

# IDAHO TIME-SENSITIVE EMERGENCY REGISTRY – TRAUMA REPORTING STANDARDS

Version 2024 – 01.1

Applicable to injuries occurring during 2024

A Publication of the  
Idaho Time-Sensitive Emergency Registry



Idaho TSE Registry  
Trauma, Stroke, STEMI

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## VERSION INFORMATION

<b>Version</b>	<b>Date</b>	<b>Change</b>
2023 – v1.0	2023-10-23	None. Date released.
2023 – v1.1	2023-10-31	Removed four retired items from data dictionary documentation (no changes to XML schema): <ul style="list-style-type: none"><li>• Signs of Life</li><li>• Report of Physical Abuse</li><li>• Investigation of Physical Abuse</li><li>• Caregiver at Discharge</li></ul>

## 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.

SUGGESTED CITATION: Eck R, Morawski BM, Rycroft RK. Time-Sensitive Emergency Registry – Trauma Reporting Standards, Version 2024 – 01.1. Boise, ID: Idaho Hospital Association Time-Sensitive Emergency Registry; October 2023.

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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\_2024.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
<b>Quarterly (preferred)</b>	FacilityName_YYYY_QN.xml	Portneuf_2024_Q1.xml
<b>Monthly</b>	FacilityName_YYYYMM.xml	Portneuf_202401.xml
<b>Annually</b>	FacilityName_YYYY.xml	Portneuf_2024.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\_202401.xml → Portneuf\_202401\_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](mailto:IdahoTSE@teamiha.org) and contact [IdahoTSE@teamiha.org](mailto: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\_2024.xsd"
2. "datatype\_Idaho\_all.xsd"
3. Crosswalk of Idaho Trauma Elements with national specifications, "Idaho 2024 Trauma Data Elements\_v1.1.xlsx"
4. Idaho Time-Sensitive Emergency Registry – Trauma Reporting Standards – v2024 – 01.1

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](mailto:IdahoTSE@teamiha.org).

## ADDITIONAL EXTERNAL REFERENCE DOCUMENTS

1. American College of Surgeons, National Trauma Data Standard Data Dictionary – 2024 Admissions: <https://www.facs.org/quality-programs/trauma/quality/national-trauma-data-bank/national-trauma-data-standard/data-dictionary/access-2024/>
2. Trauma Vendor Alliance, International Trauma Data Exchange (ITDX) Data Dictionary – 2024 as published by ESO: [https://www.eso.com/wp-content/uploads/2023/08/ItDXDataDictionary\\_2024.pdf](https://www.eso.com/wp-content/uploads/2023/08/ItDXDataDictionary_2024.pdf)

# INCLUSION/EXCLUSION CRITERIA

Effective 01/01/2024

**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 7<sup>th</sup> 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 7<sup>th</sup> 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 7<sup>th</sup> 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 “2024 Data Elements Table” and in the “2024 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
<b>Critical</b>	<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>
<b>Required</b>	<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>
<b>Optional</b>	<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>
<b>Supplemental</b>	<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>
<b>Calculated</b>	<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>
<b>Assigned</b>	<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>
<b>XML only</b>	<p>XML fields are elements that are <b>not</b> 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>

## 2024 DATA ELEMENTS TABLE

TSE Registry Element Number	XSD Identifier	Data Element Name	TSE Requirement	Page N°
4	C_9902	Patient ID	Assigned	16
5	H_1003	Medical Record Number	Required	17
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
10	C_9901	Incident Revision Date	Assigned	22
11	D_1201	Patient's Home ZIP/Postal Code	Required	23
12	ED_1001	Readmission	Optional	24
13	D_1207	Date of Birth	Required	25
14	D_1208	Age	Calculated	26
15	D_1209	Age Units	Calculated	27
16	D_1212	Sex	Required	28
17	D_1211	Ethnicity	Required	29
18	D_1210	Race	Required	30
19	I_0203	Work-Related	Required	31
20	I_0204	Patient Occupational Industry	Supplemental	32
22	F_0901	Primary Payer Source	Required	33
28	I_0212	Incident County	Required	34
30	I_0201	Injury Incident Date	Critical	35
31	I_0202	Injury Incident Time	Required	36
32	P_1000	EMS Agency ID Number	Required	37
33	P_0307	Transport Mode	Required	38
34	P_0308	Other Transport Mode	Required	39
35	P_0301	EMS Dispatch Date	Optional	40
36	P_0302	EMS Dispatch Time	Optional	41
39	P_0304	EMS Unit Arrival Time at Scene or Transferring	Optional	42
40	P_0303	EMS Unit Arrival Date at Scene or Transferring	Required	43
43	P_0306	EMS Unit Departure Time from Scene or	Optional	44
44	P_0305	EMS Unit Departure Date from Scene or	Optional	45
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
81	C_9903	Facility ID	Assigned	50
84	P_0317	Inter-Facility Transfer	Required	52
89	ED_0422	ED Discharge Disposition	Required	53
91	ED_0426	ED Discharge Physical Date	Required	54
92	ED_0427	ED Discharge Physical Time	Required	55
93	ED_0404	Initial ED/Hospital Pulse Rate	Required	56
94	ED_0407	Initial ED/Hospital Respiratory Assistance	Required	57
96	ED_1007	Initial ED/Hospital Diastolic Blood Pressure	Required	58

<b>TSE Registry Element Number</b>	<b>XSD Identifier</b>	<b>Data Element Name</b>	<b>TSE Requirement</b>	<b>Page N°</b>
97	ED_0405	Initial ED/Hospital Temperature Celsius	Required	59
102	ED_1012	Revised Trauma Score	Calculated	60
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
113	ED_0419	Alcohol Screen	Required	67
114	I_0220	Trauma Type	Required	68
117	DG_0601	Comorbid Conditions	Optional	69
119	HP_0502	Procedure Start Date	Optional	71
121	IS_0701	AIS Predot Code	Required	72
122	IS_0705	Injury Severity Score	Calculated	73
123	IS_1001	Trauma Injury Severity Score (TRISS)	Calculated	75
125	Q_1001	Complications	Optional	76
131	O_0807	Hospital Discharge Disposition	Required	78
138	O_0805	Hospital Discharge Date	Required	80
139	O_0806	Hospital Discharge Time	Required	81
145	I_0205	Patient Occupation	Supplemental	82
146	ED_1000	Direct Admission	Required	84
148	HP_0503	Procedure Start Time	Optional	85
150	H_1000	Hospital Created Date	Assigned	86
151	H_1001	Hospital Created Time	Assigned	87
155	H_1006	Hospital Transferred From	Supplemental	88
156	H_1008	Hospital Transferred To	Supplemental	89
158	ED_0403	Initial ED/Hospital Systolic Blood Pressure	Required	90
166	I_1000	Patient Occupational Industry - Other	Optional	91
167	I_1001	Patient Occupation - Other	Optional	92
172	IS_0702	AIS Severity	Required	93
173	IS_0703	ISS Body Region	Calculated	94
174	I_0214	Protective Device	Required	95
175	I_0215	Child Specific Restraint	Supplemental	96
176	I_0216	Airbag Deployment	Required	97
177	ED_1008	Initial ED/Hospital Temperature Fahrenheit	Required	98
179	P_0312	Initial Field Oxygen Saturation	Optional	99
180	P_0310	Initial Field Pulse Rate	Optional	100
181	P_0311	Initial Field Respiratory Rate	Optional	101
182	P_0309	Initial Field Systolic Blood Pressure	Optional	102
183	D_1205	Patient's Home City	Required	103
184	D_1202	Patient's Home Country	Required	104
185	D_1204	Patient's Home County	Required	105
186	D_1206	Alternate Home Residence	Supplemental	106
188	IS_0704	AIS Version	Assigned	107
190	D_1203	Patient's Home State	Required	108

<b>TSE Registry Element Number</b>	<b>XSD Identifier</b>	<b>Data Element Name</b>	<b>TSE Requirement</b>	<b>Page N°</b>
191	I_0213	Incident City	Required	109
192	I_0210	Incident Country	Required	110
193	I_0211	Incident State	Required	111
194	I_0209	Incident Location ZIP Code	Required	112
195	ED_0408	Initial ED/Hospital Oxygen Saturation	Required	113
196	ED_0409	Initial ED/Hospital Supplemental Oxygen	Required	114
197	O_0801	Total ICU Length of Stay	Optional	115
198	O_0802	Total Ventilator Days	Optional	116
199	ED_0406	Initial ED/Hospital Respiratory Rate	Required	117
200	ED_1022	Initial Hospital / ED Vital Signs / Medical	Optional	118
201	ED_1020	Initial Hospital / ED Vital Signs / Medical	Optional	119
202	ED_0401	ED/Hospital Arrival Date	Critical	120
203	ED_0402	ED/Hospital Arrival Time	Critical	121
204	H_1009	Registrar	Required	122
205	DG_1001	Diagnosis Memo	Optional	123
206	I_1002	Injury Description	Supplemental	124
214	H_1007	Hospital Transferred From Name	Supplemental	125
215	ED_1023	EMS Agency Name	Required	126
216	I_0206	ICD-10-CM Primary External Cause Code	Critical	127
217	I_0208	ICD-10-CM Additional External Cause Code	Optional	128
218	I_0207	ICD-10-CM Place of Occurrence External	Required	129
219	DG_0602	ICD-10-CM Injury Diagnosis	Critical	130
220	HP_0501	ICD-10-CM Hospital Procedures	Optional	131
221	ED_0415	Initial ED/Hospital Height	Optional	132
222	ED_0416	Initial ED/Hospital Weight	Optional	133
228	ED_0420	Alcohol Screen Results	Required	134
229	ED_0417	Drug Screen	Required	135
231	ED_0431	Trauma Team Involvement	Optional	136
233	P_0320	Pre-hospital Cardiac Arrest	Optional	137
234	ED_0428	Initial Field GCS 40 - Eye	Optional	138
235	ED_0429	Initial Field GCS 40 - Verbal	Optional	139
236	ED_0430	Initial Field GCS 40 - Motor	Optional	140
237	ED_0424	ED Discharge Orders Written Date	Required	141
238	ED_0425	ED Discharge Orders Written Time	Required	142
239	O_0803	Hospital Discharge Orders Written Date	Required	143
240	O_0804	Hospital Discharge Orders Written Time	Required	144
241	ED_0428	Initial ED/Hospital GCS 40 - Eye	Optional	145
242	ED_0429	Initial ED/Hospital GCS 40 - Verbal	Optional	146
243	ED_0430	Initial ED/Hospital GCS 40 - Motor	Optional	147
245	SSR_1101	National Provider Identifier	Optional	148
246	ED_0432	Highest Activation	Required	149
247	ED_0433	Trauma Surgeon Arrival Date	Optional	150
248	ED_0434	Trauma Surgeon Arrival Time	Optional	151
249	P_0325	UUID	Optional	152

<b>TSE Registry Element Number</b>	<b>XSD Identifier</b>	<b>Data Element Name</b>	<b>TSE Requirement</b>	<b>Page N°</b>
250	PM_5104	Packed Red Blood Cells	Required	153
251	ED_0436	Primary Trauma Service Type	Optional	154
252	ED_1025	Level of Trauma Team Activated	Required	155
253	ED_1026	Placed On Ventilator Date	Optional	156
254	ED_1027	Placed On Ventilator Time	Optional	157
255	SD_1501	Software Vendor	Optional	158
256	SD_1502	Software Product	Optional	159
257	SD_1503	Software Version	Optional	160

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

<b>XML Specifications:</b>	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	



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

<b>XML Specifications:</b>	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	

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**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

<b>XML Specifications:</b>	Element Name(Tag): PatientLastName	ID: D_1001
	Required: Yes Data Type: xs:string	Multiple Entry: No
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Additional XML Element	

---

**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

<b>XML Specifications:</b>	Element Name(Tag): PatientFirstName	ID: D_1002
	Required: Yes Data Type: xs:string	Multiple Entry: No
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Additional XML Element	

---

**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

<b>XML Specifications:</b>	Element Name(Tag): PatientMiddleName	ID: D_1003
	Required: No Data Type: xs:string Multiple Entry: No	
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Additional XML Element	

<b>Data Item Name:</b>	Social Security Number	<b>Item Number: 9</b>
<b>Description:</b>	Patient's Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN).	
<b>Additional Information:</b>	<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>	
<b>Allowable Value Information:</b>	String format: 999-99-9999 or "\d{3}([-])\d{2}([-])\d{4}"	
<b>Allowable Null Values:</b>	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	No	
<b>Abstract Form Location:</b>	Demographics / Social Security Number	
<b>References:</b>	<p>NEMESIS V 2.2.1 E06_10</p> <p>State of Idaho Death Certificate</p>	

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

<b>XML Specifications:</b>	Element Name(Tag): LastModifiedDateTime Required: Yes Data Type: xs:datetime Multiple Entry: No Accepts Common Nulls: No XML Qualifier: ITR Exact Match to NTDB Element	ID: C_9901
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<b>Data Item Name:</b>	Patient's Home ZIP/Postal Code	<b>Item Number: 11</b>
<b>Alternate Names:</b>	Patient's Home ZIP Code	
<b>Description:</b>	The patient's home ZIP/Postal code of primary residence.	
<b>Additional Information:</b>	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).	
<b>Allowable Value Information:</b>	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.	
<b>Allowable Null Values:</b>	1        Not Applicable	
	2        Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes      Identifier: D_1201	
<b>Abstract Form Location:</b>	Demographics / Patient Home ZIP Code	
<b>References:</b>	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	

<b>XML Specifications:</b>	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	

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

<b>XML Specifications:</b>	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	



<b>Data Item Name:</b>	Date of Birth	<b>Item Number: 13</b>
<b>Description:</b>	The month, day, and year of the patient's birth.	
<b>Additional Information:</b>	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.	
<b>Allowable Value Information:</b>	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.	
<b>Allowable Null Values:</b>	2      Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes      Identifier: D_1207	
<b>Abstract Form Location:</b>	Demographics / DOB	
<b>References:</b>	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	

<b>XML Specifications:</b>	Element Name(Tag): DateOfBirth	ID: D_1207
	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	

<b>Data Item Name:</b>	Age	<b>Item Number:</b> 14
<b>Description:</b>	The patient's age at the time of injury (best approximation).	
<b>Additional Information:</b>	<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>	
<b>Allowable Value Information:</b>	Number between 0 and 120, based on Age Units.	
<b>Allowable Null Values:</b>	<p>1 Not Available</p> <p>2 Not Known / Not Recorded</p>	
<b>TSE Requirement:</b>	Calculated	
<b>NTDB Requirement:</b>	Yes Identifier: D_1208	
<b>Abstract Form Location:</b>	Demographics / Age	
<b>References:</b>	<p>NEMSIS V 2.2.1 E06_14</p> <p>NTDS 2023 D_1208</p>	

<b>XML Specifications:</b>	Element Name(Tag): Age	ID: D_1208
	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	

<b>Data Item Name:</b>	Age Units	<b>Item Number:</b> 15
<b>Description:</b>	Units used to document the patient's age at the time of injury.	
<b>Additional Information:</b>	<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>	
<b>Allowable Values:</b>	<p>1       Hours</p> <p>2       Days</p> <p>3       Months</p> <p>4       Years</p> <p>5       Minutes</p> <p>6       Weeks</p>	
<b>Allowable Null Values:</b>	<p>1       Not Applicable</p> <p>2       Not Known / Not Recorded</p>	
<b>TSE Requirement:</b>	Calculated	
<b>NTDB Requirement:</b>	Yes     Identifier: D_1209	
<b>Abstract Form Location:</b>	Demographics /	
<b>References:</b>	<p>NEMESIS V 2.2.1 E06_15</p> <p>NTDS 2023 D_1209</p>	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Sex	<b>Item Number:</b> 16
<b>Description:</b>	Patient's sex.	
<b>Additional Information:</b>	Patients who have undergone a surgical and/or hormonal sex reassignment should be coded using the current assignment.	
<b>Allowable Values:</b>	1        Male 2        Female	
<b>Allowable Null Values:</b>	2        Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes       Identifier: D_1212	
<b>Abstract Form Location:</b>	Demographics / Sex	
<b>References:</b>	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	

<b>XML Specifications:</b>	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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<b>Data Item Name:</b>	Ethnicity	<b>Item Number: 17</b>
<b>Description:</b>	The patient's ethnicity, either Hispanic or Latino or not Hispanic or Latino.	
<b>Additional Information:</b>	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.	
<b>Allowable Values:</b>	1	Hispanic or Latino Origin
	2	Not Hispanic or Latino Origin
<b>Allowable Null Values:</b>	2	Not Known / Not Recorded
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes Identifier: D_1211	
<b>Abstract Form Location:</b>	Demographics / Hispanic/Not Hispanic/Unknown	
<b>References:</b>	NEMESIS V 2.2.1 E06_13 NTDS 2023 D_1211	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Race	<b>Item Number:</b> 18
<b>Description:</b>	The patient's race.	
<b>Additional Information:</b>	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.	
<b>Allowable Values:</b>	1 Asian 2 Native Hawaiian or Other Pacific Islander 3 Other Race 4 American Indian 5 Black or African American 6 White	
<b>Allowable Null Values:</b>	2 Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes Identifier: D_1210	
<b>Abstract Form Location:</b>	Demographics / Race	
<b>References:</b>	NEMESIS V 2.2.1 E06_12 NTDS 2023 D_1210	

<b>XML Specifications:</b>	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	

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

<b>XML Specifications:</b>	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

<b>XML Specifications:</b>	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	



<b>Data Item Name:</b>	Primary Payer Source	<b>Item Number:</b> 22
<b>Alternate Names:</b>	Primary Method of Payment	
<b>Description:</b>	Primary source of payment for hospital care.	
<b>Additional Information:</b>	No Fault Automobile, Workers Compensation, and Blue Cross/Blue Shield should be reported as "4. Private/Commercial Insurance". 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.	
<b>Allowable Values:</b>	1        Medicaid 2        Not Billed (for any reason) 3        Self Pay 4        Private / Commercial Insurance 6        Medicare 7        Other Government 10      Other	
<b>Allowable Null Values:</b>	2        Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes     Identifier: F_0901	
<b>Abstract Form Location:</b>	Payer Information / Primary Payer	
<b>References:</b>	NEMESIS V 2.2.1 E07_01 NTDS 2023 F_0901	

<b>XML Specifications:</b>	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	

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**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

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Injury Incident Date	<b>Item Number:</b> 30
<b>Alternate Names:</b>	Date of Injury	
<b>Description:</b>	Date that the injury occurred.	
<b>Additional Information:</b>	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.	
<b>Allowable Value Information:</b>	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.	
<b>Allowable Null Values:</b>	2      Not Known / Not Recorded	
<b>TSE Requirement:</b>	Critical	
<b>NTDB Requirement:</b>	Yes      Identifier: I_0201	
<b>Abstract Form Location:</b>	Injury / Injury Date	
<b>References:</b>	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	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Injury Incident Time	<b>Item Number:</b> 31
<b>Alternate Names:</b>	Time of Injury	
<b>Description:</b>	The time the injury occurred.	
<b>Additional Information:</b>	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.	
<b>Allowable Value Information:</b>	Hour: Valid values are from 00 to 23. Minute: Valid values are from 00 to 59.	
<b>Allowable Null Values:</b>	2      Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes      Identifier: I_0202	
<b>Abstract Form Location:</b>	Injury / Injury Time	
<b>References:</b>	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	

<b>XML Specifications:</b>	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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<b>Data Item Name:</b>	EMS Agency ID Number	<b>Item Number:</b> 32
<b>Alternate Names:</b>	EMS Agency License Number	
<b>Description:</b>	EMS agency ID or license number.	
<b>Allowable Value Information:</b>	<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>	
<b>Allowable Null Values:</b>	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	No	
<b>Abstract Form Location:</b>	Pre-Hospital / EMS Agency Name	
<b>References:</b>	<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>	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Transport Mode	<b>Item Number:</b> 33
<b>Description:</b>	The mode of transport delivering the patient to the hospital.	
<b>Allowable Values:</b>	1      Ground Ambulance 2      Helicopter Ambulance 3      Fixed-Wing Ambulance 4      Private / Public Vehicle / Walk-In 5      Police 6      Other	
<b>Allowable Null Values:</b>	2      Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes      Identifier: P_0307	
<b>Abstract Form Location:</b>	Pre-Hospital / Transport mode to your hospital	
<b>References:</b>	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	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Other Transport Mode	<b>Item Number:</b> 34
<b>Description:</b>	All other modes of transport used during patient care event, except the mode delivering the patient to your hospital.	
<b>Additional Information:</b>	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.	
<b>Allowable Values:</b>	1      Ground Ambulance 2      Helicopter Ambulance 3      Fixed-Wing Ambulance 4      Private / Public Vehicle / Walk-In 5      Police 6      Other	
<b>Allowable Null Values:</b>	1      Not Applicable 2      Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes      Identifier: P_0308	
<b>Abstract Form Location:</b>	Pre-Hospital / Transported By/Other Mode	
<b>References:</b>	NTDS 2023 P_0308	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	EMS Dispatch Date	<b>Item Number:</b> 35
<b>Alternate Names:</b>	EMS Unit Date Notified by Dispatch	
<b>Description:</b>	The date the unit transporting to your hospital was notified by dispatch.	
<b>Additional Information:</b>	<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>	
<b>Allowable Value Information:</b>	<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>	
<b>Allowable Null Values:</b>	<p>1        Not Applicable</p> <p>2        Not Known / Not Recorded</p>	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	Yes        Identifier: P_0301	
<b>Abstract Form Location:</b>	Pre-Hospital / Arrival Information/Unit Notified Date	
<b>References:</b>	<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>	

<b>XML Specifications:</b>	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	



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**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

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	EMS Unit Arrival Time at Scene or Transferring Facility	<b>Item Number:</b> 39
<b>Description:</b>	The time the unit transporting to your hospital arrived on the scene/transferring facility.	
<b>Additional Information:</b>	<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>	
<b>Allowable Value Information:</b>	<p>Hour: Valid values are from 00 to 23.</p> <p>Minute: Valid values are from 00 to 59.</p>	
<b>Allowable Null Values:</b>	<p>1 Not Available</p> <p>2 Not Known / Not Recorded</p>	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	Yes Identifier: P_0304	
<b>Abstract Form Location:</b>	Pre-Hospital / Arrival Information/Arrive Scene/Date/Time	
<b>References:</b>	<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>	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	EMS Unit Arrival Date at Scene or Transferring Facility	<b>Item Number:</b> 40
<b>Description:</b>	The date the unit transporting to your hospital arrived on the scene/transferring facility.	
<b>Additional Information:</b>	<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>	
<b>Allowable Value Information:</b>	<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>	
<b>Allowable Null Values:</b>	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes Identifier: P_0303	
<b>Abstract Form Location:</b>	Pre-Hospital / Arrival Information/Arrive Scene/Date Unit Arrived at Scene	
<b>References:</b>	<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>	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	EMS Unit Departure Time from Scene or Transferring Facility	<b>Item Number:</b> 43
<b>Description:</b>	The time the unit transporting to your hospital left the scene/transferring facility.	
<b>Additional Information:</b>	<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>	
<b>Allowable Value Information:</b>	<p>Hour: Valid values are from 00 to 23.</p> <p>Minute: Valid values are from 00 to 59.</p>	
<b>Allowable Null Values:</b>	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	Yes Identifier: P_0306	
<b>Abstract Form Location:</b>	Pre-Hospital / Arrival Information/Leave Scene/Date/Time	
<b>References:</b>	<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>	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	EMS Unit Departure Date from Scene or Transferring Facility	<b>Item Number:</b> 44
<b>Description:</b>	The date the unit transporting to your hospital left the scene/transferring facility.	
<b>Additional Information:</b>	<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>	
<b>Allowable Value Information:</b>	<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>	
<b>Allowable Null Values:</b>	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	Yes Identifier: P_0305	
<b>Abstract Form Location:</b>	Pre-Hospital / Arrival Information	
<b>References:</b>	<p>NEMESIS V 2.2.1 E05_09</p> <p>Idaho PERCS V.2.2.1</p> <p>NTDS 2023 P_0305</p>	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Initial Field GCS - Eye	<b>Item Number:</b> 61
<b>Description:</b>	First recorded Glasgow Coma Score (Eye) measured at the scene of the injury.	
<b>Additional Information:</b>	<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>	
<b>Allowable Values:</b>	<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>	
<b>Allowable Null Values:</b>	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	Yes Identifier: P_0313	
<b>Abstract Form Location:</b>	Pre-Hospital / GCS Eye	
<b>References:</b>	<p>NEMESIS V 2.2.1 E14_15</p> <p>Idaho PERCS V2.2.1</p> <p>NTDS 2023 P_0313</p>	

<b>XML Specifications:</b>	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:** 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.

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.

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 - Verbal was NOT measured at the scene of injury.

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

**Allowable Values:**

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)

**Allowable Null Values:**

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:** NEMSIS V 2.2.1 E14\_16  
Idaho PERCS V.2.2.1  
NTDS 2023 P\_0314

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Initial Field GCS - Motor	<b>Item Number:</b> 63
<b>Description:</b>	First recorded Glasgow Coma Score (Motor) at the scene of the injury.	
<b>Additional Information:</b>	<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>	
<b>Allowable Values:</b>	<p>1 No motor response (Ped &lt;= 2yrs)</p> <p>2 Extension to pain (Ped &lt;= 2yrs)</p> <p>3 Flexion to pain (Ped &lt;= 2yrs)</p> <p>4 Withdrawal from pain (Ped &lt;= 2yrs)</p> <p>5 Localizing pain (Ped &lt;= 2yrs)</p> <p>6 Appropriate response to stimulation (Ped &lt;= 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 Localizing pain (Adult)</p> <p>6 Obeys Command (Adult)</p>	
<b>Allowable Null Values:</b>	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	Yes Identifier: P_0315	
<b>Abstract Form Location:</b>	Pre-Hospital / GCS Motor	
<b>References:</b>	<p>NEMESIS V 2.2.1 E14_17</p> <p>Idaho PERCS</p> <p>NTDS 2023 P_0315</p>	

<b>XML Specifications:</b>	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	



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**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

<b>XML Specifications:</b>	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	

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**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

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Inter-Facility Transfer	<b>Item Number:</b> 84
<b>Alternate Names:</b>	Inter-Hospital Transfer	
<b>Description:</b>	Was the patient transferred to your facility from another acute care facility?	
<b>Additional Information:</b>	<p>Acute Care Hospital is defined as a hospital that provides inpatient medical care and other related services for surgery, acute medical conditions, or injuries (usually for a short-term illness or condition). "CMS Data Navigator Glossary of Terms" <a href="https://www.cms.gov/Research-Statistics-Data-and-systems/Research/ResearchGenInfo/Downloads/DataNav_Glossary_Alpha.pdf">https://www.cms.gov/Research-Statistics-Data-and-systems/Research/ResearchGenInfo/Downloads/DataNav_Glossary_Alpha.pdf</a> (accessed January 15, 2019).</p> <p>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.</p> <p>Outlying facilities purporting to provide emergency care services or utilized to stabilize a patient are considered acute care facilities.</p> <p>INCLUDE: Patients who require physical transfer from a free-standing emergency department (ED) to an affiliated trauma center.</p>	
<b>Allowable Values:</b>	1	Yes
	2	No
<b>Allowable Null Values:</b>	1	Not Applicable
	2	Not Known / Not Recorded
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes Identifier: P_0317	
<b>Abstract Form Location:</b>	Pre-Hospital / Transferred from another hospital by EMS	
<b>References:</b>	NTDS 2023 P_0317	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	ED Discharge Disposition	<b>Item Number:</b> 89
<b>Description:</b>	The disposition unit the order was written for the patient to be discharged from the ED.	
<b>Additional Information:</b>	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".	
<b>Allowable Values:</b>	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	
<b>Allowable Null Values:</b>	1 Not Applicable 2 Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes Identifier: ED_0422	
<b>Abstract Form Location:</b>	ED / Hospital Information / ED Discharge Disposition	
<b>References:</b>	NTDS 2023 ED_0422	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	ED Discharge Physical Date	<b>Item Number:</b> 91
<b>Alternate Names:</b>	ED Discharge Date	
<b>Description:</b>	The date the patient was discharged from the ED.	
<b>Additional Information:</b>	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.	
<b>Allowable Value Information:</b>	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.	
<b>Allowable Null Values:</b>	1	Not Applicable
	2	Not Known / Not Recorded
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	No	
<b>Abstract Form Location:</b>	ED / Hospital Information / ED Departure Date / Time	
<b>References:</b>	ImageTrend 2020 ED_0426	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	ED Discharge Physical Time	<b>Item Number:</b> 92
<b>Alternate Names:</b>	ED Discharge Time	
<b>Description:</b>	The time the patient was physically discharged from the ED.	
<b>Additional Information:</b>	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.	
<b>Allowable Value Information:</b>	Hour: Valid values are from 00 to 23	
	Minute: Valid values are from 00 to 59	
<b>Allowable Null Values:</b>	1 Not Applicable	
	2 Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	No	
<b>Abstract Form Location:</b>	ED / Hospital Information / ED Departure Date / Time	
<b>References:</b>	ImageTrend 2020 ED_0427	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Initial ED/Hospital Pulse Rate	<b>Item Number:</b> 93
<b>Alternate Names:</b>	Pulse Rate Initial in ED / Hospital	
<b>Description:</b>	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).	
<b>Additional Information:</b>	<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>	
<b>Allowable Value Information:</b>	Relevant value (palpated or auscultated) expressed as a number per minute. Acceptable range 0 - 300 beats per minute.	
<b>Allowable Null Values:</b>	2      Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes      Identifier: ED_0404	
<b>Abstract Form Location:</b>	ED / Hospital Information / Pulse	
<b>References:</b>	NTDS 2023 ED_0404	

<b>XML Specifications:</b>	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	



<b>Data Item Name:</b>	Initial ED/Hospital Respiratory Assistance	<b>Item Number:</b> 94
<b>Alternate Names:</b>	Initial Respiratory Assistance	
<b>Description:</b>	Determination of respiratory assistance associated with the initial ED/hospital respiratory rate within 30 minutes or less of ED/hospital arrival.	
<b>Additional Information:</b>	<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>	
<b>Allowable Values:</b>	<p>1 Unassisted Respiratory Rate</p> <p>2 Assisted Respiratory Rate</p>	
<b>Allowable Null Values:</b>	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes Identifier: ED_0407	
<b>Abstract Form Location:</b>	ED / Hospital Information / Resp Assist	
<b>References:</b>	NTDS 2023 ED_0407	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Initial ED/Hospital Diastolic Blood Pressure	<b>Item Number:</b> 96
<b>Description:</b>	First recorded diastolic blood pressure in the ED/hospital within 30 minutes or less of ED/hospital arrival.	
<b>Additional Information:</b>	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.	
<b>Allowable Value Information:</b>	Relevant numeric value for initial Diastolic Blood Pressure. Acceptable range 0 - 200.	
<b>Allowable Null Values:</b>	2      Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	No	
<b>Abstract Form Location:</b>	ED / Hospital Information / SBP / DBP	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Initial ED/Hospital Temperature Celsius	<b>Item Number:</b> 97
<b>Alternate Names:</b>	Initial ED/Hospital Temperature - Celsius	
<b>Description:</b>	First recorded temperature (in degrees Celsius [centigrade]) in the ED/hospital within <= 30 minutes of ED/hospital arrival.	
<b>Additional Information:</b>	<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>	
<b>Allowable Value Information:</b>	<p>Relevant numeric value for initial temperature.</p> <p>Up to 4 digits, including a decimal point. Range 10.0 to 45.0</p>	
<b>Allowable Null Values:</b>	2      Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes      Identifier: ED_0405	
<b>Abstract Form Location:</b>	ED / Hospital Information / Temperature	
<b>References:</b>	NTDS 2023 ED_0405	

<b>XML Specifications:</b>	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	

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

<b>XML Specifications:</b>	Element Name(Tag): RevisedTraumaScore Required: Yes    Data Type: xs:decimal    Multiple Entry: No Accepts Common Nulls: Yes      Minimum: 0 Maximum: 8 XML Qualifier: ITR Additional XML Element	ID: ED_1012
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<b>Data Item Name:</b>	Initial ED/Hospital GCS - Eye	<b>Item Number:</b> 104
<b>Alternate Names:</b>	GCS Eye Initial in ED / Hospital	
<b>Description:</b>	First recorded Glasgow Coma Score (Eye) in the ED/hospital within 30 minutes or less of ED/hospital arrival.	
<b>Additional Information:</b>	<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>	
<b>Allowable Values:</b>	<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>	
<b>Allowable Null Values:</b>	2 Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes Identifier: ED_0410	
<b>Abstract Form Location:</b>	ED / Hospital Information / GCS Eye	
<b>References:</b>	NTDS 2023 ED_0410	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Initial ED/Hospital GCS - Verbal	<b>Item Number:</b> 105
<b>Alternate Names:</b>	GCS Verbal Initial in the ED / Hospital	
<b>Description:</b>	First recorded Glasgow Coma Score (Verbal) within 30 minutes or less of ED/hospital arrival.	
<b>Additional Information:</b>	<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>	
<b>Allowable Values:</b>	<p>1 No vocal response (Ped &lt;= 2yrs)</p> <p>2 Inconsolable, agitated (Ped &lt;= 2yrs)</p> <p>3 Inconsistently consolable, moaning (Ped &lt;= 2yrs)</p> <p>4 Cries but is consolable, inappropriate interactions (Ped &lt;= 2yrs)</p> <p>5 Smiles, oriented to sounds, follows objects, Interacts (Ped &lt;= 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>	
<b>Allowable Null Values:</b>	2 Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes Identifier: ED_0411	
<b>Abstract Form Location:</b>	ED / Hospital Information / GCS Verbal	
<b>References:</b>	NTDS 2023 ED_0411	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Initial ED/Hospital GCS - Motor	<b>Item Number:</b> 106
<b>Alternate Names:</b>	GCS Motor Initial in ED / Hospital	
<b>Description:</b>	First recorded Glasgow Coma Score (Motor) within 30 minutes or less of ED/hospital arrival.	
<b>Additional Information:</b>	<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>	
<b>Allowable Values:</b>	<p>1 No Motor Response (Ped &lt;= 2yrs)</p> <p>2 Extension to Pain (Ped &lt;= 2yrs)</p> <p>3 Flexion to Pain (Ped &lt;= 2yrs)</p> <p>4 Withdrawal from Pain (Ped &lt;= 2yrs)</p> <p>5 Localizes Pain (Ped &lt;= 2yrs)</p> <p>6 Age Appropriate Response to Stimulation (Ped &lt;= 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>	
<b>Allowable Null Values:</b>	2 Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes Identifier: ED_0412	
<b>Abstract Form Location:</b>	ED / Hospital Information / GCS Motor	
<b>References:</b>	NTDS 2023 ED_0412	

<b>XML Specifications:</b>	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



<b>Data Item Name:</b>	Initial ED/Hospital GCS - Total	<b>Item Number:</b> 107
<b>Alternate Names:</b>	GCS Total Initial in ED / Hospital	
<b>Description:</b>	First recorded Glasgow Coma Score (total) within 30 minutes or less of ED/hospital arrival.	
<b>Additional Information:</b>	<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>	
<b>Allowable Value Information:</b>	Allowable value range 3 - 15.	
<b>Allowable Null Values:</b>	2        Not Known / Not Recorded	
<b>TSE Requirement:</b>	Calculated	
<b>NTDB Requirement:</b>	Yes        Identifier: ED_0413	
<b>Abstract Form Location:</b>	ED / Hospital Information / GCS Total	
<b>References:</b>	NTDS 2023 ED_0413	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Initial ED/Hospital GCS Assessment Qualifiers	<b>Item Number:</b> 108
<b>Alternate Names:</b>	GCS Qualifier Initial in ED / Hospital	
<b>Description:</b>	Documentation of factors potentially affecting the first assessment of GCS within <= 30 minutes of ED/hospital arrival.	
<b>Additional Information:</b>	<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>	
<b>Allowable Values:</b>	<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>	
<b>Allowable Null Values:</b>	2 Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes Identifier: ED_0414	
<b>Abstract Form Location:</b>	ED / Hospital Information / Eye Obstruction / Intubated / Sedated / Chemically Paralyzed	
<b>References:</b>	NTDS 2023 ED_0414	

<b>XML Specifications:</b>	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	

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

<b>XML Specifications:</b>	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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<b>Data Item Name:</b>	Trauma Type	<b>Item Number:</b> 114
<b>Alternate Names:</b>	Type of Injury Category of Cause of Injury	
<b>Description:</b>	The primary source of the trauma injury sustained by the patient, i.e. the type of force that caused the injury.	
<b>Additional Information:</b>	<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>	
<b>Allowable Values:</b>	<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>	
<b>Allowable Null Values:</b>	2 Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	No	
<b>Abstract Form Location:</b>	Injury / Injury Type	
<b>References:</b>	Mosby's Paramedic Textbook. Sanders, 1995.	

<b>XML Specifications:</b>	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	

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

**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

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Procedure Start Date	<b>Item Number:</b> 119
<b>Alternate Names:</b>	Hospital Start Procedure Date	
<b>Description:</b>	The date operative and selected non-operative procedures were performed.	
<b>Additional Information:</b>	Reported as YYYY-MM-DD. If the Procedure Start Date is not recorded, enter 'Not Known'.	
<b>Allowable Value Information:</b>	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.	
<b>Allowable Null Values:</b>	1        Not Applicable 2        Not Known / Not Recorded	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	Yes      Identifier: HP_0502	
<b>Abstract Form Location:</b>	Hospital Procedures Information / ICD-10-PCS Code (if available) with Start Date / Time	
<b>References:</b>	NTDS 2023 HP_0502	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	AIS Predot Code	<b>Item Number:</b> 121
<b>Description:</b>	The Abbreviated Injury Scale (AIS) pre-dot codes that reflect the patient's injuries.	
<b>Additional Information:</b>	<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 &amp; 4 = Specific Anatomic Structure (e.g. radius, maxillary sinus)</p> <p>Digits 5 &amp; 6 = Level of Injury (e.g. open, distal, % compression)</p>	
<b>Allowable Value Information:</b>	All possible 6-digit AIS predot codes	
<b>Allowable Null Values:</b>	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes Identifier: IS_0701	
<b>Abstract Form Location:</b>	Injury Diagnosis Information / AIS	
<b>References:</b>	<p>AIS 2005: Abbreviated Injury Scale 2005: Update 2008, Association for the Advancement of Automotive Medicine (2008).</p> <p>NTDS 2023 IS_0701</p>	

<b>XML Specifications:</b>	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	



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<b>Data Item Name:</b>	Injury Severity Score	<b>Item Number:</b> 122
<b>Alternate Names:</b>	Locally Calculated ISS	
<b>Description:</b>	The Injury Severity Score (ISS) is a summary score for traumatic injuries.	
<b>Additional Information:</b>	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.	
<b>Allowable Value Information:</b>	1 (Minor) to 75 (Almost Always Fatal)	
<b>Allowable Null Values:</b>	3	Not Calculated

**TSE Requirement:** Calculated  
**NTDB Requirement:** No  
**Abstract Form Location:** Injury Diagnosis Information / Injury-Related Scores/ISS  
**References:** NTDS 2023 IS\_0705

<b>XML Specifications:</b>	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

<b>XML Specifications:</b>	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		

<b>Data Item Name:</b>	Complications	<b>Item Number:</b> 125																																														
<b>Alternate Names:</b>	Hospital Complications																																															
<b>Description:</b>	Any medical complication that occurred during the patient's stay at your hospital.																																															
<b>Additional Information:</b>	<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>																																															
<b>Allowable Values:</b>	<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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<b>TSE Requirement:</b>	Optional																																															
<b>NTDB Requirement:</b>	Yes Identifier: Q_1001																																															
<b>Abstract Form Location:</b>	Outcome Information / Complications																																															
<b>References:</b>	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

<b>Data Item Name:</b>	Hospital Discharge Disposition	<b>Item Number:</b> 131																										
<b>Description:</b>	The disposition of the patient when discharged from the hospital.																											
<b>Additional Information:</b>	<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>																											
<b>Allowable Values:</b>	<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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<b>TSE Requirement:</b>	Required																											
<b>NTDB Requirement:</b>	Yes Identifier: O_0807																											
<b>Abstract Form Location:</b>	Outcome Information / Discharge Location																											
<b>References:</b>	NTDS 2023 O_0807																											

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



<b>Data Item Name:</b>	Hospital Discharge Date	<b>Item Number:</b> 138
<b>Alternate Names:</b>	Date Discharged from Hospital	
<b>Description:</b>	The date the patient is discharged from the hospital.	
<b>Additional Information:</b>	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.	
<b>Allowable Value Information:</b>	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.	
<b>Allowable Null Values:</b>	1 Not Applicable	
	2 Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	No	
<b>Abstract Form Location:</b>	Outcome Information / Hospital Discharge (or Death) Date / Time	
<b>References:</b>	ImageTrend 2020 O_0805	

<b>XML Specifications:</b>	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	



<b>Data Item Name:</b>	Hospital Discharge Time	<b>Item Number:</b> 139
<b>Alternate Names:</b>	Time Discharged from Hospital	
<b>Description:</b>	The time the patient was discharged from the hospital.	
<b>Additional Information:</b>	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.	
<b>Allowable Value Information:</b>	Hour: Valid values are from 00 to 23.	
	Minute: Valid values are from 00 to 59.	
<b>Allowable Null Values:</b>	1	Not Applicable
	2	Not Known / Not Recorded
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	No	
<b>Abstract Form Location:</b>	Outcome Information / Hospital Discharge (or Death) Date / Time	
<b>References:</b>	ImageTrend 2020 O_0806	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Patient Occupation	<b>Item Number:</b> 145
<b>Description:</b>	The occupation of the patient (within a given occupational industry).	
<b>Additional Information:</b>	<p>Only completed if injury is work-related.</p> <p>If work related, also complete Patient's Occupational Industry. Based upon 1999 US Bureau of Labor Statistics Standard Occupational Classification (SOC). The null value is "Not Applicable" if used if Work Related is 2. No.</p>	
<b>Allowable Values:</b>	<ul style="list-style-type: none"> <li>1 Business and Financial Operations Occupations</li> <li>2 Architecture and Engineering Occupations</li> <li>3 Community and Social Services Occupations</li> <li>4 Education, Training, and Library Occupations</li> <li>5 Healthcare Practitioners and Technical Occupations</li> <li>6 Protective Services Occupations</li> <li>7 Building and Grounds Cleaning and Maintenance Occupations</li> <li>8 Sales and Related Occupations</li> <li>9 Farming, Fishing, and Forestry Occupations</li> <li>10 Installation, Maintenance, and Repair Occupations</li> <li>11 Transportation and Material Moving Occupations</li> <li>12 Management Occupations</li> <li>13 Computer and Mathematical Occupations</li> <li>14 Life, Physical, and Social Science Occupations</li> <li>15 Legal Occupations</li> <li>16 Arts, Design, Entertainment, Sports, and Media Occupations</li> <li>17 Healthcare Support Occupations</li> <li>18 Food Preparation and Serving Related Occupations</li> <li>19 Personal Care and Service Occupations</li> <li>20 Office and Administrative Support Occupations</li> <li>21 Construction and Extraction Occupations</li> <li>22 Production Occupations</li> <li>23 Military-Specific Occupations</li> </ul>	
<b>Allowable Null Values:</b>	<ul style="list-style-type: none"> <li>1 Not Applicable</li> <li>2 Not Known / Not Recorded</li> </ul>	
<b>TSE Requirement:</b>	Supplemental	
<b>NTDB Requirement:</b>	Yes Identifier: I_0205	
<b>Abstract Form Location:</b>	Injury / Occupation	
<b>References:</b>	<p>NEMESIS 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

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

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Procedure Start Time	<b>Item Number:</b> 148
<b>Alternate Names:</b>	Hospital Procedure Start Time	
<b>Description:</b>	The time operative and selected non-operative procedures were performed.	
<b>Additional Information:</b>	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'.	
<b>Allowable Value Information:</b>	Hour: Valid values are from 00 to 23. Minute: Valid values are from 00 to 59.	
<b>Allowable Null Values:</b>	1        Not Applicable 2        Not Known / Not Recorded	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	Yes        Identifier: HP_0503	
<b>Abstract Form Location:</b>	Hospital Procedures Information / ICD-10 Code (if available) with Start Date / Time	
<b>References:</b>	NTDS 2023 HP_0503	

<b>XML Specifications:</b>	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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<b>Data Item Name:</b>	Hospital Created Date	<b>Item Number:</b> 150
<b>Alternate Names:</b>	Created Date	
<b>Description:</b>	Date data entry for the trauma incident was initiated.	
<b>Allowable Value Information:</b>	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.	
<b>TSE Requirement:</b>	Assigned	
<b>NTDB Requirement:</b>	No	
<b>Abstract Form Location:</b>	None	

<b>XML Specifications:</b>	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		

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

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Hospital Transferred From	<b>Item Number:</b> 155
<b>Description:</b>	The Medicare ID number of the acute care hospital the patient was transferred from by ambulance.	
<b>Additional Information:</b>	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.	
<b>Allowable Value Information:</b>	Medicare ID number. Refer to Data Element #81 "Facility ID" for listing.	
<b>Allowable Null Values:</b>	1        Not Applicable 2        Not Known / Not Recorded	
<b>TSE Requirement:</b>	Supplemental	
<b>NTDB Requirement:</b>	No	
<b>Abstract Form Location:</b>	Pre-Hospital / Name of Hospital	

<b>XML Specifications:</b>	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	



<b>Data Item Name:</b>	Hospital Transferred To	<b>Item Number:</b> 156
<b>Description:</b>	The Medicare ID number of the acute care hospital to which the patient was transferred by ambulance from your hospital.	
<b>Additional Information:</b>	<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>	
<b>Allowable Value Information:</b>	Medicare ID number. Refer to Data Element #81 "Facility ID" for listing.	
<b>Allowable Null Values:</b>	1        Not Applicable 2        Not Known / Not Recorded	
<b>TSE Requirement:</b>	Supplemental	
<b>NTDB Requirement:</b>	No	
<b>Abstract Form Location:</b>	Outcome Information / If transferred to another hospital by EMS, Name of hospital	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Initial ED/Hospital Systolic Blood Pressure	<b>Item Number:</b> 158
<b>Alternate Names:</b>	Initial Systolic Blood Pressure in ED / Hospital	
<b>Description:</b>	First recorded systolic blood pressure in the ED/hospital within 30 minutes or less of ED/hospital arrival.	
<b>Additional Information:</b>	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.	
<b>Allowable Value Information:</b>	Numerical value corresponding to the initial systolic blood pressure in mm Hg. Acceptable range of values 0 - 380	
<b>Allowable Null Values:</b>	2      Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes      Identifier: ED_0403	
<b>Abstract Form Location:</b>	ED / Hospital Information / SBP / DBP	
<b>References:</b>	NTDS 2023 ED_0403	

<b>XML Specifications:</b>	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	

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

<b>XML Specifications:</b>	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	

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**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

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	AIS Severity	<b>Item Number:</b> 172
<b>Description:</b>	The Abbreviated Injury Scale (AIS) severity score that reflects the severity of a patient's injuries.	
<b>Additional Information:</b>	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.	
<b>Allowable Values:</b>	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	
<b>Allowable Null Values:</b>	2 Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes Identifier: IS_0702	
<b>Abstract Form Location:</b>	Injury Diagnosis Information / AIS	
<b>References:</b>	NTDS 2023 IS_0702	

<b>XML Specifications:</b>	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	

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

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Protective Device	<b>Item Number:</b> 174																						
<b>Description:</b>	Protective devices (safety equipment) in use or worn by the patient at the time of injury.																							
<b>Additional Information:</b>	<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>																							
<b>Allowable Values:</b>	<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
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																							
<b>Allowable Null Values:</b>	2 Not Known / Not Recorded																							
<b>TSE Requirement:</b>	Required																							
<b>NTDB Requirement:</b>	Yes Identifier: I_0214																							
<b>Abstract Form Location:</b>	Injury / List of Safety Devices Used																							
<b>References:</b>	<p>NEMESIS V 2.2.1 E10_08</p> <p>NTDS 2023 I_0214</p>																							

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Child Specific Restraint	<b>Item Number:</b> 175
<b>Description:</b>	Protective child restraint devices used by patient at the time of injury.	
<b>Additional Information:</b>	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.	
<b>Allowable Values:</b>	1      Child Car Seat 2      Infant Car Seat 3      Child Booster Seat	
<b>Allowable Null Values:</b>	1      Not Applicable 2      Not Known / Not Recorded	
<b>TSE Requirement:</b>	Supplemental	
<b>NTDB Requirement:</b>	Yes      Identifier: I_0215	
<b>Abstract Form Location:</b>	Injury / List of Safety Devices Used	
<b>References:</b>	NTDS 2023 I_0215	

<b>XML Specifications:</b>	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	



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

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Initial ED/Hospital Temperature Fahrenheit	<b>Item Number:</b> 177
<b>Alternate Names:</b>	Initial Temperature ED/Hospital Fahrenheit	
<b>Description:</b>	First recorded temperature (in degrees Fahrenheit) in the ED/hospital within 30 minutes or less of ED/hospital arrival.	
<b>Additional Information:</b>	<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>	
<b>Allowable Value Information:</b>	<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>	
<b>Allowable Null Values:</b>	2      Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	No	
<b>Abstract Form Location:</b>	ED / Hospital Information / Temperature	
<b>References:</b>	NTDS 2023 ED_0405	

<b>XML Specifications:</b>	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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<b>Data Item Name:</b>	Initial Field Oxygen Saturation	<b>Item Number:</b> 179
<b>Description:</b>	First recorded oxygen saturation at the scene of the injury (expressed as a percentage).	
<b>Additional Information:</b>	<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. Value should be based upon assessment before administration of supplemental oxygen.</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 Oxygen Saturation was NOT measured at the scene of injury.</p> <p>Value should be expressed as a percentage, e.g. 1000 equals 100.0%, and 0987 equals 98.7%.</p>	
<b>Allowable Value Information:</b>	Relevant value for data element. 0-100	
<b>Allowable Null Values:</b>	1        Not Applicable 2        Not Known / Not Recorded	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	Yes    Identifier: P_0312	
<b>Abstract Form Location:</b>	Pre-Hospital / O2 Saturation	
<b>References:</b>	NEMSIS V 2.2.1 E14_09 Idaho PERCS V.2.2.1 NTDS 2023 P_0312	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Initial Field Pulse Rate	<b>Item Number:</b> 180
<b>Description:</b>	First recorded pulse at the scene of the injury (palpated or auscultated), expressed as a number per minute.	
<b>Additional Information:</b>	<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>	
<b>Allowable Value Information:</b>	Relevant value for data element. 0-300	
<b>Allowable Null Values:</b>	1        Not Applicable 2        Not Known / Not Recorded	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	Yes      Identifier: P_0310	
<b>Abstract Form Location:</b>	Pre-Hospital / Pulse	
<b>References:</b>	NEMSIS V 2.2.1 E14_07 Idaho PERCS V.2.2 NTDS 2023 P_0310	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Initial Field Respiratory Rate	<b>Item Number:</b> 181
<b>Description:</b>	First recorded respiratory rate measured at the scene of injury (expressed as a number per minute).	
<b>Additional Information:</b>	<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>	
<b>Allowable Value Information:</b>	Relevant value for initial field respiratory rate. 0-100	
<b>Allowable Null Values:</b>	<p>1        Not Applicable</p> <p>2        Not Known / Not Recorded</p>	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	Yes       Identifier: P_0311	
<b>Abstract Form Location:</b>	Pre-Hospital / Respiration Rate	
<b>References:</b>	<p>NEMESIS E14_11</p> <p>Idaho PERCS V.2.2.1</p> <p>NTDS 2023 P_0311</p>	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Initial Field Systolic Blood Pressure	<b>Item Number:</b> 182
<b>Description:</b>	First recorded systolic blood pressure measured at the scene of the injury.	
<b>Additional Information:</b>	<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>	
<b>Allowable Value Information:</b>	Relevant value for initial field systolic blood pressure. 0-380	
<b>Allowable Null Values:</b>	1        Not Applicable 2        Not Known / Not Recorded	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	Yes    Identifier: P_0309	
<b>Abstract Form Location:</b>	Pre-Hospital / SBP	
<b>References:</b>	NEMSIS V 2.2.1 E14_04 Idaho PERCS V.2.2.1 NTDS 2023 P_0309	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Patient's Home City	<b>Item Number:</b> 183
<b>Description:</b>	The patient's city (or township, or village) or residence.	
<b>Additional Information:</b>	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	
<b>Allowable Value Information:</b>	Relevant value for data element (five-digit numeric FIPS code)	
<b>Allowable Null Values:</b>	1        Not Applicable 2        Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes     Identifier: D_1205	
<b>Abstract Form Location:</b>	Demographics / City	
<b>References:</b>	NEMESIS V 2.2.1 E06_05 NTDS 2023 D_1205	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Patient's Home Country	<b>Item Number:</b> 184
<b>Description:</b>	The country where the patient resides.	
<b>Additional Information:</b>	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.	
<b>Allowable Value Information:</b>	Relevant value for data element (two-digit FIPS country code)	
<b>Allowable Null Values:</b>	1        Not Applicable 2        Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes      Identifier: D_1202	
<b>Abstract Form Location:</b>	Demographics / Patient's Home Country	
<b>References:</b>	NEMESIS V 2.2.1 E06_09 NTDS 2023 D_1202	

<b>XML Specifications:</b>	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	



<b>Data Item Name:</b>	Patient's Home County	<b>Item Number:</b> 185
<b>Description:</b>	The patient's county (or parish) of residence.	
<b>Additional Information:</b>	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.	
<b>Allowable Value Information:</b>	Relevant value for data element (three-digit numeric FIPS code)	
<b>Allowable Null Values:</b>	1        Not Applicable 2        Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes      Identifier: D_1204	
<b>Abstract Form Location:</b>	Demographics / County	
<b>References:</b>	NEMESIS V 2.2.1 E06_06 NTDS 2023 D_1204	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Alternate Home Residence	<b>Item Number:</b> 186
<b>Description:</b>	Documentation of the type of patient without a home zip code.	
<b>Additional Information:</b>	<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>	
<b>Allowable Values:</b>	<p>1 Homeless</p> <p>2 Undocumented Citizen</p> <p>3 Migrant Worker</p>	
<b>Allowable Null Values:</b>	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
<b>TSE Requirement:</b>	Supplemental	
<b>NTDB Requirement:</b>	Yes Identifier: D_1206	
<b>Abstract Form Location:</b>	Demographics / Patient Information/Alternate Residence	
<b>References:</b>	NTDS 2023 D_1206	

<b>XML Specifications:</b>	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	

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

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Patient's Home State	<b>Item Number:</b> 190
<b>Description:</b>	The state (territory, province, or District of Columbia) where the patient resides.	
<b>Additional Information:</b>	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.	
<b>Allowable Value Information:</b>	Relevant value (two digit numeric FIPS code)	
<b>Allowable Null Values:</b>	1        Not Applicable 2        Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes      Identifier: D_1203	
<b>Abstract Form Location:</b>	Demographics / State	
<b>References:</b>	NEMESIS V 2.2.1 E06_07 NTDS 2023 D_1203	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Incident City	<b>Item Number:</b> 191
<b>Description:</b>	The city or township where the patient was found or to which the unit responded.	
<b>Additional Information:</b>	<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>	
<b>Allowable Value Information:</b>	Relevant value for data element (five-digit numeric FIPS code)	
<b>Allowable Null Values:</b>	<p>1        Not Applicable</p> <p>2        Not Known / Not Recorded</p>	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes    Identifier: I_0213	
<b>Abstract Form Location:</b>	Injury / Injury (Zip or City/State/County)	
<b>References:</b>	<p>NEMESIS V 2.2.1 E08_12</p> <p>NTDS 2023 I_0213</p>	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Incident Country	<b>Item Number:</b> 192
<b>Description:</b>	The country where the patient was found or to which the unit responded (or best approximation).	
<b>Additional Information:</b>	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.	
<b>Allowable Value Information:</b>	Relevant value for data element (two-digit FIPS country code)	
<b>Allowable Null Values:</b>	2      Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes      Identifier: I_0210	
<b>Abstract Form Location:</b>	None	
<b>References:</b>	NTDS 2023 I_0210	

<b>XML Specifications:</b>	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	

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

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Incident Location ZIP Code	<b>Item Number:</b> 194
<b>Description:</b>	The ZIP/Postal code of the incident location.	
<b>Additional Information:</b>	<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>	
<b>Allowable Value Information:</b>	Relevant value (five or nine digit zip code).	
<b>Allowable Null Values:</b>	2      Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes      Identifier: I_0209	
<b>Abstract Form Location:</b>	Injury Diagnosis Information / Injury (Zip or City/State/County)	
<b>References:</b>	<p>NEMESIS V 2.2.1 E08_15</p> <p>NTDS 2023 I_0209</p>	

<b>XML Specifications:</b>	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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<b>Data Item Name:</b>	Initial ED/Hospital Oxygen Saturation	<b>Item Number:</b> 195
<b>Description:</b>	First recorded oxygen saturation in the ED/hospital within 30 minutes or less of ED/hospital arrival (expressed as a percentage).	
<b>Additional Information:</b>	<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>	
<b>Allowable Value Information:</b>	Relevant value. Valid range of 0-100	
<b>Allowable Null Values:</b>	2      Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes      Identifier: ED_0408	
<b>Abstract Form Location:</b>	ED / Hospital Information / O2 Saturation	
<b>References:</b>	NTDS 2023 ED_0408	

<b>XML Specifications:</b>	Element Name(Tag): PulseOximetry	ID: ED_0408
	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	

<b>Data Item Name:</b>	Initial ED/Hospital Supplemental Oxygen	<b>Item Number:</b> 196
<b>Description:</b>	Determination of the presence of supplemental oxygen during assessment of initial ED/hospital oxygen saturation level within <= 30 minutes of ED/hospital arrival.	
<b>Additional Information:</b>	<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>	
<b>Allowable Values:</b>	<p>1      No Supplemental Oxygen</p> <p>2      Supplemental Oxygen</p>	
<b>Allowable Null Values:</b>	<p>2      Not Known / Not Recorded</p> <p>         Not Applicable</p>	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes      Identifier: ED_0409	
<b>Abstract Form Location:</b>	ED / Hospital Information / Supplemental O2	
<b>References:</b>	NTDS 2023 ED_0409	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Total ICU Length of Stay	<b>Item Number:</b> 197
<b>Description:</b>	The cumulative amount of time spent in the ICU. Each partial or full day should be measured as one calendar day.	
<b>Additional Information:</b>	<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>	
<b>Allowable Value Information:</b>	Relevant value for number of ICU patient days.	
<b>Allowable Null Values:</b>	1        Not Applicable 2        Not Known / Not Recorded	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	Yes        Identifier: O_0801	
<b>Abstract Form Location:</b>	Outcome Information / ICU Days	
<b>References:</b>	NTDS 2023 O_0801	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Total Ventilator Days	<b>Item Number:</b> 198
<b>Description:</b>	The cumulative amount of time spent on the ventilator. Each partial or full day should be measured as one calendar day.	
<b>Additional Information:</b>	<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>	
<b>Allowable Value Information:</b>	Relevant value (in days)	
<b>Allowable Null Values:</b>	1        Not Applicable 2        Not Known / Not Recorded	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	Yes      Identifier: O_0802	
<b>Abstract Form Location:</b>	Outcome Information / Ventilator Days	
<b>References:</b>	NTDS 2023 O_0802	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Initial ED/Hospital Respiratory Rate	<b>Item Number:</b> 199
<b>Description:</b>	First recorded respiratory rate in the ED/hospital within <= 30 minutes of ED/hospital arrival (expressed as a number of breaths per minute).	
<b>Additional Information:</b>	<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>	
<b>Allowable Value Information:</b>	Relevant Value recorded as breaths per minute - 0 to 100	
<b>Allowable Null Values:</b>	2      Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes      Identifier: ED_0406	
<b>Abstract Form Location:</b>	ED / Hospital Information / Resp Rate	
<b>References:</b>	NTDS 2023 ED_0406	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Initial Hospital / ED Vital Signs / Medical Screening Exam Date	<b>Item Number:</b> 200
<b>Description:</b>	The date the initial vital signs or medical screening exam occurred.	
<b>Additional Information:</b>	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'.	
<b>Allowable Value Information:</b>	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.	
<b>Allowable Null Values:</b>	1 Not Applicable 2 Not Known / Not Recorded	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	No	
<b>Abstract Form Location:</b>	ED / Hospital Information / Vital Signs or Medical Screening Exam Date/Time	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Initial Hospital / ED Vital Signs / Medical Screening Exam Time	<b>Item Number:</b> 201
<b>Description:</b>	The time the initial vital signs were recorded and/or medical screening exam occurred.	
<b>Additional Information:</b>	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'.	
<b>Allowable Value Information:</b>	Hour: Valid values are from 00 to 23. Minute: Valid values are from 00 to 59.	
<b>Allowable Null Values:</b>	2      Not Known / Not Recorded	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	No	
<b>Abstract Form Location:</b>	ED / Hospital Information / Vital Signs or Medical Screening Exam Date/Time	

<b>XML Specifications:</b>	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	

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**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



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**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

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

<b>XML Specifications:</b>	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		

<b>Data Item Name:</b>	Diagnosis Memo	<b>Item Number:</b> 205
<b>Description:</b>	Text field providing space for registrars to add clarifying information for diagnosis-related ICD-10 codes.	
<b>Additional Information:</b>	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.	
<b>Allowable Value Information:</b>	Text registrars wish to submit to clarify patient injuries.	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	No	
<b>Abstract Form Location:</b>	Injury Diagnosis Information / Diagnosis Memo	

<b>XML Specifications:</b>	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	

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

<b>XML Specifications:</b>	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		

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<b>Data Item Name:</b>	Hospital Transferred From Name	<b>Item Number:</b> 214
<b>Description:</b>	The name of the hospital transferred from.	
<b>Additional Information:</b>	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.	
<b>Allowable Value Information:</b>	Appropriate value	
<b>TSE Requirement:</b>	Supplemental	
<b>NTDB Requirement:</b>	No	
<b>Abstract Form Location:</b>	Pre-Hospital / Name of Hospital	

<b>XML Specifications:</b>	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	

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**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

<b>Data Item Name:</b>	ICD-10-CM Primary External Cause Code	<b>Item Number:</b> 216
<b>Alternate Names:</b>	Primary Cause of Injury - ICD-10-CM	
<b>Description:</b>	External cause code used to describe the mechanism (or external factor) that caused the injury event.	
<b>Additional Information:</b>	<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>	
<b>Allowable Value Information:</b>	Relevant ICD-10-CM code value for injury event.	
<b>Allowable Null Values:</b>	2 Not Known / Not Recorded	
<b>TSE Requirement:</b>	Critical	
<b>NTDB Requirement:</b>	Yes Identifier: I_0206	
<b>Abstract Form Location:</b>	Injury / Primary External Cause Code	
<b>References:</b>	NTDS 2023 I_0206	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	ICD-10-CM Additional External Cause Code	<b>Item Number:</b> 217
<b>Alternate Names:</b>	Additional Cause of Injury - ICD-10-CM	
<b>Description:</b>	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.	
<b>Additional Information:</b>	<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>	
<b>Allowable Value Information:</b>	Relevant ICD-10-CM external cause code value for injury event	
<b>Allowable Null Values:</b>	1        Not Applicable 2        Not Known / Not Recorded	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	Yes        Identifier: I_0208	
<b>Abstract Form Location:</b>	Injury / Secondary External Cause Code	
<b>References:</b>	NTDS 2023 I_0208	

<b>XML Specifications:</b>	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	



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

<b>XML Specifications:</b>	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	

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**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

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**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

<b>XML Specifications:</b>	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			

<b>Data Item Name:</b>	Initial ED/Hospital Height	<b>Item Number:</b> 221
<b>Alternate Names:</b>	Initial ED/Hospital Patient Height (cm)	
<b>Description:</b>	First recorded height after ED/hospital arrival.	
<b>Additional Information:</b>	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.	
<b>Allowable Value Information:</b>	Relevant value for data element - valid range of 30-275	
<b>Allowable Null Values:</b>	2      Not Known / Not Recorded	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	Yes      Identifier: ED_0415	
<b>Abstract Form Location:</b>	ED / Hospital Information / Patient Height	
<b>References:</b>	NTDS 2023 ED_0415	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Initial ED/Hospital Weight	<b>Item Number:</b> 222
<b>Alternate Names:</b>	Initial ED/Hospital Patient Weight	
<b>Description:</b>	First recorded weight within 24 hours or less of ED/hospital arrival.	
<b>Additional Information:</b>	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.	
<b>Allowable Value Information:</b>	Relevant value for data element - valid range 1-650	
<b>Allowable Null Values:</b>	2      Not Known / Not Recorded	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	Yes      Identifier: ED_0416	
<b>Abstract Form Location:</b>	ED / Hospital Information / Patient Weight	
<b>References:</b>	NEMESIS v 2.2.1 E16_01 NTDS 2023 ED_0416	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Alcohol Screen Results	<b>Item Number:</b> 228
<b>Alternate Names:</b>	Alcohol Screen Results (g/dl)	
<b>Description:</b>	First recorded blood alcohol concentration (BAC) results within 24 hours after first hospital encounter.	
<b>Additional Information:</b>	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.	
<b>Allowable Value Information:</b>	Relevant value - BAC valid range 0.0-1.5	
<b>Allowable Null Values:</b>	1        Not Applicable 2        Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes        Identifier: ED_0420	
<b>Abstract Form Location:</b>	ED / Hospital Information / Alcohol Screen Results	
<b>References:</b>	NTDS 2023 ED_0420	

<b>XML Specifications:</b>	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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<b>Data Item Name:</b>	Drug Screen	<b>Item Number:</b> 229
<b>Alternate Names:</b>	Drug Screen Results	
<b>Description:</b>	First recorded positive drug screen results within 24 hours after first hospital encounter (select all that apply).	
<b>Additional Information:</b>	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.	
<b>Allowable Values:</b>	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	
<b>Allowable Null Values:</b>	Not Known/Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes Identifier: ED_0417	
<b>Abstract Form Location:</b>	ED / Hospital Information / Drug Screen	
<b>References:</b>	NTDS 2023 ED_0417	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Trauma Team Involvement	<b>Item Number:</b> 231
<b>Description:</b>	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.	
<b>Additional Information:</b>	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).	
<b>Allowable Values:</b>	1	Yes
	2	No
<b>Allowable Null Values:</b>	2	Not Known / Not Recorded
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	No	
<b>Abstract Form Location:</b>	None	
<b>References:</b>	ITDX Data Dictionary 2020 ED_0431	

<b>XML Specifications:</b>	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	



<b>Data Item Name:</b>	Pre-hospital Cardiac Arrest	<b>Item Number:</b> 233
<b>Alternate Names:</b>	PRE-HOSPITAL CARDIAC ARREST	
<b>Description:</b>	Indication of whether patient experienced cardiac arrest prior to ED/Hospital arrival.	
<b>Additional Information:</b>	<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>	
<b>Allowable Value Information:</b>	Yes No	
<b>Allowable Null Values:</b>	2      Not Known / Not Recorded	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	Yes      Identifier: P_0320	
<b>Abstract Form Location:</b>	None	
<b>References:</b>	NTDS Data Dictionary 2020	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Initial Field GCS 40 - Eye	<b>Item Number:</b> 234																				
<b>Description:</b>	First recorded Glasgow Coma Score 40 (Eye) measured at the scene of injury.																					
<b>Additional Information:</b>	<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 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. 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>																					
<b>Allowable Values:</b>	<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 &lt; 5yrs)</td></tr> <tr><td>2</td><td>To Pain (Ped &lt; 5yrs)</td></tr> <tr><td>3</td><td>To Sound (Ped &lt; 5yrs)</td></tr> <tr><td>4</td><td>Spontaneous (Ped &lt; 5yrs)</td></tr> <tr><td>0</td><td>Not Testable (Ped &lt; 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)
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)																					
<b>Allowable Null Values:</b>	<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																					
<b>TSE Requirement:</b>	Optional																					
<b>NTDB Requirement:</b>	Yes Identifier: P_0321																					
<b>Abstract Form Location:</b>	None																					
<b>References:</b>	NTDS 2023 P_0321																					

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Initial Field GCS 40 - Verbal	<b>Item Number:</b> 235																								
<b>Description:</b>	First recorded Glasgow Coma Score 40 (Verbal) measured at the scene of injury.																									
<b>Additional Information:</b>	<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>																									
<b>Allowable Values:</b>	<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 &lt; 5yrs)</td></tr> <tr><td>2</td><td>Cries (Ped &lt; 5yrs)</td></tr> <tr><td>3</td><td>Vocal Sounds (Ped &lt; 5yrs)</td></tr> <tr><td>4</td><td>Words (Ped &lt; 5yrs)</td></tr> <tr><td>5</td><td>Talks Normally (Ped &lt; 5yrs)</td></tr> <tr><td>0</td><td>Not Testable (Ped &lt; 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)
1	None (Adult)																									
2	Sounds (Adult)																									
3	Words (Adult)																									
4	Confused (Adult)																									
5	Oriented (Adult)																									
0	Not Testable (Adult)																									
1	None (Ped < 5yrs)																									
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4	Words (Ped < 5yrs)																									
5	Talks Normally (Ped < 5yrs)																									
0	Not Testable (Ped < 5yrs)																									
<b>Allowable Null Values:</b>	<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																									
<b>TSE Requirement:</b>	Optional																									
<b>NTDB Requirement:</b>	Yes Identifier: P_0322																									
<b>Abstract Form Location:</b>	Pre-Hospital /																									
<b>References:</b>	NTDS 2023 P_0322																									

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Initial Field GCS 40 - Motor	<b>Item Number:</b> 236																										
<b>Description:</b>	First recorded Glasgow Coma Score 40 (Motor) measured at the scene of injury.																											
<b>Additional Information:</b>	<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>																											
<b>Allowable Values:</b>	<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 &lt; 5yrs)</td></tr> <tr><td>2</td><td>Extension to Pain (Ped &lt; 5yrs)</td></tr> <tr><td>3</td><td>Flexion to Pain (Ped &lt; 5yrs)</td></tr> <tr><td>4</td><td>Localizes Pain (Ped &lt; 5yrs)</td></tr> <tr><td>5</td><td>Obeys Commands (Ped &lt; 5yrs)</td></tr> <tr><td>0</td><td>Not Testable (Ped &lt; 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)
1	None (Adult)																											
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<b>Allowable Null Values:</b>	<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																											
<b>TSE Requirement:</b>	Optional																											
<b>NTDB Requirement:</b>	Yes Identifier: ED_0430																											
<b>Abstract Form Location:</b>	Pre-Hospital /																											
<b>References:</b>	NTDS 2023 P_0323																											

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	ED Discharge Orders Written Date	<b>Item Number:</b> 237
<b>Description:</b>	The date the order was written for the patient to be discharged from the ED.	
<b>Additional Information:</b>	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.	
	If multiple orders were written, report the final disposition order date.	
<b>Allowable Value Information:</b>	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.	
<b>Allowable Null Values:</b>	1        Not Available	
	2        Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes     Identifier: ED_0424	
<b>Abstract Form Location:</b>	ED / Hospital Information /	
<b>References:</b>	NTDS 2023 ED_0424	

<b>XML Specifications:</b>	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	

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

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Hospital Discharge Orders Written Date	<b>Item Number:</b> 239
<b>Description:</b>	The date the order was written for the patient to be discharged from the hospital.	
<b>Additional Information:</b>	<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>If multiple orders were written, report the final disposition order date.</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>	
<b>Allowable Value Information:</b>	Month - 2 digits. Valid values range from 01 to 12.	
<b>Allowable Null Values:</b>	2      Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes      Identifier: O_0803	
<b>Abstract Form Location:</b>	Outcome Information /	
<b>References:</b>	NTDS 2023 O_0803	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Hospital Discharge Orders Written Time	<b>Item Number:</b> 240
<b>Description:</b>	The time the order was written for the patient to be discharged from the hospital.	
<b>Additional Information:</b>	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. If multiple orders were written, report the final disposition order date.	
<b>Allowable Value Information:</b>	Hour: valid values are from 00 to 23 Minute: valid values are from 00 to 59	
<b>Allowable Null Values:</b>	2      Not Known / Not Recorded	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	Yes      Identifier: O_0804	
<b>Abstract Form Location:</b>	None	
<b>References:</b>	NTDS 2023 O_0804	

<b>XML Specifications:</b>	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	



<b>Data Item Name:</b>	Initial ED/Hospital GCS 40 - Eye	<b>Item Number:</b> 241																				
<b>Description:</b>	First recorded Glasgow Coma Score 40 (Eye) in the ED/hospital within 30 minutes or less of ED/hospital arrival.																					
<b>Additional Information:</b>	<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>																					
<b>Allowable Values:</b>	<table border="0"> <tr><td>1</td><td>None (peds &lt; 5 years)</td></tr> <tr><td>2</td><td>To Pain (peds &lt; 5 years)</td></tr> <tr><td>3</td><td>To Sound (peds &lt; 5 years)</td></tr> <tr><td>4</td><td>Spontaneous (peds &lt; 5 years)</td></tr> <tr><td>0</td><td>Not Testable (peds &lt; 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)																					
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2	To Pressure (adult)																					
3	To Sound (adult)																					
4	Spontaneous (adult)																					
0	Not Testable (adult)																					
<b>Allowable Null Values:</b>	2 Not Known / Not Recorded																					
<b>TSE Requirement:</b>	Optional																					
<b>NTDB Requirement:</b>	No																					
<b>Abstract Form Location:</b>	None																					
<b>References:</b>	NTDS 2023 ED_0428																					

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Initial ED/Hospital GCS 40 - Verbal	<b>Item Number:</b> 242																								
<b>Description:</b>	First recorded Glasgow Coma Score 40 (Verbal) within 30 minutes or less of ED/hospital arrival.																									
<b>Additional Information:</b>	<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>																									
<b>Allowable Values:</b>	<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 &lt; 5 years)</td></tr> <tr><td>2</td><td>Cries (peds &lt; 5 years)</td></tr> <tr><td>3</td><td>Vocal Sounds (peds &lt; 5 years)</td></tr> <tr><td>4</td><td>Words (peds &lt; 5 years)</td></tr> <tr><td>5</td><td>Talks Normally (peds &lt; 5 years)</td></tr> <tr><td>0</td><td>Not Testable (peds &lt; 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)																									
2	Sounds (adult)																									
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4	Words (peds < 5 years)																									
5	Talks Normally (peds < 5 years)																									
0	Not Testable (peds < 5 years)																									
<b>Allowable Null Values:</b>	2 Not Known / Not Recorded																									
<b>TSE Requirement:</b>	Optional																									
<b>NTDB Requirement:</b>	No																									
<b>Abstract Form Location:</b>	None																									
<b>References:</b>	NTDS 2023 ED_0429																									

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Initial ED/Hospital GCS 40 - Motor	<b>Item Number:</b> 243																										
<b>Description:</b>	First recorded Glasgow Coma Score 40 (Motor) within 30 minutes or less of ED/hospital arrival.																											
<b>Additional Information:</b>	<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>																											
<b>Allowable Values:</b>	<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 &lt; 5 years)</td></tr> <tr><td>2</td><td>Extension to Pain (peds &lt; 5 years)</td></tr> <tr><td>3</td><td>Flexion to Pain (peds &lt; 5 years)</td></tr> <tr><td>4</td><td>Localizes Pain (peds &lt; 5 years)</td></tr> <tr><td>5</td><td>Obeys Commands (peds &lt; 5 years)</td></tr> <tr><td>0</td><td>Not Testable (peds &lt; 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)
1	None (adult)																											
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4	Localizes Pain (peds < 5 years)																											
5	Obeys Commands (peds < 5 years)																											
0	Not Testable (peds < 5 years)																											
<b>Allowable Null Values:</b>	<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																											
<b>TSE Requirement:</b>	Optional																											
<b>NTDB Requirement:</b>	No																											
<b>Abstract Form Location:</b>	None																											

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	National Provider Identifier	<b>Item Number:</b> 245
<b>Alternate Names:</b>	NPI	
<b>Description:</b>	The National Provider Identifier (NPI) of the admitting surgeon.	
<b>Additional Information:</b>	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.	
<b>Allowable Value Information:</b>	Must be stored as a 10-digit numeric value.	
<b>Allowable Null Values:</b>	1        Not Applicable 2        Not Known / Not Recorded	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	No	
<b>Abstract Form Location:</b>	None	
<b>References:</b>	NTDS 2023 SSR_1101	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Highest Activation	<b>Item Number:</b> 246
<b>Description:</b>	Patient received the highest level of trauma activation at your hospital.	
<b>Additional Information:</b>	<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>	
<b>Allowable Values:</b>	1	Yes
	2	No
<b>Allowable Null Values:</b>	1	Not Applicable
	2	Not Known / Not Recorded
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	No	
<b>Abstract Form Location:</b>	None	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Trauma Surgeon Arrival Date	<b>Item Number:</b> 247
<b>Description:</b>	The date the first trauma surgeon arrived at the patient's bedside.	
<b>Additional Information:</b>	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."	
<b>Allowable Value Information:</b>	Relevant value for data element	
<b>Allowable Null Values:</b>	1	Not Applicable
	2	Not Known / Not Recorded
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	No	
<b>Abstract Form Location:</b>	None	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Trauma Surgeon Arrival Time	<b>Item Number:</b> 248
<b>Description:</b>	The time the first trauma surgeon arrived at the patient's bedside.	
<b>Additional Information:</b>	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."	
<b>Allowable Value Information:</b>	Relevant value for data element	
<b>Allowable Null Values:</b>	1        Not Applicable 2        Not Known / Not Recorded	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	No	
<b>Abstract Form Location:</b>	None	

<b>XML Specifications:</b>	Element Name(Tag): TraumaSurgeonArrivalTime Required: No    Data Type: xs:time    Multiple Entry: No Accepts Common Nulls: No XML Qualifier: Not an XML Element	ID: ED_0434
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<b>Data Item Name:</b>	UUID	<b>Item Number:</b> 249
<b>Alternate Names:</b>	EMS Patient Care Report Universally Unique ID	
<b>Description:</b>	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.	
<b>Additional Information:</b>	<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>	
<b>Allowable Null Values:</b>	<p>1 Not Applicable</p> <p>2 Not Known / Not Recorded</p>	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	No	
<b>Abstract Form Location:</b>	None	

<b>XML Specifications:</b>	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	



<b>Data Item Name:</b>	Packed Red Blood Cells	<b>Item Number:</b> 250
<b>Description:</b>	Volume of packed red blood cells transfused (CCs [mLs]) within first 4 hours after ED/hospital arrival.	
<b>Additional Information:</b>	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).	
<b>Allowable Value Information:</b>	Relevant value for data element	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	No	
<b>Abstract Form Location:</b>	None	
<b>References:</b>	NTDS 2023 PM_5104	

<b>XML Specifications:</b>	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	

<b>Data Item Name:</b>	Primary Trauma Service Type	<b>Item Number:</b> 251
<b>Description:</b>	The primary service type responsible for the care of this patient.	
<b>Additional Information:</b>	<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>	
<b>Allowable Values:</b>	<p>1        Adult</p> <p>2        Pediatric</p>	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	Yes      Identifier: ED_0436	
<b>Abstract Form Location:</b>	None	
<b>References:</b>	NTDS 2023 ED_0436	

<b>XML Specifications:</b>	Element Name(Tag): PrimaryTraumaServiceType Required: No    Data Type: xs:integer    Multiple Entry: No Accepts Common Nulls: Yes    Minimum: 1 Maximum: 2 XML Qualifier: Not an XML Element	ID: ED_0436
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<b>Data Item Name:</b>	Level of Trauma Team Activated	<b>Item Number:</b> 252
<b>Description:</b>	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.	
<b>Allowable Values:</b>	<ul style="list-style-type: none"> <li>1      Priority 1 Trauma</li> <li>2      Priority 2 Trauma</li> <li>3      Priority 3 Trauma</li> <li>4      Not activated</li> </ul>	
<b>Allowable Null Values:</b>	<ul style="list-style-type: none"> <li>1      Not applicable</li> <li>2      Not known/not recorded</li> </ul>	
<b>TSE Requirement:</b>	Required	
<b>NTDB Requirement:</b>	No	
<b>Abstract Form Location:</b>	ED / Hospital Information /	

<b>XML Specifications:</b>	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	

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**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

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

<b>XML Specifications:</b>	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		

<b>Data Item Name:</b>	Software Vendor	<b>Item Number:</b> 255
<b>Description:</b>	Name of the software vender providing the system in which the record was created	
<b>Allowable Values:</b>	1      Clinical Data Management 2      Digital Innovations 3      Image Trend 4      Lancet Technology 5      ESO	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	Yes      Identifier: SD_1501	
<b>Abstract Form Location:</b>	None	
<b>References:</b>	ITDX Data Dictionary 2024 SD_1501	

<b>XML Specifications:</b>	Element Name(Tag): SoftwareVendor	ID: SD_1501
	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	

<b>Data Item Name:</b>	Software Product	<b>Item Number: 256</b>
<b>Description:</b>	Name of software product in which the record was created	
<b>Allowable Values:</b>	0      Other Vendor Product 101     TraumaBase 102     eTraumaBase 201     V5 202     CV4/CVW 203     NTRACS 204     Web Collector 301     Patient Registry 401     Trauma One 402     Trauma One Web 403     TEMIS 501     ESO Patient Registry	
<b>TSE Requirement:</b>	Optional	
<b>NTDB Requirement:</b>	Yes      Identifier: SD_1502	
<b>Abstract Form Location:</b>	None	
<b>References:</b>	ITDX Data Dictionary 2024 SD_1502	

<b>XML Specifications:</b>	Element Name(Tag): SoftwareProduct	ID: SD_1502
	Required: No      Data Type: xs:integer      Multiple Entry: No	
	Accepts Common Nulls: Yes      Minimum: 0 Maximum: 501	
	XML Qualifier: ITR Exact Match to NTDB Element	

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**Data Item Name:** Software Version **Item Number:** 257  
**Description:** Version number of the software in which the record was created  
**TSE Requirement:** Optional  
**NTDB Requirement:** Yes Identifier: SD\_1503  
**Abstract Form Location:** None  
**References:** ITDX Data Dictionary 2024 SD\_1503

<b>XML Specifications:</b>	Element Name(Tag): SoftwareVersion	ID: SD_1503
	Required: No	Data Type: xs:string Multiple Entry: No
	Accepts Common Nulls: Yes	
	XML Qualifier: ITR Exact Match to NTDB Element	



# 2024 Data Dictionary Change Log Notes

## General changes

- Updated NTDS element IDs and references to match NTDS 2024 standards
- Update Idaho schema to match ITDX schema

## Element specific changes

- Item Number 84 – P\_0317 – Inter-Facility Transfer – TR25.54
  - Added Additional Information
    - Acute Care Hospital is defined as a hospital that provides inpatient medical care and other related services for surgery, acute medical conditions, or injuries (usually for a short-term illness or condition). “CMS Data Navigator Glossary of Terms” [https://www.cms.gov/Research-Statistics-Data-and-systems/Research/ResearchGenInfo/Downloads/DataNav\\_Glossary\\_Alpha.pdf](https://www.cms.gov/Research-Statistics-Data-and-systems/Research/ResearchGenInfo/Downloads/DataNav_Glossary_Alpha.pdf) (accessed January 15, 2019).
  - Added Additional Information (Description change)
    - INCLUDE: Patients who require physical transfer from a free-standing emergency department (ED) to an affiliated trauma center.
- Item Number 237 – ED\_0424 – ED Discharge Orders Written Date – TR17.41
  - Added Additional Information
    - If multiple orders were written, report the final disposition order date.
- Item Number 238 – ED\_0425 – ED Discharge Orders Written Time – TR17.42
  - Added Additional Information
    - If multiple orders were written, report the final disposition order time.
- Item Number 239 – O\_0803 – Hospital Discharge Orders Written Date – TR25.93
  - Added Additional Information
    - If multiple orders were written, report the final disposition order date.
- Item Number 240 – O\_0804 – Hospital Discharge Orders Written Time – TR25.94
  - Added Additional Information
    - If multiple orders were written, report the final disposition order time.

## New elements

- Item number 255 – SD\_1501 – Software Vender – TR5.SoftwareVendor
- Item number 256 – SD\_1502 – Software Product – TR5.SoftwareProduct
- Item number 257 – SD\_1503 – Software Version – TR5.SoftwareVersion

## Retired elements

- Item Number 189 – ED\_0423 – Signs of Life – TR27.14 (retired 2015, re-added in 2020 in error)
- Item Number 223 – I\_0217 – Report of Physical Abuse – TR41.1 (retired 2015, re-added in 2020 in error)
- Item Number 224 – I\_0218 – Investigation of Physical Abuse – TR41.2 (retired 2015, re-added in 2020 in error)
- Item Number 225 – I\_0219 – Caregiver at Discharge – TR41.3 (retired 2015, re-added in 2020 in error)

## 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 12 – ED\_1001 – Readmission – TR5.19
- 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 81 – C\_9903 – Facility ID – TR6.1
- 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 117 – DG\_0601 – Pre-Existing Conditions - TR21.21
- 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 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 226 – P\_0318 – Trauma Center Criteria – TR17.22
- Item Number 227 – P\_0319 – Vehicular, Pedestrian, Other Risk Injury – TR17.47
- 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 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
- Item Number 249 – P\_0325 – Patient UUID – TR7.7

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

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**TIME-SENSITIVE EMERGENCY REGISTRY – Trauma Abstraction Form**

<b>Hospital:</b>		<b>Registrar:</b>		<b>Date:</b>		<b>TR#</b>	
<b>Patient Demographics</b>							
<b>NAME:</b>						<b>MR#</b>	
						<b>SSN#</b>	
<b>DOB:</b>		<b>Age:</b>	<b>Sex: M F</b>		<b>ZIP:</b>		<b>City:</b>
<b>Race:</b> White ▪ Black ▪ Asian ▪ American Indian ▪ Hawaiian/Pacific Islander ▪ Other Race ▪ Not Known							
<b>Ethnicity:</b> Hispanic ▪ Non-Hispanic ▪ Not Known							
<b>Injury Information</b>							
<b>Injury Date:</b>		<b>Time:</b>		<b>Zip or City/State/County:</b>			
<b>Injury Description</b> (what happened):							
<b>Place/Site of Injury Code (Y92.X):</b>							
<b>Mechanism/Cause of Injury Code(s):</b>							
<b>Safety: Seatbelt?</b> Y / N: 3pt Lap Shld				<b>Airbag Present?</b> Y / N Not Known			
<b>Child Restraint?</b> Y / N: Infant Child Booster				<b>Airbag Deployed?</b> Y / N Front Side Other			
Helmet		Protective Gear		NONE		Not Known Other:	
<b>Pre-Hospital Information</b>							
<b>Transport mode to your hospital:</b> Ground EMS ▪ Heli ▪ Fixed-Wing ▪ POV/Walk-in ▪ Police ▪ Other							
<b>EMS Agency Name:</b>							
<b>Transferred from another hospital by EMS:</b> Y / N				<b>Name of Hospital:</b>			
<b>Readmission within 30 days:</b> Y / N				<b>Direct Admit:</b> Y / N			
<b>Trauma Priority Activation</b>							
<b>Date:</b>		<b>Time:</b>		<b>Priority</b> 1 2 3 Not Known/Not Recorded			
<b>Upgrade/Downgrade?</b>				<b>Date/Time:</b>			
<b>ED / Hospital Information</b>							
<b>ED/Hospital Arrival</b>		<b>Date:</b>		<b>Time:</b>			
<b>ED Discharge</b>		<b>Date:</b>		<b>Time:</b>			
<b>ED Discharge Disposition</b> (if applicable): Floor ▪ Observation ▪ Telemetry ▪ OR ▪ ICU ▪ Transferred to Another Hospital ▪ Died ▪ AMA ▪ Other (jail, mental health etc.) ▪ N/A (Direct Admit)							
<b>Name of Short Term Hosp Transferred to:</b>							
<b>Transferred by:</b> Amb Helicopter FW Other							
<b>ED/Hospital Vital Signs</b>							
<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>							
<b>Initial Assessment</b>		<b>Date:</b>		<b>Time:</b>			
<b>Pulse:</b>		<b>SBP / DBP:</b>		<b>Resp Rate:</b>		<b>Respiration Assisted:</b> Y / N	
<b>O<sub>2</sub> Saturation:</b>			<b>Supplemental O<sub>2</sub>:</b> Y / N			<b>Temperature:</b>	
<b>GCS Eye:</b>		<b>GCS Verbal:</b>		<b>GCS Motor:</b>		<b>GCS Total:</b>	
<b>Qualifier :</b> Eye Obstruction ▪ Intubated ▪ Chemically Sedated ▪ Chemically Paralyzed ▪ Valid GCS ▪ Not Known							
<b>Tested for Alcohol:</b> Yes / No / Not Known <b>BAC:</b>							
<b>Tested for Drugs:</b> Not Tested/ None /Not Known							
<b>Drugs:</b> 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), rounded down to full year
Age Units	This is automatically calculated based on Age. If patient is $\geq$ 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.  $ISS = (\text{Highest AIS severity score in 1st region})^2 + (\text{Highest AIS severity score in 2nd region})^2 + (\text{Highest AIS severity score in 3rd region})^2$ .  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.
Revised Trauma Score	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
Intentionality of Injury	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.  Possible responses include: Unintentional, Undetermined, Self-Inflicted, Assault, Other, Not Known  More information on CDC injury matrices can be found here: <a href="https://www.cdc.gov/nchs/injury/injury_matrices.htm">https://www.cdc.gov/nchs/injury/injury_matrices.htm</a>



XML Data Item Name	Calculation																
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<sup>-b</sup>), where:            e = 2.7183            b = b0 + b1(RTS) + b2(ISS) + b3(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 &gt;54 years, and AGEIndex = 0 if patient age is ≤ 54 years.</p> <table border="1" data-bbox="653 544 1873 675"> <thead> <tr> <th colspan="4">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> </tr> </thead> <tbody> <tr> <td>Blunt</td> <td>-.44990</td> <td>0.8085</td> <td>-0.0835</td> </tr> <tr> <td>Penetrating</td> <td>-2.5355</td> <td>0.9934</td> <td>-0.0651</td> </tr> </tbody> </table> <p>The adult blunt-injured coefficients (AGEIndex = 0) are also for both blunt and penetrating-injured pediatric patients (&lt; 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>	The TRISS regression weights for AIS-90-based norms are defined below:					b0	b1 (RTS)	b2(ISS)	Blunt	-.44990	0.8085	-0.0835	Penetrating	-2.5355	0.9934	-0.0651
The TRISS regression weights for AIS-90-based norms are defined below:																	
	b0	b1 (RTS)	b2(ISS)														
Blunt	-.44990	0.8085	-0.0835														
Penetrating	-2.5355	0.9934	-0.0651														
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: <a href="https://www.cdc.gov/nchs/injury/injury_matrices.htm">https://www.cdc.gov/nchs/injury/injury_matrices.htm</a></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: <a href="https://www.cdc.gov/nchs/injury/injury_matrices.htm">https://www.cdc.gov/nchs/injury/injury_matrices.htm</a></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
7702	Clark County Ambulance
6103	Clark Fork Valley Ambulance Service, Inc.

<b>EMS Agency License Number</b>	<b>EMS Agency Name</b>
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
4733	Idaho Army National Guard (IDARNG) Emergency Medical Services
8310	Idaho Bureau of Land Management
6480	Injury Care EMS
7727	INL Fire Department-ALS

<b>EMS Agency License Number</b>	<b>EMS Agency Name</b>
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	Nezperce 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
88888	Out of State Known
5918	PACT EMS
7303	Parma Ambulance Service
10008	Patronus Medical Services at Gozzer Ranch
3645	Payette City Fire
6356	Portneuf Medical Center
7206	Potlatch Ambulance
5221	Powell QRU
7620	Power County Emergency Medical Services

<b>EMS Agency License Number</b>	<b>EMS Agency Name</b>
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
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

EMS Agency License Number	EMS Agency Name
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
<b>88888</b>	<b>Out-of-State – Known</b>
<b>9999</b>	<b>Unknown</b>