors, as well as lymphatic and hematopoietic malignancies, such as lymphoma, leukemia and multiple myeloma.
ICD-10-CA code: Z51.1

Cirrhosis: Documentation in the medical record of cirrhosis, which might also be referred to as end-stage liver disease. If there is documentation of prior or present esophageal or gastric varices, portal hypertension, previous hepatic encephalopathy or ascites with notation of liver disease, then cirrhosis should be considered present. Cirrhosis should also be considered present if documented by diagnostic imaging studies or at laparotomy/laparoscopy.
ICD-10-CA codes: K74.0–K74.6, K70.3, K70.4, K71.7

Congenital anomalies: Documentation of a cardiac, pulmonary, body wall, CNS/spinal, GI, renal, orthopedic or metabolic congenital anomaly.
ICD-10-CA codes: Q00.0–Q99.9

Congestive heart failure: The inability of the heart to pump a sufficient quantity of blood to meet the metabolic needs of the body or the ability of the heart to do so only at an increased ventricular filling pressure. To be included, this condition must be noted in the medical record as CHF, congestive heart failure or pulmonary edema with onset or increasing symptoms within 30 days prior to injury. Common manifestations are
1. Abnormal limitation in exercise tolerance due to dyspnea or fatigue;
2. Orthopnea (dyspnea on lying supine);
3. Paroxysmal nocturnal dyspnea (awakening from sleep with dyspnea);
4. Increased jugular venous pressure;

5. Pulmonary rales on physical examination;
6. Cardiomegaly; and
7. Pulmonary vascular engorgement.
ICD-10-CA codes: I50.0, I50.1, I11, I13, I42.0–I42.9, I43.0–I43.8, I09.8

Current smoker: A patient who has smoked cigarettes in the year prior to admission. Do not include patients who smoke cigars or pipes or use chewing tobacco. No corresponding ICD-10-CA code; therefore, yes, no or not applicable should be entered in a separate data field to capture this information.

Currently requiring or on dialysis: Acute or chronic renal failure prior to injury that was requiring periodic peritoneal dialysis, hemodialysis, hemofiltration or hemodiafiltration.
ICD-10-CA code: Z99.2

CVA/Residual neurological deficit: A history prior to injury of a cerebrovascular accident (embolic, thrombotic, or hemorrhagic) with persistent residual motor, sensory, or cognitive dysfunction (such as hemiplegia, hemiparesis, aphasia, sensory deficit or impaired memory).
ICD-10-CA codes: I60.0-I69.8

Diabetes mellitus: Diabetes mellitus prior to injury that required exogenous parental insulin or an oral hypoglycemic agent.
ICD-10-CA codes: E10.0-E11.9, E13.0-E14.9

Disseminated cancer: Patients who have cancer
That has spread to one or more sites in addition to the primary site; and
In whom the presence of multiple metastases indicates the cancer is widespread, fulminant or near terminal. Other terms describing disseminated cancer include “diffuse”, “widely metastatic”, “widespread”, or “carcinomatosis”. Common sites of metastases include major organs (brain, lung, liver, meninges, abdomen, peritoneum, pleura, and bone)
ICD-10-CA codes: C77.0-C80.9

Do Not Resuscitate (DNR) status: The patient had a do not resuscitate (DNR) document or similar advance directive recorded prior to injury. No corresponding ICD-10-CA code; therefore, yes, no, unknown or not applicable should be entered in a separate data field to capture this information.

Drug use: Mental and behavioural disorders due to the use of drugs.
ICD-10-CA codes: F11.0-F16.9, F19.0-F19.9, Z13.3

Esophageal varices: Engorged collateral veins in the esophagus that bypass a scarred liver to carry portal blood to the superior vena cava. A sustained increase in portal pressure results in esophageal varies, which are most frequently demonstrated by direct visualization at esophagoscopy.
ICD-10-CA codes: I86.4

Functionally dependent health status: Pre-injury functional status may be represented by the ability of the patient to complete activities of daily living (ADLs), including bathing, feeding, dressing, toileting, and walking. This item is identified if the patient, prior to injury, was partially dependent or completely dependent upon equipment, devices, or another person to complete some or all

ADLs. No corresponding ICD-10-CA code; therefore, yes, no, unknown or not applicable should be entered in a separate data field to capture this information.

History of angina within past one month: Pain or discomfort between the diaphragm and the mandible resulting from myocardial ischemia. Typically, angina is a dull, diffuse substernal chest discomfort precipitated by exertion or emotion and relieved by rest or nitroglycerin. Radiation often occurs to the arms and shoulders and occasionally to the neck, jaw, and interscapular region. For patients on anti-anginal medications, identify angina if the patient has had angina within one month prior to admission.
ICD-10-CA codes: I20.0-I20.9

History of myocardial infarction within past six months: The history of a non-Q wave or a Q wave infarction in the six months prior to injury.
ICD-10-CA codes: I25.2

History of revascularization/amputation for peripheral vascular disease: Any type of angioplasty or revascularization procedure for atherosclerotic peripheral vascular disease (PVD) or patient who has had any type of amputation procedure for PVD. Patients who have had an amputation for trauma or resection of abdominal aortic aneurysms would not be included. No corresponding ICD-10-CA code; therefore, yes, no, unknown or not applicable should be entered in a separate data field to capture this information.

Hypertension requiring medication: History of a persistent elevation of systolic blood pressure greater than 100 mm HG and a diastolic blood pressure greater than 90 mm Hg requiring an antihypertensive treatment.
ICD-10-CA codes: I10.0-I10.9, I11-I15

Impaired sensorium: Patients should be noted to have an impaired sensorium if they had mental status changes and/or delirium in the context of a current illness prior to injury. Patients with chronic or long-standing mental status changes secondary to chronic mental illness or chronic dementing illnesses should be included. Mental retardation would qualify as impaired sensorium.
ICD-10-CA codes: F00.0-F09, F70.0-F79.9, G30.0-G30.9, F90.0, F91.8, F91.9, F84.0, F81.9, F80.0, F80.1, F80.8, F80.9, F81.3, F81.8.

Obesity: A body mass index of 30 or greater
ICD-10-CA codes: E66.0-E66.9

Prematurity: Documentation of premature birth, a history of bronchopulmonary dysphasia, ventilator support for longer than seven days after birth or the diagnosis of cerebral palsy.
ICD-10-CA codes: G80.0-G80.9, P07.0-P07.3, P27.0-P27.9

Respiratory Disease: Severe chronic lung disease, chronic asthma, cystic fibrosis or chronic obstructive pulmonary disease (COPD) resulting in any of the following:

- Functional disability from COPD;
- Hospitalization in the past for treatment of COPD;
- Requirement for chronic bronchodilator therapy with oral or inhaled agents; and/or
- An FEV1 of less than 75 % of predicted in pulmonary function testing.

Do not include patients with acute asthma or diffuse interstitial fibrosis or sarcoidosis.

ICD-10-CA codes: E84.0-E84.9, J40-J45.91

Steroid use: Patients who required the regular administration of oral or parenteral corticosteroid medications in the 30 days prior to injury for a chronic medical condition. Do not include topical corticosteroids applied to the skin or corticosteroids administered by inhalation or rectally. No corresponding ICD-10-CA code; therefore, yes, no, unknown or not applicable should be entered in a separate data field to capture this information.

Appendix F – List of Complications and Accompanying Definitions:

Abdominal compartment syndrome: The sudden increase in intra-abdominal pressure resulting in alteration in the respiratory mechanism, hemodynamic parameters and renal perfusion.
ICD-10-CA code: T79.6

Abdominal fascia left open: No primary surgical closure of the fascia, or intra-abdominal packs left at conclusion of primary laparotomy. No corresponding ICD-10-CA code; therefore, yes, no, unknown or not applicable should be entered in a separate data field to capture this information.

Acute renal failure: A patient who did not require dialysis prior to injury, who has worsening renal dysfunction after injury requiring hemodialysis, ultrafiltration or peritoneal dialysis. If the patient refuses treatment, the condition is still present.
ICD-10-CA codes: N17.0-N19, N25.0, N03.0-N05.9, I12, I13, T79.5

ARDS: Adult respiratory distress syndrome occurs with catastrophic medical conditions, such as pneumonia, shock, sepsis and trauma. It is a form of sudden and often severe lung failure characterized by PaO2/FiO2 of 200 or less, decreased compliance and diffuses bilateral pulmonary infiltrates without associated clinical evidence of CHF. The process must persist beyond 36 hours and require mechanical ventilation.
ICD-10-CA code: J80

Bleeding: Any transfusion of five or more units of packed red blood cells or whole blood given from the time the patient is injured up to and including 72 hours later.
CCI code: 1.LZ.19

Cardiac arrest with CPR: The absence of a cardiac rhythm or presence of chaotic cardiac rhythm that results in loss of consciousness requiring the initiation of advanced cardiac life support.
ICD-10-CA codes: I46.0-I46.9

Coagulopathy: Twice the upper limit of the normal range for PT or PTT in a patient without a pre-injury bleeding disorder.
ICD-10-CA codes: D65-D68.2, D69.1, D69.30-D69.4

Decubitus ulcer: A pressure sore resulting from pressure exerted on the skin, soft tissue, muscle, or bone by the weight of an individual against a surface beneath.
ICD-10-CA codes: L89.0-L89.9

Deep surgical site infection: An infection that occurs within 30 days after and operation and that appears to be related to the operation. The infection should involve deep soft tissues at the site of the incision and at least one of the following:

There is purulent drainage from the deep incision

A deep incision spontaneously dehisces or is deliberately opened by a surgeon when the patient has at least one of the following: fever, localized pain or tenderness.

An abscess or other evidence of infection

A deep incision infection is diagnosed by the physician.

ICD-10-CA code: T81.4

Drug or alcohol withdrawal syndrome: A set of symptoms that may occur when a person who has been drinking too much alcohol or habitually using certain drugs suddenly stops. Symptoms may include activation syndrome, seizures, hallucinations, or delirium tremens.
ICD-10-CA codes: F10.3-F10.5

Deep vein thrombosis/thrombophlebitis: The formation, development or existence of a blood clot or thrombus within the vascular system. The patient must be treated with anticoagulation therapy.
ICD-10CA code: I80.2

Extremity compartment syndrome: A condition in which there is swelling and an increase in the pressure within the limited space that presses on and compromises blood vessels, nerves, and/or tendons that run through that compartment. Compartment syndromes usually involve the leg, but can also occur in the forearm, arm, thigh and shoulder.
ICD-10-CA codes: M62.20-M62.29

Graft/prosthesis/flap failure: Mechanical failure of an extracardiac vascular graft or prosthesis, including myocutaneous flaps and skin grafts, requiring return to the operating room.
ICD-10-CA codes: T82.0-T82.9

Intracranial pressure elevation: Intracranial pressure greater than 25 torr for longer than 30 minutes.
ICD-10-CA code: G93.2

Myocardial infarction: A new acute myocardial infarction occurring during hospitalization (within 30 days of injury)
ICD-10-CA codes: I21.0-I21.9

Organ/space surgical site infection: An infection that occurs within 30 days of injury after an operation and which involves any part of the anatomy other than the incision, which was opened or manipulated during the procedure. The infection must involve at least one of the following:

There is purulent drainage from the drain placed through a stab wound or puncture into the organ or space

Organisms are isolated from an aseptically obtained culture of fluid or tissue.

An abscess or other evidence of infection

A SSI is diagnosed by the physician.

ICD-10-CA codes: T81.4, T82.6, T82.7, T83.5, T83.6, T84.50-T84.58, T84.60-T84.69, T85.7, T87.40-T87.49, Y83.0-Y83.9, Y88.3

Osteomyelitis: A condition that meets at least one of the following:

Organisms are cultured from bone;

There is evidence of osteomyelitis on direct examination

At least two of the following signs and symptoms are present: fever, localized swelling, tenderness, heat or drainage and at least one of the following: Organisms are cultured from blood, positive blood antigen test, and radiographic evidence of infection.
ICD-10-CA codes: H05.0, M86.00-M86.19

Pneumonia: Patients with evidence of pneumonia that develops during the hospitalization.
ICD-10-CA codes: J12.0-J18.9, J95.88

Pulmonary embolism: A lodging of a blood clot in a pulmonary artery with subsequent obstruction of blood supply to the lung parenchyma.
ICD-10-CA codes: I26.0-I26.9

Stroke/CVA: Following injury, patient develops an embolic, thrombotic, or hemorrhagic vascular accident or stroke with motor, sensory, or cognitive dysfunction that persists for 24 or more hours.
ICD-10-CA codes: I63.1-I63.9, I64

Superficial surgical site infection: Defined as an infection that occurs within 30 days after an operation and that involves only skin or subcutaneous tissue of the incision. The following are not conditions to identify: Stitch abscess, infected burn wound, or incisional SSI that extends into the facial and muscle layers.
ICD-10-CA codes: T81.4

Systemic sepsis: Definitive evidence of infection, plus evidence of a systemic response to infection.
ICD-10-CA codes: A40.0-A41.9, A49.9

Unplanned intubation: Patient requires placement of an endotracheal tube and mechanical or assisted ventilation because of an onset of respiratory or cardiac failure manifested by severe respiratory distress, hypoxia, hypercarbia, or respiratory acidosis. No corresponding ICD-10-CA code; therefore, yes, no, unknown or not applicable should be entered in a separate data field to capture this information.

Unplanned return to the Operating Room: Unplanned return to the operating room after initial operation management for a similar or related previous procedure. No corresponding ICD-10-CA code; therefore, yes, no, unknown or not applicable should be entered in a separate data field to capture this information.

Unplanned return to the ICU: Unplanned return to the intensive care unit after initial ICU discharge. No corresponding ICD-10-CA code; therefore, yes, no, unknown or not applicable should be entered in a separate data field to capture this information.

Urinary tract infection: An infection anywhere along the urinary tract with clinical evidence of infection.
ICD-10-CA code: N39.0

Wound disruption: Separation of the layers of a surgical wound, which may be partial or complete, with disruption of the fascia.
ICD-10-CA code: T81.3

Appendix G: Field Trauma Triage Guidelines

NB Trauma Program
Programme de traumatologie du NB

Field Trauma Triage Guidelines

1-888-790-9222

1A — Immediate Life Threats:
- Inability to ventilate patient or need for ventilatory support or
- Glasgow Coma Scale ≤ 8 or
- Systolic blood pressure < 60 mmHg or
- Decreased breath sounds on either or both sides with associated respiratory distress

Yes → Transport to the closest available emergency department

No

1 — Physiologic Criteria:
- Glasgow Coma Scale < 14 or
- Systolic blood pressure < 90 mmHg or
- Respiratory rate <10 or >29 breaths/minute (<20 in infant < one year)

Yes →
- Transport to the closest Trauma Centre with Level 3, 2 or 1 designation
- If transport directly to a Level 2 or 1 Trauma Centre will increase transport time by less than 20 minutes, transport directly to the Level 2 or 1 Trauma Centre

No

2 — Anatomic Criteria:
- All penetrating injuries to the head, neck, chest, abdomen, groin, or extremities proximal to elbow or knee
- Chest wall instability or deformity (example: flail chest)
- Two or more proximal long-bone fractures
- Crushed, de-gloved, mangled or pulseless extremity
- Amputation proximal to wrist or ankle
- Pelvic fractures
- Open or depressed skull fracture
- Head trauma with loss of consciousness, amnesia OR disorientation AND age ≥ 65
- Paralysis
- Burns
- Pregnancy ≥ 20 weeks with history of torso trauma

Yes →
- Transport to the closest Trauma Centre with Level 3, 2 or 1 designation
- If transport directly to a Level 2 or 1 Trauma Centre will increase transport time by less than 20 minutes, transport directly to the Level 2 or 1 Trauma Centre

No

3 — Mechanism of Injury:

Falls
- Adults: ≥ 5 m (one story is equal to 3m)
- Children: ≥ 3m or 2-3 times the height of the child

High-Risk Auto Crash
- Intrusion into passenger compartment, including roof: ≥ 30 cm occupant site OR ≥ 45 cm any other passenger compartment site
- Ejection (partial or complete) from automobile
- Unrestrained occupant in high speed rollover
- Death in same passenger compartment
- Vehicle telemetry data consistent with high risk of injury

Auto vs. Pedestrian/Bicyclist Thrown, Run Over, or with Significant Impact

Motorcycle or any other recreational vehicle crash ≥ 30 km/h

Yes →
- Transport to the closest Trauma Centre with Level 3, 2 or 1 designation

No

4 — Special Considerations: Patients requiring high index of suspicion – revisit steps 1-3 if any of the following apply:
- Age < 15 years: increased risk of injury/death
- Age ≥ 55 years: increased risk of injury/death
- Age ≥ 65 years: systolic BP <110 may represent shock
- Anticoagulant use OR bleeding disorders: patients with head injury are at high risk for rapid deterioration
- Pregnancy ≥ 20 Weeks
- Failure of C-spine Clearance Procedure
- EMS Provider Judgment

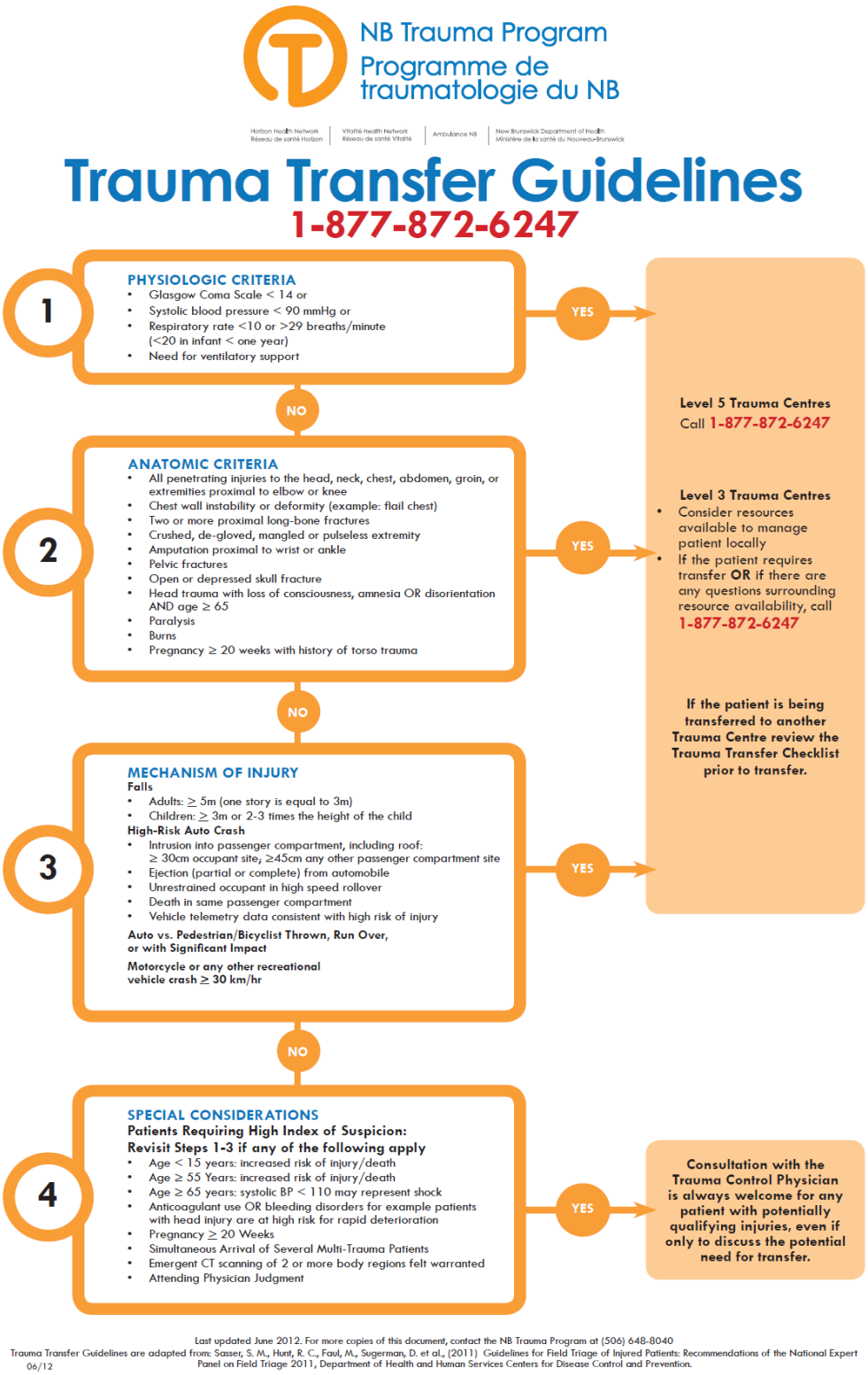
Yes →
- Transport to the closest Trauma Centre with Level 5, 3, 2 or 1 designation

No

No call required
Transport to closest available Emergency Department

Version 3.1 - For more copies of this document, contact the NB Trauma Program at (506) 648-8040.
Field Trauma Triage Guidelines are adapted from: Sasser, S. M., Hunt, R. C., Faul, M., Sugerman, D., et al. (2011) Guidelines for Field Triage of Injured Patients: Recommendations of the National Expert Panel on Field Triage, 2011. *Department of Health and Human Services Centers for Disease Control and Prevention*

Appendix H: Trauma Transfer Guidelines



Appendix I: Ambulance Coverage Area Map