

# **EMS Data Dictionary**

**Texas Department of Health  
Trauma Registry**

**July 24, 2001**

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# Definitions

## Vendor Software Application

The EMS Data Dictionary describes the format of files electronically transmitted to the Texas Department of Health (TDH) EMS/Trauma Registry. Trauma registry software does not have to list fields or values in the same order as presented in the data dictionary, for the purpose of data entry, as long as the data file sent to the state is in the correct format.

## Injury Website

The Injury website can be found by using an Internet browser to access <http://www.tdh.state.tx.us/injury/>. The Trauma Registry section of this website includes hospital/EMS/county/software codes, participations reports, hospital and EMS Trauma Registry Guidelines.

## Data Field Number

The position of the field within the record. The order in which the field should appear within the record relative to other fields in the record contained in the data file to be transmitted to the EMS/Trauma Registry.

## Data Field Name

The name of the field in the database.

## Priority

Defines whether or not a value must be entered/assigned to the field. “Required” means that a valid value MUST be entered/assigned. “Required for ...” means that a valid value MUST be entered/assigned if the defined conditions are true. Fields that do not meet the “Required for ...” conditions may still contain data when appropriate. “Optional” means data entry is at the discretion of the EMS provider. Data fields not containing data must still be delimited with a tab (see **2002 Data File Formats**).

## Field Length, Field Type, and Value Range

These describe the formatting requirements of the field.

## Data Values

These are the acceptable values that can be electronically transmitted to the EMS/Trauma Registry. The typical format is:

[value or value range] = [definition of value or value range]

Definitions of values and terms are supplied where appropriate but should NOT be transmitted to the EMS/Trauma Registry.

## File Format for Electronic Transmission

Before sending your data to the Texas EMS/Trauma Registry, please make sure that the order of the fields for each record in your file is the same as the order described by the Data Field Number. The Texas EMS/Trauma Registry computer accepts only ASCII data delimited with TABS. There should be a TAB after each field, the only exception being the last field of a record. More information concerning file format can be found in the next section called **2002 Data File Formats**.

## 2002 Data File Formats

Due to recent legislation, and the Texas Department of Health TRAC-IT initiative, the Texas EMS/Trauma Registry (herein referred to as The Registry) will make some exciting changes. New hospital and EMS data sets will be effective starting January 2002. It will be more important than ever to send your data files containing the data sets in the correct format.

All data files that are sent to The Registry must be in ASCII tab-delimited format. A tab must follow every field except the last field of each record. Even if there is no data recorded for a particular field, or the field is optional, a tab must still be placed in that field's position. A new line feed and carriage return must follow every record, after the last field of each record, except for the last record of the file. The first line of the data file must contain the first record to be transmitted and the last line of the data file must contain the last record to be transmitted. The order of the records in the data file has no effect on how they are processed.

Warning: Opening and saving a data file with text editors (MS Word, WordPad, WordPerfect) can corrupt the data file with special codes inserted by the text editor.

There are three different record lengths that may be sent for each data set. These three lengths correspond to the major sections of the new data sets. The hospital and EMS data sets are both divided into three major sections: Main Fields, Research Fields, and Desired Fields.

Main Fields is not the formal name of the first section as presented in each data dictionary but that is how the first section of fields will be referred to in this explanation. The Main Fields section contains the minimum standard data set that everyone is required to send to The Registry. A file sent in the Main Format must contain all of the fields in the Main Fields section of the appropriate data set.

The Research Fields section contains fields that are all optional. A file sent in the Research Format must contain all of the fields in the Main Fields section of the appropriate data set as well as ALL nine fields of the Research Fields section.

The Desired Fields section contains fields that are all optional and include audit/QI filters typically used by hospitals and EMS. A file sent in the Desired Format must contain all of the fields in the Main Fields section of the appropriate data set, all nine fields of the Research Fields section, AND all of the fields of the Desired Fields section.

In simple English, if you only wish to meet State requirements, you must send a data file with all of the fields listed in the Main Fields section of each data set. If you wish to send data which includes any of the Research Fields, you must send all of the Main Fields and all of the Research Fields, even if you did not use all of them. If you send data which includes any of the Desired Fields, your data file must include all of the fields from all three sections. Following is a chart which diagrams the number of fields per record you must have in each line of the data file based on the format you are using.

	<b>Main Format</b>	<b>Research Format</b>	<b>Desired Format</b>
	Main Fields	Main + Research Fields	Main + Research + Desired Fields
Hospital	121	130	182
EMS	106	115	136

## Run Report ID

**Data Field Number:** 1  
**Data Field Name:** RRID  
**Priority:** Required  
**Field Length:** 10  
**Field Type:** Character  
**Value Range:** None

<b>Definition:</b>	Unique number/characters assigned by the registry software program or registrar.
<b>Data Values:</b>	
One unique entry per patient per incident	

## Firm Number

**Data Field Number:** 2  
**Data Field Name:** FIRMNO  
**Priority:** Required  
**Field Length:** 6  
**Field Type:** Numeric  
**Value Range:** 001001 – 799999

<b>Definition:</b>	The six digit numeric code assigned to YOUR EMS provider.
<b>Data Values:</b>	
Firm numbers are assigned by the Texas Department of Health EMS/Trauma Registry. The list of Firm Numbers can be found on the injury website and in Appendix A.	
001001 – 799999 = Texas EMS providers	

## Vehicle Type

**Data Field Number:** 3  
**Data Field Name:** VTYPE  
**Priority:** Required  
**Field Length:** 1  
**Field Type:** Numeric  
**Value Range:** 1 – 5, 8, 9

<b>Definition:</b>	The type of EMS provider vehicle which arrived at scene to treat/transport the patient.
<b>Data Values:</b>	
1 = None	5 = Water
2 = Ground	8 = Other
3 = Rotor craft	9 = Unknown
4 = Fixed wing	
<b>Other:</b> Bicycle, golf cart, horse, or any other form of transportation besides those specifically listed above.	



## Date of Call

**Data Field Number:** 4  
**Data Field Name:** CALLDATE  
**Priority:** Required  
**Field Length:** 10  
**Field Type:** Date  
**Value Range:** [1990 – current year, 9999] [01 – 12, 99][01 – 31, 99]

<b>Definition:</b>	The date on which the call was made.
<b>Data Values:</b>	
Format: YYYY/MM/DD YYYY = Year; 9999 = Unknown MM = Month; leading zero required; 99 = Unknown DD = Day; leading zero required; 99 = Unknown	

## Call Type

**Data Field Number:** 5  
**Data Field Name:** CALLTYPE  
**Priority:** Required  
**Field Length:** 1  
**Field Type:** Numeric  
**Value Range:** 1 – 3, 7, 9

<b>Definition:</b>	The type of call as assigned when the EMS provider was dispatched. <b>Trauma</b> is an injury or wound to a living body caused by the application of an external force or violence, including burn injuries. Trauma includes drownings, near-drownings, and suffocations. Trauma excludes poisonings and overdoses. <b>Medical</b> is a disease or illness affecting a living body. Medical includes poisonings and overdoses. Medical excludes any trauma-related injury.
<b>Data Values:</b>	
1 = Medical 2 = Trauma 3 = Both medical and trauma 7 = Not applicable (e.g. standby without incident) 9 = Unknown (e.g. run sheet incomplete)	

## Run Type

**Data Field Number:** 6  
**Data Field Name:** RUNTYPE  
**Priority:** Required  
**Field Length:** 1  
**Field Type:** Numeric  
**Value Range:** 1 – 5, 9

<b>Definition:</b>	The type of run as assigned when the EMS provider was dispatched.
<b>Data Values:</b>	
1 = 911 call 2 = Emergency transfer 3 = Non-emergency transfer 4 = Standby 5 = Mutual Aid (e.g. rendezvous, disaster response, additional staffing) 9 = Unknown	

## Mutual Aid

**Data Field Number:** 7  
**Data Field Name:** MUTUAL  
**Priority:** Optional (Desired for RUNTYPE = 5)  
**Field Length:** 1  
**Field Type:** Numeric  
**Value Range:** 1 - 5, 8, 9

<b>Definition:</b>	The type of mutual aid given.
<b>Data Values:</b>	
1 = Rendezvous for patient pickup 2 = Rendezvous for level of care 3 = Rendezvous for equipment failure 4 = Disaster response 5 = Additional staffing 8 = Other 9 = Unknown	
<b>Rendezvous:</b> Transferring a patient from another EMS provider to YOUR EMS provider	

## Response Type

**Data Field Number:** 8  
**Data Field Name:** RESPTYPE  
**Priority:** Required  
**Field Length:** 2  
**Field Type:** Numeric  
**Value Range:** 1 - 10, 99

<b>Definition:</b>	The final type of response for the call.
<b>Data Values:</b>	
01 = Call cancelled 02 = False alarm (no incident occurred) 03 = No treatment, no transport 04 = Treatment, no transport 05 = Treatment, transport refused 06 = Transport and treatment 07 = Transport, no treatment 08 = DNR, transport 09 = DNR, no transport 10 = Dead on scene (pronounced at the scene) 99 = Unknown	

## Patient Contact Location

**Data Field Number:** 9  
**Data Field Name:** LCTN  
**Priority:** Required for RESPTYPE = 3-10  
**Field Length:** 2  
**Field Type:** Numeric  
**Value Range:** 01 - 19, 88, 99

<b>Definition:</b>	The type of place where the EMS provider first came in contact with the patient.
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**Data Values:**

01 =	Home <u>Includes:</u> apartment, boarding house, farm house, home premises, house (residential), non-institutional place of residence, private [driveway, garage, garden, home, walk], swimming pool in private house or garden, yard of home), retirement community <u>Excludes:</u> home under construction but not yet occupied, institutional place of residence
02 =	Farm <u>Includes:</u> buildings, land under cultivation <u>Excludes:</u> farm house and home premises of farm
03 =	Mine and quarry <u>Includes:</u> gravel pit, sand pit, tunnel under construction
04 =	Industrial place and premises <u>Includes:</u> building under construction, dockyard, dry dock, factory building or premises, garage (place of work), industrial yard, loading platform (factory or store), industrial plant, railway yard, shop (place of work), warehouse, workhouse, any work site
05 =	Place for recreation and sport <u>Includes:</u> amusement park, baseball field, basketball court, beach resort, cricket ground, fives court, football field, golf course, gymnasium, hockey field, holiday camp, ice palace, lake resort, mountain resort, playground (including school playground), public park, racecourse, resort NOS, riding school, rifle range, seashore resort, skating rink, sports ground, sports palace, stadium, swimming pool (public), tennis court, vacation resort <u>Excludes:</u> that in private house or garden
06 =	Street or Highway
07 =	Public Building <u>Includes:</u> building (including adjacent grounds) used by the general public or by a particular group of the public, such as: airport, bank, cafe, casino, church, cinema, clubhouse, courthouse, dance hall, garage building (for car storage), hotel, market (grocery or other commodity), movie house, music hall, nightclub, office, office building, opera house, post office, public hall, radio broadcasting station, restaurant, shop - commercial, station (bus, railway), store, theater <u>Excludes:</u> home garage, industrial building or work place, school (state, public, private), hospital
08 =	Residential institution <u>Includes:</u> children's home, dormitory, jail, orphanage, prison, reform school, shelter, protective services <u>Excludes:</u> hospital, nursing home, assisted living center
09 =	Educational institution <u>Includes:</u> state, public, and private school <u>Excludes:</u> playground, gymnasium, and other recreational locations within educational institutions, which should be coded as place for recreation or sport
10 =	Hospital ER
11 =	Hospital - other or unspecified location
12 =	EMS Provider
13 =	Dialysis
14 =	Nursing home (public) <u>Includes:</u> hospice
15 =	Assisted living center (private)
16 =	Rehabilitation Center
17 =	Doctor's office
18 =	Rural health clinic
19 =	Walk-in clinic
88 =	Other specified place <u>Includes:</u> beach NOS, canal, caravan site NOS, derelict house, desert, dock, forest, harbor, hill, lake NOS, mountain, parking lot, parking place, pond or pool (natural), prairie, public place NOS, railway line, reservoir, river, sea, seashore NOS, stream, swamp, trailer court, woods
99 =	Unknown

## Patient Contact Location Comments

**Data Field Number:** 10  
**Data Field Name:** LCTNTEXT  
**Priority:** Optional  
**Field Length:** 200  
**Field Type:** Character  
**Value Range:** None

<b>Definition:</b>	Details concerning place of injury occurrence. Desired if LCTN = 88 (other specified place)
<b>Data Values:</b>	
Any letters or numbers used to describe the pick up location.	

## Location ID

**Data Field Number:** 11  
**Data Field Name:** LCTNID  
**Priority:** Required for LCTN = 10 – 12 and RESPTYPE = 6 - 8  
**Field Length:** 7  
**Field Type:** Numeric  
**Value Range:** (Hospital) 0010001 - 2549999, 8010000 – 8990000, 2559999  
 (EMS) 001001 – 999998, 000911

<b>Definition:</b>	The seven digit number code assigned to the facility from which the patient was picked up or the six digit numeric code assigned to the provider from which the patient was picked up.
<b>Data Values:</b>	
Facility and firm numbers are assigned by the Texas Department of Health EMS/Trauma Registry. The list of Firm and Hospital Numbers can be found on the injury website and in Appendices A and B.	
0010001 – 2549999 = Texas hospital 8010000 – 8990000 = Out-of-state hospital 2559999 = Picked up from hospital but facility number unknown 001001 – 999998 = Texas EMS providers 000911 = Picked up from EMS but EMS firm number unknown	

## Street Address of Occurrence

**Data Field Number:** 12  
**Data Field Name:** ADDRESS  
**Priority:** Required for RESPTYPE = 3-10  
**Field Length:** 30  
**Field Type:** Character  
**Value Range:** None

<b>Definition:</b>	Physical address where the incident occurred including number, street, and apartment number. Intersections, interstates, mile markers, and other descriptors are allowed. If address is unknown, enter a single 9.
<b>Data Values:</b>	
Any letters and numbers used to identify the street address 9 = Unknown	

## City of Occurrence

**Data Field Number:** 13  
**Data Field Name:** CITY  
**Priority:** Required for RESPTYPE = 3 - 10  
**Field Length:** 20  
**Field Type:** Character  
**Value Range:** None

<b>Definition:</b>	City where the incident occurred. If city is unknown, enter a single 9. Do not abbreviate.
<b>Data Values:</b>	
The list of cities can be found on the injury website and in Appendix D.	
Any letters used to identify the city	
7 = Not applicable (not within city limits)	
9 = Unknown	

## Zip Code of Occurrence

**Data Field Number:** 14  
**Data Field Name:** ZIP  
**Priority:** Required for RESPTYPE = 3 - 10  
**Field Length:** 5  
**Field Type:** Numeric  
**Value Range:** 00000 – 99999

<b>Definition:</b>	Zip code where the incident occurred.
<b>Data Values:</b>	
00000 – 99998 = Zip code	
99999 = Unknown	

## County of Occurrence

**Data Field Number:** 15  
**Data Field Name:** CNTYNO  
**Priority:** Required for RESPTYPE = 3 - 10  
**Field Length:** 3  
**Field Type:** Numeric  
**Value Range:** 1 – 254, 801 – 899, 999

<b>Definition:</b>	The county where the incident occurred.
<b>Data Values:</b>	
County numbers are assigned by the Texas Department of Health EMS/Trauma Registry. The list of County Numbers can be found on the injury website and in Appendix C.	
1 - 254 = TDH county codes	
801 - 899 = TDH out-of-state codes	
999 = Unknown	

## GPS Latitude of Occurrence

**Data Field Number:** 16  
**Data Field Name:** GPSLAT  
**Priority:** Required for RESPTYPE 3 - 10  
**Field Length:** 9  
**Field Type:** Character  
**Value Range:** -90.99999 - +90.99999, 999.99999

<b>Definition:</b>	The global positioning system latitude where the incident occurred. Measured in decimal degrees (not degrees-minutes-seconds). Leading zeros are required. The first character is either + or -. The two-digit number before the decimal is in the range 00 to 90. The decimal is required in the fourth position. The six precision digits after the decimal are in the range 00000 to 99999.
<b>Data Values:</b>	
-90.99999 - +90.99999 = GPS Latitude 999.99999 = Unknown	

## GPS Longitude of Occurrence

**Data Field Number:** 17  
**Data Field Name:** GPSLONG  
**Priority:** Required for RESPTYPE 3 - 10  
**Field Length:** 11  
**Field Type:** Character  
**Value Range:** -180.99999 - +180.99999, 9999.99999

<b>Definition:</b>	The global positioning system longitude where the incident occurred. Measured in decimal degrees (not degrees-minutes-seconds). Leading zeros are required. The first character is either + or -. The three-digit number before the decimal is in the range 000 to 180. The decimal is required in the fifth position. The six precision digits after the decimal are in the range 00000 to 99999.
<b>Data Values:</b>	
-180.99999 - +180.99999 = GPS Longitude 9999.99999 = Unknown	

## Call Received Time

**Data Field Number:** 18  
**Data Field Name:** CALLTIME  
**Priority:** Required for RUNTYPE = 1, 2, 5  
**Field Length:** 5  
**Field Type:** Time  
**Value Range:** 00:00 – 23:59, 99:99

<b>Definition:</b>	Time initial call was received requiring an unscheduled dispatch of EMS. Use military time, 00:00 to 23:59. Convert time to the time zone in which your facility is located, if not already done so. Record 99:99 if the call received time is unknown.
<b>Data Values:</b>	
00:00 – 23:59 = Military time 99:99 = Unknown	

## Dispatch Time

**Data Field Number:** 19  
**Data Field Name:** DISPTIME  
**Priority:** Required  
**Field Length:** 5  
**Field Type:** Time  
**Value Range:** 00:00 – 23:59, 99:99

<b>Definition:</b>	Time EMS was dispatched to the scene. Use military time, 00:00 to 23:59. Convert time to the time zone in which your facility is located, if not already done so. Record 99:99 if the dispatch time is unknown.
<b>Data Values:</b>	
00:00 – 23:59 = Military time 99:99 = Unknown	

## En Route Time

**Data Field Number:** 20  
**Data Field Name:** ENRTIME  
**Priority:** Optional but desired  
**Field Length:** 5  
**Field Type:** Time  
**Value Range:** 00:00 – 23:59, 99:99

<b>Definition:</b>	Time EMS was en route to the scene. Use military time, 00:00 to 23:59. Convert time to the time zone in which your facility is located, if not already done so. Record 99:99 if the en route time is unknown.
<b>Data Values:</b>	
00:00 – 23:59 = Military time 99:99 = Unknown	

## Arrive Scene Time

**Data Field Number:** 21  
**Data Field Name:** ARRTIME  
**Priority:** Required for RESPTYPE = 2 - 10  
**Field Length:** 5  
**Field Type:** Time  
**Value Range:** 00:00 – 23:59, 99:99

<b>Definition:</b>	Time EMS arrived at the scene. Use military time, 00:00 to 23:59. Convert time to the time zone in which your facility is located, if not already done so. Record 99:99 if the arrive scene time is unknown.
<b>Data Values:</b>	
00:00 – 23:59 = Military time 99:99 = Unknown	

## Patient Contact Time

**Data Field Number:** 22  
**Data Field Name:** PCTIME  
**Priority:** Optional but desired for RESPTYPE = 4 - 10  
**Field Length:** 5  
**Field Type:** Time  
**Value Range:** 00:00 – 23:59, 99:99

<b>Definition:</b>	Time EMS first made contact with the patient. Use military time, 00:00 to 23:59. Convert time to the time zone in which your facility is located, if not already done so. Record 99:99 if the patient contact time is unknown.
<b>Data Values:</b>	
00:00 – 23:59 = Military time 99:99 = Unknown	

## Depart Scene Time

**Data Field Number:** 23  
**Data Field Name:** DPRTTIME  
**Priority:** Required for RESPTYPE = 2 - 10  
**Field Length:** 5  
**Field Type:** Time  
**Value Range:** 00:00 – 23:59, 99:99

<b>Definition:</b>	Time EMS departed the scene. Use military time, 00:00 to 23:59. Convert time to the time zone in which your facility is located, if not already done so. Record 99:99 if the depart scene time is unknown.
<b>Data Values:</b>	
00:00 – 23:59 = Military time 99:99 = Unknown	

## Arrive Destination Time

**Data Field Number:** 24  
**Data Field Name:** DESTTIME  
**Priority:** Required for RESPTYPE = 6 - 8  
**Field Length:** 5  
**Field Type:** Time  
**Value Range:** 00:00 – 23:59, 99:99

<b>Definition:</b>	Time EMS arrived at the destination. Use military time, 00:00 to 23:59. Convert time to the time zone in which your facility is located, if not already done so. Record 99:99 if the arrive destination time is unknown.
<b>Data Values:</b>	
00:00 – 23:59 = Military time 99:99 = Unknown	



## Return to Service Time

**Data Field Number:** 25  
**Data Field Name:** SERVTIME  
**Priority:** Required  
**Field Length:** 5  
**Field Type:** Time  
**Value Range:** 00:00 – 23:59, 99:99

<b>Definition:</b>	Time EMS returned to service. Use military time, 00:00 to 23:59. Convert time to the time zone in which your facility is located, if not already done so. Record 99:99 if the return to service time is unknown.
<b>Data Values:</b>	
00:00 – 23:59 = Military time 99:99 = Unknown	

## Patient's Last Name

**Data Field Number:** 26  
**Data Field Name:** LNAME  
**Priority:** Required for RESPTYPE = 4 - 10  
**Field Length:** 20  
**Field Type:** Character  
**Value Range:** None

<b>Definition:</b>	The patient's legal last name. If last name is unknown, enter a single 9.
<b>Data Values:</b>	
Any characters used to identify the last name 9 = Unknown	
Note: Doe as in "John Doe", or any other pseudonym, is NOT an acceptable value for Unknown. Must list at least the first four letters of the last name.	

## Patient's First Name

**Data Field Number:** 27  
**Data Field Name:** FNAME  
**Priority:** Required for RESPTYPE = 4 - 10  
**Field Length:** 20  
**Field Type:** Character  
**Value Range:** None

<b>Definition:</b>	The patient's legal first name. If first name is unknown, enter a single 9.
<b>Data Values:</b>	
Any letters used to identify the first name 9 = Unknown	
Note: John as in "John Doe", or any other pseudonym, is NOT an acceptable value for Unknown. Must list at least the first four letters of the first name.	

## Patient's Middle Initial

**Data Field Number:** 28  
**Data Field Name:** MI  
**Priority:** Required for RESPTYPE = 4 - 10  
**Field Length:** 1  
**Field Type:** Character  
**Value Range:** None

<b>Definition:</b>	The initial of the patient's legal middle name. If the patient does not have a middle name, enter a single 7. If initial of middle name is unknown, enter a single 9.
<b>Data Values:</b>	
One letter used to identify the middle initial 7 = Not applicable 9 = Unknown	
Note: Q as in "Joe Q Public", or any other pseudonym, is NOT an acceptable value for Unknown.	

## Date of Birth

**Data Field Number:** 29  
**Data Field Name:** DOB  
**Priority:** Required for RESPTYPE = 4 - 10  
**Field Length:** 10  
**Field Type:** Date  
**Value Range:** [1880 – current year, 9999][01 – 12, 99][01 – 31, 99]

<b>Definition:</b>	Patient's date of birth. If values are unknown, enter 9's. Estimate birth year, if necessary.
<b>Data Values:</b>	
Format: YYYY/MM/DD YYYY = Year; 9999 = Unknown MM = Month; leading zero required; 99 = Unknown or birth year is estimated DD = Day; leading zero required; 99 = Unknown or birth year is estimated	

## Patient's Social Security Number

**Data Field Number:** 30  
**Data Field Name:** SSN  
**Priority:** Required for RESPTYPE = 4 - 10  
**Field Length:** 9  
**Field Type:** Character  
**Value Range:** 000000000 – 999999999

<b>Definition:</b>	The patient's legal social security number.
<b>Data Values:</b>	
Any numbers used to identify the social security number 999999999 = Unknown	

## Patient's Drivers License Number

**Data Field Number:** 31  
**Data Field Name:** DLN  
**Priority:** Required for RESPTYPE = 4 - 10  
**Field Length:** 12  
**Field Type:** Character  
**Value Range:** None

<b>Definition:</b>	The patient's legal drivers license number. Do not include DL (Drivers License) or any other acronym not specifically part of the drivers license number. If patient's driver license is unknown, enter a single 9.
<b>Data Values:</b>	
Any letters and numbers used to identify the drivers license numbers 9 = Unknown	

## Street Address of Patient's Residence

**Data Field Number:** 32  
**Data Field Name:** RESADDR  
**Priority:** Optional but desired for RESPTYPE = 4 - 10  
**Field Length:** 30  
**Field Type:** Character  
**Value Range:** None

<b>Definition:</b>	Physical address where the patient lives including number, street, and apartment number. Intersections are allowed. If address is unknown, enter a single 9.
<b>Data Values:</b>	
Any letters and numbers used to identify the street address 9 = Unknown	

## City of Patient's Residence

**Data Field Number:** 33  
**Data Field Name:** RESCITY  
**Priority:** Optional but desired for RESPTYPE = 4 - 10  
**Field Length:** 20  
**Field Type:** Character  
**Value Range:** None

<b>Definition:</b>	City where the patient lives. If city is unknown, enter a single 9. Do not abbreviate.
<b>Data Values:</b>	
The list of cities can be found on the injury website and in Appendix D.	
Any letters used to identify the city 9 = Unknown	

## Zip Code of Patient's Residence

**Data Field Number:** 34  
**Data Field Name:** RESZIP  
**Priority:** Required for RESPTYPE = 4 - 10  
**Field Length:** 5  
**Field Type:** Numeric  
**Value Range:** 00000 – 99999

<b>Definition:</b>	The zip code of the patient's home; physical address, not mailing address.
<b>Data Values:</b>	
00000 – 99998 = Zip code 99999 = Unknown	

## County of Patient's Residence

**Data Field Number:** 35  
**Data Field Name:** RESCNTY  
**Priority:** Required for RESPTYPE = 4 - 10  
**Field Length:** 3  
**Field Type:** Numeric  
**Value Range:** 001 – 254, 801 – 899, 999

<b>Definition:</b>	The county of the patient's home; physical address, not mailing address.
<b>Data Values:</b>	
County numbers are assigned by the Texas Department of Health EMS/Trauma Registry. The list of County Numbers can be found on the injury website and in Appendix C.	
001 - 254 = TDH county codes	
801 - 899 = TDH out-of-state codes	
999 = Unknown	

## Sex

**Data Field Number:** 36  
**Data Field Name:** SEX  
**Priority:** Required for RESPTYPE = 4 - 10  
**Field Length:** 1  
**Field Type:** Numeric  
**Value Range:** 1 – 2, 9

<b>Definition:</b>	The patient's gender at injury date. If the patient is in the middle of a gender change, use the original gender.
<b>Data Values:</b>	
1 = Male	
2 = Female	
9 = Unknown	

## Race / Ethnicity

**Data Field Number:** 37  
**Data Field Name:** RACE  
**Priority:** Required for RESPTYPE = 4 - 10  
**Field Length:** 1  
**Field Type:** Numeric  
**Value Range:** 1 – 5, 8, 9

<b>Definition:</b>	The patient's race or ethnic group as stated by patient or by subjective assessment.
<b>Data Values:</b>	
1 = White, non-Hispanic	5 = American Indian / Alaskan Native
2 = Hispanic	
3 = Black	8 = Other
4 = Asian / Pacific Islander	9 = Unknown

## Motor Response at Scene

**Data Field Number:** 38  
**Data Field Name:** MOTOR  
**Priority:** Required for RESPTYPE = 4 - 6 and CALLTYPE = 2,3  
**Field Length:** 1  
**Field Type:** Numeric  
**Value Range:** 1 – 6, 9

<b>Definition:</b>	Determines the patient's ability to follow commands. Enter the patient's initial best assessment. An appropriate response for a quadriplegic may be shrugging shoulders. This component cannot be assessed if the patient has received a muscle relaxant or paralytic agent.																
<b>Data Values:</b>																	
<p>For patients &gt;5 years:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 = No response</td> <td style="width: 50%;">5 = Localizes pain</td> </tr> <tr> <td>2 = Extension (decerebrate)</td> <td>6 = Obeys commands with appropriate motor response / Spontaneous</td> </tr> <tr> <td>3 = Flexion- abnormal (decorticate)</td> <td>9 = Unknown / Cannot be accurately assessed</td> </tr> <tr> <td>4 = Flexion- withdrawal</td> <td></td> </tr> </table> <p>For patients up to 5 years:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 = No response</td> <td style="width: 50%;">5 = Localizes pain</td> </tr> <tr> <td>2 = Extension (decerebrate)</td> <td>6 = Spontaneous</td> </tr> <tr> <td>3 = Flexion- abnormal (decorticate)</td> <td>9 = Unknown / Cannot be accurately assessed</td> </tr> <tr> <td>4 = Flexion- withdrawal</td> <td></td> </tr> </table>		1 = No response	5 = Localizes pain	2 = Extension (decerebrate)	6 = Obeys commands with appropriate motor response / Spontaneous	3 = Flexion- abnormal (decorticate)	9 = Unknown / Cannot be accurately assessed	4 = Flexion- withdrawal		1 = No response	5 = Localizes pain	2 = Extension (decerebrate)	6 = Spontaneous	3 = Flexion- abnormal (decorticate)	9 = Unknown / Cannot be accurately assessed	4 = Flexion- withdrawal	
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3 = Flexion- abnormal (decorticate)	9 = Unknown / Cannot be accurately assessed																
4 = Flexion- withdrawal																	

## Verbal Response at Scene

**Data Field Number:** 39  
**Data Field Name:** VERBAL  
**Priority:** Required for RESPTYPE = 4 - 6 and CALLTYPE = 2,3  
**Field Length:** 1  
**Field Type:** Numeric  
**Value Range:** 1 – 5, 9

<b>Definition:</b>	Assesses verbal response. Enter the patient's initial best assessment. If the patient is intubated and deeply comatose, enter 1 for None because the patient had no verbal response at the time of intubation. If an intubated patient can respond appropriately, the EMS provider may gauge the responses and assign a 1 (none) or 5 (oriented). If the EMS provider cannot gauge the response, enter 9.																		
<b>Data Values:</b>																			
<p>For patients &gt;5 years:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 = No response</td> <td style="width: 50%;">4 = Disoriented and converses / Confused</td> </tr> <tr> <td>2 = Incomprehensible sounds</td> <td>5 = Oriented and converses</td> </tr> <tr> <td>3 = Inappropriate words</td> <td>9 = Unknown</td> </tr> </table> <p>For patients 2-5 years:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 = No response</td> <td style="width: 50%;">4 = Inappropriate words</td> </tr> <tr> <td>2 = Grunts</td> <td>5 = Appropriate words</td> </tr> <tr> <td>3 = Cries and/or screams</td> <td>9 = Unknown / Not assessed</td> </tr> </table> <p>For patients 0-23 months:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 = No response</td> <td style="width: 50%;">4 = Cries, inconsolable</td> </tr> <tr> <td>2 = Persistent cry, grunting</td> <td>5 = Smiles, coos, cries appropriately</td> </tr> <tr> <td>3 = Inappropriate cry</td> <td>9 = Unknown / Not assessed</td> </tr> </table>		1 = No response	4 = Disoriented and converses / Confused	2 = Incomprehensible sounds	5 = Oriented and converses	3 = Inappropriate words	9 = Unknown	1 = No response	4 = Inappropriate words	2 = Grunts	5 = Appropriate words	3 = Cries and/or screams	9 = Unknown / Not assessed	1 = No response	4 = Cries, inconsolable	2 = Persistent cry, grunting	5 = Smiles, coos, cries appropriately	3 = Inappropriate cry	9 = Unknown / Not assessed
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2 = Persistent cry, grunting	5 = Smiles, coos, cries appropriately																		
3 = Inappropriate cry	9 = Unknown / Not assessed																		

## Eye Opening Response at Scene

**Data Field Number:** 40  
**Data Field Name:** EYE  
**Priority:** Required for RESPTYPE = 4 - 6 and CALLTYPE = 2,3  
**Field Length:** 1  
**Field Type:** Numeric  
**Value Range:** 1 - 4, 9

<b>Definition:</b>	Assesses eye opening response. Enter the patient's initial best assessment.
<b>Data Values:</b>	
1 = No response	4 = Spontaneously
2 = To pain	9 = Unknown
3 = To verbal command	

## Respiration Rate at Scene

**Data Field Number:** 41  
**Data Field Name:** RR  
**Priority:** Required for RESPTYPE = 4 - 6  
**Field Length:** 2  
**Field Type:** Numeric  
**Value Range:** 00 - 99

<b>Definition:</b>	The FIRST UNASSISTED patient respiratory rate expressed as number per minute. If patient is apneic prior to intervention, record as 0. Record 98 if respiration rate is not measurable due to sedation, paralysis or assisted ventilation (including bag-valve-mask and EOA). Do not report ranges. This will be used to calculate the Revised Trauma Score.
<b>Data Values:</b>	
00-97 = Respiration rate. If greater than 97, enter 97.	
98 = Respiration rate is not measurable due to sedation, paralysis or assisted ventilation	
99 = Unknown	

## Pulse at Scene

**Data Field Number:** 42  
**Data Field Name:** PULSE  
**Priority:** Required for RESPTYPE = 4 - 6  
**Field Length:** 3  
**Field Type:** Numeric  
**Value Range:** 000 - 300, 999

<b>Definition:</b>	The FIRST pulse initially assessed at the scene.
<b>Data Values:</b>	
000-300 = Pulse	
999 = Unknown	

## Systolic Blood Pressure at Scene

**Data Field Number:** 43  
**Data Field Name:** SBP  
**Priority:** Required for RESPTYPE = 4 - 6  
**Field Length:** 3  
**Field Type:** Numeric  
**Value Range:** 000 – 350, 999

<b>Definition:</b>	The FIRST systolic blood pressure initially assessed at the scene. This will be used to calculate the Revised Trauma Score.
<b>Data Values:</b>	
000-350 = Systolic Blood Pressure 999 = Unknown	

## Date of Occurrence

**Data Field Number:** 44  
**Data Field Name:** OCCDATE  
**Priority:** Required for CALLTYPE = 1 - 3 and RESPTYPE = 4 - 10  
**Field Length:** 10  
**Field Type:** Date  
**Value Range:** [1990 – current year, 9999] [01 – 12, 99][01 – 31, 99]

<b>Definition:</b>	The date on which the patient was initially injured or became ill.
<b>Data Values:</b>	
Format: YYYY/MM/DD YYYY = Year; 9999 = Unknown MM = Month; leading zero required; 99 = Unknown DD = Day; leading zero required; 99 = Unknown	

## Cause of Injury

**Data Field Number:** 45  
**Data Field Name:** INJCAUSE  
**Priority:** Required for CALLTYPE = 2,3 and RESPTYPE = 4 - 10  
**Field Length:** 5  
**Field Type:** Numeric  
**Value Range:** 800.0 – 999.9

<b>Definition:</b>	The ICD-9-CM external cause of injury code for the event or circumstance that was most responsible for the principal anatomic injury to the patient. Do not submit the E prefix.
<b>Data Values:</b>	
Any valid E-code between 800.0 and 999.8 999.9 = Unknown	

## Place of Injury Occurrence

**Data Field Number:** 46  
**Data Field Name:** INJPLACE  
**Priority:** Required for CALLTYPE = 2,3 and RESPTYPE = 4 - 10  
**Field Length:** 2  
**Field Type:** Numeric  
**Value Range:** 01 – 19, 88, 99

<b>Definition:</b>	The type of place where the injury occurred.
--------------------	--

**Data Values:**

01 =	Home <u>Includes:</u> apartment, boarding house, farm house, home premises, house (residential), non-institutional place of residence, private [driveway, garage, garden, home, walk], swimming pool in private house or garden, yard of home), retirement community <u>Excludes:</u> home under construction but not yet occupied, institutional place of residence
02 =	Farm <u>Includes:</u> buildings, land under cultivation <u>Excludes:</u> farm house and home premises of farm
03 =	Mine and quarry <u>Includes:</u> gravel pit, sand pit, tunnel under construction
04 =	Industrial place and premises <u>Includes:</u> building under construction, dockyard, dry dock, factory building or premises, garage (place of work), industrial yard, loading platform (factory or store), industrial plant, railway yard, shop (place of work), warehouse, workhouse, any work site
05 =	Place for recreation and sport <u>Includes:</u> amusement park, baseball field, basketball court, beach resort, cricket ground, fives court, football field, golf course, gymnasium, hockey field, holiday camp, ice palace, lake resort, mountain resort, playground (including school playground), public park, racecourse, resort NOS, riding school, rifle range, seashore resort, skating rink, sports ground, sports palace, stadium, swimming pool (public), tennis court, vacation resort <u>Excludes:</u> that in private house or garden
06 =	Street or Highway
07 =	Public Building <u>Includes:</u> building (including adjacent grounds) used by the general public or by a particular group of the public, such as: airport, bank, cafe, casino, church, cinema, clubhouse, courthouse, dance hall, garage building (for car storage), hotel, market (grocery or other commodity), movie house, music hall, nightclub, office, office building, opera house, post office, public hall, radio broadcasting station, restaurant, shop - commercial, station (bus, railway), store, theater <u>Excludes:</u> home garage, industrial building or work place, school (state, public, private), hospital
08 =	Residential institution <u>Includes:</u> children's home, dormitory, jail, orphanage, prison, reform school, shelter, protective services <u>Excludes:</u> hospital, nursing home, assisted living center
09 =	Educational institution <u>Includes:</u> state, public, and private school <u>Excludes:</u> playground, gymnasium, and other recreational locations within educational institutions, which should be coded as place for recreation or sport
10 =	Hospital ER
11 =	Hospital - other or unspecified location
12 =	EMS Provider
13 =	Dialysis
14 =	Nursing home (public) <u>Includes:</u> hospice
15 =	Assisted living center (private)
16 =	Rehabilitation Center
17 =	Doctor's office
18 =	Rural health clinic
19 =	Walk-in clinic
88 =	Other specified place <u>Includes:</u> beach NOS, canal, caravan site NOS, derelict house, desert, dock, forest, harbor, hill, lake NOS, mountain, parking lot, parking place, pond or pool (natural), prairie, public place NOS, railway line, reservoir, river, sea, seashore NOS, stream, swamp, trailer court, woods
99 =	Unknown



## Place of Injury Occurrence Comments

**Data Field Number:** 47  
**Data Field Name:** PLACETXT  
**Priority:** Optional  
**Field Length:** 200  
**Field Type:** Character  
**Value Range:** None

<b>Definition:</b>	Details concerning place of injury occurrence. Desired if INJPLACE = 88 (other specified place)
<b>Data Values:</b>	
Any letters or numbers used to describe the place of injury occurrence.	

## Injury Types

**Data Field Number:** 48 - 52  
**Data Field Name:** INJ1 – INJ5  
**Priority:** Required for CALLTYPE = 2,3 and RESPTYPE = 4 - 10  
**Field Length:** 2  
**Field Type:** Numeric  
**Value Range:** 01 –14, 77, 88, 99

<b>Definition:</b>	The injury type for the 5 most severe injuries sustained by the patient. <b>See Injury Type and Injury Body Location Example below.</b>
<b>Data Values:</b>	
01 = Pain w/o swelling/bruising	10 = Burn
02 = Soft tissue swelling/bruising	11 = Sprain/strain
03 = Blunt injury	12 = Submersion
04 = Laceration	13 = Suffocation
05 = Dislocation/fracture	14 = Internal
06 = Puncture/stab	77 = Not applicable (used when there are less than 5 injury types)
07 = Gunshot	88 = Other
08 = Amputation/avulsion	99 = Unknown
09 = Crush	

## Injury Body Locations

**Data Field Number:** 53 - 57  
**Data Field Name:** LOC1 – LOC5  
**Priority:** Required for CALLTYPE = 2,3 and RESPTYPE = 4 - 10  
**Field Length:** 2  
**Field Type:** Numeric  
**Value Range:** 01 – 10, 77, 88, 99

<b>Definition:</b>	The body location for the 5 most severe injuries sustained by the patient. <b>See Injury Type and Injury Body Location Example below.</b>
<b>Data Values:</b>	
01 = External ( <i>including burns</i> )	07 = Spine
02 = Head only ( <i>excluding neck, cervical spine, and ear</i> )	08 = Upper extremities
03 = Face ( <i>including ear</i> )	09 = Lower extremities or bony pelvis
04 = Neck	10 = Body region unspecified
05 = Thorax ( <i>excluding thoracic spine</i> )	77 = Not applicable (used when there are less than 5 injury types)
06 = Abdomen ( <i>excluding lumbar spine</i> )	88 = Other
	99 = Unknown

## Injury Type and Injury Body Location Example (not a field)

Example: Patient sustains a blunt injury to the head, a laceration to the head, and a laceration to the abdomen  
Fields are coded as follows:

<b>INJ1</b> = 03 (blunt injury)	<b>LOC1</b> = 02 (head only)
<b>INJ2</b> = 04 (laceration)	<b>LOC2</b> = 02 (head only)
<b>INJ3</b> = 04 (laceration)	<b>LOC3</b> = 06 (abdomen)
<b>INJ4</b> = 77 (not applicable)	<b>LOC4</b> = 77 (not applicable)
<b>INJ5</b> = 77 (not applicable)	<b>LOC5</b> = 77 (not applicable)

## Patient Safety Device Use

**Data Field Number:** 58 - 62  
**Data Field Name:** SAFE1 – SAFE5  
**Priority:** Required for CALLTYPE = 2,3 and RESPTYPE = 4 - 10  
**Field Length:** 2  
**Field Type:** Numeric  
**Value Range:** 01 – 09, 77, 88, 99

<b>Definition:</b>	Any safety device used by the patient to prevent injury.
<b>Data Values:</b>	
01 = None used	07 = Eye protection
02 = Shoulder belt	08 = Protective clothing
03 = Lap belt	09 = Personal flotation device
04 = Infant/Child safety seat	77 = Not applicable (also used when there are less than 5 safety devices used)
05 = Air bag deployed	88 = Other or combined protective gear
06 = Helmet	99 = Unknown

## Suspected Illness

**Data Field Number:** 63 - 67  
**Data Field Name:** ILL1 – ILL5  
**Priority:** Required for CALLTYPE = 1,3 and RESPTYPE = 4 - 10  
**Field Length:** 2  
**Field Type:** Numeric  
**Value Range:** 01 – 23, 77, 88, 99

<b>Definition:</b>	Suspected illness which leads to treatment by EMS provider
<b>Data Values:</b>	
01 = Abdominal pain / problems	15 = Overdose (e.g. alcohol, drugs)
02 = Allergic Reaction	16 = Poisoning (e.g. other chemicals)
03 = Altered level of consciousness	17 = Pregnancy / OB delivery
04 = Behavioral / psychiatric disorder	18 = Respiratory arrest
05 = Cardiac arrest	19 = Respiratory distress
06 = Cardiac rhythm disturbance	20 = Seizure
07 = Chest pain/ discomfort	21 = Stings / venomous bites
08 = Diabetic symptoms	22 = Stroke / CVA
09 = General weakness	23 = Syncope / fainting
10 = Hemorrhage	
11 = Hyperthermia	77 = Not applicable (also used when there are less than 5 suspected illnesses)
12 = Hypothermia	
13 = Hypovolemia / shock	88 = Other
14 = Inhalation injury	99 = Unknown

## Suspected Illness Comments

**Data Field Number:** 68  
**Data Field Name:** ILLTXT  
**Priority:** Optional  
**Field Length:** 200  
**Field Type:** Character  
**Value Range:** None

<b>Definition:</b>	Additional, or more detailed description of, suspected illnesses. Desired if any ILL1 – ILL5 = 88 (other).
<b>Data Values:</b>	
Any letters or numbers used to describe the suspected illnesses.	

## Prior Illness

**Data Field Number:** 69 - 73  
**Data Field Name:** PRIOR1 – PRIOR5  
**Priority:** Required for CALLTYPE = 1 - 3 and RESPTYPE = 4 - 10  
**Field Length:** 2  
**Field Type:** Numeric  
**Value Range:** 01 – 20, 77, 88, 99

<b>Definition:</b>	History of illness prior to the current incident.	
<b>Data Values:</b>		
01 = Allergies	13 = Hypertension	
02 = Asthma	14 = Infectious disease	
03 = Behavioral / psychiatric disorder	15 = Inhalation injury	
04 = Cancer	16 = Pregnancy / OB delivery / Complications	
05 = Cardiac arrest (MI)	17 = Renal failure	
06 = Cardiac rhythm disturbance (arrhythmia)	18 = Seizures	
07 = Chest pain (angina)	19 = Stroke / CVA	
08 = Chronic obstructive pulmonary disease	20 = Syncope / fainting	
09 = Coronary artery bypass graft surgery	77 = Not applicable (also used when there are less than 5 prior illnesses)	
10 = Congestive heart failure	88 = Other	
11 = Diabetes	99 = Unknown	
12 = Gastrointestinal problems		

## Prior Illness Comments

**Data Field Number:** 74  
**Data Field Name:** PRIORTXT  
**Priority:** Optional  
**Field Length:** 200  
**Field Type:** Character  
**Value Range:** None

<b>Definition:</b>	Additional, or more detailed description of, prior illnesses. Desired if any PRIOR1 – PRIOR5 = 88 (other).
<b>Data Values:</b>	
Any letters or numbers used to describe the prior illnesses.	

## Aid Prior to Arrival - By

**Data Field Number:** 75 - 77  
**Data Field Name:** AIDBY1 – AIDBY3  
**Priority:** Required for CALLTYPE = 1 - 3 and RESPTYPE = 4 - 10  
**Field Length:** 1  
**Field Type:** Numeric  
**Value Range:** 1 – 9

<b>Definition:</b>	Someone providing first aid to the patient other than from an on-duty EMS provider or hospital. See Aid Prior to Arrival Example below.
<b>Data Values:</b>	
1 = First responder 2 = Law enforcement 3 = Nursing home staff 4 = Physician on scene 5 = Healthcare provider on scene (e.g. nurse, PA, off-duty EMS) 6 = Bystander 7 = Not Applicable (no aid provided or when there are less than 3 aids prior to arrival) 8 = Other 9 = Unknown	

## Aid Prior to Arrival - Type

**Data Field Number:** 78 - 80  
**Data Field Name:** AIDTYPE1 – AIDTYPE3  
**Priority:** Required for AIDBY1 or AIDBY2 or AIDBY3 = 1-6, 8  
**Field Length:** 1  
**Field Type:** Numeric  
**Value Range:** 1 – 3, 7 - 9

<b>Definition:</b>	The first aid provided to the patient by someone other than from an EMS provider or hospital. See Aid Prior to Arrival Example below.
<b>Data Values:</b>	
1 = CPR only 2 = CPR and AED provided 3 = AED only 7 = Not applicable 8 = Other aid provided 9 = Unknown	

## Aid Prior to Arrival Example (not a field)

Example: Patient treated by a bystander with a tourniquet and then treated by a county sheriff with CPR  
 Fields are coded as follows:

**AIDBY1** = 6 (bystander)                      **AIDTYPE1** = 8 (other)  
**AIDBY2** = 2 (law enforcement)           **AIDTYPE2** = 1 (CPR only)  
**AIDBY3** = 7 (not applicable)               **AIDTYPE3** = (blank) or 7 (no applicable)

## Extrication

**Data Field Number:** 81  
**Data Field Name:** EXTRIC  
**Priority:** Required for CALLTYPE = 2 - 3 and RESPTYPE = 4 - 10  
**Field Length:** 1  
**Field Type:** Numeric  
**Value Range:** 1 - 2, 9

<b>Definition:</b>	Any mechanical action using tools that disentangles or frees patient from entrapment.
<b>Data Values:</b>	
1 = Yes	2 = No                      9 = Unknown

## Extrication Comments

**Data Field Number:** 82  
**Data Field Name:** EXTRTXT  
**Priority:** Optional  
**Field Length:** 200  
**Field Type:** Character  
**Value Range:** None

<b>Definition:</b>	Details concerning extrication.
<b>Data Values:</b>	
Any letters or numbers used to describe the extraction.	

## BLS/ALS Treatments

**Data Field Number:** 83 - 92  
**Data Field Name:** BLSALS01, BLSALS02, ... BLSALS10  
**Priority:** Required for CALLTYPE = 1 - 3 and RESPTYPE = 4 - 6, 8 - 10  
**Field Length:** 2  
**Field Type:** Numeric  
**Value Range:** 01 - 31, 77, 88, 99

<b>Definition:</b>	The 10 most critical BLS and ALS treatments that were provided to the patient.	
<b>Data Values:</b>		
<b>BLS</b>		
01 = AED defibrillation	05 = CPR	09 = Psychiatric assistance
02 = Airway	06 = MAST / PASG	10 = Shock management
03 = Assist ventilation	07 = OB assist	11 = Suction
04 = Assist with medication	08 = Oxygen	
<b>BLS Trauma</b>		
12 = Bleeding control	15 = Splint	
13 = Burn care	16 = Traction Splint	
14 = Spinal immobilization		
<b>ALS</b>		
17 = Assessment	22 = Interosseus	27 = MAST / PASG
18 = Blood drawn	23 = Intubation	28 = Pacing
19 = Cardiac Monitoring	24 = IM / SQ medications	29 = RSI
20 = Chest decompression	25 = IV Fluids	30 = Surgical Airway
21 = Defibrillation	26 = IV medication	31 = Thrombolytics
<b>Other Codes</b>		
77 = Not applicable (used when there are less than 10 ALS/BLS treatments)		
88 = Other		
99 = Unknown		

## BLS/ALS Comments

**Data Field Number:** 93  
**Data Field Name:** BALSTXT  
**Priority:** Optional  
**Field Length:** 255  
**Field Type:** Character  
**Value Range:** None

<b>Definition:</b>	Additional, or more detailed description of, BLS/ALS treatments. Desired if any BLSALS01 – BLSALS10 = 88 (other).
<b>Data Values:</b>	
Any letters or numbers used to describe BLS treatment.	

## Destination Arrival Date

**Data Field Number:** 94  
**Data Field Name:** ARRDATE  
**Priority:** Required for RESPTYPE = 6 - 8  
**Field Length:** 10  
**Field Type:** Date  
**Value Range:** [1990 – current year, 9999][01 – 12, 99][01 – 31, 99]

<b>Definition:</b>	The date on which the patient arrived at the destination.
<b>Data Values:</b>	
Format: YYYY/MM/DD YYYY = Year; 9999 = Unknown MM = Month; leading zero required; 99 = Unknown DD = Day; leading zero required; 99 = Unknown	

## Patient Destination

**Data Field Number:** 95  
**Data Field Name:** DESTIN  
**Priority:** Required for RESPTYPE = 6 - 8  
**Field Length:** 2  
**Field Type:** Numeric  
**Value Range:** 01 – 19, 88, 99

<b>Definition:</b>	The type of place where the patient was delivered.
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### Data Values:

01 =	Home <u>Includes:</u> apartment, boarding house, farm house, home premises, house (residential), non-institutional place of residence, private [driveway, garage, garden, home, walk], swimming pool in private house or garden, yard of home), retirement community <u>Excludes:</u> home under construction but not yet occupied, institutional place of residence
02 =	Farm <u>Includes:</u> buildings, land under cultivation <u>Excludes:</u> farm house and home premises of farm
03 =	Mine and quarry <u>Includes:</u> gravel pit, sand pit, tunnel under construction
04 =	Industrial place and premises <u>Includes:</u> building under construction, dockyard, dry dock, factory building or premises, garage (place of work), industrial yard, loading platform (factory or store), industrial plant, railway yard, shop (place of work), warehouse, workhouse, any work site
05 =	Place for recreation and sport <u>Includes:</u> amusement park, baseball field, basketball court, beach resort, cricket ground, fives court, football field, golf course, gymnasium, hockey field, holiday camp, ice palace, lake resort, mountain resort, playground (including school playground), public park, racecourse, resort NOS, riding school, rifle range, seashore resort, skating rink, sports ground, sports palace, stadium, swimming pool (public), tennis court, vacation resort <u>Excludes:</u> that in private house or garden
06 =	Street or Highway
07 =	Public Building <u>Includes:</u> building (including adjacent grounds) used by the general public or by a particular group of the public, such as: airport, bank, cafe, casino, church, cinema, clubhouse, courthouse, dance hall, garage building (for car storage), hotel, market (grocery or other commodity), movie house, music hall, nightclub, office, office building, opera house, post office, public hall, radio broadcasting station, restaurant, shop - commercial, station (bus, railway), store, theater <u>Excludes:</u> home garage, industrial building or work place, school (state, public, private), hospital
08 =	Residential institution <u>Includes:</u> children's home, dormitory, jail, orphanage, prison, reform school, shelter, protective services <u>Excludes:</u> hospital, nursing home, assisted living center
09 =	Educational institution <u>Includes:</u> state, public, and private school <u>Excludes:</u> playground, gymnasium, and other recreational locations within educational institutions, which should be coded as place for recreation or sport
10 =	Hospital ER
11 =	Hospital - other or unspecified location
12 =	EMS Provider
13 =	Dialysis
14 =	Nursing home (public) <u>Includes:</u> hospice
15 =	Assisted living center (private)
16 =	Rehabilitation Center
17 =	Doctor's office
18 =	Rural health clinic
19 =	Walk-in clinic
88 =	Other specified place <u>Includes:</u> beach NOS, canal, caravan site NOS, derelict house, desert, dock, forest, harbor, hill, lake NOS, mountain, parking lot, parking place, pond or pool (natural), prairie, public place NOS, railway line, reservoir, river, sea, seashore NOS, stream, swamp, trailer court, woods
99 =	Unknown

## Destination ID

**Data Field Number:** 96  
**Data Field Name:** DESTINID  
**Priority:** Required for RESPTYPE = 6 - 8 and DESTIN = 10 - 12  
**Field Length:** 7  
**Field Type:** Numeric  
**Value Range:** (Hospital) 00100001 - 25499999, 80100000 – 89900000, 25599999  
 (EMS) 001001 – 999998, 000911

<b>Definition:</b>	The seven digit number code assigned to the facility to which the patient was delivered or the six digit numeric code assigned to the provider to which the patient was delivered.
<b>Data Values:</b>	
Facility and firm numbers are assigned by the Texas Department of Health EMS/Trauma Registry. The list of Firm and Hospital Numbers can be found on the injury website and in Appendices A and B.	
0010001 – 2549999 = Texas hospital 8010000 – 8990000 = Out-of-state hospital 2559999 = Picked up from hospital but facility number unknown 001001 – 999998 = Texas EMS providers 000911 = Picked up from EMS but EMS firm number unknown	

## Loaded Mileage

**Data Field Number:** 97  
**Data Field Name:** MILAGE  
**Priority:** Required for RESPTYPE = 6 - 8  
**Field Length:** 7  
**Field Type:** Numeric  
**Value Range:** 0000.01 – 9999.99

<b>Definition:</b>	The number of miles traveled from Depart Scene Time to Arrive Destination Time. For distances greater than 9999.98, enter a value of 9999.98.
<b>Data Values:</b>	
0000.01 – 9999.98 = Number of miles 9999.99 = Unknown	



## Respiration Rate at Destination

**Data Field Number:** 98  
**Data Field Name:** RR2  
**Priority:** Required for RESPTYPE = 6, 8  
**Field Length:** 2  
**Field Type:** Numeric  
**Value Range:** 00 - 99

<b>Definition:</b>	The LAST recorded patient respiratory rate measured, expressed as number per minute. If patient is apneic prior to intervention, record as 0. Record 98 if unassisted rate is not measurable due to sedation, paralysis or assisted ventilation (including bag-valve-mask and EOA). Do not report ranges.
<b>Data Values:</b>	
00-97 = Respiration rate. If greater than 97, enter 97.	
98 = Unassisted rate is not measurable due to sedation, paralysis or assisted ventilation	
99 = Unknown	

## Pulse at Destination

**Data Field Number:** 99  
**Data Field Name:** PULSE2  
**Priority:** Required for RESPTYPE = 6, 8  
**Field Length:** 3  
**Field Type:** Numeric  
**Value Range:** 000 – 300, 999

<b>Definition:</b>	The LAST recorded palpable pulse measured.
<b>Data Values:</b>	
000-300 = Pulse	
999 = Unknown	

## Systolic Blood Pressure at Destination

**Data Field Number:** 100  
**Data Field Name:** SBP2  
**Priority:** Required for RESPTYPE = 6, 8  
**Field Length:** 3  
**Field Type:** Numeric  
**Value Range:** 000 – 350, 999

<b>Definition:</b>	The LAST recorded systolic blood pressure measured.
<b>Data Values:</b>	
000-350 = Systolic Blood Pressure	
999 = Unknown	

## Care Provider Training Level

**Data Field Number:** 101 - 102  
**Data Field Name:** MEDIC1 – MEDIC2  
**Priority:** Required  
**Field Length:** 2  
**Field Type:** Numeric  
**Value Range:** 01 – 08, 77, 88, 99

<b>Definition:</b>	Training level of each care provider who arrived at the scene from YOUR EMS provider. Enter 77 in each field for which there is no care provider to report.
<b>Data Values:</b>	
01 = ECA	06 = Nurse
02 = EMT	07 = Doctor
03 = EMT-I	08 = PA
04 = Paramedic	77 = Not applicable
05 = Licensed paramedic	88 = Other
	99 = Unknown

## Additional Care Provider Training Level

**Data Field Number:** 103 - 104  
**Data Field Name:** MEDIC3 – MEDIC4  
**Priority:** Required  
**Field Length:** 2  
**Field Type:** Numeric  
**Value Range:** 01 – 08, 77, 88, 99

<b>Definition:</b>	Training level of each care provider who arrived at the scene from YOUR EMS provider. Enter 77 in each field for which there is no additional care provider to report.
<b>Data Values:</b>	
01 = ECA	06 = Nurse
02 = EMT	07 = Doctor
03 = EMT-I	08 = PA
04 = Paramedic	77 = Not applicable
05 = Licensed paramedic	88 = Other
	99 = Unknown

## Test Record

**Data Field Number:** 105  
**Data Field Name:** TEST  
**Priority:** Optional  
**Field Length:** 1  
**Field Type:** Numeric  
**Value Range:** 1 - 2

<b>Definition:</b>	Identifies whether the record contains data for a real patient or data meant only for testing purposes.
<b>Data Values:</b>	
1 = Valid record	
2 = Test record – do not include in EMS/Trauma Registry database	

## Software Identification

**Data Field Number:** 106  
**Data Field Name:** SOFTWARE  
**Priority:** Optional  
**Field Length:** 10  
**Field Type:** Character  
**Value Range:** [001 – 999][none]

<b>Definition:</b>	Identifies the computer software used to create the data file for transmission to the Texas EMS/Trauma Registry. The first 3 digits refer to the TDH-assigned software ID code. The last 7 digits are assigned by the software to identify version.
<b>Data Values:</b>	
<p>Software ID codes (3 digits) are assigned by the Texas Department of Health EMS/Trauma Registry. The list of Software ID codes can be found on the injury website and in Appendix E. Software version codes (7 characters) are assigned at the discretion of each software company/designer.</p> <p>001XXXXXXXX – 998XXXXXXXX = Software identification where XXXXXXXX is the software version            9999999999 = Unknown (call TDH EMS/Trauma Registry to have software ID code assigned)</p> <p>Example: 015v2.0.b (Software ID code 015 for version 2.0.b of their software)</p>	

# Research Fields

## EMS Research Fields

**Data Field Number:** 107, 108, 109  
**Data Field Name:** EMSRES1, EMSRES2, EMSRES3  
**Priority:** Optional  
**Field Length:** 10  
**Field Type:** Character  
**Value Range:** [none]

<b>Definition:</b>	May be used to track information defined by the EMS for any purpose.
<b>Data Values:</b>	
Any string of up to 10 characters.	

## RAC Research Fields

**Data Field Number:** 110, 111, 112  
**Data Field Name:** RACRES1, RACRES2, RACRES3  
**Priority:** Optional  
**Field Length:** 10  
**Field Type:** Character  
**Value Range:** [none]

<b>Definition:</b>	May be used to track information defined by the RAC for any purpose.
<b>Data Values:</b>	
Any string of up to 10 characters.	

## Miscellaneous Research Fields

**Data Field Number:** 113, 114, 115  
**Data Field Name:** MISCRES1, MISCRES2, MISCRES3  
**Priority:** Optional  
**Field Length:** 10  
**Field Type:** Character  
**Value Range:** [none]

<b>Definition:</b>	May be used to track information defined by the RAC or EMS for any purpose.
<b>Data Values:</b>	
Any string of up to 10 characters.	

# Desired Fields

## Ejection

**Data Field Number:** 116  
**Data Field Name:** EJECT  
**Priority:** Optional  
**Field Length:** 1  
**Field Type:** Numeric  
**Value Range:** 1-2, 7, 9

<b>Definition:</b>	Was the patient ejected from a moving vehicle?
<b>Data Values:</b>	
1 = Yes	7 = Not applicable (i.e. not a moving vehicle injury)
2 = No	9 = Unknown

## Patient Position

**Data Field Number:** 117  
**Data Field Name:** PASPOSIT  
**Priority:** Optional  
**Field Length:** 2  
**Field Type:** Numeric  
**Value Range:** 01-10, 77, 88, 99

<b>Definition:</b>	The position of the patient in a motor vehicle involved in a crash.
<b>Data Values:</b>	
01 = Front left (driver's seat – US car)	08 = Third row middle
02 = Front middle	09 = Third row right
03 = Front right	10 = Bed of truck
04 = Second row left	
05 = Second row middle	77 = Not applicable (not in the vehicle or not a motor vehicle crash)
06 = Second row right	88 = Other
07 = Third row left	99 = Unknown

## Exposure Type

**Data Field Number:** 118  
**Data Field Name:** EXPOSURE  
**Priority:** Optional  
**Field Length:** 2  
**Field Type:** Numeric  
**Value Range:** 01-07, 77, 88, 99

<b>Definition:</b>	Patient/staff exposure type.
<b>Data Values:</b>	
01 = Blood	06 = Infectious disease - Hepatitis
02 = Chemical	07 = Infectious disease - Other
03 = Heat	77 = Not applicable (no patient/staff exposure)
04 = Infectious disease - TB	88 = Other
05 = Infectious disease - HIV	99 = Unknown

## Procedure Attempt 1

**Data Field Number:** 119  
**Data Field Name:** PROCATT1  
**Priority:** Optional  
**Field Length:** 2  
**Field Type:** Numeric  
**Value Range:** 01-20, 77, 99

<b>Definition:</b>	Number of attempts at cricothyrotomy. Enter 20 if number of attempts > 20.
<b>Data Values:</b>	
01 – 20 = Number of attempts 77 = Not applicable (cricothyrotomy not attempted) 99 = Unknown	

## Procedure Attempt 2

**Data Field Number:** 120  
**Data Field Name:** PROCATT2  
**Priority:** Optional  
**Field Length:** 2  
**Field Type:** Numeric  
**Value Range:** 01-20, 77, 99

<b>Definition:</b>	Number of attempts at endotracheal tubation. Enter 20 if number of attempts > 20.
<b>Data Values:</b>	
01 – 20 = Number of attempts 77 = Not applicable (endotracheal tubation not attempted) 99 = Unknown	

## Procedure Attempt 3

**Data Field Number:** 121  
**Data Field Name:** PROCATT3  
**Priority:** Optional  
**Field Length:** 2  
**Field Type:** Numeric  
**Value Range:** 01-20, 77, 99

<b>Definition:</b>	Number of attempts at intravenous catheter. Enter 20 if number of attempts > 20.
<b>Data Values:</b>	
01 – 20 = Number of attempts 77 = Not applicable (intravenous catheter not attempted) 99 = Unknown	

## Procedure Attempt 4

**Data Field Number:** 122  
**Data Field Name:** PROCATT4  
**Priority:** Optional  
**Field Length:** 2  
**Field Type:** Numeric  
**Value Range:** 01-20, 77, 99

<b>Definition:</b>	Number of attempts at intraosseous catheter. Enter 20 if number of attempts > 20.
<b>Data Values:</b>	
01 – 20 = Number of attempts	
77 = Not applicable (intraosseous catheter not attempted)	
99 = Unknown	

## Procedure Attempt 5

**Data Field Number:** 123  
**Data Field Name:** PROCATT5  
**Priority:** Optional  
**Field Length:** 2  
**Field Type:** Numeric  
**Value Range:** 01-20, 77, 99

<b>Definition:</b>	Number of attempts at nasogastric tube insertion. Enter 20 if number of attempts > 20.
<b>Data Values:</b>	
01 – 20 = Number of attempts	
77 = Not applicable (nasogastric tube insertion not attempted)	
99 = Unknown	

## Time of 1<sup>st</sup> Defibrillation Shock

**Data Field Number:** 124  
**Data Field Name:** 1STDEFIB  
**Priority:** Optional  
**Field Length:** 5  
**Field Type:** Time  
**Value Range:** 00:00 – 23:59, 99:99, [blank]

<b>Definition:</b>	Time of first defibrillation shock. Use military time, 00:00 to 23:59. Convert time to the time zone in which your facility is located, if not already done so. Record 99:99 if the return to service time is unknown. Leave blank if not applicable.
<b>Data Values:</b>	
00:00 – 23:59 = Military time	
99:99 = Unknown	

## Joules of 1<sup>st</sup> Shock

**Data Field Number:** 125  
**Data Field Name:** SHKJOUL  
**Priority:** Optional  
**Field Length:** 3  
**Field Type:** Numeric  
**Value Range:** 000 – 500, 777, 999

<b>Definition:</b>	The Joules of the 1 <sup>st</sup> defibrillation shock.
<b>Data Values:</b>	
000 – 500 = Joules	
777 = Not applicable (no defibrillation shock)	
999 = Unknown	

## Extrication Position

**Data Field Number:** 126  
**Data Field Name:** EXPOS  
**Priority:** Optional  
**Field Length:** 2  
**Field Type:** Numeric  
**Value Range:** 01-10, 77, 88, 99

<b>Definition:</b>	The last position that the patient was found if the patient was extracted from a motor vehicle.
<b>Data Values:</b>	
01 = Front left (driver's seat – US car)	08 = Third row middle
02 = Front middle	09 = Third row right
03 = Front right	10 = Bed of truck
04 = Second row left	
05 = Second row middle	77 = Not applicable (not a passenger or not a motor vehicle crash)
06 = Second row right	88 = Other
07 = Third row left	99 = Unknown

## Air EMS Contacted Date

**Data Field Number:** 127  
**Data Field Name:** AIRDATE  
**Priority:** Optional  
**Field Length:** 10  
**Field Type:** Date  
**Value Range:** [1990 – current year, 9999][01 – 12, 99][01 – 31, 99], [blank]

<b>Definition:</b>	The date on which air EMS was contacted by ground EMS at the scene. Leave blank if not applicable.
<b>Data Values:</b>	
Format: YYYY/MM/DD	
YYYY = Year; 9999 = Unknown	
MM = Month; leading zero required; 99 = Unknown	
DD = Day; leading zero required; 99 = Unknown	



## Air EMS Contacted Time

**Data Field Number:** 128  
**Data Field Name:** AIRTIME  
**Priority:** Optional  
**Field Length:** 5  
**Field Type:** Time  
**Value Range:** 00:00 – 23:59, 99:99, [blank]

<b>Definition:</b>	The time at which air EMS was contacted by ground EMS at the scene. Leave blank if not applicable. Use military time, 00:00 to 23:59. Convert time to the time zone in which your facility is located, if not already done so. Record 99:99 if the return to service time is unknown.
<b>Data Values:</b>	
00:00 – 23:59 = Military time 99:99 = Unknown	

## Air EMS Arrival at Scene Time

**Data Field Number:** 129  
**Data Field Name:** AIRARR  
**Priority:** Optional  
**Field Length:** 5  
**Field Type:** Time  
**Value Range:** 00:00 – 23:59, 99:99, [blank]

<b>Definition:</b>	The time that air EMS arrived at the scene. Leave blank if not applicable. Use military time, 00:00 to 23:59. Convert time to the time zone in which your facility is located, if not already done so. Record 99:99 if the return to service time is unknown.
<b>Data Values:</b>	
00:00 – 23:59 = Military time 99:99 = Unknown	

## Air EMS Departure from Scene Time

**Data Field Number:** 130  
**Data Field Name:** AIRDEP  
**Priority:** Optional  
**Field Length:** 5  
**Field Type:** Time  
**Value Range:** 00:00 – 23:59, 99:99, [blank]

<b>Definition:</b>	The time that air EMS departed from the scene. Leave blank if not applicable. Use military time, 00:00 to 23:59. Convert time to the time zone in which your facility is located, if not already done so. Record 99:99 if the return to service time is unknown.
<b>Data Values:</b>	
00:00 – 23:59 = Military time 99:99 = Unknown	

## Trauma Criteria

**Data Field Number:** 131  
**Data Field Name:** TRCRIT  
**Priority:** Optional  
**Field Length:** 1  
**Field Type:** Numeric  
**Value Range:** 1-2, 7, 9

<b>Definition:</b>	Did patient meet trauma activation criteria?
<b>Data Values:</b>	
1 = Yes	7 = Not applicable (i.e. not a trauma patient)
2 = No	9 = Unknown

## Trauma System Activated

**Data Field Number:** 132  
**Data Field Name:** TRSYSACT  
**Priority:** Optional  
**Field Length:** 1  
**Field Type:** Numeric  
**Value Range:** 1-2, 7, 9

<b>Definition:</b>	Was the trauma system activated?
<b>Data Values:</b>	
1 = Yes	7 = Not applicable (i.e. not a trauma patient)
2 = No	9 = Unknown

## Burn Percentage

**Data Field Number:** 133  
**Data Field Name:** TBSA  
**Priority:** Optional  
**Field Length:** 3  
**Field Type:** Numeric  
**Value Range:** 000 – 100, 777, 999

<b>Definition:</b>	Total body surface area (percentage) of a burn injury.
<b>Data Values:</b>	
000 – 100 = Percent of total body surface area affected by the burn injury.	
777 = Not applicable (no burn injury)	
999 = Unknown	

## EMS Diverted

**Data Field Number:** 134  
**Data Field Name:** DIVERTED  
**Priority:** Optional  
**Field Length:** 1  
**Field Type:** Numeric  
**Value Range:** 1-2, 7, 9

<b>Definition:</b>	Was your EMS vehicle diverted to another hospital facility?
<b>Data Values:</b>	
1 = Yes	7 = Not applicable (i.e. not a transport)
2 = No	9 = Unknown

## Facility Diverted From

**Data Field Number:** 135  
**Data Field Name:** FACDIVFR  
**Priority:** Optional  
**Field Length:** 7  
**Field Type:** Numeric  
**Value Range:** 0010001 - 2549999, 8010000 – 8990000, 2559999, [blank]

<b>Definition:</b>	The seven digit number code assigned to the first facility from which your EMS firm was diverted. Leave blank if not applicable.
<b>Data Values:</b>	
<p>Facility numbers are assigned by the Texas Department of Health EMS/Trauma Registry. The list of Hospital Numbers can be found on the injury website and in Appendix B.</p> <p>0010001 – 2549999 = Texas hospital            8010000 – 8990000 = Out-of-state hospital            2559999 = Picked up from hospital but facility number unknown</p>	

## Facility Divert Time

**Data Field Number:** 136  
**Data Field Name:** DIVTIME  
**Priority:** Optional  
**Field Length:** 5  
**Field Type:** Time  
**Value Range:** 00:00 – 23:59, 99:99, [blank]

<b>Definition:</b>	The time that your EMS was diverted from the first hospital. Leave blank if not applicable. Use military time, 00:00 to 23:59. Convert time to the time zone in which your facility is located, if not already done so. Record 99:99 if the return to service time is unknown.
<b>Data Values:</b>	
<p>00:00 – 23:59 = Military time            99:99 = Unknown</p>	