

IDAHO TIME-SENSITIVE EMERGENCY REGISTRY – TRAUMA REPORTING STANDARDS

Version 2023 – 01.2

Applicable to injuries occurring during 2023

A Publication of the
Idaho Time-Sensitive Emergency Registry



Idaho TSE Registry
Trauma, Stroke, STEMI

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IDAHO DEPARTMENT OF
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VERSION INFORMATION

Version	Date	Change
2023 – v1.0	2022-12-15	None. Date released.
2023 – v1.1	2023-02-14	<p>General Data Dictionary Changes</p> <ul style="list-style-type: none"> • Change to submission guidance to include file naming convention information • Changes to inclusion/exclusion criteria <ul style="list-style-type: none"> ○ Expand reportable ground-level falls ○ Changes to exclusion description • Change data dictionary to include appendix of all EMS agency names and corresponding codes. • Change “2023 Data Elements Table” to include specific page numbers for each data element. <p>Element-specific Changes</p> <ul style="list-style-type: none"> • Change field 221 “Initial ED/Hospital Height” to match NTDB description “First recorded height after ED/hospital arrival.” • Change field 251 “EMS Agency Name” to include option for “Out-of-state – Known” and “Unknown” EMS agencies. • Change field 32 “EMS Agency ID Number” to include code “88888” for “Out-of-state – Known” and “9999 – Unknown” EMS agencies.
2023 – v1.2	2023-04-11	<ul style="list-style-type: none"> • Deactivating fields 226 and 227. Activated in error in 2022. • Updating maximum number of possible co-morbid conditions in field 117 to be 31 instead of 27.

PREFACE

The Idaho “Time-Sensitive Emergency Registry – Trauma Reporting Standards” outlines data reporting and submission standards for traumatic injuries, including state inclusion/exclusion criteria, for all participating facilities in Idaho. This document may be of particular use to Idaho facilities that abstract cases at their facility and submit these data to the Time-Sensitive Emergency Registry.

The Time-Sensitive Emergency Registry, a program of the Idaho Hospital Association, collects and analyzes data describing incidence, severity, causes and outcomes of time-sensitive emergencies, and other such data needed to evaluate the health system’s response to these events. The Idaho Hospital Association is an authorized contractor of the Idaho Department of Health and Welfare for trauma registry in Idaho.

Per Title 57, Chapter 20 of Idaho code, the Time-Sensitive Emergency Registry is also responsible for:

1. Establishing the data elements and data dictionary, including child specific data elements that hospitals must report, and the time frame and format for reporting by adoption of rules in the manner provided in chapter 52, title 67, Idaho Code;
2. Supporting, where necessary, data collection and abstraction by providing:
 - a. A data collection system and technical assistance to each hospital; and
 - b. Funding or, at the discretion of the department, personnel for collection and abstraction for each hospital.

The Idaho Department of Health and Welfare, Bureau of Emergency Medical Services and Preparedness (BEMSP) contracts with, and provides funding to, the Idaho Hospital Association (IHA) to maintain a statewide trauma registry.

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SUBMISSION GUIDANCE

Idaho code requires that each licensed hospital shall report qualifying cases of traumatic injury to the Time-Sensitive Emergency (TSE) Registry within 180 days of treatment.

However, to improve the timeliness and overall utility of time-sensitive emergency data, the TSE Registry recommends that licensed hospitals report each qualifying case of traumatic injury to the TSE Registry **within 90 days of treatment**, i.e., on a quarterly basis.

CREATING FILES

Facilities should submit XML files to the TSE Registry. **XML files submitted to the TSE Registry should align with specifications as defined in this document and the provided definition files:**

- **base_Idaho_223.xsd**
- **datatype_Idaho_all.xsd**

These data submission specifications can also be found at:

<http://idahotseregistry.org/dataspecifications.php>

NAMING FILES

Additionally, we request that XML files submitted to the TSE Registry follow the below-described naming conventions.

Timing	Format	Example
Quarterly (preferred)	FacilityName_YYYY_QN.xml	Portneuf_2023_Q1.xml
Monthly	FacilityName_YYYYMM.xml	Portneuf_202002.xml
Annually	FacilityName_YYYY.xml	Portneuf_2020.xml

If your file is a resubmission, please use the same initial file name and append the term "_resubmit" to the end of the file name, e.g. Portneuf_202002.xml → Portneuf_202002_resubmit.xml. If multiple resubmissions are required for a particular file, we may additionally add "_resubmit2", "_resubmit3", etc.

Please **do not** include special characters in the file name, e.g. / \ & # ! ~ % { }. For additional documentation around this point, please see

<https://www.mtu.edu/umc/services/websites/writing/characters-avoid/>

SUBMITTING FILES

Please securely submit files via NeoCertified to IdahoTSE@teamiha.org and contact IdahoTSE@teamiha.org with any questions about establishing a NeoCertified account. More information regarding NeoCertified can be found at <https://neocertified.com/sso/>.

TECHNICAL REFERENCE DOCUMENTS

Facilities and vendors can reference the following documents to aid in defining their XML file for submission:

1. "base_Idaho_223.xsd"
2. "datatype_Idaho_all.xsd"
3. Crosswalk of Idaho Trauma Elements with national specifications, "Idaho 2023 Trauma Data Elements_v1.2.xlsx"
4. Idaho Time-Sensitive Emergency Registry – Trauma Reporting Standards – v2023 – 01.2

Any facility or vendor who has questions, concerns, or general feedback on the above documents should contact the Time-Sensitive Emergency Registry at IdahoTSE@teamiha.org.

ADDITIONAL EXTERNAL REFERENCE DOCUMENTS

1. American College of Surgeons, National Trauma Data Standard Data Dictionary – 2023 Admissions: <https://www.facs.org/media/hkejeat2/2023-data-dictionary.pdf>
2. Trauma Vendor Alliance, International Trauma Data Exchange (ITDX) Data Dictionary – 2023 as published by ESO: https://www.eso.com/wp-content/uploads/2021/07/ItDXDataDictionary_2023.pdf

INCLUSION/EXCLUSION CRITERIA

Effective 01/01/2023 (revised 02/14/2023)

Definition: Injury data should be reported to the Idaho TSE Registry on all patients who sustained an acute traumatic injury that meets the criteria outlined in this document.

To ensure consistent data collection across Idaho, a trauma patient is defined as a patient sustaining a traumatic injury and meeting the following criteria:

INCLUSION CRITERIA:

At least one of the following injury diagnostic codes defined in the International Classification of Diseases, Tenth Revision (ICD-10-CM):

- **S00-S99** with 7th character modifiers of A, B, or C ONLY (injury to specific body parts-initial encounter)
- **T07** with unspecified multiple injuries
- **T14** with injury of unspecified body region
- **T20-T28** with 7th character modifier of A ONLY (burns by specific body parts-initial encounter)
- **T30-T32** with burn by total body surface area (TBSA)
- **T33-34** frostbite
- **T68** hypothermia
- **T71** asphyxiation
- **T75.1** drowning and nonfatal submersion
- **T75.4** electrocution
- **T79.A0-T79.A9** with 7th character modifier of A ONLY (Traumatic Compartment Syndrome-initial encounter)

AND

- Was admitted to your hospital as an inpatient or under observation status

OR

- Died as a result of the traumatic injury

OR

- Was transferred to or from one acute care hospital to another acute care hospital regardless of the mode of transport

OR

- Left the acute care hospital Against Medical Advice (AMA), and an intent to admit or transfer was documented in the medical record

EXCLUSION CRITERIA:

A traumatic injury should not be reported to the Idaho TSE Registry if the traumatic injury meets any of the following criteria:

- Poisoning, toxic effects, other and unspecified effects of external causes
 - Poisoning by, adverse effects of, and underdosing of drugs, medicaments and biological substances should **not** be reported
 - **T36-T50**
 - Toxic effects of substances chiefly nonmedical as to source should **not** be reported
 - **T51-T65**
 - Other and unspecified effects of external causes should **not** be reported
 - **T75.89, T66-T67, & T69-T70**
- Sequelae (late effects) of injuries. Sequelae are represented using the same range of injury diagnosis codes (S-T) but with the 7th character code of D (subsequent encounter) through S (sequela)
- Superficial injuries (e.g., contusions with intact skin surface, abrasions) if these are the only injuries
 - **S00, S10, S20, S30, S40, S50, S60, S70, S80, S90**
- Foreign body entering through orifice
 - Effects of foreign body entering through natural orifice should **not** be reported
 - **T15-T19**
- Overexertion by lifting, twisting, pushing, or bending over
 - Overexertion and strenuous or repetitive movements should **not** be reported
 - **X50**
- Pathological fractures (fractures due to osteoporosis, neoplasms, etc. that are non-traumatic)
 - Pathological fractures should **not** be reported
 - **M80, M84.4-M84.7**

ADDITIONAL NOTES ON INCLUSION/EXCLUSION CRITERIA

Unlike NTDB inclusion/exclusion criteria, there is **no maximum duration of time** from injury to presentation for care that would exclude a patient from the Idaho TSE Registry.

Unlike NTDB which opted to not collect information on burns for 2021 admissions, the Idaho TSE Registry **will continue to collect information on burns**, as there is no other statewide mechanism by which to do so.

Starting on January 1, 2023, the patients with a **single extremity, single bone, single break fracture/dislocation from a ground level fall** who otherwise qualify for inclusion (qualifying injury code, qualifying external cause of injury code, and was admitted, died or was transferred) in the TSE Registry **are reportable**.

SPECIAL INSTRUCTIONS FOR MECHANISM OF INJURY RELATED TO SUSPECTED OR CONFIRMED ABUSE

When a qualifying injury (see inclusion criteria) is the result of confirmed (T74.) or suspected (T76.) adult and child abuse, neglect, or other maltreatment, the T74. or T76. code should be captured as the appropriate mechanism of injury code(s) in the external cause of injury field. In the event of multiple external causes of injury, Idaho Trauma Registry will follow the [National Trauma Data Standard \(NTDS\)](#) guidance regarding hierarchy for coding the external cause of injury data item.

DESCRIPTION OF TSE REQUIREMENT DESIGNATION VALUES FOR TSE TRAUMA DATA ELEMENTS

The table below describes how data elements or fields are to be reported to the Time-Sensitive Emergency Registry. The reporting requirements for trauma data elements range from “critical”, i.e., those that must be completed for each reportable traumatic event submitted to the Time-Sensitive Emergency Registry, to “optional” and “XML Only”, elements that are provided in the XML specification only. The “TSE Requirement” is reflected in the “2023 Data Elements Table” and in the “2022 Data Dictionary” in the description of each element. All possible requirements are listed in the **first column** of the table below. The **second column** of the table below describes each “TSE Requirement” designation in detail.

TSE Requirement	Designation Description
Critical	<p>Critical fields are intended to support XML validation. These fields are required to uniquely identify the record and characterize it.</p> <p>Critical fields include – but are not limited to – last modified date and time of record, patient identifiers (first and last name), and fields that inform reportability criteria (ICD-10-CM diagnosis codes, external cause of morbidity codes, ED discharge disposition codes).</p>
Required	<p>Required fields are fields that are required to calculate programmatic metrics and to conduct population-level trauma surveillance, including linking patient events across data sources, e.g. linking traumatic events reported by a facility with death certificate data. Examples of these fields include injury date and time and arrival date and time, and patient date of birth. Missing values for required fields will not cause an XML validation failure. However, as these values align with state and registry reporting requirements, if these values are available, please make every effort to report them.</p>
Optional	<p>Optional fields are elements that are on the State of Idaho’s abstraction form and available in national standards (XML) but are <u>not required</u>. Facilities can complete these fields if they want to provide additional data to the TSE Registry or track these items for their facility.</p>
Supplemental	<p>Supplemental fields are fields that are only populated as a condition of a response to another question. For example, industry and occupation are conditional on the injury being work-related. Supplemental fields are a mixture of <i>required</i> and <i>optional</i> fields.</p>
Calculated	<p>Calculated fields are populated using values provided in other fields, e.g. the field “type of injury” is calculated from required field “ICD-10-CM external cause code.” Some calculated fields may be overwritten or populated manually, e.g. age when date of birth is unknown or unavailable.</p>
Assigned	<p>Assigned fields are those that are populated by the database or data entry system and can’t be overwritten manually, e.g. date and time of last record update.</p>
XML only	<p>XML fields are elements that are not on Idaho’s abstraction forms but are included in the national XML specification. They are not required but included to align Idaho’s XML specifications with national XML specifications and so facilities can track data in these fields if desired.</p>

2023 DATA ELEMENTS TABLE

TSE Registry Element Number	XSD Identifier	Data Element Name	TSE Requirement	Page N°
10	C_9901	Incident Revision Date	Assigned	22
4	C_9902	Patient ID	Assigned	16
81	C_9903	Facility ID	Assigned	50
6	D_1001	Patient Last Name	Critical	18
7	D_1002	Patient First Name	Critical	19
8	D_1003	Patient Middle Name	Optional	20
9	D_1004	Social Security Number	Required	21
11	D_1201	Patient's Home ZIP/Postal Code	Required	23
184	D_1202	Patient's Home Country	Required	104
190	D_1203	Patient's Home State	Required	109
185	D_1204	Patient's Home County	Required	105
183	D_1205	Patient's Home City	Required	103
186	D_1206	Alternate Home Residence	Supplemental	106
13	D_1207	Date of Birth	Required	25
14	D_1208	Age	Calculated	26
15	D_1209	Age Units	Calculated	27
18	D_1210	Race	Required	30
17	D_1211	Ethnicity	Required	29
16	D_1212	Sex	Required	28
117	DG_0601	Comorbid Conditions	Optional	69
219	DG_0602	ICD-10-CM Injury Diagnosis	Critical	131
205	DG_1001	Diagnosis Memo	Optional	124
202	ED_0401	ED/Hospital Arrival Date	Critical	121
203	ED_0402	ED/Hospital Arrival Time	Critical	122
158	ED_0403	Initial ED/Hospital Systolic Blood Pressure	Required	90
93	ED_0404	Initial ED/Hospital Pulse Rate	Required	56
97	ED_0405	Initial ED/Hospital Temperature Celsius	Required	59
199	ED_0406	Initial ED/Hospital Respiratory Rate	Required	118
94	ED_0407	Initial ED/Hospital Respiratory Assistance	Required	57
195	ED_0408	Initial ED/Hospital Oxygen Saturation	Required	114
196	ED_0409	Initial ED/Hospital Supplemental Oxygen	Required	115
104	ED_0410	Initial ED/Hospital GCS - Eye	Required	61
105	ED_0411	Initial ED/Hospital GCS - Verbal	Required	62
106	ED_0412	Initial ED/Hospital GCS - Motor	Required	63
107	ED_0413	Initial ED/Hospital GCS - Total	Calculated	65
108	ED_0414	Initial ED/Hospital GCS Assessment Qualifiers	Required	66
221	ED_0415	Initial ED/Hospital Height	Optional	133
222	ED_0416	Initial ED/Hospital Weight	Optional	134
229	ED_0417	Drug Screen	Required	139
113	ED_0419	Alcohol Screen	Required	67
228	ED_0420	Alcohol Screen Results	Required	138

TSE Registry Element Number	XSD Identifier	Data Element Name	TSE Requirement	Page N°
89	ED_0422	ED Discharge Disposition	Required	53
189	ED_0423	Signs of Life	XML Only	108
237	ED_0424	ED Discharge Orders Written Date	Required	145
238	ED_0425	ED Discharge Orders Written Time	Required	146
91	ED_0426	ED Discharge Physical Date	Required	54
92	ED_0427	ED Discharge Physical Time	Required	55
241	ED_0428	Initial ED/Hospital GCS 40 - Eye	Optional	149
234	ED_0428	Initial Field GCS 40 - Eye	Optional	142
242	ED_0429	Initial ED/Hospital GCS 40 - Verbal	Optional	150
235	ED_0429	Initial Field GCS 40 - Verbal	Optional	143
243	ED_0430	Initial ED/Hospital GCS 40 - Motor	Optional	151
236	ED_0430	Initial Field GCS 40 - Motor	Optional	144
231	ED_0431	Trauma Team Involvement	Optional	140
246	ED_0432	Highest Activation	Required	153
247	ED_0433	Trauma Surgeon Arrival Date	Optional	154
248	ED_0434	Trauma Surgeon Arrival Time	Optional	155
251	ED_0436	Primary Trauma Service Type	Optional	158
146	ED_1000	Direct Admission	Required	84
12	ED_1001	Readmission	Optional	24
96	ED_1007	Initial ED/Hospital Diastolic Blood Pressure	Required	58
177	ED_1008	Initial ED/Hospital Temperature Fahrenheit	Required	98
102	ED_1012	Revised Trauma Score	Calculated	60
201	ED_1020	Initial Hospital / ED Vital Signs / Medical Screening Exam Time	Optional	120
200	ED_1022	Initial Hospital / ED Vital Signs / Medical Screening Exam Date	Optional	119
215	ED_1023	EMS Agency Name	Required	127
252	ED_1025	Level of Trauma Team Activated	Required	159
253	ED_1026	Placed On Ventilator Date	Optional	160
254	ED_1027	Placed On Ventilator Time	Optional	161
22	F_0901	Primary Payer Source	Required	33
150	H_1000	Hospital Created Date	Assigned	86
151	H_1001	Hospital Created Time	Assigned	87
5	H_1003	Medical Record Number	Required	17
155	H_1006	Hospital Transferred From	Supplemental	88
214	H_1007	Hospital Transferred From Name	Supplemental	126
156	H_1008	Hospital Transferred To	Supplemental	89
204	H_1009	Registrar	Required	123
220	HP_0501	ICD-10-CM Hospital Procedures	Optional	132
119	HP_0502	Procedure Start Date	Optional	71
148	HP_0503	Procedure Start Time	Optional	85
30	I_0201	Injury Incident Date	Critical	35
31	I_0202	Injury Incident Time	Required	36
19	I_0203	Work-Related	Required	31

TSE Registry Element Number	XSD Identifier	Data Element Name	TSE Requirement	Page N°
20	I_0204	Patient Occupational Industry	Supplemental	32
145	I_0205	Patient Occupation	Supplemental	82
216	I_0206	ICD-10-CM Primary External Cause Code	Critical	128
218	I_0207	ICD-10-CM Place of Occurrence External Cause Code	Required	130
217	I_0208	ICD-10-CM Additional External Cause Code	Optional	129
194	I_0209	Incident Location ZIP Code	Required	113
192	I_0210	Incident Country	Required	111
193	I_0211	Incident State	Required	112
28	I_0212	Incident County	Required	34
191	I_0213	Incident City	Required	110
174	I_0214	Protective Device	Required	95
175	I_0215	Child Specific Restraint	Supplemental	96
176	I_0216	Airbag Deployment	Required	97
223	I_0217	Report of Physical Abuse	XML Only	135
224	I_0218	Investigation of Physical Abuse	XML Only	136
225	I_0219	Caregiver at Discharge	XML Only	137
114	I_0220	Trauma Type	Required	68
166	I_1000	Patient Occupational Industry - Other	Optional	91
167	I_1001	Patient Occupation - Other	Optional	92
206	I_1002	Injury Description	Supplemental	125
121	IS_0701	AIS Predot Code	Required	72
172	IS_0702	AIS Severity	Required	93
173	IS_0703	ISS Body Region	Calculated	94
188	IS_0704	AIS Version	Assigned	107
122	IS_0705	Injury Severity Score	Calculated	73
123	IS_1001	Trauma Injury Severity Score (TRISS)	Calculated	75
197	O_0801	Total ICU Length of Stay	Optional	116
198	O_0802	Total Ventilator Days	Optional	117
239	O_0803	Hospital Discharge Orders Written Date	Required	147
240	O_0804	Hospital Discharge Orders Written Time	Required	148
138	O_0805	Hospital Discharge Date	Required	80
139	O_0806	Hospital Discharge Time	Required	81
131	O_0807	Hospital Discharge Disposition	Required	78
35	P_0301	EMS Dispatch Date	Optional	40
36	P_0302	EMS Dispatch Time	Optional	41
40	P_0303	EMS Unit Arrival Date at Scene or Transferring Facility	Required	43
39	P_0304	EMS Unit Arrival Time at Scene or Transferring Facility	Optional	42
44	P_0305	EMS Unit Departure Date from Scene or Transferring Facility	Optional	45
43	P_0306	EMS Unit Departure Time from Scene or Transferring Facility	Optional	44
33	P_0307	Transport Mode	Required	38

TSE Registry Element Number	XSD Identifier	Data Element Name	TSE Requirement	Page N°
34	P_0308	Other Transport Mode	Required	39
182	P_0309	Initial Field Systolic Blood Pressure	Optional	102
180	P_0310	Initial Field Pulse Rate	Optional	100
181	P_0311	Initial Field Respiratory Rate	Optional	101
179	P_0312	Initial Field Oxygen Saturation	Optional	99
61	P_0313	Initial Field GCS - Eye	Optional	46
62	P_0314	Initial Field GCS - Verbal	Optional	47
63	P_0315	Initial Field GCS - Motor	Optional	48
64	P_0316	Initial Field GCS Total	Optional	49
84	P_0317	Inter-Facility Transfer	Required	52
233	P_0320	Pre-hospital Cardiac Arrest	Optional	141
249	P_0325	UUID	Optional	156
32	P_1000	EMS Agency ID Number	Required	37
250	PM_5104	Packed Red Blood Cells	Required	157
125	Q_1001	Complications	Optional	76
245	SSR_1101	National Provider Identifier	Optional	152

[Page intentionally left blank]

Data Item Name:	Patient ID	Item Number: 4
Alternate Names:	Hospital Index Number	
Description:	An identifier in the Trauma Registry that uniquely identifies the record - usually Trauma Number. Number that identifies a patient admission.	
Allowable Value Information:	Appropriate value.	
TSE Requirement:	Assigned	
NTDB Requirement:	Yes Identifier: C_9902	
Abstract Form Location:	Demographics / TR5.12	

XML Specifications:	Element Name(Tag): PatientId	ID: C_9902
	Required: Yes Data Type: xs:string	Multiple Entry: No
	Accepts Common Nulls: No	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Medical Record Number	Item Number: 5
Description:	Number that identifies a patient's records across multiple admissions to a given hospital.	
Additional Information:	Assigned by the hospital.	
Allowable Value Information:	Appropriate Value	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	Demographics / MR #	

XML Specifications:	Element Name(Tag): MedicalRecordNumber	ID: H_1003	
	Required: No	Data Type: xs:string	Multiple Entry: No
	Accepts Common Nulls: Yes	Minimum: 0	
	XML Qualifier: ITR Additional XML Element		

Data Item Name:	Patient Last Name	Item Number: 6
Description:	Patient's last name.	
Allowable Value Information:	Appropriate Value	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Critical	
NTDB Requirement:	No	
Abstract Form Location:	Demographics / Patient's Name	
References:	NEMESIS V 2.2.1 E06_01 Idaho VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96) State of Idaho Death Certificate	

XML Specifications:	Element Name(Tag): PatientLastName Required: Yes Data Type: xs:string Multiple Entry: No Accepts Common Nulls: Yes XML Qualifier: ITR Additional XML Element	ID: D_1001
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Data Item Name:	Patient First Name	Item Number: 7
Description:	Patient's first name.	
Allowable Value Information:	Appropriate Value	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Critical	
NTDB Requirement:	No	
Abstract Form Location:	Demographics / Patient's Name	
References:	NEMESIS V 2.2.1 E06_02 Idaho VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96) State of Idaho Death Certificate	

XML Specifications:	Element Name(Tag): PatientFirstName Required: Yes Data Type: xs:string Multiple Entry: No Accepts Common Nulls: Yes XML Qualifier: ITR Additional XML Element	ID: D_1002
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Data Item Name:	Patient Middle Name	Item Number: 8
Description:	Patient's Middle Name.	
Allowable Value Information:	Appropriate Value	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	No	
Abstract Form Location:	Demographics / Patient's Name	
References:	NEMESIS V 2.2.1 E06_03 Idaho VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96) State of Idaho Death Certificate	

XML Specifications:	Element Name(Tag): PatientMiddleName Required: No Data Type: xs:string Multiple Entry: No Accepts Common Nulls: Yes XML Qualifier: ITR Additional XML Element	ID: D_1003
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Data Item Name:	Social Security Number	Item Number: 9
Description:	Patient's Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN).	
Additional Information:	<p>If the patient does not have a social security number (e.g. foreign visitor), enter Not Applicable.</p> <p>If the patient's Social Security Number is not known, enter 'Not Known'.</p> <p>The ITIN is a tax processing number only available for certain nonresident and resident aliens, their spouses, and dependents who cannot get an SSN.</p> <p>The ITIN is a 9-digit number, beginning with the number "9", formatted like an SSN (NNN-NN-NNNN).</p>	
Allowable Value Information:	String format: 999-99-9999 or "\d{3}([-]?)\d{2}([-]?)\d{4}"	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	Demographics / Social Security Number	
References:	<p>NEMESIS V 2.2.1 E06_10</p> <p>State of Idaho Death Certificate</p>	

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

Data Item Name:	Incident Revision Date	Item Number: 10
Alternate Names:	Last Modified Date Time	
Description:	System-assigned date and time information for the trauma incident was last modified.	
Additional Information:	date time format: yyyy-mm-dd hh:mi:ss (24h)	
Allowable Value Information:	computer assigned datetime value	
TSE Requirement:	Assigned	
NTDB Requirement:	Yes Identifier: C_9901	
Abstract Form Location:	Top Section / Date	

XML Specifications:	Element Name(Tag): LastModifiedDateTime	ID: C_9901
	Required: Yes Data Type: xs:datetime Multiple Entry: No	
	Accepts Common Nulls: No	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Patient's Home ZIP/Postal Code	Item Number: 11
Alternate Names:	Patient's Home ZIP Code	
Description:	The patient's home ZIP/Postal code of primary residence.	
Additional Information:	May require adherence to HIPAA regulations.	
	If ZIP/Postal code is "Not Applicable," report data element: Alternate Home Residence.	
	If ZIP/Postal code is "Not Known/Not Recorded," report data elements: Patient's Home Country, Patient's Home State (US only), Patient's Home County (US only) and Patient's Home City (US only).	
Allowable Value Information:	Can be stored as a 5 or 9-digit code (XXXXX-XXXX) for US or can be stored in the postal code format of the applicable country.	
Allowable Null Values:	1 Not Applicable	
	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: D_1201	
Abstract Form Location:	Demographics / Patient Home ZIP Code	
References:	NEMESIS V 2.2.1 E06_08	
	Idaho VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96)	
	State of Idaho Death Certificate	
	NTDS 2023 D_1201	

XML Specifications:	Element Name(Tag): HomeZip	ID: D_1201
	Required: Yes Data Type: xs:zip	Multiple Entry: No
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Readmission	Item Number: 12
Description:	Indicates whether the patient was readmitted to the hospital within 30 days of initial discharge for any reason related to the trauma incident	
Allowable Values:	1 Yes	
	2 No	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	No	
Abstract Form Location:	ED / Hospital Information / Readmission within 30 days	

XML Specifications:	Element Name(Tag): Readmission	ID: ED_1001
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 2	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Date of Birth	Item Number: 13
Description:	The month, day, and year of the patient's birth.	
Additional Information:	Reported as YYYY-MM-DD If Date of Birth is "Not Known/Not Recorded", complete variables: Age and Age Units. If Date of Birth is the same as the Injury Incident Date, then the Age and Age Units data elements must be reported.	
Allowable Value Information:	Month – 2 digits. Valid values range from 01 to 12. Day – 2 digits. Valid values range from 01 to 31. Year – 4 digits. Valid values range from 1890 to 2030.	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: D_1207	
Abstract Form Location:	Demographics / DOB	
References:	NEMESIS V 2.2.1 E06_16 Idaho VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96) State of Idaho Death Certificate Idaho PERCS V.2.2.1 NTDS 2023 D_1207	

XML Specifications:	Element Name(Tag): DateOfBirth Required: Yes Data Type: xs:date Multiple Entry: No Accepts Common Nulls: Yes Minimum: 1/1/1890 Maximum: 1/1/2030 XML Qualifier: ITR Exact Match to NTDB Element	ID: D_1207
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Data Item Name:	Age	Item Number: 14
Description:	The patient's age at the time of injury (best approximation).	
Additional Information:	<p>If Date of Birth is "Not Known/Not Recorded", complete variables: Age and Age Units.</p> <p>If Date of Birth equals ED/Hospital Arrival Date, then the Age and Age Units variables must be completed.</p> <p>Must also complete variable: Age Units.</p> <p>The null value "Not Applicable" is reported if Date of Birth is reported.</p> <p>Auto-calculates if DOB entered.</p>	
Allowable Value Information:	Number between 0 and 120, based on Age Units.	
Allowable Null Values:	<p>1 Not Available</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Calculated	
NTDB Requirement:	Yes Identifier: D_1208	
Abstract Form Location:	Demographics / Age	
References:	<p>NEMSIS V 2.2.1 E06_14</p> <p>NTDS 2023 D_1208</p>	

XML Specifications:	Element Name(Tag): Age Required: Yes Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: Yes Minimum: 0 Maximum: 120 XML Qualifier: ITR Exact Match to NTDB Element	ID: D_1208
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Data Item Name:	Age Units	Item Number: 15
Description:	Units used to document the patient's age at the time of injury.	
Additional Information:	<p>If Date of Birth is "Not Known/Not Recorded", complete variables: Age and Age Units.</p> <p>If Date of Birth equals ED/Hospital Arrival Date, then the Age and Age Units variables must be completed.</p> <p>Must also complete variable: Age</p> <p>The null value "Not Applicable" is reported if Date of Birth is reported unless Date of Birth is equal to ED/Hospital Arrival Date.</p>	
Allowable Values:	<p>1 Hours</p> <p>2 Days</p> <p>3 Months</p> <p>4 Years</p> <p>5 Minutes</p> <p>6 Weeks</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Calculated	
NTDB Requirement:	Yes Identifier: D_1209	
Abstract Form Location:	Demographics /	
References:	<p>NEMESIS V 2.2.1 E06_15</p> <p>NTDS 2023 D_1209</p>	

XML Specifications:	Element Name(Tag): AgeUnits	ID: D_1209
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 6	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Sex	Item Number: 16
Description:	Patient's sex.	
Additional Information:	Patients who have undergone a surgical and/or hormonal sex reassignment should be coded using the current assignment.	
Allowable Values:	1 Male 2 Female	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: D_1212	
Abstract Form Location:	Demographics / Sex	
References:	NEMESIS V 2.2.1 E06_11 Idaho VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96) Idaho EMS PCR (EM-161350-4:654321 GS03) Idaho PERCS V.2.2.1 State of Idaho Death Certificate NTDS 2023 D_1212	

XML Specifications:	Element Name(Tag): Sex Required: Yes Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: Yes Minimum: 1 Maximum: 2 XML Qualifier: ITR Exact Match to NTDB Element	ID: D_1212
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Data Item Name:	Ethnicity	Item Number: 17
Description:	The patient's ethnicity, either Hispanic or Latino or not Hispanic or Latino.	
Additional Information:	Patient's ethnicity should be based upon self-report or identified by a family member. The maximum number of ethnicities that may be reported for an individual patient is 1. Based on the 2010 US Census Bureau.	
Allowable Values:	1 Hispanic or Latino Origin 2 Not Hispanic or Latino Origin	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: D_1211	
Abstract Form Location:	Demographics / Hispanic/Not Hispanic/Unknown	
References:	NEMESIS V 2.2.1 E06_13 NTDS 2023 D_1211	

XML Specifications:	Element Name(Tag): Ethnicity	ID: D_1211
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 2	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name: Race **Item Number:** 18

Description: The patient's race.

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

Note: Hispanic is considered an ethnicity, not race.

Based on the 2010 US Census Bureau.

Report all that apply.

Allowable Values:

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

Allowable Null Values: 2 Not Known / Not Recorded

TSE Requirement: Required

NTDB Requirement: Yes Identifier: D_1210

Abstract Form Location: Demographics / Race

References: NEMESIS V 2.2.1 E06_12

NTDS 2023 D_1210

XML Specifications:	Element Name(Tag): Race	ID: D_1210
	Required: Yes	Data Type: xs:integer
	Multiple Entry: Yes	Max: 2
	Accepts Common Nulls: Yes	Minimum: 1 Maximum: 6
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Work-Related	Item Number: 19
Description:	Indication of whether the injury occurred during paid employment.	
Additional Information:	If work related, two additional data fields must be completed: Patient's Occupational Industry and Patient's Occupation.	
Allowable Values:	1 Yes 2 No	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: I_0203	
Abstract Form Location:	Injury / Work Related	
References:	NEMESIS V 2.2.1 E07_15 NTDS 2023 I_0203	

XML Specifications:	Element Name(Tag): WorkRelated Required: Yes Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: Yes Minimum: 1 Maximum: 2 XML Qualifier: ITR Exact Match to NTDB Element	ID: I_0203
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Data Item Name: Patient Occupational Industry **Item Number:** 20

Description: The industry associated with the patient's work environment.

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

Allowable Values:

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

Allowable Null Values:

1	Not Applicable
2	Not Known / Not Recorded

TSE Requirement: Supplemental

NTDB Requirement: Yes Identifier: I_0204

Abstract Form Location: Injury / Industry

References: NEMESIS V 2.2.1 E07_16 (not as comprehensive a list as the NTDS)
NTDS 2023 I_0204

XML Specifications:	Element Name(Tag): PatientsOccupationalIndustry	ID: I_0204
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 14	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Primary Payer Source	Item Number: 22														
Alternate Names:	Primary Method of Payment															
Description:	Primary source of payment for hospital care.															
Additional Information:	<p>No Fault Automobile, Workers Compensation, and Blue Cross/Blue Shield should be reported as "4. Private/Commercial Insurance".</p> <p>Primary methods of payments which were retired greater than 2 years before the current NTDS version are no longer listed under Element Values. Refer to the NTDS Change Log for a full list of retired Primary Methods of Payments.</p>															
Allowable Values:	<table border="0"> <tr><td>1</td><td>Medicaid</td></tr> <tr><td>2</td><td>Not Billed (for any reason)</td></tr> <tr><td>3</td><td>Self Pay</td></tr> <tr><td>4</td><td>Private / Commercial Insurance</td></tr> <tr><td>6</td><td>Medicare</td></tr> <tr><td>7</td><td>Other Government</td></tr> <tr><td>10</td><td>Other</td></tr> </table>		1	Medicaid	2	Not Billed (for any reason)	3	Self Pay	4	Private / Commercial Insurance	6	Medicare	7	Other Government	10	Other
1	Medicaid															
2	Not Billed (for any reason)															
3	Self Pay															
4	Private / Commercial Insurance															
6	Medicare															
7	Other Government															
10	Other															
Allowable Null Values:	<table border="0"> <tr><td>2</td><td>Not Known / Not Recorded</td></tr> </table>		2	Not Known / Not Recorded												
2	Not Known / Not Recorded															
TSE Requirement:	Required															
NTDB Requirement:	Yes Identifier: F_0901															
Abstract Form Location:	Payer Information / Primary Payer															
References:	<p>NEMESIS V 2.2.1 E07_01</p> <p>NTDS 2023 F_0901</p>															

XML Specifications:	Element Name(Tag): PrimaryMethodPayment	ID: F_0901
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 10	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name: Incident County **Item Number:** 28

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

Additional Information: Only reported when Incident Location ZIP/Postal Code is "Not Known/Not Recorded," and country is US.
If Incident Country is not US, report the null value "Not Applicable"
The null value "Not Applicable" is reported if Incident Location ZIP/Postal Code is reported.
If Incident Country is not US, report the null value "Not Applicable."

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

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

TSE Requirement: Required

NTDB Requirement: Yes Identifier: I_0212

Abstract Form Location: Injury / Injury County

References:
NEMSIS V 2.2.1 E08_13
Idaho VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96)
Idaho EMS PCR (EM-161350-4:654321 GS03)
Idaho PERCS V.2.2.1
NTDS 2023 I_0212

XML Specifications:	Element Name(Tag): IncidentCounty	ID: I_0212
	Required: Yes Data Type: xs:string	Multiple Entry: No
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Injury Incident Date	Item Number: 30
Alternate Names:	Date of Injury	
Description:	Date that the injury occurred.	
Additional Information:	Reported as YYYY-MM-DD Estimates of date of injury should be based upon report by patient, witness, family, or healthcare provider. Other proxy measures (e.g.911 call times) should not be used.	
Allowable Value Information:	Month – 2 digits. Valid values range from 01 to 12. Day – 2 digits. Valid values range from 01 to 31. Year – 4 digits. Valid values range from 1990 to 2030.	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Critical	
NTDB Requirement:	Yes Identifier: I_0201	
Abstract Form Location:	Injury / Injury Date	
References:	NEMESIS V 2.2.1 E05_01 Idaho VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96) Idaho EMS PCR (EM-161350-4:654321 GS03) Idaho PERCS V.2.2.1 NTDS 2023 I_0201	

XML Specifications:	Element Name(Tag): IncidentDate	ID: I_0201
	Required: Yes Data Type: xs:date Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1/1/1990 Maximum: 1/1/2030	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Injury Incident Time	Item Number: 31
Alternate Names:	Time of Injury	
Description:	The time the injury occurred.	
Additional Information:	Reported as HH:MM military time. Estimates of time of injury should be based upon report by patient, witness, family, or health care provider. Other proxy measures (e.g. 911 call times) should not be used.	
Allowable Value Information:	Hour: Valid values are from 00 to 23. Minute: Valid values are from 00 to 59.	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: I_0202	
Abstract Form Location:	Injury / Injury Time	
References:	NEMESIS V 2.2.1 E05_01 Idaho VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96) Idaho EMS PCR (EM-161350-4:654321 GS03) Idaho PERCS V.2.2.1 NTDS 2023 I_0202	

XML Specifications:	Element Name(Tag): IncidentTime Required: Yes Data Type: xs:time Multiple Entry: No Accepts Common Nulls: Yes XML Qualifier: ITR Exact Match to NTDB Element	ID: I_0202
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Data Item Name:	EMS Agency ID Number	Item Number: 32
Alternate Names:	EMS Agency License Number	
Description:	EMS agency ID or license number.	
Allowable Value Information:	<p>If entered by a hospital is the ID number of the EMS transport agency that delivers the patient to the hospital.</p> <p>If provided by an EMS agency, is the number of the EMS agency filling out the patient care report.</p> <p>88888 may be entered for "Out-of-state – Known"</p> <p>9999 may be entered for "Unknown"</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	Pre-Hospital / EMS Agency Name	
References:	<p>NEMESIS V 2.2.1 E02_01</p> <p>IDHW Bureau of EMS (license numbers)</p> <p>Idaho EMS PCR (EM-161350-4:654321 GS03)</p> <p>Idaho PERCS V.2.2.1</p>	

XML Specifications:	Element Name(Tag): EMSAgencyID	ID: P_1000
	Required: Yes Data Type: xs:string	Multiple Entry: No
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Transport Mode	Item Number: 33
Description:	The mode of transport delivering the patient to the hospital.	
Allowable Values:	1 Ground Ambulance 2 Helicopter Ambulance 3 Fixed-Wing Ambulance 4 Private / Public Vehicle / Walk-In 5 Police 6 Other	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: P_0307	
Abstract Form Location:	Pre-Hospital / Transport mode to your hospital	
References:	Idaho ITD VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96) Idaho EMS PCR (EM-161350-4:654321 GS03) NTDS 2023 P_0307	

XML Specifications:	Element Name(Tag): TransportMode	ID: P_0307
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 6	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Other Transport Mode	Item Number: 34
Description:	All other modes of transport used during patient care event, except the mode delivering the patient to your hospital.	
Additional Information:	The null value "Not Applicable" is used to indicate that a patient had a single mode of transport and therefore this field does not apply to the patient. Include "Other" unspecified modes of transport. Check all that apply with a maximum of 5.	
Allowable Values:	1 Ground Ambulance 2 Helicopter Ambulance 3 Fixed-Wing Ambulance 4 Private / Public Vehicle / Walk-In 5 Police 6 Other	
Allowable Null Values:	1 Not Applicable 2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: P_0308	
Abstract Form Location:	Pre-Hospital / Transported By/Other Mode	
References:	NTDS 2023 P_0308	

XML Specifications:	Element Name(Tag): OtherTransportMode	ID: P_0308
	Required: Yes Data Type: xs:integer Multiple Entry: Yes Max: 5	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 6	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	EMS Dispatch Date	Item Number: 35
Alternate Names:	EMS Unit Date Notified by Dispatch	
Description:	The date the unit transporting to your hospital was notified by dispatch.	
Additional Information:	<p>Reported as YYYY-MM-DD</p> <p>The null value "Not Applicable" is reported for patients who were not transported by EMS.</p> <p>For patients transported from the scene of injury to your hospital, this is the date on which the unit transporting the patient to your facility from the scene was dispatched.</p> <p>For inter-facility transfer patients, this is the date on which the unit transporting the patient to your facility from the transferring facility was notified by dispatch or assigned to this transport.</p>	
Allowable Value Information:	<p>Month – 2 digits. Valid values range from 01 to 12.</p> <p>Day – 2 digits. Valid values range from 01 to 31.</p> <p>Year – 4 digits. Valid values range from 1990 to 2030.</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: P_0301	
Abstract Form Location:	Pre-Hospital / Arrival Information/Unit Notified Date	
References:	<p>NEMESIS V 2.2.1 E05_04</p> <p>Idaho VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96)</p> <p>Idaho EMS PCR (EM-161350-4:654321 GS03)</p> <p>Idaho PERCS V.2.2.1</p> <p>NTDS 2023 P_0301</p>	

XML Specifications:	Element Name(Tag): EmsNotifyDate	ID: P_0301
	Required: Yes Data Type: xs:date Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1/1/1990 Maximum: 1/1/2030	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name: EMS Dispatch Time **Item Number:** 36

Alternate Names: EMS Unit Time Notified by Dispatch

Description: The time the unit transporting to your hospital was notified by dispatch.

Additional Information: Reported as HH:MM military time.
For inter-facility transfer patients, this is the time at which the unit transporting the patient to your facility from the transferring facility was notified by dispatch.
For patients transported from the scene of injury to your hospital, this is the time at which the unit transporting the patient to your facility from the scene was dispatched.
The null value "Not Applicable" is reported for patients who were not transported by EMS.

Allowable Value Information: Hour: Valid values are from 00 to 23.
Minute: Valid values are from 00 to 59.

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

TSE Requirement: Optional

NTDB Requirement: Yes Identifier: P_0302

Abstract Form Location: Pre-Hospital / Arrival Information/Unit Notified Date/Time

References: NEMSIS V 2.2.1 E05_04
Idaho VCR (ITD-90 5-95M 27-010500-0 Revised 12/3/96)
Idaho EMS PCR (EM-161350-4:654321 GS03)
Idaho PERCS V.2.2.1
NTDS 2023 P_0302

XML Specifications:	Element Name(Tag): EmsNotifyTime	ID: P_0302
	Required: Yes Data Type: xs:time	Multiple Entry: No
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	EMS Unit Arrival Time at Scene or Transferring Facility	Item Number: 39
Description:	The time the unit transporting to your hospital arrived on the scene/transferring facility.	
Additional Information:	<p>Reported as HH:MM military time</p> <p>For inter-facility transfer patients, this is the time at which the unit transporting the patient to your facility from the transferring facility arrived at the transferring facility (arrival is defined at date/time when the vehicle stopped moving).</p> <p>For patients transported from the scene of injury to your hospital, this is the time at which the unit transporting the patient to your facility from the scene arrived at the scene (arrival is defined at date/time when the vehicle stopped moving).</p> <p>The null value "Not Applicable" is reported for patients who were not transported by EMS.</p>	
Allowable Value Information:	<p>Hour: Valid values are from 00 to 23.</p> <p>Minute: Valid values are from 00 to 59.</p>	
Allowable Null Values:	<p>1 Not Available</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: P_0304	
Abstract Form Location:	Pre-Hospital / Arrival Information/Arrive Scene/Date/Time	
References:	<p>NEMSIS V 2.2.1 E05_06</p> <p>Idaho EMS PCR (EM-161350-4:654321 GS03)</p> <p>Idaho VCR (ITD-90 5-95M 27- 010500-0 Revised 12/3/96)</p> <p>Idaho PERCS V.2.2.1</p> <p>NTDS 2023 P_0304</p>	

XML Specifications:	Element Name(Tag): EmsArrivalTime	ID: P_0304
	Required: Yes Data Type: xs:time	Multiple Entry: No
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	EMS Unit Arrival Date at Scene or Transferring Facility	Item Number: 40
Description:	The date the unit transporting to your hospital arrived on the scene/transferring facility.	
Additional Information:	<p>Reported as YYYY-MM-DD</p> <p>The null value "Not Applicable" is reported for patients who were not transported by EMS.</p> <p>For patients transported from the scene of injury to your hospital, this is the date on which the unit transporting the patient to your facility from the scene arrived at the scene (arrival is defined at date/time when the vehicle stopped moving).</p> <p>For inter-facility transfer patients, this is the date on which the unit transporting the patient to your facility from the transferring facility arrived at the transferring facility (arrival is defined at date/time when the vehicle stopped moving).</p>	
Allowable Value Information:	<p>Month – 2 digits. Valid values range from 01 to 12.</p> <p>Day – 2 digits. Valid values range from 01 to 31.</p> <p>Year – 4 digits. Valid values range from 1990 to 2030.</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: P_0303	
Abstract Form Location:	Pre-Hospital / Arrival Information/Arrive Scene/Date Unit Arrived at Scene	
References:	<p>NEMESIS V 2.2.1 E05_06</p> <p>Idaho EMS PCR (EM-161350-4:654321 GS03)</p> <p>Idaho PERCS V.2.2.1</p> <p>NTDS 2023 P_0303</p>	

XML Specifications:	Element Name(Tag): EmsArrivalDate	ID: P_0303
	Required: Yes Data Type: xs:date	Multiple Entry: No
	Accepts Common Nulls: Yes	Minimum: 1/1/1990 Maximum: 1/1/2030
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	EMS Unit Departure Time from Scene or Transferring Facility	Item Number: 43
Description:	The time the unit transporting to your hospital left the scene/transferring facility.	
Additional Information:	<p>Reported as HH:MM military time.</p> <p>For inter-facility transfer patients, this is the time at which the unit transporting the patient to your facility from the transferring facility departed from the transferring facility (departure is defined at date/time when the vehicle started moving).</p> <p>For patients transported from the scene of injury to your hospital, this is the time at which the unit transporting the patient to your facility from the scene departed from the scene (departure is defined at date/time when the vehicle started moving).</p> <p>The null value "Not Applicable" is reported for patients who were not transported by EMS.</p>	
Allowable Value Information:	<p>Hour: Valid values are from 00 to 23.</p> <p>Minute: Valid values are from 00 to 59.</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: P_0306	
Abstract Form Location:	Pre-Hospital / Arrival Information/Leave Scene/Date/Time	
References:	<p>NEMSIS V 2.2.1 E05_09</p> <p>Idaho EMS PCR (EM-161350-4:654321 GS03)</p> <p>Idaho PERCS V.2.2.1</p> <p>NTDS 2023 P_0306</p>	

XML Specifications:	Element Name(Tag): EmsLeftTime	ID: P_0306
	Required: Yes Data Type: xs:time	Multiple Entry: No
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	EMS Unit Departure Date from Scene or Transferring Facility	Item Number: 44
Description:	The date the unit transporting to your hospital left the scene/transferring facility.	
Additional Information:	<p>Reported as YYYY-MM-DD</p> <p>For inter-facility transfer patients, this is the date on which the unit transporting the patient to your facility from the transferring facility departed from the transferring facility (departure is defined at date/time when the vehicle started moving).</p> <p>For patients transported from the scene of injury to your hospital, this is the date on which the unit transporting the patient to your facility from the scene departed from the scene (departure is defined at date/time when the vehicle started moving).</p> <p>The null value "Not Applicable" is reported for patients who were not transported by EMS.</p>	
Allowable Value Information:	<p>Month – 2 digits. Valid values range from 01 to 12.</p> <p>Day – 2 digits. Valid values range from 01 to 31.</p> <p>Year – 4 digits. Valid values range from 1990 to 2030.</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: P_0305	
Abstract Form Location:	Pre-Hospital / Arrival Information	
References:	<p>NEMESIS V 2.2.1 E05_09</p> <p>Idaho PERCS V.2.2.1</p> <p>NTDS 2023 P_0305</p>	

XML Specifications:	Element Name(Tag): EmsLeftDate	ID: P_0305
	Required: Yes Data Type: xs:date	Multiple Entry: No
	Accepts Common Nulls: Yes	Minimum: 1/1/1990 Maximum: 1/1/2030
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial Field GCS - Eye	Item Number: 61
Description:	First recorded Glasgow Coma Score (Eye) measured at the scene of the injury.	
Additional Information:	<p>The null value "Not Known/Not Recorded" is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury.</p> <p>If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be reported. E.g. the chart indicates: "patient's pupils are PERRL," an Eye GCS of 4 may be reported, IF there is no other contradicting documentation.</p> <p>The null value "Not Applicable" is reported for patients who arrive by "4. Private/Public Vehicle/Walk-in."</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's first recorded Initial Field GCS - Eye was NOT measured at the scene of injury.</p> <p>The null value "Not Known/Not Recorded" is reported if Initial Field GCS 40 – Eye is reported.</p>	
Allowable Values:	<p>1 No eye movement when assessed</p> <p>2 Open eyes in response to painful stimulation</p> <p>3 Opens eyes in response to verbal stimulation</p> <p>4 Opens eyes spontaneously</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: P_0313	
Abstract Form Location:	Pre-Hospital / GCS Eye	
References:	<p>NEMSIS V 2.2.1 E14_15</p> <p>Idaho PERCS V2.2.1</p> <p>NTDS 2023 P_0313</p>	

XML Specifications:	Element Name(Tag): EmsGcsEye	ID: P_0313
	Required: Yes	Data Type: xs:integer
	Multiple Entry: No	
	Accepts Common Nulls: Yes	Minimum: 1 Maximum: 4
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial Field GCS - Verbal	Item Number: 62																				
Description:	First recorded Glasgow Coma Score (Verbal) at the scene of the injury.																					
Additional Information:	<p>The null value "Not Known/Not Recorded" is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury. If patient is intubated, then the GCS Verbal score is equal to 1.</p> <p>If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be reported. E.g. the chart indicates: "patient is oriented to person place and time," a Verbal GCS of 5 may be reported, IF there is no other contradicting documentation.</p> <p>The null value "Not Applicable" is reported for patients who arrive by "4. Private/Public Vehicle/Walk-in".</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's first recorded initial field GCS - Verbal was NOT measured at the scene of injury.</p> <p>The null value "Not Known/Not Recorded" is reported if Initial Field GCS 40 - Verbal is reported.</p>																					
Allowable Values:	<table border="0"> <tr><td>1</td><td>No vocal response (Ped <= 2yrs)</td></tr> <tr><td>2</td><td>Inconsolable, agitated (Ped <= 2yrs)</td></tr> <tr><td>3</td><td>Inconsistently consolable, moaning (Ped <= 2yrs)</td></tr> <tr><td>4</td><td>Cries but is consolable, inappropriate interactions (Ped <= 2yrs)</td></tr> <tr><td>5</td><td>Smiles, oriented to sounds, follows objects, Interacts (Ped <= 2yrs)</td></tr> <tr><td>1</td><td>No verbal response (Adult)</td></tr> <tr><td>2</td><td>Incomprehensible sounds (Adult)</td></tr> <tr><td>3</td><td>Inappropriate words (Adult)</td></tr> <tr><td>4</td><td>Confused (Adult)</td></tr> <tr><td>5</td><td>Oriented (Adult)</td></tr> </table>		1	No vocal response (Ped <= 2yrs)	2	Inconsolable, agitated (Ped <= 2yrs)	3	Inconsistently consolable, moaning (Ped <= 2yrs)	4	Cries but is consolable, inappropriate interactions (Ped <= 2yrs)	5	Smiles, oriented to sounds, follows objects, Interacts (Ped <= 2yrs)	1	No verbal response (Adult)	2	Incomprehensible sounds (Adult)	3	Inappropriate words (Adult)	4	Confused (Adult)	5	Oriented (Adult)
1	No vocal response (Ped <= 2yrs)																					
2	Inconsolable, agitated (Ped <= 2yrs)																					
3	Inconsistently consolable, moaning (Ped <= 2yrs)																					
4	Cries but is consolable, inappropriate interactions (Ped <= 2yrs)																					
5	Smiles, oriented to sounds, follows objects, Interacts (Ped <= 2yrs)																					
1	No verbal response (Adult)																					
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3	Inappropriate words (Adult)																					
4	Confused (Adult)																					
5	Oriented (Adult)																					
Allowable Null Values:	<table border="0"> <tr><td>1</td><td>Not Applicable</td></tr> <tr><td>2</td><td>Not Known / Not Recorded</td></tr> </table>		1	Not Applicable	2	Not Known / Not Recorded																
1	Not Applicable																					
2	Not Known / Not Recorded																					
TSE Requirement:	Optional																					
NTDB Requirement:	Yes Identifier: P_0314																					
Abstract Form Location:	Pre-Hospital / GCS Verbal																					
References:	<p>NEMESIS V 2.2.1 E14_16</p> <p>Idaho PERCS V.2.2.1</p> <p>NTDS 2023 P_0314</p>																					

XML Specifications:	Element Name(Tag): EmsGcsVerbal	ID: P_0314
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 5	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial Field GCS - Motor	Item Number: 63																								
Description:	First recorded Glasgow Coma Score (Motor) at the scene of the injury.																									
Additional Information:	<p>The null value "Not Known/Not Recorded" is used if the patient is transferred to your facility with no EMS run sheet from the scene of injury.</p> <p>If a GCS value is not recorded, but written documentation allows assignment of a GCS score, that value can be used IF there is no conflicting documentation.</p> <p>The null value "Not Applicable" is reported for patients who arrive by "4. Private/Public Vehicle/Walk-in".</p> <p>The null value "Not Known/Not Recorded" is reported if Initial Field GCS 40 – Motor is reported.</p>																									
Allowable Values:	<table border="0"> <tr><td>1</td><td>No motor response (Ped <= 2yrs)</td></tr> <tr><td>2</td><td>Extension to pain (Ped <= 2yrs)</td></tr> <tr><td>3</td><td>Flexion to pain (Ped <= 2yrs)</td></tr> <tr><td>4</td><td>Withdrawal from pain (Ped <= 2yrs)</td></tr> <tr><td>5</td><td>Localizing pain (Ped <= 2yrs)</td></tr> <tr><td>6</td><td>Appropriate response to stimulation (Ped <= 2yrs)</td></tr> <tr><td>1</td><td>No motor response (Adult)</td></tr> <tr><td>2</td><td>Extension to pain (Adult)</td></tr> <tr><td>3</td><td>Flexion to pain (Adult)</td></tr> <tr><td>4</td><td>Withdrawal from pain (Adult)</td></tr> <tr><td>5</td><td>Localizing pain (Adult)</td></tr> <tr><td>6</td><td>Obeys Command (Adult)</td></tr> </table>		1	No motor response (Ped <= 2yrs)	2	Extension to pain (Ped <= 2yrs)	3	Flexion to pain (Ped <= 2yrs)	4	Withdrawal from pain (Ped <= 2yrs)	5	Localizing pain (Ped <= 2yrs)	6	Appropriate response to stimulation (Ped <= 2yrs)	1	No motor response (Adult)	2	Extension to pain (Adult)	3	Flexion to pain (Adult)	4	Withdrawal from pain (Adult)	5	Localizing pain (Adult)	6	Obeys Command (Adult)
1	No motor response (Ped <= 2yrs)																									
2	Extension to pain (Ped <= 2yrs)																									
3	Flexion to pain (Ped <= 2yrs)																									
4	Withdrawal from pain (Ped <= 2yrs)																									
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5	Localizing pain (Adult)																									
6	Obeys Command (Adult)																									
Allowable Null Values:	<table border="0"> <tr><td>1</td><td>Not Applicable</td></tr> <tr><td>2</td><td>Not Known / Not Recorded</td></tr> </table>		1	Not Applicable	2	Not Known / Not Recorded																				
1	Not Applicable																									
2	Not Known / Not Recorded																									
TSE Requirement:	Optional																									
NTDB Requirement:	Yes Identifier: P_0315																									
Abstract Form Location:	Pre-Hospital / GCS Motor																									
References:	<p>NEMESIS V 2.2.1 E14_17</p> <p>Idaho PERCS</p> <p>NTDS 2023 P_0315</p>																									

XML Specifications:	Element Name(Tag): EmsGcsMotor	ID: P_0315
	Required: Yes Data Type: xs:integer	Multiple Entry: No
	Accepts Common Nulls: Yes	Minimum: 1 Maximum: 6
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name: Initial Field GCS Total **Item Number:** 64

Description: First recorded Glasgow Coma Score (Total) at the scene of the injury.

Additional Information: The null value "Not Known/Not Recorded" is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury. If a patient does not have a numeric GCS recorded, but there is documentation related to their level of consciousness such as "AAOx3", "awake alert and oriented", or "patient with normal mental status", report this as GCS of 15 IF there is no other contradicting documentation.

The null value "Not Applicable" is reported for patients who arrive by "4. Private/Public Vehicle/Walk-in."

The null value "Not Known/Not Recorded" is reported if the patient's first recorded Initial Field GCS - Total was NOT measured at the scene of injury.

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

Allowable Value Information: Calculated
Allowable value range 3 - 15.

Allowable Null Values: 2 Not Known / Not Recorded

TSE Requirement: Optional

NTDB Requirement: Yes Identifier: P_0316

Abstract Form Location: Pre-Hospital / GCS Total

References: NEMSIS V 2.2.1 E14_19
Idaho PERCS V.2.2.1
NTDS 2023 P_0316

XML Specifications:	Element Name(Tag): EmsTotalGcs	ID: P_0316
	Required: Yes Data Type: xs:integer	Multiple Entry: No
	Accepts Common Nulls: Yes	Minimum: 3 Maximum: 15
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name: Facility ID **Item Number:** 81
Alternate Names: NTDB ID
Medicare Number

Description: A unique number assigned to the facility by NTDB or Medicare identifiers.

Please note:

St. Luke's Meridian is listed as 1300062.

St. Luke's Boise Children's is listed as 1300061.

St. Luke's Fruitland Medical Plaza is listed as 1300072.

Allowable Values:

131316 Bear Lake Memorial Hospital
131317 Benewah Community Hospital
131325 Bingham Memorial Health
131328 Bonner Community Hospital
131301 Boundary Community Hospital
131309 Caribou Memorial Hospital, Living Center and Clinics
131308 Cascade Medical Center
131326 Cassia Regional Hospital
131320 Clearwater Valley Hospital and Clinics
130018 Eastern Idaho Regional Medical Center
131322 Franklin County Medical Center
131327 Gritman Medical Center
130074 Idaho Falls Community Hospital
130049 Kootenai Health
131324 Lost Rivers District Hospital
130025 Madison Memorial Hospital
131319 Minidoka Memorial Hospital
131303 Nell J. Redfield Memorial Hospital
131302 North Canyon Medical Center
130028 Portneuf Medical Center
131304 Power County Hospital District
130013 Saint Alphonsus Medical Center - Nampa
130007 Saint Alphonsus Regional Medical Center
131314 Shoshone Medical Center
130003 Saint Joseph Regional Medical Center
130006 St. Luke's Boise Regional Medical Center
131311 St. Luke's Elmore Medical Center
131310 St. Luke's Jerome Medical Center
130002 St. Luke's Magic Valley Medical Center
131312 St. Luke's McCall Medical Center
1300062 St. Luke's Meridian Medical Center
130071 St. Luke's Nampa Medical Center
131323 St. Luke's Wood River Medical Center
1300712 St. Luke's Fruitland Medical Plaza
1300061 St. Luke's Boise Children's Hospital
131321 St. Mary's Hospital and Clinics
131305 Steele Memorial Medical Center
131315 Syringa Hospital and Clinics
131313 Teton Valley Health Care, Inc.
131318 Valor Health
131307 Weiser Memorial Hospital
130014 West Valley Medical Center
13003F Veterans Affairs Medical Center

TSE Requirement: Assigned
NTDB Requirement: Yes Identifier: C_9903
Abstract Form Location: Top Section / Hospital
References: NTDS 2023 C_9903

XML Specifications:	Element Name(Tag): FacilityId	ID: C_9903
	Required: Yes Data Type: xs:string	Multiple Entry: No
	Accepts Common Nulls: No	
	XML Qualifier: ITR Modified NTDB XML Element	

Data Item Name:	Inter-Facility Transfer	Item Number: 84
Alternate Names:	Inter-Hospital Transfer	
Description:	Was the patient transferred to your facility from another acute care facility?	
Additional Information:	Patients transferred from a private doctor's office, stand-alone ambulatory surgery center, or delivered to the hospital by a non-EMS transport are not considered an inter-facility transfer. Outlying facilities purporting to provide emergency care services or utilized to stabilize a patient are considered acute care facilities.	
Allowable Values:	1	Yes
	2	No
Allowable Null Values:	1	Not Applicable
	2	Not Known / Not Recorded
TSE Requirement:	Required	
NTDB Requirement:	Yes	Identifier: P_0317
Abstract Form Location:	Pre-Hospital / Transferred from another hospital by EMS	
References:	NTDS 2023 P_0317	

XML Specifications:	Element Name(Tag): InterFacilityTransfer	ID: P_0317
	Required: Yes	Data Type: xs:integer
	Multiple Entry: No	
	Accepts Common Nulls: Yes	Minimum: 1 Maximum: 2
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	ED Discharge Disposition	Item Number: 89
Description:	The disposition unit the order was written for the patient to be discharged from the ED.	
Additional Information:	The null value "Not Applicable" is used if the patient is directly admitted to the hospital. If ED Discharge Disposition is 4, 5, 6, 9, 10, 11, then Hospital Discharge Date, Time, and Disposition should be "Not Applicable".	
Allowable Values:	1 Floor Bed (general admission, non-specialty unit bed) 2 Observation Unit 3 Telemetry / Step-Down Unit 4 Home with Services 5 Deceased / Expired 6 Other (jail, institution, mental health, etc.) 7 Operating Room 8 Intensive Care Unit (ICU) 9 Home without Services 10 Left Against Medical Advice 11 Transferred to Another Hospital	
Allowable Null Values:	1 Not Applicable 2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0422	
Abstract Form Location:	ED / Hospital Information / ED Discharge Disposition	
References:	NTDS 2023 ED_0422	

XML Specifications:	Element Name(Tag): EdDischargeDisposition	ID: ED_0422
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 11	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	ED Discharge Physical Date	Item Number: 91
Alternate Names:	ED Discharge Date	
Description:	The date the patient was discharged from the ED.	
Additional Information:	Reported as YYYY-MM-DD.	
	The null value "Not Applicable" is used if the patient is directly admitted to the hospital.	
	If ED Discharge Disposition is 5 Deceased/Expired, then ED Discharge Date is the date of death as indicated on the patient's death certificate.	
	Field not included in NTDB data dictionary. Field included in vendor schema per state and facility request since 2016.	
Allowable Value Information:	Month – 2 digits. Valid values range from 01 to 12.	
	Day – 2 digits. Valid values range from 01 to 31.	
	Year – 4 digits. Valid values range from 1990 to 2030.	
Allowable Null Values:	1	Not Applicable
	2	Not Known / Not Recorded
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	ED / Hospital Information / ED Departure Date / Time	
References:	ImageTrend 2020 ED_0426	

XML Specifications:	Element Name(Tag): EdDischargePhysicalDate	ID: ED_0426
	Required: Yes	Data Type: xs:date
	Multiple Entry: No	
	Accepts Common Nulls: Yes	Minimum: 1/1/1990 Maximum: 1/1/2030
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	ED Discharge Physical Time	Item Number: 92
Alternate Names:	ED Discharge Time	
Description:	The time the patient was physically discharged from the ED.	
Additional Information:	Reported as HH:MM military time	
	The null value "Not Applicable" is used if the patient is directly admitted to the hospital.	
	If ED Discharge Disposition is 5 Deceased/Expired, then ED Discharge Time is the time of death as indicated on the patient's death certificate.	
	Field not included in NTDB data dictionary. Field included in vendor schema per state and facility request since 2016.	
Allowable Value Information:	Hour: Valid values are from 00 to 23	
	Minute: Valid values are from 00 to 59	
Allowable Null Values:	1 Not Applicable	
	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	ED / Hospital Information / ED Departure Date / Time	
References:	ImageTrend 2020 ED_0427	

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

Data Item Name:	Initial ED/Hospital Pulse Rate	Item Number: 93
Alternate Names:	Pulse Rate Initial in ED / Hospital	
Description:	First recorded pulse in the ED/hospital (palpated or auscultated) within 30 minutes or less of ED/hospital arrival (expressed as a number per minute).	
Additional Information:	<p>Please note that first recorded/hospital vitals do not need to be from the same assessment.</p> <p>Measurement recorded must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.</p> <p>If the patient was a Direct Admission, use the first recorded in-hospital value.</p>	
Allowable Value Information:	Relevant value (palpated or auscultated) expressed as a number per minute. Acceptable range 0 - 300 beats per minute.	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0404	
Abstract Form Location:	ED / Hospital Information / Pulse	
References:	NTDS 2023 ED_0404	

XML Specifications:	Element Name(Tag): PulseRate	ID: ED_0404
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 0 Maximum: 300	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial ED/Hospital Respiratory Assistance	Item Number: 94
Alternate Names:	Initial Respiratory Assistance	
Description:	Determination of respiratory assistance associated with the initial ED/hospital respiratory rate within 30 minutes or less of ED/hospital arrival.	
Additional Information:	<p>Only completed if a value is provided for "Initial ED/Hospital Respiratory Rate."</p> <p>Respiratory assistance is defined as mechanical and/or external support of respiration.</p> <p>Please note that first recorded/hospital vitals do not need to be from the same assessment.</p> <p>If the patient was a Direct Admission, record initial respiratory assistance at the time of admission.</p> <p>Use the ED information for patients first examined in the ED or admitted as an in-patient through the ED.</p> <p>The null value "Not Applicable" is reported if Initial ED/Hospital Respiratory Rate is "Not Known/Not Recorded."</p>	
Allowable Values:	<p>1 Unassisted Respiratory Rate</p> <p>2 Assisted Respiratory Rate</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0407	
Abstract Form Location:	ED / Hospital Information / Resp Assist	
References:	NTDS 2023 ED_0407	

XML Specifications:	Element Name(Tag): RespiratoryAssistance	ID: ED_0407
	Required: Yes	Data Type: xs:integer
	Multiple Entry: No	
	Accepts Common Nulls: Yes	Minimum: 1 Maximum: 2
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial ED/Hospital Diastolic Blood Pressure	Item Number: 96
Description:	First recorded diastolic blood pressure in the ED/hospital within 30 minutes or less of ED/hospital arrival.	
Additional Information:	Please note that first recorded hospital vitals do not need to be from the same assessment. Measurement reported must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.	
Allowable Value Information:	Relevant numeric value for initial Diastolic Blood Pressure. Acceptable range 0 - 200.	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	ED / Hospital Information / SBP / DBP	

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

Data Item Name:	Initial ED/Hospital Temperature Celsius	Item Number: 97
Alternate Names:	Initial ED/Hospital Temperature - Celsius	
Description:	First recorded temperature (in degrees Celsius [centigrade]) in the ED/hospital within <= 30 minutes of ED/hospital arrival.	
Additional Information:	<p>Please note that first recorded hospital vitals do not need to be from the same assessment.</p> <p>If the temperature was not recorded in the ED, enter 'Not Known'.</p> <p>If an inpatient was admitted through the ED, and a temperature was not recorded in the ED, do not use the first in-patient value, record 'Not Known'.</p> <p>If the patient was a Direct Admission, use the first recorded in-hospital value.</p> <p>The field is only used to record first recorded temperature in Celsius. This field or temperature in Fahrenheit may be used; Fahrenheit will be converted to Celsius.</p>	
Allowable Value Information:	<p>Relevant numeric value for initial temperature.</p> <p>Up to 4 digits, including a decimal point. Range 10.0 to 45.0</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0405	
Abstract Form Location:	ED / Hospital Information / Temperature	
References:	NTDS 2023 ED_0405	

XML Specifications:	Element Name(Tag): Temperature	ID: ED_0405
	Required: Yes Data Type: xs:decimal Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 10 Maximum: 45	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Revised Trauma Score	Item Number: 102
Description:	A component of TRISS (probability of survival score).	
Additional Information:	The RTS cannot be calculated if all required data elements (GCS, systolic blood pressure, respiratory rate) are not present. Calculated: $RTS = 0.9368 * GCSc + 0.7326 * SBPc + 0.2908 * RRc$ Glasgow Coma Score total points (GCSc): 13-15 = 4; 9-12 = 3; 6-8 = 2; 4-5 = 1; 3 = 0 Respiratory Rate (RRc): 10-29 = 4; >29 = 3; 6-9 = 2; 1-5 = 1; 0=0 Systolic Blood Pressure (SBPc): >89 = 4; 76-89 = 3; 50-75 = 2; 1 - 49 = 1; 0 = 0	
Allowable Value Information:	Any real number between 0 and 8.	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Calculated	
NTDB Requirement:	No	
Abstract Form Location:	None	
References:	Champion, Sacco, Copes et al. A Revision of the Trauma Score. J Trauma 99(5):623-629, 1989.	

XML Specifications:	Element Name(Tag): RevisedTraumaScore	ID: ED_1012
	Required: Yes Data Type: xs:decimal Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 0 Maximum: 8	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Initial ED/Hospital GCS - Eye	Item Number: 104
Alternate Names:	GCS Eye Initial in ED / Hospital	
Description:	First recorded Glasgow Coma Score (Eye) in the ED/hospital within 30 minutes or less of ED/hospital arrival.	
Additional Information:	<p>If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be reported. E.g. the chart indicates: "patient's pupils are PERRL," an Eye GCS of 4 may be reported, IF there is no other contradicting documentation.</p> <p>Please note that first recorded hospital vitals do not need to be from the same assessment</p> <p>The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS 40 – Eye is documented.</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital GCS - Eye was not measured within 30 minutes or less of ED/hospital arrival.</p> <p>If an in-patient was admitted through the ED, and a GCS was not recorded in the ED, do not use the EMS value or the ED value. Instead, record 'Not Known'.</p> <p>If the patient was a Direct Admission, use the first on-floor value.</p>	
Allowable Values:	<p>1 No eye movement when assessed</p> <p>2 Opens eyes in response to painful stimulation</p> <p>3 Opens eyes in response to verbal stimulation</p> <p>4 Opens eyes spontaneously</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0410	
Abstract Form Location:	ED / Hospital Information / GCS Eye	
References:	NTDS 2023 ED_0410	

XML Specifications:	Element Name(Tag): GcsEye	ID: ED_0410
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 4	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial ED/Hospital GCS - Verbal	Item Number: 105
Alternate Names:	GCS Verbal Initial in the ED / Hospital	
Description:	First recorded Glasgow Coma Score (Verbal) within 30 minutes or less of ED/hospital arrival.	
Additional Information:	<p>If patient is intubated, then the GCS Verbal score is equal to 1.</p> <p>If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be reported. E.g. the chart indicates: "patient is oriented to person place and time," a Verbal GCS of 5 may be reported, IF there is no other contradicting documentation.</p> <p>Please note that first recorded hospital vitals do not need to be from the same assessment.</p> <p>The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS 40 – Verbal is reported.</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital GCS – Verbal was not measured within 30 minutes or less of ED/Hospital arrival.</p> <p>If an in-patient was admitted through the ED, and a GCS was not recorded, do not use the EMS value or the ED value. Instead, record 'Not known'.</p> <p>If the patient was a Direct Admission, use the first on-floor value.</p> <p>If the GCS was not recorded, and cannot be determined from written documentation that allows assignment of a GCS score, enter 'Not Known'.</p>	
Allowable Values:	<p>1 No vocal response (Ped <= 2yrs)</p> <p>2 Inconsolable, agitated (Ped <= 2yrs)</p> <p>3 Inconsistently consolable, moaning (Ped <= 2yrs)</p> <p>4 Cries but is consolable, inappropriate interactions (Ped <= 2yrs)</p> <p>5 Smiles, oriented to sounds, follows objects, Interacts (Ped <= 2yrs)</p> <p>1 No Verbal Response (Adult)</p> <p>2 Incomprehensible Sounds (Adult)</p> <p>3 Inappropriate Words (Adult)</p> <p>4 Confused (Adult)</p> <p>5 Oriented (Adult)</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0411	
Abstract Form Location:	ED / Hospital Information / GCS Verbal	
References:	NTDS 2023 ED_0411	

XML Specifications:	Element Name(Tag): GcsVerbal	ID: ED_0411
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 5	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial ED/Hospital GCS - Motor	Item Number: 106
Alternate Names:	GCS Motor Initial in ED / Hospital	
Description:	First recorded Glasgow Coma Score (Motor) within 30 minutes or less of ED/hospital arrival.	
Additional Information:	<p>If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be reported. E.g. the chart indicates: "patient withdraws from a painful stimulus," a Motor GCS of 4 may be reported, IF there is no other contradicting documentation.</p> <p>Please note that first recorded/hospital vitals do not need to be from the same assessment.</p> <p>The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS 40 – Motor is reported.</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital GCS – Motor was not measured within 30 minutes or less of ED/Hospital arrival.</p> <p>If an in-patient was admitted through the ED, and a GCS was not recorded in the ED, do not use the EMS value or the first in-patient value, enter 'Not Known'.</p> <p>If the patient was a Direct Admission, use the first on-floor value.</p> <p>If the GCS was not recorded, and cannot be determined from written documentation that allows assignment of a GCS score, enter 'Not Known'.</p>	
Allowable Values:	<p>1 No Motor Response (Ped <= 2yrs)</p> <p>2 Extension to Pain (Ped <= 2yrs)</p> <p>3 Flexion to Pain (Ped <= 2yrs)</p> <p>4 Withdrawal from Pain (Ped <= 2yrs)</p> <p>5 Localizes Pain (Ped <= 2yrs)</p> <p>6 Age Appropriate Response to Stimulation (Ped <= 2yrs)</p> <p>1 No Motor Response (Adult)</p> <p>2 Extension to Pain (Adult)</p> <p>3 Flexion to Pain (Adult)</p> <p>4 Withdrawal from Pain (Adult)</p> <p>5 Localizes Pain (Adult)</p> <p>6 Obeys commands (Adult)</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0412	
Abstract Form Location:	ED / Hospital Information / GCS Motor	
References:	NTDS 2023 ED_0412	

XML Specifications:	Element Name(Tag): GcsMotor	ID: ED_0412
	Required: Yes Data Type: xs:integer	Multiple Entry: No

Accepts Common Nulls: Yes Minimum: 1 Maximum: 6

XML Qualifier: ITR Exact Match to NTDB Element

Data Item Name:	Initial ED/Hospital GCS - Total	Item Number: 107
Alternate Names:	GCS Total Initial in ED / Hospital	
Description:	First recorded Glasgow Coma Score (total) within 30 minutes or less of ED/hospital arrival.	
Additional Information:	<p>If a patient does not have a numeric GCS recorded, but there is documentation related to their level of consciousness such as "AAOx3", "awake alert and oriented", or "patient with normal mental status", report this as GCS of 15 IF there is no other contradicting documentation.</p> <p>Please note that first recorded/hospital vitals do not need to be from the same assessment.</p> <p>The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS 40 is reported.</p> <p>The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS – Eye, Initial ED/Hospital GCS – Motor, Initial ED/Hospital GCS – Verbal were not measured within 30 minutes or less of ED/Hospital arrival.</p> <p>If the GCS was not recorded, and cannot be determined from written documentation that allows assignment of a score, enter 'Not Known'.</p> <p>New Value</p>	
Allowable Value Information:	Allowable value range 3 - 15.	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Calculated	
NTDB Requirement:	Yes Identifier: ED_0413	
Abstract Form Location:	ED / Hospital Information / GCS Total	
References:	NTDS 2023 ED_0413	

XML Specifications:	Element Name(Tag): TotalGcs	ID: ED_0413
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 3 Maximum: 15	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial ED/Hospital GCS Assessment Qualifiers	Item Number: 108
Alternate Names:	GCS Qualifier Initial in ED / Hospital	
Description:	Documentation of factors potentially affecting the first assessment of GCS within <= 30 minutes of ED/hospital arrival.	
Additional Information:	<p>Identifies treatments given to the patient that may affect the first assessment of GCS. This element does not apply to self-medications the patient may administer (i.e., ETOH, prescriptions, etc.).</p> <p>If an intubated patient has recently received an agent that results in neuromuscular blockade such that a motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurologic status and the chemical sedation modifier should be reported.</p> <p>Neuromuscular blockade is typically induced following the administration of agent like succinylcholine, mivacurium, rocuronium, (cis)atracurium, vecuronium, or pancuronium. While these are the most common agents, please review what might be typically used in your center so it can be identified in the medical record.</p> <p>Each of these agents has a slightly different duration of action, so their effect on the GCS depends on when they were given. For example, succinylcholine's effects last for only 5-10 minutes.</p> <p>Please note that first recorded hospital vitals do not need to be from the same assessment.</p> <p>Report all that apply.</p> <p>The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS 40 is reported.</p> <p>The null value "Not Known/Not Recorded" is reported if the Initial ED/Hospital GCS Assessment Qualifiers are not documented within 30 minutes or less of ED/Hospital arrival.</p>	
Allowable Values:	<p>1 Patient Chemically Sedated or Paralyzed</p> <p>2 Obstruction to the patient's eye</p> <p>3 Patient Intubated</p> <p>4 Valid GCS: Patient was not sedated, not intubated, and did not have obstruction to the eye.</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0414	
Abstract Form Location:	ED / Hospital Information / Eye Obstruction / Intubated / Sedated / Chemically Paralyzed	
References:	NTDS 2023 ED_0414	

XML Specifications:	Element Name(Tag): GcsQualifier	ID: ED_0414
	Required: Yes	Data Type: xs:integer
	Multiple Entry: Yes	Max: 3
	Accepts Common Nulls: Yes	Minimum: 1 Maximum: 4
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Alcohol Screen	Item Number: 113
Alternate Names:	Alcohol Screen	
Description:	A blood alcohol concentration (BAC) test was performed on the patient within 24 hours after first hospital encounter.	
Additional Information:	Alcohol screen may be administered at any facility, unit, or setting treating this patient event.	
Allowable Values:	1 Yes 2 No	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0419	
Abstract Form Location:	ED / Hospital Information / Tested for Alcohol	
References:	NTDS 2023 ED_0418	

XML Specifications:	Element Name(Tag): AlcoholScreen Required: Yes Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: Yes Minimum: 1 Maximum: 2 XML Qualifier: ITR Exact Match to NTDB Element	ID: ED_0419
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Data Item Name:	Trauma Type	Item Number: 114
Alternate Names:	Type of Injury Category of Cause of Injury	
Description:	The primary source of the trauma injury sustained by the patient, i.e. the type of force that caused the injury.	
Additional Information:	<p>If there was more than one force, choose the one that caused the most severe injury.</p> <p>Blunt injuries are caused by compression and change of speed. Common causes of blunt injuries are motor vehicle collisions and falls.</p> <p>Compression injuries include contusions, lacerations of solid organs, rupture of hollow organs, tissues that are stretched/crushed/ruptured/lacerated/sheared from points of attachment, and fractures.</p> <p>Penetrating injuries are caused by crushing and stretching forces. Common causes of penetrating injuries are gun shots, stabbings and impalements.</p> <p>Temporary or permanent cavitation result from penetrating injuries.</p> <p>Other injuries include bites and stings.</p> <p>Field will be calculated if not supplied.</p>	
Allowable Values:	<p>1 Blunt</p> <p>2 Penetrating</p> <p>3 Burn</p> <p>4 Other (e.g. near-drowning, asphyxiation, electrocution, foreign-body obstruction, bites, stings etc.)</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	Injury / Injury Type	
References:	Mosby's Paramedic Textbook. Sanders, 1995.	

XML Specifications:	Element Name(Tag): TraumaType	ID: I_0220
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 4	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Comorbid Conditions	Item Number: 117																																																														
Alternate Names:	Pre-Existing Conditions Comorbidities																																																															
Description:	Pre-existing co-morbid factors present before patient arrival at the ED/hospital.																																																															
Additional Information:	The null value "Not Applicable" is used for patients with no known co-morbid conditions. Check all that apply.																																																															
Allowable Values:	<table border="0"> <tr><td>13</td><td>Advanced directive limiting care</td></tr> <tr><td>2</td><td>Alcohol Use Disorder</td></tr> <tr><td>31</td><td>Anticoagulant Therapy</td></tr> <tr><td>30</td><td>Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)</td></tr> <tr><td>39</td><td>Bipolar I/II Disorder</td></tr> <tr><td>4</td><td>Bleeding Disorder</td></tr> <tr><td>10</td><td>Cerebrovascular Accident (CVA)</td></tr> <tr><td>23</td><td>Chronic Obstructive Pulmonary Disease (COPD)</td></tr> <tr><td>9</td><td>Chronic Renal Failure</td></tr> <tr><td>25</td><td>Cirrhosis</td></tr> <tr><td>6</td><td>Congenital Anomalies</td></tr> <tr><td>7</td><td>Congestive Heart Failure</td></tr> <tr><td>8</td><td>Current Smoker</td></tr> <tr><td>5</td><td>Currently receiving chemotherapy for cancer</td></tr> <tr><td>26</td><td>Dementia</td></tr> <tr><td>11</td><td>Diabetes Mellitus</td></tr> <tr><td>12</td><td>Disseminated Cancer</td></tr> <tr><td>15</td><td>Functionally Dependent Health Status</td></tr> <tr><td>19</td><td>Hypertension</td></tr> <tr><td>40</td><td>Major Depressive Disorder</td></tr> <tr><td>34</td><td>Myocardial Infarction (MI)</td></tr> <tr><td>41</td><td>Other Mental/Personality Disorders</td></tr> <tr><td>35</td><td>Peripheral Arterial Disease (PAD)</td></tr> <tr><td>42</td><td>Post-Traumatic Stress Disorder</td></tr> <tr><td>38</td><td>Pregnancy</td></tr> <tr><td>37</td><td>Prematurity</td></tr> <tr><td>43</td><td>Schizoaffective Disorder</td></tr> <tr><td>44</td><td>Schizophrenia</td></tr> <tr><td>24</td><td>Steroid Use</td></tr> <tr><td>36</td><td>Substance Use Disorder</td></tr> <tr><td>1</td><td>Other</td></tr> </table>		13	Advanced directive limiting care	2	Alcohol Use Disorder	31	Anticoagulant Therapy	30	Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)	39	Bipolar I/II Disorder	4	Bleeding Disorder	10	Cerebrovascular Accident (CVA)	23	Chronic Obstructive Pulmonary Disease (COPD)	9	Chronic Renal Failure	25	Cirrhosis	6	Congenital Anomalies	7	Congestive Heart Failure	8	Current Smoker	5	Currently receiving chemotherapy for cancer	26	Dementia	11	Diabetes Mellitus	12	Disseminated Cancer	15	Functionally Dependent Health Status	19	Hypertension	40	Major Depressive Disorder	34	Myocardial Infarction (MI)	41	Other Mental/Personality Disorders	35	Peripheral Arterial Disease (PAD)	42	Post-Traumatic Stress Disorder	38	Pregnancy	37	Prematurity	43	Schizoaffective Disorder	44	Schizophrenia	24	Steroid Use	36	Substance Use Disorder	1	Other
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Allowable Null Values: 1 Not Applicable
2 Not Known / Not Recorded

TSE Requirement: Optional

NTDB Requirement: Yes Identifier: DG_0601

Abstract Form Location: Injury Diagnosis Information / Co-morbidities

References: NTDS 2017 DG_0601

XML Specifications:	Element Name(Tag): ComorbidCondition	ID: DG_0601		
	Required: Yes	Data Type: xs:integer	Multiple Entry: Yes	Max: 31
	Accepts Common Nulls: Yes	Minimum: 1	Maximum: 38	
	XML Qualifier: ITR Exact Match to NTDB Element			

Data Item Name:	Procedure Start Date	Item Number: 119
Alternate Names:	Hospital Start Procedure Date	
Description:	The date operative and selected non-operative procedures were performed.	
Additional Information:	Reported as YYYY-MM-DD. If the Procedure Start Date is not recorded, enter 'Not Known'.	
Allowable Value Information:	Month – 2 digits. Valid values range from 01 to 12. Day – 2 digits. Valid values range from 01 to 31. Year – 4 digits. Valid values range from 2006 to 9999.	
Allowable Null Values:	1 Not Applicable 2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: HP_0502	
Abstract Form Location:	Hospital Procedures Information / ICD-10-PCS Code (if available) with Start Date / Time	
References:	NTDS 2023 HP_0502	

XML Specifications:	Element Name(Tag): HospitalProcedureStartDate	ID: HP_0502
	Required: Yes Data Type: xs:date	Multiple Entry: Yes Max: 200
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	AIS Predot Code	Item Number: 121
Description:	The Abbreviated Injury Scale (AIS) pre-dot codes that reflect the patient's injuries.	
Additional Information:	<p>The AIS is an anatomically-based injury classification system that assigns a unique six-digit numerical code to each injury. A seventh digit, to the right of the decimal point, is the injury severity.</p> <p>The AIS code describes an injury in terms of its anatomical location, specific lesion, and relative severity, but does not measure impairment / disability resulting from the injury.</p> <p>Digit 1 = Body Region (e.g. head, thorax, upper extremity)</p> <p>Digit 2 = Type of Structure (e.g. vessel, bone, organ)</p> <p>Digits 3 & 4 = Specific Anatomic Structure (e.g. radius, maxillary sinus)</p> <p>Digits 5 & 6 = Level of Injury (e.g. open, distal, % compression)</p>	
Allowable Value Information:	All possible 6-digit AIS predot codes	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: IS_0701	
Abstract Form Location:	Injury Diagnosis Information / AIS	
References:	<p>AIS 2005: Abbreviated Injury Scale 2005: Update 2008, Association for the Advancement of Automotive Medicine (2008).</p> <p>NTDS 2023 IS_0701</p>	

XML Specifications:	Element Name(Tag): AisPredot	ID: IS_0701
	Required: Yes	Data Type: xs:string
	Multiple Entry: Yes	Max: 50
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Injury Severity Score	Item Number: 122
Alternate Names:	Locally Calculated ISS	
Description:	The Injury Severity Score (ISS) is a summary score for traumatic injuries.	
Additional Information:	ISS is calculated as the sum of the squares of the AIS severity scores for the three highest scoring body regions.	
	The six ISS body regions are: Head / Neck, Face, Thorax, Abdominal and Pelvic Contents, Limbs, and Skin.	
	The calculation is: $ISS = (\text{Highest AIS severity score in 1st region})^2 + (\text{Highest AIS severity score in 2nd region})^2 + (\text{Highest AIS severity score in 3rd region})^2$.	
	This element is required by ITR but NTDB doesn't require it for submission to NTDB.	
Allowable Value Information:	1 (Minor) to 75 (Almost Always Fatal)	
Allowable Null Values:	3	Not Calculated

TSE Requirement: Calculated
NTDB Requirement: No
Abstract Form Location: Injury Diagnosis Information / Injury-Related Scores/ISS
References: NTDS 2023 IS_0705

XML Specifications:	Element Name(Tag): IssLocal	ID: IS_0705
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 75	
	XML Qualifier: ITR Additional XML Element	

Data Item Name: Trauma Injury Severity Score (TRISS) **Item Number:** 123

Alternate Names: Probability of Survival

TRISS

Description: TRISS is a method used to estimate probability of survival - Pr(s) - as a function of injury severity (ISS), revised trauma score (RTS), patient age, and type of injury (blunt or penetrating), using a logistic model.

$Pr(s) = 1 / (1 + e^{-b})$, where
 $e = 2.7183$;
 $b = b_0 + b_1 (RTS) + b_2 (ISS) + b_3 (AGEIndex)$; and
 $b_0, b_1, b_2,$ and b_3 are weights derived from study data.

RTS is the Revised Trauma Score on Admission; ISS is the Injury Severity Score; and AGEIndex = 1 if patient age is >54 years, and AGEIndex = 0 if patient age is <= 54 years.

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

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

The adult blunt-injured coefficients (AGEIndex=0) are also for both blunt and penetrating-injured pediatric patients (<15 years old).

TRISS will be calculated only if GCS, SBP, unassisted respiratory rate, AIS with sufficient injury detail to prevent AIS=9, age and type of injury are recorded.

Additional Information: TRISS is calculated from the ISS, RTS, patient age category, and type of injury using a logistic model.

Allowable Value Information: Allowable values range from 0 to 1

TSE Requirement: Calculated

NTDB Requirement: No

Abstract Form Location: Injury Diagnosis Information /

References: Champion, Sacco, Copes: Injury Severity Scoring Again. J Trauma 38:94, 1995

XML Specifications:	Element Name(Tag): Triss	ID: IS_1001	
	Required: Yes	Data Type: xs:decimal	Multiple Entry: No
	Accepts Common Nulls: Yes	Minimum: 0	Maximum: 1
	XML Qualifier: ITR Additional XML Element		

Data Item Name:	Complications	Item Number: 125																																														
Alternate Names:	Hospital Complications																																															
Description:	Any medical complication that occurred during the patient's stay at your hospital.																																															
Additional Information:	<p>The value "Not Applicable" should be used for patients with no complications</p> <p>The legacy value of 1 for 'No NTDS Medical Complications' is still used by some vendors for patients without complications. This value maps to "Not Applicable" when used.</p> <p>Check all that apply.</p>																																															
Allowable Values:	<table border="0"> <tr><td>1</td><td>Other</td></tr> <tr><td>4</td><td>Acute kidney injury</td></tr> <tr><td>5</td><td>Acute Respiratory Distress Syndrome (ARDS)</td></tr> <tr><td>8</td><td>Cardiac Arrest with CPR</td></tr> <tr><td>12</td><td>Deep Surgical Site Infection</td></tr> <tr><td>14</td><td>Deep Vein Thrombosis (DVT)</td></tr> <tr><td>18</td><td>Myocardial Infarction</td></tr> <tr><td>19</td><td>Organ / Space Surgical Site Infection</td></tr> <tr><td>20</td><td>Pneumonia</td></tr> <tr><td>21</td><td>Pulmonary Embolism</td></tr> <tr><td>22</td><td>Stroke / CVA</td></tr> <tr><td>25</td><td>Unplanned Intubation</td></tr> <tr><td>29</td><td>Osteomyelitis</td></tr> <tr><td>31</td><td>Unplanned admission to the ICU</td></tr> <tr><td>32</td><td>Severe Sepsis</td></tr> <tr><td>33</td><td>Catheter-Associated Urinary Tract Infection (CAUTI)</td></tr> <tr><td>34</td><td>Central Line-Associated Bloodstream Infection (CLABSI)</td></tr> <tr><td>35</td><td>Ventilator-Associated Pneumonia (VAP)</td></tr> <tr><td>36</td><td>Alcohol Withdrawal Syndrome</td></tr> <tr><td>37</td><td>Pressure Ulcer</td></tr> <tr><td>38</td><td>Superficial Incisional Surgical Site Infection</td></tr> <tr><td>39</td><td>Delirium</td></tr> <tr><td>40</td><td>Unplanned Visit to the Operating Room</td></tr> </table>		1	Other	4	Acute kidney injury	5	Acute Respiratory Distress Syndrome (ARDS)	8	Cardiac Arrest with CPR	12	Deep Surgical Site Infection	14	Deep Vein Thrombosis (DVT)	18	Myocardial Infarction	19	Organ / Space Surgical Site Infection	20	Pneumonia	21	Pulmonary Embolism	22	Stroke / CVA	25	Unplanned Intubation	29	Osteomyelitis	31	Unplanned admission to the ICU	32	Severe Sepsis	33	Catheter-Associated Urinary Tract Infection (CAUTI)	34	Central Line-Associated Bloodstream Infection (CLABSI)	35	Ventilator-Associated Pneumonia (VAP)	36	Alcohol Withdrawal Syndrome	37	Pressure Ulcer	38	Superficial Incisional Surgical Site Infection	39	Delirium	40	Unplanned Visit to the Operating Room
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TSE Requirement:	Optional																																															
NTDB Requirement:	Yes Identifier: Q_1001																																															
Abstract Form Location:	Outcome Information / Complications																																															
References:	NTDS 2017 Q_1001																																															

XML Specifications:

Element Name(Tag): HospitalComplication

ID: Q_1001

Required: Yes Data Type: xs:integer Multiple Entry: Yes Max: 23

Accepts Common Nulls: Yes Minimum: 1 Maximum: 40

XML Qualifier: ITR Exact Match to NTDB Element

Data Item Name:	Hospital Discharge Disposition	Item Number: 131																										
Description:	The disposition of the patient when discharged from the hospital.																											
Additional Information:	<p>Element value "6. Home" refers to the patient's current place of residence (e.g., Prison, Child Protective Services etc.).</p> <p>Element values based upon UB-04 disposition coding.</p> <p>Disposition to any other non-medical facility should be coded as 6.</p> <p>Disposition to any other medical facility should be reported as 14.</p> <p>The null value "Not Applicable" is reported if ED Discharge Disposition = 4, 5, 6, 9, 10, or 11.</p> <p>Hospital Discharge Dispositions which were retired greater than 2 years before the current NTDS version are no longer listed under Element Values above, which is why there are numbering gaps. Refer to the NTDS Change Log for a full list of retired Hospital Discharge Dispositions.</p> <p>If multiple orders were written, report the final disposition order.</p>																											
Allowable Values:	<table border="0"> <tr><td>1</td><td>Discharged/Transferred to a short-term general hospital for inpatient care</td></tr> <tr><td>2</td><td>Discharged/Transferred to an Intermediate Care Facility(ICF)</td></tr> <tr><td>3</td><td>Discharge/Transferred to home under care of organized home health service</td></tr> <tr><td>4</td><td>Left against medical advice or discontinued care</td></tr> <tr><td>5</td><td>Deceased/Expired</td></tr> <tr><td>6</td><td>Discharged home or self care (routine discharge)</td></tr> <tr><td>7</td><td>Discharged/Transferred to Skilled Nursing Facility(SNF)</td></tr> <tr><td>8</td><td>Discharged/Transferred to hospice care</td></tr> <tr><td>10</td><td>Discharged/Transferred to court/law enforcement</td></tr> <tr><td>11</td><td>Discharged/Transferred to inpatient rehab or designated unit</td></tr> <tr><td>12</td><td>Discharged/Transferred to Long Term Care Hospital (LTCH)</td></tr> <tr><td>13</td><td>Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital</td></tr> <tr><td>14</td><td>Discharged/Transferred to another type of institution not defined elsewhere</td></tr> </table>		1	Discharged/Transferred to a short-term general hospital for inpatient care	2	Discharged/Transferred to an Intermediate Care Facility(ICF)	3	Discharge/Transferred to home under care of organized home health service	4	Left against medical advice or discontinued care	5	Deceased/Expired	6	Discharged home or self care (routine discharge)	7	Discharged/Transferred to Skilled Nursing Facility(SNF)	8	Discharged/Transferred to hospice care	10	Discharged/Transferred to court/law enforcement	11	Discharged/Transferred to inpatient rehab or designated unit	12	Discharged/Transferred to Long Term Care Hospital (LTCH)	13	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital	14	Discharged/Transferred to another type of institution not defined elsewhere
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1	Not Applicable																											
2	Not Known / Not Recorded																											
TSE Requirement:	Required																											
NTDB Requirement:	Yes Identifier: O_0807																											
Abstract Form Location:	Outcome Information / Discharge Location																											
References:	NTDS 2023 O_0807																											

XML Specifications:	Element Name(Tag): HospitalDischargeDisposition	ID: O_0807
	Required: Yes Data Type: xs:integer	Multiple Entry: No
	Accepts Common Nulls: Yes	Minimum: 1 Maximum: 14

Data Item Name:	Hospital Discharge Date	Item Number: 138
Alternate Names:	Date Discharged from Hospital	
Description:	The date the patient is discharged from the hospital.	
Additional Information:	Reported as YYYY-MM-DD.	
	The null value "Not Applicable" is used if If ED Discharge Disposition = 4,5,6,9,10, or 11.	
	If Hospital Discharge Disposition is "5. Deceased/Expired," then Hospital Discharge Date is the date of death as indicated on the patient's death certificate.	
	Field not included in NTDB data dictionary. Field included in vendor schema per state and facility request since 2016.	
Allowable Value Information:	Month – 2 digits. Valid values range from 01 to 12.	
	Day – 2 digits. Valid values range from 01 to 31.	
	Year – 4 digits. Valid values range from 1990 to 2030.	
Allowable Null Values:	1 Not Applicable	
	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	Outcome Information / Hospital Discharge (or Death) Date / Time	
References:	ImageTrend 2020 O_0805	

XML Specifications:	Element Name(Tag): HospitalPhysicalDischargeDate	ID: O_0805
	Required: Yes Data Type: xs:date Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1/1/1990 Maximum: 1/1/2030	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Hospital Discharge Time	Item Number: 139
Alternate Names:	Time Discharged from Hospital	
Description:	The time the patient was discharged from the hospital.	
Additional Information:	Reported as HH:MM military time.	
	The null value "Not Applicable" is used if ED Discharge Disposition = 4,5,6,9,10, or 11.	
	If Hospital Discharge Disposition is "5. Deceased/Expired," then Hospital Discharge Time is the time of death as indicated on the patient's death certificate.	
	Field not included in NTDB data dictionary. Field included in vendor schema per state and facility request since 2016.	
Allowable Value Information:	Hour: Valid values are from 00 to 23.	
	Minute: Valid values are from 00 to 59.	
Allowable Null Values:	1 Not Applicable	
	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	Outcome Information / Hospital Discharge (or Death) Date / Time	
References:	ImageTrend 2020 O_0806	

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

Data Item Name:	Patient Occupation	Item Number: 145
Description:	The occupation of the patient (within a given occupational industry).	
Additional Information:	<p>Only completed if injury is work-related.</p> <p>If work related, also complete Patient's Occupational Industry.</p> <p>Based upon 1999 US Bureau of Labor Statistics Standard Occupational Classification (SOC).</p> <p>The null value is "Not Applicable" if used if Work Related is 2. No.</p>	
Allowable Values:	<p>1 Business and Financial Operations Occupations</p> <p>2 Architecture and Engineering Occupations</p> <p>3 Community and Social Services Occupations</p> <p>4 Education, Training, and Library Occupations</p> <p>5 Healthcare Practitioners and Technical Occupations</p> <p>6 Protective Services Occupations</p> <p>7 Building and Grounds Cleaning and Maintenance Occupations</p> <p>8 Sales and Related Occupations</p> <p>9 Farming, Fishing, and Forestry Occupations</p> <p>10 Installation, Maintenance, and Repair Occupations</p> <p>11 Transportation and Material Moving Occupations</p> <p>12 Management Occupations</p> <p>13 Computer and Mathematical Occupations</p> <p>14 Life, Physical, and Social Science Occupations</p> <p>15 Legal Occupations</p> <p>16 Arts, Design, Entertainment, Sports, and Media Occupations</p> <p>17 Healthcare Support Occupations</p> <p>18 Food Preparation and Serving Related Occupations</p> <p>19 Personal Care and Service Occupations</p> <p>20 Office and Administrative Support Occupations</p> <p>21 Construction and Extraction Occupations</p> <p>22 Production Occupations</p> <p>23 Military-Specific Occupations</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Supplemental	
NTDB Requirement:	Yes Identifier: I_0205	
Abstract Form Location:	Injury / Occupation	
References:	<p>NEMSIS V 2.2.1 E07_17</p> <p>NTDS 2023 I_0205</p>	

XML Specifications:

Element Name(Tag): PatientsOccupation

ID: I_0205

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

Accepts Common Nulls: Yes Minimum: 1 Maximum: 23

XML Qualifier: ITR Exact Match to NTDB Element

Data Item Name:	Direct Admission	Item Number: 146
Description:	Indicates whether the patient was directly admitted to the hospital rather than being admitted through the emergency department.	
Allowable Values:	1 Yes	
	2 No	
Allowable Null Values:	1 Not Applicable	
	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	Pre-Hospital / Direct Admit	

XML Specifications:	Element Name(Tag): DirectAdmission	ID: ED_1000
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 2	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Procedure Start Time	Item Number: 148
Alternate Names:	Hospital Procedure Start Time	
Description:	The time operative and selected non-operative procedures were performed.	
Additional Information:	Reported as HH:MM military time Procedure start time is defined as the time the incision was made or the procedure was started. If distinct procedures with the same procedure code are performed, their start times must be different. If the Procedure Start Time is not recorded, enter 'Not Known'.	
Allowable Value Information:	Hour: Valid values are from 00 to 23. Minute: Valid values are from 00 to 59.	
Allowable Null Values:	1 Not Applicable 2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: HP_0503	
Abstract Form Location:	Hospital Procedures Information / ICD-10 Code (if available) with Start Date / Time	
References:	NTDS 2023 HP_0503	

XML Specifications:	Element Name(Tag): HospitalProcedureStartTime Required: Yes Data Type: xs:time Multiple Entry: Yes Max: 200 Accepts Common Nulls: Yes XML Qualifier: ITR Exact Match to NTDB Element	ID: HP_0503
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Data Item Name:	Hospital Created Date	Item Number: 150
Alternate Names:	Created Date	
Description:	Date data entry for the trauma incident was initiated.	
Allowable Value Information:	Month – 2 digits. Valid values range from 01 to 12. Day – 2 digits. Valid values range from 01 to 31. Year – 4 digits. Valid values range from 1990 to 2030.	
TSE Requirement:	Assigned	
NTDB Requirement:	No	
Abstract Form Location:	None	

XML Specifications:	Element Name(Tag): HospitalCreatedDate	ID: H_1000	
	Required: Yes	Data Type: xs:date	Multiple Entry: No
	Accepts Common Nulls: Yes	Minimum: 1/1/1990	Maximum: 1/1/2030
	XML Qualifier: ITR Additional XML Element		

Data Item Name: Hospital Created Time **Item Number:** 151
Alternate Names: Created Time
Description: Time data entry for the trauma incident was initiated.
Additional Information: Collected as military time
Allowable Value Information: Hour: Valid values are from 00 to 23.
Minute: Valid values are from 00 to 59.
TSE Requirement: Assigned
NTDB Requirement: No
Abstract Form Location: None

XML Specifications:	Element Name(Tag): HospitalCreatedTime	ID: H_1001
	Required: Yes	Data Type: xs:time
	Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Additional XML Element	

Data Item Name: Hospital Transferred From **Item Number:** 155

Description: The Medicare ID number of the acute care hospital the patient was transferred from by ambulance.

Additional Information: Transfers do not include patients who arrive via EMS transport from a private doctor's office or stand-alone ambulatory surgery center.
Outlying facilities providing emergency care services, or used to stabilize a patient prior to transfer are considered acute care facilities.

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

Allowable Null Values:

1	Not Applicable
2	Not Known / Not Recorded

TSE Requirement: Supplemental

NTDB Requirement: No

Abstract Form Location: Pre-Hospital / Name of Hospital

XML Specifications: Element Name(Tag): HospitalTransferredFrom ID: H_1006

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

Accepts Common Nulls: Yes

XML Qualifier: ITR Additional XML Element

Data Item Name:	Hospital Transferred To	Item Number: 156
Description:	The Medicare ID number of the acute care hospital to which the patient was transferred by ambulance from your hospital.	
Additional Information:	<p>This does not include patients who are transferred via EMS transport to a private doctor's office, stand-alone ambulatory surgery center, nursing home or other type of care facility.</p> <p>This does not include patients who go to another acute care hospital by privately owned vehicle or other type of non-EMS transport.</p>	
Allowable Value Information:	Medicare ID number. Refer to Data Element #81 "Facility ID" for listing.	
Allowable Null Values:	1 Not Applicable 2 Not Known / Not Recorded	
TSE Requirement:	Supplemental	
NTDB Requirement:	No	
Abstract Form Location:	Outcome Information / If transferred to another hospital by EMS, Name of hospital	

XML Specifications:	Element Name(Tag): HospitalTransferredTo	ID: H_1008
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Initial ED/Hospital Systolic Blood Pressure	Item Number: 158
Alternate Names:	Initial Systolic Blood Pressure in ED / Hospital	
Description:	First recorded systolic blood pressure in the ED/hospital within 30 minutes or less of ED/hospital arrival.	
Additional Information:	Please note that first recorded hospital vitals do not need to be from the same assessment. Measurement reported must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.	
Allowable Value Information:	Numerical value corresponding to the initial systolic blood pressure in mm Hg. Acceptable range of values 0 - 380	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0403	
Abstract Form Location:	ED / Hospital Information / SBP / DBP	
References:	NTDS 2023 ED_0403	

XML Specifications:	Element Name(Tag): Sbp	ID: ED_0403
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 0 Maximum: 380	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Patient Occupational Industry - Other	Item Number: 166
Description:	Patient's industry if other than one found listed in data element 20 or NTDS 2020 I_0204.	
Additional Information:	Used only if 'Other' is selected as the patient's occupational industry. Allows collection of patient occupations beyond those included in NTDS.	
Allowable Value Information:	Appropriate value.	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	No	
Abstract Form Location:	Injury / Industry	
References:	NTDS 2023 I_0204	

XML Specifications:	Element Name(Tag): PatientOccupationalIndustryOther	ID: I_1000
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Patient Occupation - Other	Item Number: 167
Description:	Patient's occupation if other than one found listed in Data Item 145 or NTDS 2020 I_0205.	
Additional Information:	Used only if 'Other' is selected as the patient's occupation.	
Allowable Value Information:	Appropriate value.	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	No	
Abstract Form Location:	Injury / Occupation	
References:	NTDS 2023 I_0205	

XML Specifications:	Element Name(Tag): PatientOccupationOther	ID: I_1001
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	AIS Severity	Item Number: 172
Description:	The Abbreviated Injury Scale (AIS) severity score that reflects the severity of a patient's injuries.	
Additional Information:	If AIS-recognized injury combinations are being coded, the severity score is only assigned once. For example, if a patient sustains rib fractures and a hemothorax, the severity score is assigned to the chest.	
Allowable Values:	0 Assigned to all but the most serious injury for AIS injury combinations 1 Minor Injury 2 Moderate Injury 3 Serious Injury 4 Severe Injury 5 Critical Injury 6 Maximum Injury, Virtually Unsurvivable 9 Not Possible to Assign	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: IS_0702	
Abstract Form Location:	Injury Diagnosis Information / AIS	
References:	NTDS 2023 IS_0702	

XML Specifications:	Element Name(Tag): AisSeverity	ID: IS_0702
	Required: Yes Data Type: xs:integer	Multiple Entry: Yes Max: 50
	Accepts Common Nulls: Yes	Minimum: 0 Maximum: 9
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	ISS Body Region	Item Number: 173
Description:	The Injury Severity Score (ISS) body region codes that reflect the areas of the body injured.	
Additional Information:	This data element is required by ITR but NTDB doesn't require it for submission to NTDB.	
Allowable Values:	1 Head or Neck 2 Face 3 Chest 4 Abdominal or Pelvic Contents 5 Extremities or Pelvic Girdle 6 External	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Calculated	
NTDB Requirement:	No	
Abstract Form Location:	Injury Diagnosis Information /	
References:	NTDS 2023 IS_0703	

XML Specifications:	Element Name(Tag): IssRegion	ID: IS_0703
	Required: Yes Data Type: xs:integer Multiple Entry: Yes Max: 50	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 6	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Protective Device	Item Number: 174																						
Description:	Protective devices (safety equipment) in use or worn by the patient at the time of injury.																							
Additional Information:	<p>Report all that apply.</p> <p>If "Child Restraint" is present, complete variable "Child Specific Restraint."</p> <p>If "Airbag" is present, complete variable "Airbag Deployment."</p> <p>Evidence of the use of safety equipment may be reported or observed.</p> <p>If chart indicates '3 point restraint', report as both 'Lap Belt' and 'Shoulder Belt.'</p> <p>If documented that a "Child Restraint (booster seat or child care seat)" was used or worn, but not properly fastened, either on the child or in the car, report Element Value "1. None."</p>																							
Allowable Values:	<table border="0"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>Lap Belt</td></tr> <tr><td>3</td><td>Personal Flotation Device</td></tr> <tr><td>4</td><td>Protective Non-Clothing Gear (e.g. shin guard)</td></tr> <tr><td>5</td><td>Eye Protection</td></tr> <tr><td>6</td><td>Child Restraint (booster seat or child car seat)</td></tr> <tr><td>7</td><td>Helmet (e.g. bicycle, skiing, motorcycle)</td></tr> <tr><td>8</td><td>Airbag Present</td></tr> <tr><td>9</td><td>Protective Clothing (e.g., padded leather pants)</td></tr> <tr><td>10</td><td>Shoulder Belt</td></tr> <tr><td>11</td><td>Other</td></tr> </table>		1	None	2	Lap Belt	3	Personal Flotation Device	4	Protective Non-Clothing Gear (e.g. shin guard)	5	Eye Protection	6	Child Restraint (booster seat or child car seat)	7	Helmet (e.g. bicycle, skiing, motorcycle)	8	Airbag Present	9	Protective Clothing (e.g., padded leather pants)	10	Shoulder Belt	11	Other
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10	Shoulder Belt																							
11	Other																							
Allowable Null Values:	2 Not Known / Not Recorded																							
TSE Requirement:	Required																							
NTDB Requirement:	Yes Identifier: I_0214																							
Abstract Form Location:	Injury / List of Safety Devices Used																							
References:	<p>NEMESIS V 2.2.1 E10_08</p> <p>NTDS 2023 I_0214</p>																							

XML Specifications:	Element Name(Tag): ProtectiveDevice	ID: I_0214
	Required: Yes	Data Type: xs:integer
	Multiple Entry: Yes	Max: 10
	Accepts Common Nulls: Yes	Minimum: 1 Maximum: 11
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Child Specific Restraint	Item Number: 175
Description:	Protective child restraint devices used by patient at the time of injury.	
Additional Information:	Evidence of the use of a child restraint may be reported or observed. Only reported when Protective Devices include "6. Child Restraint (booster seat or child car seat)." The null value "Not Applicable" must be reported if Element Value "6. Child Restraint" is NOT reported for Protective Devices.	
Allowable Values:	1 Child Car Seat 2 Infant Car Seat 3 Child Booster Seat	
Allowable Null Values:	1 Not Applicable 2 Not Known / Not Recorded	
TSE Requirement:	Supplemental	
NTDB Requirement:	Yes Identifier: I_0215	
Abstract Form Location:	Injury / List of Safety Devices Used	
References:	NTDS 2023 I_0215	

XML Specifications:	Element Name(Tag): ChildSpecificRestraint	ID: I_0215
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 3	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Airbag Deployment	Item Number: 176
Description:	Indication of airbag deployment during a motor vehicle crash.	
Additional Information:	Report all that apply. Evidence of airbag deployment may be reported or observed. Only report when Protective Devices include "8. Airbag Present." Airbag Deployed Front should be reported for patients with documented airbag deployments but are not further specified. The null value "Not Applicable" must be reported if Element Value 8. "Airbag Present" is NOT reported for Protective Devices.	
Allowable Values:	1 Airbag Not Deployed 2 Airbag Deployed Front 3 Airbag Deployed Side 4 Airbag Deployed Other (knee, airbelt, curtain, etc.)	
Allowable Null Values:	1 Not Applicable 2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: I_0216	
Abstract Form Location:	Injury / List of Safety Devices Used	
References:	NEMESIS V 2.2.1 E10_09 NTDS 2023 I_0216	

XML Specifications:	Element Name(Tag): AirbagDeployment	ID: I_0216
	Required: Yes Data Type: xs:integer Multiple Entry: Yes Max: 4	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 4	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial ED/Hospital Temperature Fahrenheit	Item Number: 177
Alternate Names:	Initial Temperature ED/Hospital Fahrenheit	
Description:	First recorded temperature (in degrees Fahrenheit) in the ED/hospital within 30 minutes or less of ED/hospital arrival.	
Additional Information:	<p>Please note that first recorded hospital vitals do not need to be from the same assessment.</p> <p>If the temperature was not recorded in the ED, enter 'Not Known'.</p> <p>If an in-patient was admitted through the ED, and a temperature was not recorded in the ED, do not use the first in-patient value, record 'Not Known'.</p> <p>If the patient was a Direct Admission, use the first recorded in-hospital value.</p> <p>The field is only used to record first recorded temperature in Fahrenheit. This field or temperature in Celsius may be used; Fahrenheit will be converted to Celsius.</p>	
Allowable Value Information:	<p>Relevant numeric value of initial temperature (in degrees Fahrenheit)</p> <p>Up to 4 digits, including a decimal point. Range 50.0 to 113.0</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	ED / Hospital Information / Temperature	
References:	NTDS 2023 ED_0405	

XML Specifications:	Element Name(Tag): TemperatureFahrenheit Required: No Data Type: xs:decimal Multiple Entry: No Accepts Common Nulls: Yes Minimum: 50 Maximum: 113 XML Qualifier: ITR Additional XML Element	ID: ED_1008
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Data Item Name: Initial Field Oxygen Saturation **Item Number:** 179

Description: First recorded oxygen saturation at the scene of the injury (expressed as a percentage).

Additional Information: The null value "Not Known/Not Recorded" is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury. Value should be based upon assessment before administration of supplemental oxygen.

The null value "Not Applicable" is reported for patients who arrive by 4. Private/Public Vehicle/Walk-in.

The null value "Not Known/Not Recorded" is reported if the patient's first recorded Initial Field Oxygen Saturation was NOT measured at the scene of injury.

Value should be expressed as a percentage, e.g. 1000 equals 100.0%, and 0987 equals 98.7%.

Allowable Value Information: Relevant value for data element. 0-100

Allowable Null Values:

1	Not Applicable
2	Not Known / Not Recorded

TSE Requirement: Optional

NTDB Requirement: Yes Identifier: P_0312

Abstract Form Location: Pre-Hospital / O2 Saturation

References: NEMSIS V 2.2.1 E14_09
Idaho PERCS V.2.2.1
NTDS 2023 P_0312

XML Specifications:	Element Name(Tag): EmsPulseOximetry	ID: P_0312	
	Required: Yes	Data Type: xs:integer	Multiple Entry: No
	Accepts Common Nulls: Yes	Minimum: 0	Maximum: 100
	XML Qualifier: ITR Exact Match to NTDB Element		

Data Item Name:	Initial Field Pulse Rate	Item Number: 180
Description:	First recorded pulse at the scene of the injury (palpated or auscultated), expressed as a number per minute.	
Additional Information:	<p>The null value "Not Known/Not Recorded" is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury. Measurement reported must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.</p> <p>The null value "Not Applicable" is reported for patients who arrive by "4. Private/Public Vehicle/Walk-in".</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's first recorded Initial Field Pulse rate was NOT measured at the scene of injury.</p>	
Allowable Value Information:	Relevant value for data element. 0-300	
Allowable Null Values:	1 Not Applicable 2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: P_0310	
Abstract Form Location:	Pre-Hospital / Pulse	
References:	NEMSIS V 2.2.1 E14_07 Idaho PERCS V.2.2 NTDS 2023 P_0310	

XML Specifications:	Element Name(Tag): EmsPulseRate	ID: P_0310
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 0 Maximum: 300	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial Field Respiratory Rate	Item Number: 181
Description:	First recorded respiratory rate measured at the scene of injury (expressed as a number per minute).	
Additional Information:	<p>The null value "Not Known/Not Recorded" is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury.</p> <p>The null value "Not Applicable" is reported for patients who arrive by "4. Private/Public Vehicle/Walk-in."</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's first recorded Initial Field Respiratory Rate was NOT measured at the scene of injury.</p>	
Allowable Value Information:	Relevant value for initial field respiratory rate. 0-100	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: P_0311	
Abstract Form Location:	Pre-Hospital / Respiration Rate	
References:	<p>NEMESIS E14_11</p> <p>Idaho PERCS V.2.2.1</p> <p>NTDS 2023 P_0311</p>	

XML Specifications:	Element Name(Tag): EmsRespiratoryRate	ID: P_0311
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 0 Maximum: 100	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial Field Systolic Blood Pressure	Item Number: 182
Description:	First recorded systolic blood pressure measured at the scene of the injury.	
Additional Information:	<p>The null value "Not Known/Not Recorded" is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury. Measurement reported must be without the assistance of CPR or any type of mechanical chest compression device. For those patients who are receiving CPR or any type of mechanical chest compressions, report the value obtained while compressions are paused.</p> <p>The null value "Not Applicable" is reported for patients who arrive by "4. Private/Public Vehicle/Walk-in."</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's first recorded Initial Field Systolic Blood Pressure was NOT measured at the scene of injury.</p>	
Allowable Value Information:	Relevant value for initial field systolic blood pressure. 0-380	
Allowable Null Values:	1 Not Applicable 2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: P_0309	
Abstract Form Location:	Pre-Hospital / SBP	
References:	NEMSIS V 2.2.1 E14_04 Idaho PERCS V.2.2.1 NTDS 2023 P_0309	

XML Specifications:	Element Name(Tag): EmsSbp	ID: P_0309
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 0 Maximum: 380	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Patient's Home City	Item Number: 183
Description:	The patient's city (or township, or village) or residence.	
Additional Information:	Only reported when ZIP/Postal code is "Not Known/Not Recorded" and country is US. The null value "Not Applicable" is reported if Patient's Home ZIP/Postal Code is reported. The null value "Not Applicable" is reported for non-US hospitals	
Allowable Value Information:	Relevant value for data element (five-digit numeric FIPS code)	
Allowable Null Values:	1 Not Applicable 2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: D_1205	
Abstract Form Location:	Demographics / City	
References:	NEMESIS V 2.2.1 E06_05 NTDS 2023 D_1205	

XML Specifications:	Element Name(Tag): HomeCity	ID: D_1205
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Patient's Home Country	Item Number: 184
Description:	The country where the patient resides.	
Additional Information:	Values are two-character FIPS codes representing the country (e.g., US). If Patient's Home Country is not US, then the null value "Not Applicable" is reported for: Patient's Home State, Patient's Home County, and Patient's Home City.	
Allowable Value Information:	Relevant value for data element (two-digit FIPS country code)	
Allowable Null Values:	1 Not Applicable 2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: D_1202	
Abstract Form Location:	Demographics / Patient's Home Country	
References:	NEMESIS V 2.2.1 E06_09 NTDS 2023 D_1202	

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

Data Item Name:	Patient's Home County	Item Number: 185
Description:	The patient's county (or parish) of residence.	
Additional Information:	Only reported when ZIP/Postal code is "Not Known/Not Recorded" and country is US.	
	The null value "Not Applicable" is reported if Patient's Home ZIP/Postal Code is reported.	
	The null value "Not Applicable" is reported for non-US hospitals.	
Allowable Value Information:	Relevant value for data element (three-digit numeric FIPS code)	
Allowable Null Values:	1 Not Applicable	
	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: D_1204	
Abstract Form Location:	Demographics / County	
References:	NEMESIS V 2.2.1 E06_06	
	NTDS 2023 D_1204	

XML Specifications:	Element Name(Tag): HomeCounty	ID: D_1204
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Alternate Home Residence	Item Number: 186
Description:	Documentation of the type of patient without a home zip code.	
Additional Information:	<p>Only completed when ZIP code is 'Not Applicable.'</p> <p>Homeless is defined as a person who lacks housing. The definition also includes a person living in transitional housing or a supervised public or private facility providing temporary living quarters.</p> <p>Undocumented Citizen is defined as a national of another country who has entered or stayed in another country without permission.</p> <p>Migrant Worker is defined as a person who temporarily leaves his/her principal place of residence within a country in order to accept seasonal employment in the same or different country.</p> <p>The null value "Not Applicable" is reported if Patient's Home ZIP/Postal Code is reported.</p> <p>Report all that apply</p>	
Allowable Values:	<p>1 Homeless</p> <p>2 Undocumented Citizen</p> <p>3 Migrant Worker</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Supplemental	
NTDB Requirement:	Yes Identifier: D_1206	
Abstract Form Location:	Demographics / Patient Information/Alternate Residence	
References:	NTDS 2023 D_1206	

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

Data Item Name:	AIS Version	Item Number: 188
Description:	The software (and version) used to calculate Abbreviated Injury Scale (AIS) severity codes.	
Additional Information:	This element is required by ITR but NTDB considers it optional for reporting to NTDB.	
Allowable Values:	6 AIS 05, Update 08 16 AIS 2015	
TSE Requirement:	Assigned	
NTDB Requirement:	Yes Identifier: IS_0704	
Abstract Form Location:	Injury Diagnosis Information / AIS Code	
References:	NTDS 2023 IS_0703	

XML Specifications:	Element Name(Tag): AisVersion	ID: IS_0704
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 6 Maximum: 16	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Signs of Life	Item Number: 189
Alternate Names:	Death in ED	
Description:	Indication of whether patient arrived at the ED/hospital with signs of life.	
Additional Information:	<p>A patient with no signs of life is defined as having none of the following: organized EKG activity, pupillary responses, spontaneous respiratory attempts or movement, and unassisted blood pressure. This usually implies the patient was brought to the ED with CPR in progress.</p> <p>Only completed when ED Discharge Disposition is 'Died.'</p> <p>While this data element is no longer collected nationally, for continuity of data collection, this field can optionally still be collected.</p>	
Allowable Values:	<p>1 Arrived with NO signs of life</p> <p>2 Arrived with signs of life</p>	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	XML Only	
NTDB Requirement:	No	
Abstract Form Location:	None	
References:	NTDS 2023 ED_0423	

XML Specifications:	Element Name(Tag): DeathInEd	ID: ED_0423
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 2	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Patient's Home State	Item Number: 190
Description:	The state (territory, province, or District of Columbia) where the patient resides.	
Additional Information:	<p>Only reported when ZIP/Postal code is "Not Known/Not Recorded" and country is US.</p> <p>The null value "Not Applicable" is reported if Patient's Home ZIP/Postal Code is reported.</p> <p>The null value "Not Applicable" is reported for non-US hospitals.</p>	
Allowable Value Information:	Relevant value (two digit numeric FIPS code)	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: D_1203	
Abstract Form Location:	Demographics / State	
References:	<p>NEMESIS V 2.2.1 E06_07</p> <p>NTDS 2023 D_1203</p>	

XML Specifications:	Element Name(Tag): HomeState	ID: D_1203
	Required: Yes	Data Type: xs:string
	Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Incident City	Item Number: 191
Description:	The city or township where the patient was found or to which the unit responded.	
Additional Information:	<p>Only reported when Incident Location ZIP/Postal Code is "Not Known/Not Recorded," and country is US.</p> <p>If incident location resides outside of formal city boundaries, report nearest city/town.</p> <p>The null value "Not Applicable" is reported if Incident Location ZIP/Postal Code is reported.</p> <p>If Incident Country is not US, report the null value "Not Applicable."</p>	
Allowable Value Information:	Relevant value for data element (five-digit numeric FIPS code)	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: I_0213	
Abstract Form Location:	Injury / Injury (Zip or City/State/County)	
References:	<p>NEMESIS V 2.2.1 E08_12</p> <p>NTDS 2023 I_0213</p>	

XML Specifications:	Element Name(Tag): IncidentCity	ID: I_0213
	Required: Yes	Data Type: xs:string
	Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Incident Country	Item Number: 192
Description:	The country where the patient was found or to which the unit responded (or best approximation).	
Additional Information:	Values are two-character FIPS codes representing the country (e.g., US, CA). If Incident Country is not US, then the null value "Not Applicable" is reported for: Incident State, Incident County, and Incident Home City.	
Allowable Value Information:	Relevant value for data element (two-digit FIPS country code)	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: I_0210	
Abstract Form Location:	None	
References:	NTDS 2023 I_0210	

XML Specifications:	Element Name(Tag): IncidentCountry	ID: I_0210
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Incident State	Item Number: 193
Description:	The state, territory, or province where the patient was found or to which the unit responded (or best approximation).	
Additional Information:	<p>Only reported when Incident Location ZIP/Postal Code is "Not Known/Not Recorded," and country is US.</p> <p>The null value "Not Applicable" is reported if Incident Location ZIP/Postal Code is reported.</p> <p>If Incident Country is not US, report the null value "Not Applicable."</p>	
Allowable Value Information:	Relevant value for data element (two-digit numeric FIPS code)	
Allowable Null Values:	1 Not Applicable 2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: I_0211	
Abstract Form Location:	Injury Diagnosis Information / Injury (Zip or City/State/County)	
References:	NEMESIS V 2.2.1 E08_14 NTDS 2023 I_0211	

XML Specifications:	Element Name(Tag): IncidentState	ID: I_0211
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Incident Location ZIP Code	Item Number: 194
Description:	The ZIP/Postal code of the incident location.	
Additional Information:	<p>Can be stored as a 5 or 9-digit code (XXXXX-XXXX) for US and CA, or can be stored in the postal code format of the applicable country.</p> <p>If "Not Known/Not Recorded," report data elements: Incident Country, Incident State (US Only), Incident County (US Only) and Incident City (US Only).</p> <p>May require adherence to HIPAA regulations.</p> <p>If ZIP/Postal code is reported, then must report Incident Country.</p>	
Allowable Value Information:	Relevant value (five or nine digit zip code).	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: I_0209	
Abstract Form Location:	Injury Diagnosis Information / Injury (Zip or City/State/County)	
References:	<p>NEMESIS V 2.2.1 E08_15</p> <p>NTDS 2023 I_0209</p>	

XML Specifications:	Element Name(Tag): InjuryZip Required: Yes Data Type: xs:zip Multiple Entry: No Accepts Common Nulls: Yes XML Qualifier: ITR Exact Match to NTDB Element	ID: I_0209
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Data Item Name:	Initial ED/Hospital Oxygen Saturation	Item Number: 195
Description:	First recorded oxygen saturation in the ED/hospital within 30 minutes or less of ED/hospital arrival (expressed as a percentage).	
Additional Information:	<p>Record the value obtained before supplemental oxygen is administered.</p> <p>If available, complete additional field: "Initial ED/Hospital Supplemental Oxygen."</p> <p>Please note that first recorded/hospital vitals do not need to be from the same assessment.</p> <p>If the patient was first examined in the ED or admitted as an in-patient through the ED, use the ED value. If oxygen saturation was not recorded in the ED, enter 'Not Known.'</p> <p>If the patient was a direct admission, use the first recorded in-hospital value.</p>	
Allowable Value Information:	Relevant value. Valid range of 0-100	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0408	
Abstract Form Location:	ED / Hospital Information / O2 Saturation	
References:	NTDS 2023 ED_0408	

XML Specifications:	Element Name(Tag): PulseOximetry Required: Yes Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: Yes Minimum: 0 Maximum: 100 XML Qualifier: ITR Exact Match to NTDB Element	ID: ED_0408
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Data Item Name:	Initial ED/Hospital Supplemental Oxygen	Item Number: 196
Description:	Determination of the presence of supplemental oxygen during assessment of initial ED/hospital oxygen saturation level within <= 30 minutes of ED/hospital arrival.	
Additional Information:	<p>The null value "Not Applicable" is reported if the Initial ED/Hospital Oxygen Saturation is "Not Known/Not Recorded"</p> <p>Please note that first recorded/hospital vitals do not need to be from the same assessment.</p> <p>If the patient was first examined in the ED or admitted as an in-patient through the ED, use the ED value. If oxygen saturation was not recorded, enter 'Not Known'.</p> <p>If the patient was a direct admission, use the first recorded in-hospital value.</p>	
Allowable Values:	<p>1 No Supplemental Oxygen</p> <p>2 Supplemental Oxygen</p>	
Allowable Null Values:	<p>2 Not Known / Not Recorded</p> <p> Not Applicable</p>	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0409	
Abstract Form Location:	ED / Hospital Information / Supplemental O2	
References:	NTDS 2023 ED_0409	

XML Specifications:	Element Name(Tag): SupplementalOxygen	ID: ED_0409
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 2	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Total ICU Length of Stay	Item Number: 197
Description:	The cumulative amount of time spent in the ICU. Each partial or full day should be measured as one calendar day.	
Additional Information:	<p>Reported in full day increments with any partial calendar day counted as a full calendar day.</p> <p>The calculation assumes that the date and time of starting and stopping an ICU episode are recorded in the patient's chart.</p> <p>The null value "Not Known/Not Recorded" is reported if any dates are missing.</p> <p>If patient has multiple ICU episodes on the same calendar day, count that day as one calendar day.</p> <p>At no time should the ICU LOS exceed the hospital LOS.</p> <p>If a patient is admitted and discharged on the same date, the LOS is one day.</p> <p>The null value "Not Applicable" is reported if the patient had no ICU days according to the above definition.</p>	
Allowable Value Information:	Relevant value for number of ICU patient days.	
Allowable Null Values:	1 Not Applicable 2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: O_0801	
Abstract Form Location:	Outcome Information / ICU Days	
References:	NTDS 2023 O_0801	

XML Specifications:	Element Name(Tag): TotallcuLos	ID: O_0801
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 575	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Total Ventilator Days	Item Number: 198
Description:	The cumulative amount of time spent on the ventilator. Each partial or full day should be measured as one calendar day.	
Additional Information:	<p>Excludes mechanical ventilation time associated with OR procedures.</p> <p>Non-invasive means of ventilatory support (CPAP or BIPAP) should not be considered in the calculation of ventilator days.</p> <p>Reported in full day increments with any partial calendar day counted as a full calendar day.</p> <p>The calculation assumes that the date and time of starting and stopping ventilator episode are recorded in the patient's chart.</p> <p>The null value "Not Known/Not Recorded" is reported if any dates are missing.</p> <p>At no time should the Total Ventilator Days exceed the hospital LOS.</p> <p>The null value "Not Applicable" is reported if the patient was not on the ventilator according to the above definition.</p>	
Allowable Value Information:	Relevant value (in days)	
Allowable Null Values:	1 Not Applicable 2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: O_0802	
Abstract Form Location:	Outcome Information / Ventilator Days	
References:	NTDS 2023 O_0802	

XML Specifications:	Element Name(Tag): TotalVentDays	ID: O_0802
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 0 Maximum: 400	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial ED/Hospital Respiratory Rate	Item Number: 199
Description:	First recorded respiratory rate in the ED/hospital within <= 30 minutes of ED/hospital arrival (expressed as a number of breaths per minute).	
Additional Information:	<p>If the patient was first examined in the ED or admitted as an in-patient through the ED, use the ED value.</p> <p>If the patient was a direct admission, use the first recorded in-hospital value.</p> <p>If reported, report additional data element: Initial ED/Hospital Respiratory Assistance.</p> <p>Please note that first recorded/hospital vitals do not need to be from the same assessment.</p>	
Allowable Value Information:	Relevant Value recorded as breaths per minute - 0 to 100	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0406	
Abstract Form Location:	ED / Hospital Information / Resp Rate	
References:	NTDS 2023 ED_0406	

XML Specifications:	Element Name(Tag): RespiratoryRate	ID: ED_0406
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 0 Maximum: 100	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial Hospital / ED Vital Signs / Medical Screening Exam Date	Item Number: 200
Description:	The date the initial vital signs or medical screening exam occurred.	
Additional Information:	Reported as YYYY-MM-DD	
	If the vital signs and medical screening exam dates are collected separately, choose the earliest date.	
	If the date is not recorded, enter 'Not Known'.	
Allowable Value Information:	Month - 2 digits. Valid values range from 01 to 12.	
	Day - 2 digits. Valid values range from 01 to 31.	
	Year - 4 digits. Valid values range from 1990 to 2030.	
Allowable Null Values:	1 Not Applicable	
	2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	No	
Abstract Form Location:	ED / Hospital Information / Vital Signs or Medical Screening Exam Date/Time	

XML Specifications:	Element Name(Tag): MSEDate	ID: ED_1022
	Required: Yes	Data Type: xs:datetime
	Multiple Entry: No	
	Accepts Common Nulls: Yes	Minimum: 1/1/1990 Maximum: 1/1/2030
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Initial Hospital / ED Vital Signs / Medical Screening Exam Time	Item Number: 201
Description:	The time the initial vital signs were recorded and/or medical screening exam occurred.	
Additional Information:	Reported as HH:MM military time. If the initial vital signs and medical screening exam occurred separately, choose the earliest time. If the time was not recorded, enter 'Not Known'.	
Allowable Value Information:	Hour: Valid values are from 00 to 23. Minute: Valid values are from 00 to 59.	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	No	
Abstract Form Location:	ED / Hospital Information / Vital Signs or Medical Screening Exam Date/Time	

XML Specifications:	Element Name(Tag): MSETime	ID: ED_1020
	Required: Yes Data Type: xs:time	Multiple Entry: No
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Additional XML Element	

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

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

Additional Information: If the patient was brought to the ED, enter the date the patient arrived at the ED.
 If the patient was directly admitted to the hospital, enter the date the patient was admitted to the hospital.
 Reported as YYYY-MM-DD

Allowable Value Information: Month - 2 digits. Valid values range from 01 to 12.
 Day - 2 digits. Valid values range from 01 to 31.
 Year - 4 digits. Valid values range from 1993 to 2030.

TSE Requirement: Critical

NTDB Requirement: Yes Identifier: ED_0401

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

References: NTDS 2023 ED_0401

XML Specifications: Element Name(Tag): HospitalArrivalDate ID: ED_0401
 Required: Yes Data Type: xs:date Multiple Entry: No
 Accepts Common Nulls: No Minimum: 1/1/1993 Maximum: 1/1/2030
 XML Qualifier: ITR Exact Match to NTDB Element

Data Item Name: ED/Hospital Arrival Time **Item Number:** 203

Description: The time the patient arrived to the ED/hospital.

Additional Information: If the patient was brought to the ED, enter the time the patient arrived at the ED.
 If the patient was directly admitted to the hospital, enter the time the patient was admitted to the hospital.
 Reported as HH:MM military time

Allowable Value Information: Hour: valid values are from 00 to 23
 Minute: valid values are from 00 to 59

Allowable Null Values: 2 Not Known / Not Recorded

TSE Requirement: Critical

NTDB Requirement: Yes Identifier: ED_0402

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

References: NTDS 2023 ED_0402

XML Specifications:	Element Name(Tag): HospitalArrivalTime	ID: ED_0402
	Required: Yes Data Type: xs:time	Multiple Entry: No
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Registrar	Item Number: 204
Description:	The name of the registrar abstracting the trauma case for submission to ITR.	
Allowable Value Information:	Registrar Name	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	Top Section / Registrar	

XML Specifications:	Element Name(Tag): Registrar	ID: H_1009	
	Required: Yes	Data Type: xs:string	Multiple Entry: No
	Accepts Common Nulls: No		
	XML Qualifier: ITR Additional XML Element		

Data Item Name:	Diagnosis Memo	Item Number: 205
Description:	Text field providing space for registrars to add clarifying information for diagnosis-related ICD-10 codes.	
Additional Information:	This field can be used to describe injuries for which ICD-10-CM codes have not been submitted. Note: This field may contain PHI or PII.	
Allowable Value Information:	Text registrars wish to submit to clarify patient injuries.	
TSE Requirement:	Optional	
NTDB Requirement:	No	
Abstract Form Location:	Injury Diagnosis Information / Diagnosis Memo	

XML Specifications:	Element Name(Tag): DiagnosisMemo	ID: DG_1001
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Injury Description	Item Number: 206
Description:	Text field for describing the circumstances surrounding an injury that are used for External Cause Coding (what happened and where it happened).	
Allowable Value Information:	Text describing injury circumstances.	
TSE Requirement:	Supplemental	
NTDB Requirement:	No	
Abstract Form Location:	Injury / Injury Description	

XML Specifications:	Element Name(Tag): InjuryDescriptionText	ID: I_1002
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	Hospital Transferred From Name	Item Number: 214
Description:	The name of the hospital transferred from.	
Additional Information:	Used only when the Medicare ID number is not known for data entered in element "Hospital Transferred From" and element "Hospital Transferred From" is not equal to 1 - Not applicable.	
Allowable Value Information:	Appropriate value	
TSE Requirement:	Supplemental	
NTDB Requirement:	No	
Abstract Form Location:	Pre-Hospital / Name of Hospital	

XML Specifications:	Element Name(Tag): HospitalTransferredFromName	ID: H_1007
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: No	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	EMS Agency Name	Item Number: 215
Description:	The name of the EMS agency.	
Allowable Value Information:	Appropriate value for EMS Agency. Out-of-state – Known Unknown	
Allowable Null Values:	Not applicable.	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	Pre-Hospital / EMSAgency Name	
References:	NEMESIS V 2.2.1 E02_01 IDHW Bureau of EMS (license numbers) Idaho EMS PCR (EM-161350-4:654321 GS03) Idaho PERCS V 2.2.1	

XML Specifications:	Element Name(Tag): EMSAgencyName	ID: ED_1023
	Required: Yes Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Additional XML Element	

Data Item Name:	ICD-10-CM Primary External Cause Code	Item Number: 216
Alternate Names:	Primary Cause of Injury - ICD-10-CM	
Description:	External cause code used to describe the mechanism (or external factor) that caused the injury event.	
Additional Information:	<p>The primary external cause code should describe the main reason a patient is admitted to the hospital.</p> <p>ICD-10-CM codes will be accepted for this data element. Activity codes should not be reported in this field.</p> <p>Multiple Cause Coding Hierarchy: If two or more events cause separate injuries, an external cause code should be reported for each cause. The first-listed external cause code will be selected in the following order:</p> <p>External cause codes for child and adult abuse take priority over all other external cause codes.</p> <p>External cause codes for terrorism events take priority over all other external cause codes except child and adult abuse.</p> <p>External cause codes for cataclysmic events take priority over all other external cause codes except child and adult abuse, and terrorism.</p> <p>External cause codes for transport accidents take priority over all other external cause codes except cataclysmic events, and child and adult abuse, and terrorism.</p> <p>The first listed external cause code should correspond to the cause of the most serious diagnosis due to an assault, accident or self-harm, following the order of hierarchy listed above.</p>	
Allowable Value Information:	Relevant ICD-10-CM code value for injury event.	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Critical	
NTDB Requirement:	Yes Identifier: I_0206	
Abstract Form Location:	Injury / Primary External Cause Code	
References:	NTDS 2023 I_0206	

XML Specifications:	Element Name(Tag): PrimaryECodeIcd10	ID: I_0206
	Required: Yes Data Type: xs:string	Multiple Entry: No
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	ICD-10-CM Additional External Cause Code	Item Number: 217
Alternate Names:	Additional Cause of Injury - ICD-10-CM	
Description:	Additional external cause code used in conjunction with the primary external cause code if multiple external cause codes are required to describe the injury event.	
Additional Information:	<p>Only ICD-10-CM codes will be accepted for Additional External Cause Code.</p> <p>Activity codes are not reported under the NTDS and should not be reported for this data element.</p> <p>The null value "Not Applicable" is reported if no additional external cause codes are reported. Report all that apply (maximum 2)</p> <p>Multiple Cause Coding Hierarchy: If two or more events cause separate injuries, an external cause code should be assigned for each cause. The first-listed external cause code will be selected in the following order:</p> <p>External cause codes for child and adult abuse take priority over all other external cause codes.</p> <p>External cause codes for terrorism events take priority over all other external cause codes except child and adult abuse.</p> <p>External cause codes for cataclysmic events take priority over all other external cause codes except child and adult abuse, and terrorism.</p> <p>External cause codes for transport accidents take priority over all other external cause codes except cataclysmic events, and child and adult abuse, and terrorism.</p> <p>The first listed external cause code should correspond to the cause of the most serious diagnosis due to an assault, accident or self-harm, following the order of hierarchy listed above.</p>	
Allowable Value Information:	Relevant ICD-10-CM external cause code value for injury event	
Allowable Null Values:	1 Not Applicable 2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: I_0208	
Abstract Form Location:	Injury / Secondary External Cause Code	
References:	NTDS 2023 I_0208	

XML Specifications:	Element Name(Tag): AdditionalECodeIcd10	ID: I_0208
	Required: Yes Data Type: xs:string	Multiple Entry: Yes Max: 2
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	ICD-10-CM Place of Occurrence External Cause Code	Item Number: 218
Alternate Names:	ICD-10-CM Location Code Place of Injury Code - ICD-10-CM	
Description:	ICD-10-CM code used to describe the place/site/location of the injury event (Y92.x).	
Additional Information:	Only ICD-10-CM codes will be accepted for Place of Occurrence External Cause.	
Allowable Value Information:	Relevant ICD-10-CM code value for place of occurrence.	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: I_0207	
Abstract Form Location:	Injury / Location Code	
References:	NEMESIS v 2.2.1 E08_07 NTDS 2023 I_0207	

XML Specifications:	Element Name(Tag): PlaceOfInjuryCode	ID: I_0207
	Required: Yes Data Type: xs:string	Multiple Entry: No
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name: ICD-10-CM Injury Diagnosis **Item Number:** 219

Alternate Names: Injury Diagnosis - ICD-10-CM

Description: Diagnoses related to all identified injuries.

Additional Information: Injury diagnoses as defined by ICD-10-CM code range S00-S99, T07, T14, T20-T28 and T30- T32.
The maximum number of diagnoses that may be reported for an individual patient is 50.

Allowable Value Information: Injury diagnoses as defined by ICD-10-CM code range S00-S99, T07, T14, T20-T28 and T30-T34, T68, T71, T75, T79.

TSE Requirement: Critical

NTDB Requirement: Yes Identifier: DG_0602

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

References: NTDS 2023 DG_0602

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

Required: Yes Data Type: xs:string Multiple Entry: Yes Max: 50

Accepts Common Nulls: No Minimum: 3 Maximum: 8

XML Qualifier: ITR Exact Match to NTDB Element

Data Item Name: ICD-10-CM Hospital Procedures **Item Number:** 220

Alternate Names: Hospital Procedures (ICD-10-CM)

Description: Operative and selected non-operative procedures conducted during hospital stay. Operative and selected non-operative procedures are those that were essential to the diagnosis, stabilization, or treatment of the patient's specific injuries or complications.

Additional Information: The null value "Not Applicable" is used if the patient did not have procedures.
Only report procedures performed at your institution.
Report all procedures performed in the operating room.
Report all procedures in the ED, ICU, ward, or radiology department that were essential to the diagnosis, stabilization, or treatment of the patient's specific injuries or their complications.
Procedures reference by NTDB HP_0501 with an asterisk have the potential to be performed multiple times during one episode of hospitalization. In this case, capture only the first event. If there is no asterisk, capture each event even if there is more than one.
Note that the hospital may capture additional procedures.
The null value "Not Known/Not Recorded" is used if not coding ICD-10-CM.

Allowable Value Information: Major and minor procedure ICD-10-CM procedure codes.
The maximum number of procedures that may be reported for a patient is 200.

Allowable Null Values:

1	Not Applicable
2	Not Known / Not Recorded

TSE Requirement: Optional

NTDB Requirement: Yes Identifier: HP_0501

Abstract Form Location: Hospital Procedures Information / ICD-10 Procedure Codes

References: NTDS 2017 HP_0501

XML Specifications:	Element Name(Tag): HospitalProcedureIcd10	ID: HP_0501		
	Required: Yes	Data Type: xs:string	Multiple Entry: Yes	Max: 200
	Accepts Common Nulls: Yes			
	XML Qualifier: ITR Exact Match to NTDB Element			

Data Item Name:	Initial ED/Hospital Height	Item Number: 221
Alternate Names:	Initial ED/Hospital Patient Height (cm)	
Description:	First recorded height after ED/hospital arrival.	
Additional Information:	Report in centimeters May be based on family or self-report. Please note that first recorded/hospital vitals do not need to be from the same assessment The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital Height was not measured within 24 hours or less of ED/hospital arrival.	
Allowable Value Information:	Relevant value for data element - valid range of 30-275	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: ED_0415	
Abstract Form Location:	ED / Hospital Information / Patient Height	
References:	NTDS 2023 ED_0415	

XML Specifications:	Element Name(Tag): Height	ID: ED_0415
	Required: Yes Data Type: xs:decimal Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 30 Maximum: 275	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial ED/Hospital Weight	Item Number: 222
Alternate Names:	Initial ED/Hospital Patient Weight	
Description:	First recorded weight within 24 hours or less of ED/hospital arrival.	
Additional Information:	Report in kilograms	
	May be based on family or self-report	
	Please note that first recorded/hospital vitals do not need to be from the same assessment.	
	The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital Weight was not measured within 24 hours or less of ED/hospital arrival.	
Allowable Value Information:	Relevant value for data element - valid range 1-650	
Allowable Null Values:	2	Not Known / Not Recorded
TSE Requirement:	Optional	
NTDB Requirement:	Yes	Identifier: ED_0416
Abstract Form Location:	ED / Hospital Information / Patient Weight	
References:	NEMESIS v 2.2.1 E16_01 NTDS 2023 ED_0416	

XML Specifications:	Element Name(Tag): Weight	ID: ED_0416
	Required: Yes Data Type: xs:decimal Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 650	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Report of Physical Abuse	Item Number: 223
Description:	A report of suspected physical abuse was made to law enforcement and/or protective services.	
Additional Information:	This includes, but is not limited to, a report of child, elder, spouse or intimate partner physical abuse.	
Allowable Values:	1 Yes 2 No	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	XML Only	
NTDB Requirement:	No	
Abstract Form Location:	None	
References:	ITDX Data Dictionary 2020 I_0217	

XML Specifications:	Element Name(Tag): AbuseReport Required: No Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: Yes Minimum: 0 Maximum: 2 XML Qualifier: ITR Exact Match to NTDB Element	ID: I_0217
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Data Item Name:	Investigation of Physical Abuse	Item Number: 224
Description:	An investigation by law enforcement and/or protective services was initiated because of the suspected physical abuse.	
Additional Information:	This includes, but is not limited to, a report of child, elder, spouse or intimate partner physical abuse. Only complete when Report of Physical Abuse is Yes. The null value "Not Applicable" should be used for patients where Report of Physical Abuse is No.	
Allowable Values:	1 Yes 2 No	
Allowable Null Values:	1 Not Applicable 2 Not Known / Not Recorded	
TSE Requirement:	XML Only	
NTDB Requirement:	No	
Abstract Form Location:	None	
References:	ITDX Data Dictionary 2020 I_0218	

XML Specifications:	Element Name(Tag): AbuseInvestigation	ID: I_0218
	Required: No Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 0 Maximum: 2	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Caregiver at Discharge	Item Number: 225
Description:	The patient was discharged to a caregiver different than the caregiver at admission due to suspected physical abuse.	
Additional Information:	<p>Only complete when Report of Physical Abuse is Yes.</p> <p>Only complete for minors as determined by state/local definition, excluding emancipated minors.</p> <p>The null value "Not Applicable" should be used for patients where Report of Physical Abuse is No or where older than the state/local age definition of a minor.</p>	
Allowable Values:	<p>1 Yes</p> <p>2 No</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	XML Only	
NTDB Requirement:	No	
Abstract Form Location:	None	
References:	ITDX Data Dictionary 2020 I_0219	

XML Specifications:	Element Name(Tag): CaregiverAtDischarge Required: No Data Type: xs:integer Multiple Entry: No Accepts Common Nulls: Yes Minimum: 0 Maximum: 2 XML Qualifier: ITR Exact Match to NTDB Element	ID: I_0219
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Data Item Name:	Alcohol Screen Results	Item Number: 228
Alternate Names:	Alcohol Screen Results (g/dl)	
Description:	First recorded blood alcohol concentration (BAC) results within 24 hours after first hospital encounter.	
Additional Information:	Reported as X.XX grams per deciliter (g/dl). Record BAC results within 24 hours after first hospital encounter, at either your facility or the transferring facility. The null value "Not Applicable" is used for those patients who were not tested.	
Allowable Value Information:	Relevant value - BAC valid range 0.0-1.5	
Allowable Null Values:	1 Not Applicable 2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0420	
Abstract Form Location:	ED / Hospital Information / Alcohol Screen Results	
References:	NTDS 2023 ED_0420	

XML Specifications:	Element Name(Tag): AlcoholScreenResult Required: Yes Data Type: xs:decimal Multiple Entry: No Accepts Common Nulls: Yes Minimum: 0 Maximum: 1.5 XML Qualifier: ITR Exact Match to NTDB Element	ID: ED_0420
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Data Item Name:	Drug Screen	Item Number: 229
Alternate Names:	Drug Screen Results	
Description:	First recorded positive drug screen results within 24 hours after first hospital encounter (select all that apply).	
Additional Information:	Report positive drug screen results within 24 hours after first hospital encounter, at either your facility or the transferring facility. "None" is reported for patients whose only positive results are due to drugs administered at any facility (or setting) treating this patient event, or for patients who were tested and had no positive results. If multiple drugs are detected, only report drugs that were not administered at any facility (or setting) treating this patient event.	
Allowable Values:	1 AMP (Amphetamine) 2 BAR (Barbiturate) 3 BZO (Benzodiazepines) 4 COC (Cocaine) 5 mAMP (Methamphetamine) 6 MDMA (Ecstasy) 7 MTD (Methadone) 8 OPI (Opioid) 9 OXY (Oxycodone) 10 PCP (Phencyclidine) 11 TCA (Tricyclic Antidepressant) 12 THC (Cannabinoid) 13 Other 14 None 15 Not Tested	
Allowable Null Values:	Not Known/Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0417	
Abstract Form Location:	ED / Hospital Information / Drug Screen	
References:	NTDS 2023 ED_0417	

XML Specifications:	Element Name(Tag): DrugScreen	ID: ED_0417
	Required: No Data Type: xs:integer Multiple Entry: Yes Max: 15	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 15	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Trauma Team Involvement	Item Number: 231
Description:	Indicates if the trauma team was activated at any level including a trauma consult. The goal is to identify if a member of the trauma team was involved in the care of the patient in any capacity.	
Additional Information:	This is a helper field which may be used in determining inclusion criteria for the patient record. NB: In ImageTrend, Trauma Team Involvement is listed as No, or Level Activated (instead of Yes).	
Allowable Values:	1	Yes
	2	No
Allowable Null Values:	2	Not Known / Not Recorded
TSE Requirement:	Optional	
NTDB Requirement:	No	
Abstract Form Location:	None	
References:	ITDX Data Dictionary 2020 ED_0431	

XML Specifications:	Element Name(Tag): TraumaTeamInvolvement	ID: ED_0431
	Required: No Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Pre-hospital Cardiac Arrest	Item Number: 233
Alternate Names:	PRE-HOSPITAL CARDIAC ARREST	
Description:	Indication of whether patient experienced cardiac arrest prior to ED/Hospital arrival.	
Additional Information:	<p>A patient who experienced a sudden cessation of cardiac activity. The patient was unresponsive with no normal breathing and no signs of circulation.</p> <p>The event must have occurred outside of the index hospital. Pre-hospital cardiac arrest could occur at a transferring institution.</p> <p>Any component of basic and/or advanced cardiac life support must have been initiated.</p>	
Allowable Value Information:	Yes No	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: P_0320	
Abstract Form Location:	None	
References:	NTDS Data Dictionary 2020	

XML Specifications:	Element Name(Tag): PrehospitalCardiacArrest	ID: P_0320
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: No Minimum: 1 Maximum: 1	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial Field GCS 40 - Eye	Item Number: 234																				
Description:	First recorded Glasgow Coma Score 40 (Eye) measured at the scene of injury.																					
Additional Information:	<p>The null value "Not Known/Not Recorded" is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury.</p> <p>If a GCS value is not recorded, but written documentation allows assignment of a GCS score, that value can be used IF there is no conflicting documentation.</p> <p>The null value "Not Applicable" is reported for patients who arrive by "4. Private/Public Vehicle/Walk-in".</p> <p>Report Element Value "0. Not Testable" if unable to assess (e.g. swelling to eye(s)).</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's first recorded Initial Field GCS 40 – Eye was NOT measured at the scene of injury.</p> <p>The null value "Not Known/Not Recorded" is reported if Initial Field GCS – Eye is reported.</p>																					
Allowable Values:	<table border="0"> <tr><td>1</td><td>None (Adult)</td></tr> <tr><td>2</td><td>To Pressure (Adult)</td></tr> <tr><td>3</td><td>To Sound (Adult)</td></tr> <tr><td>4</td><td>Spontaneous (Adult)</td></tr> <tr><td>0</td><td>Not Testable (Adult)</td></tr> <tr><td>1</td><td>None (Ped < 5yrs)</td></tr> <tr><td>2</td><td>To Pain (Ped < 5yrs)</td></tr> <tr><td>3</td><td>To Sound (Ped < 5yrs)</td></tr> <tr><td>4</td><td>Spontaneous (Ped < 5yrs)</td></tr> <tr><td>0</td><td>Not Testable (Ped < 5yrs)</td></tr> </table>		1	None (Adult)	2	To Pressure (Adult)	3	To Sound (Adult)	4	Spontaneous (Adult)	0	Not Testable (Adult)	1	None (Ped < 5yrs)	2	To Pain (Ped < 5yrs)	3	To Sound (Ped < 5yrs)	4	Spontaneous (Ped < 5yrs)	0	Not Testable (Ped < 5yrs)
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1	Not Applicable																					
2	Not Known / Not Recorded																					
TSE Requirement:	Optional																					
NTDB Requirement:	Yes Identifier: P_0321																					
Abstract Form Location:	None																					
References:	NTDS 2023 P_0321																					

XML Specifications:	Element Name(Tag): EmsGcs40Eye	ID: P_0321
	Required: Yes Data Type: xs:integer	Multiple Entry: No
	Accepts Common Nulls: Yes	Minimum: 0 Maximum: 4
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial Field GCS 40 - Verbal	Item Number: 235																								
Description:	First recorded Glasgow Coma Score 40 (Verbal) measured at the scene of injury.																									
Additional Information:	<p>The null value "Not Known/Not Recorded" is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury.</p> <p>If a GCS value is not recorded, but written documentation allows assignment of a GCS score, that value can be used IF there is no conflicting documentation.</p> <p>The null value "Not Applicable" is reported for patients who arrive by "4. Private/Public Vehicle/Walk-in".</p> <p>Report Element Value "0. Not Testable" if unable to assess (e.g. patient is intubated).</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's first recorded Initial Field GCS 40-Verbal was not measured at the scene of injury</p> <p>The null value "Not Known/Not Recorded" is reported if Initial Field GCS – Verbal is reported.</p>																									
Allowable Values:	<table border="0"> <tr><td>1</td><td>None (Adult)</td></tr> <tr><td>2</td><td>Sounds (Adult)</td></tr> <tr><td>3</td><td>Words (Adult)</td></tr> <tr><td>4</td><td>Confused (Adult)</td></tr> <tr><td>5</td><td>Oriented (Adult)</td></tr> <tr><td>0</td><td>Not Testable (Adult)</td></tr> <tr><td>1</td><td>None (Ped < 5yrs)</td></tr> <tr><td>2</td><td>Cries (Ped < 5yrs)</td></tr> <tr><td>3</td><td>Vocal Sounds (Ped < 5yrs)</td></tr> <tr><td>4</td><td>Words (Ped < 5yrs)</td></tr> <tr><td>5</td><td>Talks Normally (Ped < 5yrs)</td></tr> <tr><td>0</td><td>Not Testable (Ped < 5yrs)</td></tr> </table>		1	None (Adult)	2	Sounds (Adult)	3	Words (Adult)	4	Confused (Adult)	5	Oriented (Adult)	0	Not Testable (Adult)	1	None (Ped < 5yrs)	2	Cries (Ped < 5yrs)	3	Vocal Sounds (Ped < 5yrs)	4	Words (Ped < 5yrs)	5	Talks Normally (Ped < 5yrs)	0	Not Testable (Ped < 5yrs)
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1	Not Applicable																									
2	Not Known / Not Recorded																									
TSE Requirement:	Optional																									
NTDB Requirement:	Yes Identifier: P_0322																									
Abstract Form Location:	Pre-Hospital /																									
References:	NTDS 2023 P_0322																									

XML Specifications:	Element Name(Tag): EmsGcs40Verbal	ID: P_0322
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial Field GCS 40 - Motor	Item Number: 236																										
Description:	First recorded Glasgow Coma Score 40 (Motor) measured at the scene of injury.																											
Additional Information:	<p>The null value "Not Known/Not Recorded" is reported if the patient is transferred to your facility with no EMS Run Report from the scene of injury.</p> <p>If a GCS value is not recorded, but written documentation allows assignment of a GCS score, that value can be used IF there is no conflicting documentation.</p> <p>The null value "Not Applicable" is reported for patients who arrive by "4. Private/Public Vehicle/Walk-in".</p> <p>Report Element Value "0. Not Testable" if unable to assess (e.g. neuromuscular blockade).</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's first recorded Initial Field GCS 40 – motor was NOT measured at the scene of injury.</p> <p>The null value "Not Known/Not Recorded" is reported if Initial Field GCS – Motor is reported.</p>																											
Allowable Values:	<table border="0"> <tr><td>1</td><td>None (Adult)</td></tr> <tr><td>2</td><td>Extension (Adult)</td></tr> <tr><td>3</td><td>Abnormal Flexion (Adult)</td></tr> <tr><td>4</td><td>Normal Flexion (Adult)</td></tr> <tr><td>5</td><td>Localizing (Adult)</td></tr> <tr><td>6</td><td>Obeys Commands (Adult)</td></tr> <tr><td>0</td><td>Not Testable (Adult)</td></tr> <tr><td>1</td><td>None (Ped < 5yrs)</td></tr> <tr><td>2</td><td>Extension to Pain (Ped < 5yrs)</td></tr> <tr><td>3</td><td>Flexion to Pain (Ped < 5yrs)</td></tr> <tr><td>4</td><td>Localizes Pain (Ped < 5yrs)</td></tr> <tr><td>5</td><td>Obeys Commands (Ped < 5yrs)</td></tr> <tr><td>0</td><td>Not Testable (Ped < 5yrs)</td></tr> </table>		1	None (Adult)	2	Extension (Adult)	3	Abnormal Flexion (Adult)	4	Normal Flexion (Adult)	5	Localizing (Adult)	6	Obeys Commands (Adult)	0	Not Testable (Adult)	1	None (Ped < 5yrs)	2	Extension to Pain (Ped < 5yrs)	3	Flexion to Pain (Ped < 5yrs)	4	Localizes Pain (Ped < 5yrs)	5	Obeys Commands (Ped < 5yrs)	0	Not Testable (Ped < 5yrs)
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Allowable Null Values:	<table border="0"> <tr><td>1</td><td>Not Applicable</td></tr> <tr><td>2</td><td>Not Known / Not Recorded</td></tr> </table>		1	Not Applicable	2	Not Known / Not Recorded																						
1	Not Applicable																											
2	Not Known / Not Recorded																											
TSE Requirement:	Optional																											
NTDB Requirement:	Yes Identifier: ED_0430																											
Abstract Form Location:	Pre-Hospital /																											
References:	NTDS 2023 P_0323																											

XML Specifications:	Element Name(Tag): EmsGcs40Motor	ID: ED_0430
	Required: Yes Data Type: xs:integer	Multiple Entry: No
	Accepts Common Nulls: Yes	Minimum: 0 Maximum: 6
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	ED Discharge Orders Written Date	Item Number: 237
Description:	The date the order was written for the patient to be discharged from the ED.	
Additional Information:	Reported as YYYY-MM-DD	
	The null value "Not Applicable" is reported if the patient was directly admitted to the hospital.	
	If ED Discharge Disposition is "5. Deceased/Expired," then ED Discharge Date is the date of death as indicated on the patient's death certificate.	
Allowable Value Information:	Month – 2 digits. Valid values range from 01 to 12.	
	Day – 2 digits. Valid values range from 01 to 31.	
	Year – 4 digits. Valid values range from 1990 to 2030.	
Allowable Null Values:	1 Not Available	
	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0424	
Abstract Form Location:	ED / Hospital Information /	
References:	NTDS 2023 ED_0424	

XML Specifications:	Element Name(Tag): EDDischargeOrdersWrittenDate	ID: ED_0424
	Required: Yes	Data Type: xs:date
	Multiple Entry: No	
	Accepts Common Nulls: Yes	Minimum: 1/1/1990 Maximum: 1/1/2030
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	ED Discharge Orders Written Time	Item Number: 238
Description:	The time the order was written for the patient to be discharged from the ED.	
Additional Information:	Reported as HH:MM military time	
Allowable Value Information:	Hour: valid values are from 00 to 23 Minute: valid values are from 00 to 59	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: ED_0425	
Abstract Form Location:	ED / Hospital Information /	
References:	NTDS 2023 ED_0425	

XML Specifications:	Element Name(Tag): EDDischargeOrdersWrittenTime	ID: ED_0425
	Required: Yes Data Type: xs:time	Multiple Entry: No
	Accepts Common Nulls: No	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Hospital Discharge Orders Written Date	Item Number: 239
Description:	The date the order was written for the patient to be discharged from the hospital.	
Additional Information:	<p>The null value "Not Applicable" is reported if ED Discharge Disposition is 4, 5, 6, 9, 10, or 11.</p> <p>If Hospital Discharge Disposition is "5. Deceased/Expired," then Hospital Discharge Date is the date of death as indicated on the patient's death certificate.</p> <p>Day - 2 digits. Valid values range from 01 to 31.</p> <p>Year - 4 digits. Valid values range from 2006 to 9999.</p> <p>Reported as YYYY-MM-DD</p>	
Allowable Value Information:	Month - 2 digits. Valid values range from 01 to 12.	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: O_0803	
Abstract Form Location:	Outcome Information /	
References:	NTDS 2023 O_0803	

XML Specifications:	Element Name(Tag): HospitalDischargeOrdersWrittenDate	ID: O_0803
	Required: Yes	Data Type: xs:date
	Multiple Entry: No	
	Accepts Common Nulls: No	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Hospital Discharge Orders Written Time	Item Number: 240
Description:	The time the order was written for the patient to be discharged from the hospital.	
Additional Information:	Reported as HH:MM military time. The null value "Not Applicable" is reported if ED Discharge Disposition is 4, 5, 6, 9, 10, or 11. If Hospital Discharge Disposition is "5. Deceased/Expired," then Hospital Discharge Time is the time of death as indicated on the patient's death certificate.	
Allowable Value Information:	Hour: valid values are from 00 to 23 Minute: valid values are from 00 to 59	
Allowable Null Values:	2 Not Known / Not Recorded	
TSE Requirement:	Required	
NTDB Requirement:	Yes Identifier: O_0804	
Abstract Form Location:	None	
References:	NTDS 2023 O_0804	

XML Specifications:	Element Name(Tag): HospitalDischargeOrdersWrittenTime	ID: O_0804
	Required: Yes	Data Type: xs:time
	Multiple Entry: No	
	Accepts Common Nulls: No	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial ED/Hospital GCS 40 - Eye	Item Number: 241																				
Description:	First recorded Glasgow Coma Score 40 (Eye) in the ED/hospital within 30 minutes or less of ED/hospital arrival.																					
Additional Information:	<p>If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate numeric score may be reported. E.g. the chart indicates: "patient's eyes open spontaneously," an Eye GCS 40 of 4 may be reported, IF there is no other contradicting documentation.</p> <p>Report Element Value "0. Not Testable" if unable to assess (e.g. swelling to eye(s))</p> <p>The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS – Eye is reported.</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital GCS 40- Eye was not measured within 30 minutes or less of ED/hospital arrival.</p>																					
Allowable Values:	<table border="0"> <tr><td>1</td><td>None (peds < 5 years)</td></tr> <tr><td>2</td><td>To Pain (peds < 5 years)</td></tr> <tr><td>3</td><td>To Sound (peds < 5 years)</td></tr> <tr><td>4</td><td>Spontaneous (peds < 5 years)</td></tr> <tr><td>0</td><td>Not Testable (peds < 5 years)</td></tr> <tr><td>1</td><td>None (adult)</td></tr> <tr><td>2</td><td>To Pressure (adult)</td></tr> <tr><td>3</td><td>To Sound (adult)</td></tr> <tr><td>4</td><td>Spontaneous (adult)</td></tr> <tr><td>0</td><td>Not Testable (adult)</td></tr> </table>		1	None (peds < 5 years)	2	To Pain (peds < 5 years)	3	To Sound (peds < 5 years)	4	Spontaneous (peds < 5 years)	0	Not Testable (peds < 5 years)	1	None (adult)	2	To Pressure (adult)	3	To Sound (adult)	4	Spontaneous (adult)	0	Not Testable (adult)
1	None (peds < 5 years)																					
2	To Pain (peds < 5 years)																					
3	To Sound (peds < 5 years)																					
4	Spontaneous (peds < 5 years)																					
0	Not Testable (peds < 5 years)																					
1	None (adult)																					
2	To Pressure (adult)																					
3	To Sound (adult)																					
4	Spontaneous (adult)																					
0	Not Testable (adult)																					
Allowable Null Values:	2 Not Known / Not Recorded																					
TSE Requirement:	Optional																					
NTDB Requirement:	No																					
Abstract Form Location:	None																					
References:	NTDS 2023 ED_0428																					

XML Specifications:	Element Name(Tag): GcsEye40	ID: ED_0428
	Required: No Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: No Minimum: 0 Maximum: 4	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial ED/Hospital GCS 40 - Verbal	Item Number: 242																								
Description:	First recorded Glasgow Coma Score 40 (Verbal) within 30 minutes or less of ED/hospital arrival.																									
Additional Information:	<p>If a patient does not have a numeric GCS 40 score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS 40 scale, the appropriate numeric score may be reported. E.g. the chart indicates: "patient correctly gives name, place and date" a Verbal GCS of 5 may be reported, IF there is no other contradicting documentation.</p> <p>Report Element Value "0. Not Testable" if unable to assess (e.g. patient is intubated).</p> <p>The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS – Verbal is reported.</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital GCS 40 - Verbal was not measured within 30 minutes or less of ED/hospital arrival.</p>																									
Allowable Values:	<table border="0"> <tr><td>1</td><td>None (adult)</td></tr> <tr><td>2</td><td>Sounds (adult)</td></tr> <tr><td>3</td><td>Words (adult)</td></tr> <tr><td>4</td><td>Confused (adult)</td></tr> <tr><td>5</td><td>Oriented (adult)</td></tr> <tr><td>0</td><td>Not Testable (adult)</td></tr> <tr><td>1</td><td>None (peds < 5 years)</td></tr> <tr><td>2</td><td>Cries (peds < 5 years)</td></tr> <tr><td>3</td><td>Vocal Sounds (peds < 5 years)</td></tr> <tr><td>4</td><td>Words (peds < 5 years)</td></tr> <tr><td>5</td><td>Talks Normally (peds < 5 years)</td></tr> <tr><td>0</td><td>Not Testable (peds < 5 years)</td></tr> </table>		1	None (adult)	2	Sounds (adult)	3	Words (adult)	4	Confused (adult)	5	Oriented (adult)	0	Not Testable (adult)	1	None (peds < 5 years)	2	Cries (peds < 5 years)	3	Vocal Sounds (peds < 5 years)	4	Words (peds < 5 years)	5	Talks Normally (peds < 5 years)	0	Not Testable (peds < 5 years)
1	None (adult)																									
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4	Confused (adult)																									
5	Oriented (adult)																									
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3	Vocal Sounds (peds < 5 years)																									
4	Words (peds < 5 years)																									
5	Talks Normally (peds < 5 years)																									
0	Not Testable (peds < 5 years)																									
Allowable Null Values:	2 Not Known / Not Recorded																									
TSE Requirement:	Optional																									
NTDB Requirement:	No																									
Abstract Form Location:	None																									
References:	NTDS 2023 ED_0429																									

XML Specifications:	Element Name(Tag): GCS40Verbal	ID: ED_0429
	Required: No Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 0 Maximum: 5	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Initial ED/Hospital GCS 40 - Motor	Item Number: 243																										
Description:	First recorded Glasgow Coma Score 40 (Motor) within 30 minutes or less of ED/hospital arrival.																											
Additional Information:	<p>If a patient does not have a numeric GCS 40 score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be reported. E.g. the chart indicates: "patient opened mouth and stuck out tongue when asked" for adult patient's, a Motor GCS 40 of 6 may be reported, IF there is no other contradicting documentation.</p> <p>Report Element Value "0. Not Testable" if unable to assess (e.g. neuromuscular blockade).</p> <p>The null value "Not Known/Not Recorded" is reported if Initial ED/Hospital GCS – Motor is reported.</p> <p>The null value "Not Known/Not Recorded" is reported if the patient's Initial ED/Hospital GCS 40 - Motor was not measured within 30 minutes or less of ED/hospital arrival.</p>																											
Allowable Values:	<table border="0"> <tr><td>1</td><td>None (adult)</td></tr> <tr><td>2</td><td>Extension (adult)</td></tr> <tr><td>3</td><td>Abnormal Flexion (adult)</td></tr> <tr><td>4</td><td>Normal Flexion (adult)</td></tr> <tr><td>5</td><td>Localizing (adult)</td></tr> <tr><td>6</td><td>Obeys Commands (adult)</td></tr> <tr><td>0</td><td>Not Testable (adult)</td></tr> <tr><td>1</td><td>None (peds < 5 years)</td></tr> <tr><td>2</td><td>Extension to Pain (peds < 5 years)</td></tr> <tr><td>3</td><td>Flexion to Pain (peds < 5 years)</td></tr> <tr><td>4</td><td>Localizes Pain (peds < 5 years)</td></tr> <tr><td>5</td><td>Obeys Commands (peds < 5 years)</td></tr> <tr><td>0</td><td>Not Testable (peds < 5 years)</td></tr> </table>		1	None (adult)	2	Extension (adult)	3	Abnormal Flexion (adult)	4	Normal Flexion (adult)	5	Localizing (adult)	6	Obeys Commands (adult)	0	Not Testable (adult)	1	None (peds < 5 years)	2	Extension to Pain (peds < 5 years)	3	Flexion to Pain (peds < 5 years)	4	Localizes Pain (peds < 5 years)	5	Obeys Commands (peds < 5 years)	0	Not Testable (peds < 5 years)
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0	Not Testable (peds < 5 years)																											
Allowable Null Values:	<table border="0"> <tr><td>1</td><td>Not Applicable</td></tr> <tr><td>2</td><td>Not Known / Not Recorded</td></tr> </table>		1	Not Applicable	2	Not Known / Not Recorded																						
1	Not Applicable																											
2	Not Known / Not Recorded																											
TSE Requirement:	Optional																											
NTDB Requirement:	No																											
Abstract Form Location:	None																											

XML Specifications:	Element Name(Tag): GCS40Motor	ID: ED_0430
	Required: No Data Type: Not Assigned	Multiple Entry: No
	Accepts Common Nulls: No	Minimum: 0 Maximum: 6
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	National Provider Identifier	Item Number: 245
Alternate Names:	NPI	
Description:	The National Provider Identifier (NPI) of the admitting surgeon.	
Additional Information:	This variable is considered optional and is not required as part of the NTDS dataset. The null value "Not Applicable" is reported if this optional element is not being reported.	
Allowable Value Information:	Must be stored as a 10-digit numeric value.	
Allowable Null Values:	1 Not Applicable 2 Not Known / Not Recorded	
TSE Requirement:	Optional	
NTDB Requirement:	No	
Abstract Form Location:	None	
References:	NTDS 2023 SSR_1101	

XML Specifications:	Element Name(Tag): NationalProviderIdentifier	ID: SSR_1101
	Required: No Data Type: Not Assigned	Multiple Entry: No
	Accepts Common Nulls: No	
	XML Qualifier: ITR Exact Match to NTDB Element	

Data Item Name:	Highest Activation	Item Number: 246
Description:	Patient received the highest level of trauma activation at your hospital.	
Additional Information:	<p>INCLUDE: patients who received the highest level of trauma activation initiated by emergency medical services (EMS) or by emergency department (ED) personnel at your hospital.</p> <p>INCLUDE: patients who received the highest level of trauma activation initiated by emergency medical services (EMS) or by emergency department (ED) personnel at your hospital and were downgraded after arrival to your center.</p> <p>INCLUDE: patients who received a lower level of trauma activation initiated by emergency medical services (EMS) or by emergency department (ED) personnel at your hospital and were upgraded to the highest level of trauma activation.</p> <p>EXCLUDE: patients who received the highest level of trauma activation after emergency department (ED) discharge.</p> <p>Highest level of activation is defined by your hospital's criteria.</p>	
Allowable Values:	1	Yes
	2	No
Allowable Null Values:	1	Not Applicable
	2	Not Known / Not Recorded
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	None	

XML Specifications:	Element Name(Tag): HighestActivation	ID: ED_0432
	Required: No Data Type: xs:boolean Multiple Entry: No	
	Accepts Common Nulls: No	
	XML Qualifier: Not an XML Element	

Data Item Name:	Trauma Surgeon Arrival Date	Item Number: 247
Description:	The date the first trauma surgeon arrived at the patient's bedside.	
Additional Information:	Collected as YYYY-MM-DD.	
	Limit reporting to the 24 hours after ED/Hospital arrival.	
	The trauma surgeon leads the trauma team and is responsible for the overall care of trauma patient, including coordinating care with other specialties and maintaining continuity of care.	
	The null value "Not Applicable" is reported for those patients who were not evaluated by a trauma surgeon within 24 hours of ED/Hospital arrival.	
	The null value "Not Applicable" is reported if the data element Highest Activation is reported as Element Value "2. No."	
Allowable Value Information:	Relevant value for data element	
Allowable Null Values:	1	Not Applicable
	2	Not Known / Not Recorded
TSE Requirement:	Optional	
NTDB Requirement:	No	
Abstract Form Location:	None	

XML Specifications:	Element Name(Tag): TraumaSurgeonArrivalDate	ID: ED_0433
	Required: No	Data Type: xs:datetime
	Multiple Entry: No	
	Accepts Common Nulls: No	
	XML Qualifier: Not an XML Element	

Data Item Name:	Trauma Surgeon Arrival Time	Item Number: 248
Description:	The time the first trauma surgeon arrived at the patient's bedside.	
Additional Information:	Collected as HHMM military time.	
	Limit reporting to the 24 hours after ED/Hospital arrival.	
	The trauma surgeon leads the trauma team and is responsible for the overall care of trauma patient, including coordinating care with other specialties and maintaining continuity of care.	
	The null value "Not Applicable" is reported for those patients who were not evaluated by a trauma surgeon within 24 hours of ED/Hospital arrival.	
	The null value "Not Applicable" is reported if the data element Highest Activation is reported as Element Value "2. No."	
Allowable Value Information:	Relevant value for data element	
Allowable Null Values:	1	Not Applicable
	2	Not Known / Not Recorded
TSE Requirement:	Optional	
NTDB Requirement:	No	
Abstract Form Location:	None	

XML Specifications:	Element Name(Tag): TraumaSurgeonArrivalTime	ID: ED_0434
	Required: No Data Type: xs:time Multiple Entry: No	
	Accepts Common Nulls: No	
	XML Qualifier: Not an XML Element	

Data Item Name:	UUID	Item Number: 249
Alternate Names:	EMS Patient Care Report Universally Unique ID	
Description:	The universally unique identifier (UUID) of the patient care report (PCR) of each emergency service (EMS) unit treating the patient from the time of injury to arrival at your ED/hospital.	
Additional Information:	<p>Report all that apply (maximum 20).</p> <p>A sample UUID is: e48cd734-01cc-4da4-ae6a-915b0b1290f6</p> <p>Automated abstraction technology provided by registry product providers/vendors must be used for this data element. In the absence of automated technology, report the null value "Not Known/Not Recorded."</p> <p>Consistent with NEMESIS v3.5.0.</p> <p>The null value "Not Known/Not Recorded" must be reported if the UUID is not documented on the EMS Run Report. The UUID will not be documented on EMS Run Reports in NEMESIS versions lower than 3.5.0. In collaboration with NEMESIS, the ACS will communicate when NEMESIS 3.5.0 is widely implemented.</p> <p>The null value "Not Applicable" must be reported if the patient was never transported via EMS prior to arrival at your hospital.</p> <p>Assigned by the transporting EMS agency in accordance with the IETF RFC 4122 standard</p>	
Allowable Null Values:	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
TSE Requirement:	Optional	
NTDB Requirement:	No	
Abstract Form Location:	None	

XML Specifications:	Element Name(Tag): PatientUUID	ID: P_0325
	Required: No Data Type: xs:string	Multiple Entry: No
	Accepts Common Nulls: No	
	XML Qualifier: Not an XML Element	

Data Item Name:	Packed Red Blood Cells	Item Number: 250
Description:	Volume of packed red blood cells transfused (CCs [mLs]) within first 4 hours after ED/hospital arrival.	
Additional Information:	Packed red blood cells transfusing upon patient arrival. Cell saver blood. Refers to amount of transfused packed red blood cells (CCs [mLs]) within first 4 hours after arrival to your hospital. If no packed red blood cells were given, then volume reported must be 0 (zero).	
Allowable Value Information:	Relevant value for data element	
TSE Requirement:	Required	
NTDB Requirement:	No	
Abstract Form Location:	None	
References:	NTDS 2023 PM_5104	

XML Specifications:	Element Name(Tag): PackedRedBloodCells	ID: PM_5104
	Required: No Data Type: Not Assigned	Multiple Entry: No
	Accepts Common Nulls: No	
	XML Qualifier: Not an XML Element	

Data Item Name:	Primary Trauma Service Type	Item Number: 251
Description:	The primary service type responsible for the care of this patient.	
Additional Information:	<p>The primary service type responsible for trauma evaluation and care of the patient.</p> <p>This element will be used to determine which eligible Trauma Quality Programs report [adult or pediatric] the patient will appear; report age criteria will still apply.</p> <p>Adult trauma centers that do not have a separate pediatric service must report Element Value "1. Adult."</p> <p>Pediatric trauma centers that do not have a separate adult service must report Element Value "2. Pediatric."</p>	
Allowable Values:	<p>1 Adult</p> <p>2 Pediatric</p>	
TSE Requirement:	Optional	
NTDB Requirement:	Yes Identifier: ED_0436	
Abstract Form Location:	None	
References:	NTDS 2023 ED_0436	

XML Specifications:	Element Name(Tag): PrimaryTraumaServiceType	ID: ED_0436
	Required: No Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: Yes Minimum: 1 Maximum: 2	
	XML Qualifier: Not an XML Element	

Data Item Name: Level of Trauma Team Activated **Item Number:** 252

Description: Please include the highest level of activation by EMS or hospital personnel, even if the activation level was downgraded after the patient arrived at your hospital.

Allowable Values:

1	Priority 1 Trauma
2	Priority 2 Trauma
3	Priority 3 Trauma
4	Not activated

Allowable Null Values:

1	Not applicable
2	Not known/not recorded

TSE Requirement: Required

NTDB Requirement: No

Abstract Form Location: ED / Hospital Information /

XML Specifications:	Element Name(Tag): TraumaTeamLevel	ID: ED_1025
	Required: Yes Data Type: xs:integer Multiple Entry: No	
	Accepts Common Nulls: No Minimum: 1 Maximum: 9	
	XML Qualifier: ITR Additional XML Element	

Data Item Name: Placed On Ventilator Date **Item Number:** 253

Description: Date patient first placed on ventilator, including pre-hospital care

Additional Information: Reported as YYYY-MM-DD

The null value "Not Applicable" is reported for patients who were not placed on ventilator.

Allowable Null Values:

1	Not applicable
2	Not known/not recorded

TSE Requirement: Optional

NTDB Requirement: No

Abstract Form Location: ED / Hospital Information /

XML Specifications: Element Name(Tag): VentilatorDate ID: ED_1026

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

Accepts Common Nulls: Yes Minimum: 1/1/2023 Maximum: 1/1/2030

XML Qualifier: Not an XML Element

Data Item Name:	Placed On Ventilator Time	Item Number: 254
Description:	Time patient first placed on ventilator, including during pre-hospital care	
Additional Information:	Reported as HH:MM military time.	
Allowable Null Values:	1	Not applicable
	2	Not known/not recorded
TSE Requirement:	Optional	
NTDB Requirement:	No	
Abstract Form Location:	ED / Hospital Information /	

XML Specifications:	Element Name(Tag): VentilatorTime	ID: ED_1027	
	Required: No	Data Type: xs:time	Multiple Entry: No
	Accepts Common Nulls: Yes		
	XML Qualifier: ITR Additional XML Element		

2023 Data Dictionary Change Log Notes

General changes

- Updated NTDS element IDs and references to match NTDS 2023 standards
 - Update Idaho schema to match NTDB schema

Element specific changes

- Item number 117 – DG_0601 – Pre-Existing Conditions - TR21.21
 - Removed Allowable Values
 - 32 - Angina Pectoris
 - 33 - Mental/Personality Disorders
 - Added Allowable Values
 - 39 - Bipolar I/II Disorder
 - 40 - Major Depressive Disorder
 - 41 - Other Mental/Personality Disorders
 - 42 - Post-Traumatic Stress Disorder
 - 43 - Schizoaffective Disorder
 - 44 - Schizophrenia
- Item Number 249 – P_0325 – Patient UUID – TR7.7
 - Changed Description
 - The universally unique identifier (UUID) of the patient care report (PCR) of each emergency medical service (EMS) unit treating the patient from the time of injury to arrival at your hospital.
 - Added additional information
 - The null value “Not Applicable” must be reported if the patient was never transported via EMS prior to arrival at your hospital.
 - Report all that apply (maximum 20).
 - Removed additional information
 - The null value “Not Applicable” must be reported for all patients where Inter-facility Transfer is Element Value “1. Yes.”
 - The null value “Not Applicable” must be reported for all patients where Transport Mode is Element Values “4. Private/Public Vehicle/Walk-in,” “5. Police,” or “6. Other.”
 - If Transport Mode is Element Value "1. Ground Ambulance," "2. Helicopter Ambulance" or "3. Fixed Wing Ambulance" but the patient was not transported from the scene of injury, report the null value "Not Known/Not Recorded."
 - For patients with multiple modes of transport from the scene of injury, report the UUID assigned by the EMS agency that delivered the patient to your hospital.
 - Changed additional information
 - The null value "Not Known/Not Recorded" must be reported if the UUID is not documented on the EMS Run Report. The UUID will not be documented on EMS Run Reports in NEMSIS versions lower than 3.5.0. In collaboration with NEMSIS, the ACS will communicate when NEMSIS 3.5.0 is widely implemented.
 - Assigned by any applicable transporting EMS agency in accordance with the IETF RFC 4122 standard.
- Item Number 12 – ED_1001 – Readmission – TR5.19
 - Changed reportability to “Optional”
- Item Number 81 – C_9903 – Facility ID – TR6.1
 - Added Allowable Values

- 1300061 - Luke's Boise Children's Hospital
- 1300072 - St. Luke's Fruitland Medical Plaza
- 13003F - Veterans Affairs Medical Center

New elements

- Item number 250 – PM_5104 – Packed Red Blood Cells – TR40.4
- Item number 251 – ED_0436 – Primary Trauma Service Type – TR18.205
- Item number 252 – ED_1025 – Level of Trauma Team Activated – TR17.21
- Item number 253 – ED_1026 – Placed On Ventilator Date – TR26.74
- Item number 254 – ED_1027 – Placed On Ventilator Time – TR26.74.1

Retired elements

- Item Number 226 – P_0318 – Trauma Center Criteria – TR17.22
- Item Number 227 – P_0319 – Vehicular, Pedestrian, Other Risk Injury – TR17.47

Elements not changed beyond general changes

- Item Number 4 – C_9902 – Patient ID – TR5.12
- Item Number 5 – H_1003 – Medical Record Number – TR1.2
- Item Number 6 – D_1001 – Patient Last Name – TR1.9
- Item Number 7 – D_1002 – Patient First Name – TR1.8
- Item Number 8 – D_1003 – Patient Middle Name – TR1.10
- Item Number 9 – D_1004 – Social Security Number – TR1.11
- Item Number 10 – C_9901 – Incident Revision Date –
- Item Number 11 – D_1201 – Patient's Home ZIP/Postal Code – TR1.20
- Item Number 13 – D_1207 – Date of Birth – TR1.7
- Item Number 14 – D_1208 – Age – TR1.12
- Item Number 15 – D_1209 – Age Units – TR1.14
- Item Number 16 – D_1212 – Sex – TR1.15
- Item Number 17 – D_1211 – Ethnicity – TR1.17
- Item Number 18 – D_1210 – Race – TR1.16
- Item Number 19 – I_0203 – Work-Related – TR2.10
- Item Number 20 – I_0204 – Patient Occupational Industry – TR2.6
- Item Number 22 – F_0901 – Primary Payer Source – TR2.5
- Item Number 28 – I_0212 – Incident County – TR5.9
- Item Number 30 – I_0201 – Injury Incident Date – TR5.1
- Item Number 31 – I_0202 – Injury Incident Time – TR5.18
- Item Number 32 – P_1000 – EMS Agency ID Number – TR7.3
- Item Number 33 – P_0307 – Transport Mode – TR8.8
- Item Number 34 – P_0308 – Other Transport Mode – TR8.10
- Item Number 35 – P_0301 – EMS Dispatch Date – TR9.1
- Item Number 36 – P_0302 – EMS Dispatch Time – TR9.10
- Item Number 39 – P_0304 – EMS Unit Arrival Time at Scene or Transferring Facility – TR9.4
- Item Number 40 – P_0303 – EMS Unit Arrival Date at Scene or Transferring Facility – TR9.4.1
- Item Number 43 – P_0306 – EMS Unit Departure Time from Scene or Transferring Facility – TR9.3.1
- Item Number 44 – P_0305 – EMS Unit Departure Date from Scene or Transferring Facility – TR9.3.1
- Item Number 61 – P_0313 – Initial Field GCS - Eye – TR18.60
- Item Number 62 – P_0314 – Initial Field GCS - Verbal – TR18.61.2
- Item Number 63 – P_0315 – Initial Field GCS - Motor – TR18.62.2
- Item Number 64 – P_0316 – Initial Field GCS Total – TR18.64
- Item Number 84 – P_0317 – Inter-Facility Transfer – TR25.54
- Item Number 89 – ED_0422 – ED Discharge Disposition – TR17.27

- Item Number 91 – ED_0426 – ED Discharge Physical Date – TR17.25
- Item Number 92 – ED_0427 – ED Discharge Physical Time – TR17.26
- Item Number 93 – ED_0404 – Initial ED/Hospital Pulse Rate – TR18.2
- Item Number 94 – ED_0407 – Initial ED/Hospital Respiratory Assistance – TR18.10
- Item Number 96 – ED_1007 – Initial ED/Hospital Diastolic Blood Pressure – TR18.13
- Item Number 97 – ED_0405 – Initial ED/Hospital Temperature Celsius – TR18.30
- Item Number 102 – ED_1012 – Revised Trauma Score – TR18.28
- Item Number 104 – ED_0410 – Initial ED/Hospital GCS - Eye – TR18.14
- Item Number 105 – ED_0411 – Initial ED/Hospital GCS - Verbal – TR18.15.2
- Item Number 106 – ED_0412 – Initial ED/Hospital GCS - Motor – TR18.16.2
- Item Number 107 – ED_0413 – Initial ED/Hospital GCS - Total – TR18.19
- Item Number 108 – ED_0414 – Initial ED/Hospital GCS Assessment Qualifiers – TR18.21
- Item Number 113 – ED_0419 – Alcohol Screen – TR18.46
- Item Number 114 – I_0220 – Trauma Type – TR200.3.3
- Item Number 119 – HP_0502 – Procedure Start Date – TR22.5
- Item Number 121 – IS_0701 – AIS Predot Code – TR21.22
- Item Number 122 – IS_0705 – Injury Severity Score – TR21.8
- Item Number 123 – IS_1001 – Trauma Injury Severity Score (TRISS) – TR21.11
- Item number 125 - Q_1001 – Complications - TR23.1
- Item Number 131 – O_0807 – Hospital Discharge Disposition – TR25.27
- Item Number 138 – O_0805 – Hospital Discharge Date – TR25.34
- Item Number 139 – O_0806 – Hospital Discharge Time – TR25.48
- Item Number 145 – I_0205 – Patient Occupation – TR2.11
- Item Number 146 – ED_1000 – Direct Admission – TR17.30
- Item Number 148 – HP_0503 – Procedure Start Time – TR22.31
- Item Number 150 – H_1000 – Hospital Created Date –
- Item Number 151 – H_1001 – Hospital Created Time –
- Item Number 155 – H_1006 – Hospital Transferred From – TR33.1
- Item Number 156 – H_1008 – Hospital Transferred To – TR17.61
- Item Number 158 – ED_0403 – Initial ED/Hospital Systolic Blood Pressure – TR18.11
- Item Number 166 – I_1000 – Patient Occupational Industry - Other – TR2.27
- Item Number 167 – I_1001 – Patient Occupation - Other – TR2.12
- Item Number 172 – IS_0702 – AIS Severity – TR21.22
- Item Number 173 – IS_0703 – ISS Body Region – TR21.22
- Item Number 174 – I_0214 – Protective Device – TR29.24
- Item Number 175 – I_0215 – Child Specific Restraint – TR29.31
- Item Number 176 – I_0216 – Airbag Deployment – TR29.32
- Item Number 177 – ED_1008 – Initial ED/Hospital Temperature Fahrenheit – TR18.30
- Item Number 179 – P_0312 – Initial Field Oxygen Saturation – TR18.82
- Item Number 180 – P_0310 – Initial Field Pulse Rate – TR18.69
- Item Number 181 – P_0311 – Initial Field Respiratory Rate – TR18.70
- Item Number 182 – P_0309 – Initial Field Systolic Blood Pressure – TR18.67
- Item Number 183 – D_1205 – Patient's Home City – TR1.21
- Item Number 184 – D_1202 – Patient's Home Country – TR1.19
- Item Number 185 – D_1204 – Patient's Home County – TR1.22
- Item Number 186 – D_1206 – Alternate Home Residence – TR1.13
- Item Number 188 – IS_0704 – AIS Version – TR21.25
- Item Number 189 – ED_0423 – Signs of Life – TR27.14
- Item Number 190 – D_1203 – Patient's Home State – TR1.23
- Item Number 191 – I_0213 – Incident City – TR5.10
- Item Number 192 – I_0210 – Incident Country – TR5.11
- Item Number 193 – I_0211 – Incident State – TR5.7

- Item Number 194 – I_0209 – Incident Location ZIP Code – TR5.6
- Item Number 195 – ED_0408 – Initial ED/Hospital Oxygen Saturation – TR18.31
- Item Number 196 – ED_0409 – Initial ED/Hospital Supplemental Oxygen – TR18.109
- Item Number 197 – O_0801 – Total ICU Length of Stay – TR26.9
- Item Number 198 – O_0802 – Total Ventilator Days – TR26.58
- Item Number 199 – ED_0406 – Initial ED/Hospital Respiratory Rate – TR18.70
- Item Number 200 – ED_1022 – Initial Hospital / ED Vital Signs / Medical Screening Exam Date – TR18.104
- Item Number 201 – ED_1020 – Initial Hospital / ED Vital Signs / Medical Screening Exam Time – TR18.105
- Item Number 202 – ED_0401 – ED/Hospital Arrival Date – TR18.55
- Item Number 203 – ED_0402 – ED/Hospital Arrival Time – TR18.56
- Item Number 204 – H_1009 – Registrar – TR5.23
- Item Number 205 – DG_1001 – Diagnosis Memo – TR21.30
- Item Number 206 – I_1002 – Injury Description – TR20.12
- Item Number 214 – H_1007 – Hospital Transferred From Name – TR33.1.Name
- Item Number 215 – ED_1023 – EMS Agency Name – TR7.3
- Item Number 216 – I_0206 – ICD-10-CM Primary External Cause Code – TR200.3
- Item Number 217 – I_0208 – ICD-10-CM Additional External Cause Code – TR200.3
- Item Number 218 – I_0207 – ICD-10-CM Place of Occurrence External Cause Code – TR200.5
- Item Number 219 – DG_0602 – ICD-10-CM Injury Diagnosis – TR200.1
- Item Number 220 – HP_0501 – ICD-10-CM Hospital Procedures – TR22.1
- Item Number 221 – ED_0415 – Initial ED/Hospital Height – TR1.6
- Item Number 222 – ED_0416 – Initial ED/Hospital Weight – TR1.6.5
- Item Number 223 – I_0217 – Report of Physical Abuse – TR41.1
- Item Number 224 – I_0218 – Investigation of Physical Abuse – TR41.2
- Item Number 225 – I_0219 – Caregiver at Discharge – TR41.3
- Item Number 228 – ED_0420 – Alcohol Screen Results – TR18.103
- Item Number 229 – ED_0417 – Drug Screen – TR18.91
- Item Number 231 – ED_0431 – Trauma Team Involvement – TR17.21
- Item Number 233 – P_0320 – Pre-hospital Cardiac Arrest – TR15.53
- Item Number 234 – P_0321 – Initial Field GCS 40 - Eye – TR18.90.2
- Item Number 235 – P_0322 – Initial Field GCS 40 - Verbal – TR18.91.2
- Item Number 236 – P_0323 – Initial Field GCS 40 - Motor – TR18.92.2
- Item Number 237 – ED_0424 – ED Discharge Orders Written Date – TR17.41
- Item Number 238 – ED_0425 – ED Discharge Orders Written Time – TR17.42
- Item Number 239 – O_0803 – Hospital Discharge Orders Written Date – TR25.93
- Item Number 240 – O_0804 – Hospital Discharge Orders Written Time – TR25.94
- Item Number 241 – ED_0428 – Initial ED/Hospital GCS 40 - Eye – TR18.40.2
- Item Number 242 – ED_0429 – Initial ED/Hospital GCS 40 - Verbal – TR18.41.2
- Item Number 243 – ED_0430 – Initial ED/Hospital GCS 40 - Motor – TR18.42.2
- Item Number 245 – SSR_1101 – National Provider Identifier – TR35.48
- Item Number 246 – ED_0432 – Highest Activation – TR17.21.1
- Item Number 247 – ED_0433 – Trauma Surgeon Arrival Date – TR17.15.1
- Item Number 248 – ED_0434 – Trauma Surgeon Arrival Time – TR17.15.2

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

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TIME-SENSITIVE EMERGENCY REGISTRY – Trauma Abstraction Form

Hospital:		Registrar:		Date:		TR#	
Patient Demographics							
NAME:						MR#	
						SSN#	
DOB:		Age:	Sex: M F		ZIP:		City:
Race: White ▪ Black ▪ Asian ▪ AmerIndian ▪ Hawaiian/PacificIslander ▪ Other Race ▪ Not Known							
Ethnicity: Hispanic ▪ NonHispanic ▪ Not Known							
Injury Information							
Injury Date:			Time:		Zip or City/State/County:		
Injury Description (what happened):							
Place/Site of Injury Code (Y92.X):							
Mechanism/Cause of Injury Code(s):							
Safety: Seatbelt? Y / N: 3pt Lap Shld				Airbag Present? Y / N Not Known			
Child Restraint? Y / N: Infant Child Booster				Airbag Deployed? Y / N Front Side Other			
Helmet		Protective Gear		NONE		Not Known Other:	
Pre-Hospital Information							
Transport mode to your hospital: Ground EMS ▪ Heli ▪ Fixed-Wing ▪ POV/Walk-in ▪ Police ▪ Other							
EMS Agency Name:							
Transferred from another hospital by EMS: Y / N				Name of Hospital:			
Readmission within 30 days: Y / N				Direct Admit: Y / N			
Trauma Priority Activation							
Date:		Time:		Priority 1 2 3		Not Known/Not Recorded	
Upgrade/Downgrade?				Date/Time:			
ED / Hospital Information							
ED/Hospital Arrival		Date:		Time:			
ED Discharge		Date:		Time:			
ED Discharge Disposition (if applicable): Floor ▪ Observation ▪ Telemetry ▪ OR ▪ ICU ▪ Transferred to Another Hospital ▪ Died ▪ AMA ▪ Other (jail, mental health etc.) ▪ N/A (Direct Admit)							
Name of Short Term Hosp Transferred to:							
Transferred by: Amb Helicopter FW Other							
ED/Hospital Vital Signs							
<i>If admitted through the ED, use ED values or Not Known if values were not recorded. If Direct Admit, use the first floor value.</i>							
Initial Assessment		Date:		Time:			
Pulse:		SBP / DBP:		Resp Rate:		Respiration Assisted: Y / N	
O₂ Saturation:			Supplemental O₂: Y / N			Temperature:	
GCS Eye:		GCS Verbal:		GCS Motor:		GCS Total:	
Qualifier : Eye Obstruction ▪ Intubated ▪ Chemically Sedated ▪ Chemically Paralyzed ▪ Valid GCS ▪ Not Known							
Tested for Alcohol: Yes / No / Not Known BAC:							
Tested for Drugs: Not Tested/ None /Not Known							
Drugs: AMP / MDMA / OPI / OXY / TCA / BAR / BZO / COC / mAMP / PCP / MTD / THC / Other:							

APPENDIX B: FORMULAS APPLIED TO CALCULATED FIELD VALUES

XML Data Item Name	Calculation																				
Age	Age = Incident Date (Injury Incident Date) - Date of Birth (PatientDateofBirth)																				
Age Units	This is automatically calculated based on Age. If patient is ≥ 12 months old, the units will be displayed in years. If patient < 12 months old, the age unit will display days or months.																				
Initial ED/Hospital GCS - Total	This element is not calculated it is manually entered by the user																				
Initial ED/Hospital GSC - Total Calc	This is automatically calculated based on adding the sum of the following three data elements together: GCS Total = Glasgow Eye + Glasgow Verbal + Glasgow Motor Can be manually entered with individual values for Eye, Verbal, Motor are not available.																				
Injury Severity Score	ISS is calculated as the sum of the squares of the AIS severity scores for the three highest scoring of six body regions. Only the highest AIS score in each body region is used. $ISS = (\text{Highest AIS severity score in 1st region})^2 + (\text{Highest AIS severity score in 2nd region})^2 + (\text{Highest AIS severity score in 3rd region})^2.$ <p>The ISS score takes values from 0 to 75. If an injury is assigned an AIS of 6 (un-survivable injury), the ISS score is automatically assigned to 75.</p>																				
Revised Trauma Score	Calculated: $RTS = 0.9368 * GCS_c + 0.7326 * SBP_c + 0.2908 * RR_c$ Glasgow Coma Score total points (GCS _c): 13-15 = 4; 9-12 = 3; 6-8 = 2; 4-5 = 1; 3 = 0 Respiratory Rate (RR _c): 10-29 = 4; >29 = 3; 6-9 = 2; 1-5 = 1; 0=0 Systolic Blood Pressure (SBP _c): >89 = 4; 76-89 = 3; 50-75 = 2; 1 - 49 = 1; 0 = 0																				
Trauma Injury Severity Score (TRISS); Probability of survival	<p>TRISS is a method used to estimate probability of survival - Pr(s) - as a function of injury severity (ISS), revised trauma score (RTS), patient age, and type of injury (blunt or penetrating), using a logistic model.</p> <p>$Pr(s) = 1 / (1 + e^{-b})$, where: $e = 2.7183$ $b = b_0 + b_1(RTS) + b_2(ISS) + b_3(AGEIndex)$</p> <p>b₀, b₁, b₂, and b₃ are weights derived from study data. RTS is the Revised Trauma Score on Admission; ISS is the Injury Severity Score; and AGEIndex = 1 if patient age is >54 years, and AGEIndex = 0 if patient age is ≤ 54 years.</p> <table border="1" data-bbox="877 1341 1675 1497"> <thead> <tr> <th colspan="5">The TRISS regression weights for AIS-90-based norms are defined below:</th> </tr> <tr> <th></th> <th>b0</th> <th>b1 (RTS)</th> <th>b2(ISS)</th> <th>b3(AGEIndex)</th> </tr> </thead> <tbody> <tr> <td>Blunt</td> <td>-.44990</td> <td>0.8085</td> <td>-0.0835</td> <td>-1.7430</td> </tr> <tr> <td>Penetrating</td> <td>-2.5355</td> <td>0.9934</td> <td>-0.0651</td> <td>-1.1360</td> </tr> </tbody> </table>	The TRISS regression weights for AIS-90-based norms are defined below:						b0	b1 (RTS)	b2(ISS)	b3(AGEIndex)	Blunt	-.44990	0.8085	-0.0835	-1.7430	Penetrating	-2.5355	0.9934	-0.0651	-1.1360
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Penetrating	-2.5355	0.9934	-0.0651	-1.1360																	

	<p>The adult blunt-injured coefficients (AGEIndex = 0) are also for both blunt and penetrating-injured pediatric patients (< 15 years old).</p> <p>TRISS will be calculated only if GCS, SBP, unassisted respiratory rate, AIS with sufficient injury detail to prevent AIS=9, age and type of injury are recorded.</p>
Intentionality of Injury	<p>Intentionality of Injury is based on the ICD-10-CM external cause of injury code matrix published by the Centers for Disease Control and Prevention.</p> <p>Possible responses include: Unintentional, Undetermined, Self-Inflicted, Assault, Other, Not Known</p> <p>More information on CDC injury matrices can be found here: https://www.cdc.gov/nchs/injury/injury_matrices.htm</p>
Mechanism of Injury	<p>Mechanism of Injury is based on the ICD-10-CM external cause of injury code matrix published by the Centers for Disease Control and Prevention.</p> <p>Possible responses include, but are not limited to: Falls, Drowning, All transport, Fires, Machinery</p> <p>More information on CDC injury matrices can be found here: https://www.cdc.gov/nchs/injury/injury_matrices.htm</p>
Type of Trauma	<p>Type of trauma is based on ICD-10-CM external cause of injury codes (primary) and the CDC Injury Matrix. Possible responses include: Penetrating, Burn, Blunt, Other, Not Known</p> <p>More information on CDC injury matrices can be found here: https://www.cdc.gov/nchs/injury/injury_matrices.htm</p>
ISS Body Region	<p>This is calculated from first digit of AIS Pre-dot code, and will be one of six body regions: Head, Face, Chest, Abdomen, Extremity, External</p>

APPENDIX C: TABLE OF EMS AGENCY NAMES AND CODES

EMS Agency License Number	EMS Agency Name
5601	Aberdeen / Springfield Fire District
6800	Acute Rescue and Transport, Inc.
8407	Ada County Paramedics
3100	Agrium CPO Emergency Response Team
8426	Air St. Luke's
3524	Albion Quick Response
5109	Alert 2 Up River Ambulance
4138	American Medical Response
7185	Asotin County Fire District #1
8799	Atlanta Emergency Medical Services
6228	Back Country Medics
8611	Bannock County Ambulance District
3473	Bannock County Sheriff
9619	Bannock County Sheriff's Search & Rescue
7602	Bear Lake County Ambulance Service
7605	Bingham County Search & Rescue
7603	Blackfoot Fire Department
2425	Boise BLM Smokejumpers
2499	Boise National Forest
8142	Bonner County Emergency Medical Services
4725	Bonneville County Sheriff's Search & Rescue
7102	Boundary Volunteer Ambulance Service
3324	Bruneau QRU
3502	Buhl Fire Department EMS Division
3507	Burley Fire Department
10002	BYU-Idaho Emergency Medical Services
7503	Camas County Ambulance
4311	Cambridge Ambulance
7527	Carey Quick Response Unit
5604	Caribou County Emergency Medical Services
10005	Caribou-Targhee National Forest
7410	Cascade Rural Fire & EMS
3528	Castleford Quick Response Unit
3719	Central Fire District
9928	City of Bliss Department of QRU
7601	City of Chubbuck Fire Department
3330	City of Fruitland / Payette County Paramedics
8705	City of Idaho Falls Ambulance Service
9535	City of Jerome Fire Department
7213	City of Riggins Ambulance
3517	City of Rocks / Almo QRU Inc.
2544	City of Sun Valley Fire Department

EMS Agency License Number	EMS Agency Name
7702	Clark County Ambulance
6103	Clark Fork Valley Ambulance Service, Inc.
10011	Classic Air Care, LLC - dba Classic Air Medical
7219	Clearwater County Ambulance
6723	Clearwater Paper Fire Department
5210	Clearwater Quick Response Unit
5310	Council Valley Ambulance
3225	Craigmont Quick Response and Extrication
3229	Culdesac Q R U
7212	Deary Ambulance
3539	Declo Q R U
3515	Dietrich Quick Response Unit, Inc.
7423	Donnelly Ambulance - ILS
5430	East Boise County Ambulance District
1730	Elk Bend Quick Response Unit
5201	Elk City Ambulance Inc.
6919	Elmore Ambulance Service-ALS
7511	Elmore County Ambulance
7522	Emergency Response Ambulance-ALS
3325	Emmett Fire Department
3538	Filer Quick Response Unit
4429	Fireline Medics LLC
2626	Fort Hall Fire & EMS District
7614	Franklin County Ambulance Association
3612	Franklin County Fire District
7704	Fremont County Emergency Medical Services
10015	Front Line EMS, LLC
7391	Garden Valley Fire Protection District
8144	Gateway Fire Protection District-Amb
7306	Gem County Emergency Medical Services
7218	Genesee Community Ambulance
5415	Gibbonsville Quick Response
8867	Glenwood Caribel Volunteer Fire District
7504	Gooding County Emergency Medical Services
9508	Gooding Fire Department
2551	Gowen Field Fire Department
7305	Grand View Ambulance Service
5710	Greater Swan Valley Fire Protection Dist. #2
3954	Hagerman Fire Protection District
2541	Hailey Fire Department
10009	Hall Mountain Volunteer Fire Department
7104	Harrison Community Ambulance
5302	Homedale Ambulance
5402	Horseshoe Bend Ambulance

EMS Agency License Number	EMS Agency Name
4733	Idaho Army National Guard (IDARNG) Emergency Medical Services
8310	Idaho Bureau of Land Management
6480	Injury Care EMS
7727	INL Fire Department-ALS
7216	J-K Ambulance
7202	Kamiah Ambulance
7506	Ketchum Fire Department
2422	Kiewit Mining Group, Inc.
7215	Kooskia Ambulance
8146	Kootenai County Emergency Medical Services
7403	Kuna Rural Fire District
5706	Leadore EMTs, Inc.
6559	Lemhi Inter-Facility Transfer (LIFT)
8210	Lewiston Fire Department - ALS
1036	Life Flight Network, LLC
7507	Life Run Ambulance-ALS
10006	Lifestar EMS & Rescue, Inc.
7509	Lincoln County EMS
7707	Lost River EMT's Inc
3219	Lowell QRU
7708	Madison County Ambulance
8520	Magic Valley Paramedics
5312	Marsing Ambulance Service Inc.
7427	McCall Fire & Emergency Medical Services
3216	McCall Smokejumpers
3512	Meadows Valley Emergency Services
3431	Micron Technology, Inc.
5317	Midvale Ambulance
1539	Mini-Cassia Search and Rescue Unit, Inc.
3505	Minidoka County Fire Protection Dist
4638	Monsanto Fire & Rescue
7203	Moscow Fire Department-AMB
7818	MRW EMS
7714	Mud Lake Ambulance
3321	New Plymouth QRU
7204	Nez Perce Ambulance Inc.
7709	North Custer Hospital District
10003	Northern Idaho National Forests, USFS
3120	Northside Fire District
3530	Oakley Quick Response Unit Inc.
4610	Oneida County Ambulance
5918	PACT EMS
7303	Parma Ambulance Service
10008	Patronus Medical Services at Gozzer Ranch

EMS Agency License Number	EMS Agency Name
3645	Payette City Fire
6356	Portneuf Medical Center
7206	Potlatch Ambulance
5221	Powell QRU
7620	Power County Emergency Medical Services
3501	Prairie QRU and Fire, Inc.
2147	Prichard / Murray Volunteer Fire Dept
7114	Priest Lake Emergency Medical Technicians, Inc.
5509	Raft River Fire Protection District
3720	Roberts Fire District QRU
3529	Rock Creek Quick Response Unit
8728	Rocky Mountain Holdings, LLC
9540	Rupert City Fire / Rescue
4120	Sagle Fire District
7711	Salmon Advanced EMT's
9703	Salmon Search & Rescue
6615	Salmon-Challis National Forest
5945	Sam Owen Fire District
2130	Sandpoint Fire Department
10004	Sawtooth National Forest
2145	Schweitzer Fire District
4612	SERV 1
7617	Shelley - Firth QRU
7807	Shoshone County EMS Corporation-ILS
3124	Shoshone County Fire Protection District #1
3135	Shoshone County Fire Protection District #2
3111	Silver Mountain Ski Patrol
7712	South Custer County Ambulance
2126	St. Joe EMS Inc.
7113	St. Maries Ambulance
3116	St. Maries Fire Protection District
7207	St. Mary's Hospital Ambulance - ALS
5510	Stanley Ambulance
7208	Syringa General Hospital Ambulance - ILS
6232	Tahoe QRU
6665	Tamarack Ski Patrol
3705	Teton County Fire Protection District
6034	Teton County Sheriff's Search & Rescue
4701	Thompson Creek Ambulance
7479	Treasure Valley Emergency Medical Services System
8327	Treasure Valley Paramedics
7217	Troy Volunteer Ambulance
2542	Twin Falls Fire & Rescue
3770	USDA

EMS Agency License Number	EMS Agency Name
10014	Victory EMS
8304	Weiser Ambulance District
3543	Wendell Rural Fire District EMS Division
3545	West Cassia Q R U
3503	West End Fire & Rescue
8730	West Pend Oreille Fire District
5618	Westside Fire District
2230	White Bird Quick Response Unit
4018	Wilderness Medics, Inc.
3434	Wilderness Ranch Fire Protection District
3231	Winchester Quick Response Unit
5855	Wolf EMS and Rescue
7512	Wood River Fire & Rescue
88888	Out-of-State – Known
9999	Unknown