

RSWG Recommended Trauma Elements for Hospitals

NTDB		Current Trauma Registry Elements for Hospitals
Element Number	Element Title	Data Element Name
P_01	EMS Dispatch Date	Dispatch Time
P_02	EMS Dispatch Time	
P_03	EMS Unit Arrival On Scene Date	Arrival Scene Time
P_04	EMS Unit Arrival On Scene Time	
P_05	EMS Unit Scene Departure Date	Depart Scene Time
P_06	EMS Unit Scene Departure Time	
ED_01	ED/Hospital Arrival Date	Date of Arrival
ED_02	ED/Hospital Arrival Time	Time of Arrival
I_01	Injury Incident Date	Date of Injury
I_02	Injury Incident Time	Time of Injury
D_06	Alternate Home Residence	
D_05	Patient's Home City	City of Patient's Residence
D_01	Patient's Home Zip Code	Zip Code of Patient's Residence
D_04	Patient's Home County	County of Patient's Residence (Includes State and Country Codes)
D_03	Patient's Home State	
D_02	Patient's Home Country	
D_12	Sex	Sex
D_10	Race	Race / Ethnicity
D_11	Ethnicity	
D_08	Age	Age (Auto-Calculated)
D_09	Age Units	
D_07	Date of Birth	Date of Birth
F_01	Primary Method of Payment	Payor Category
I_07	Location E-Code	Place of Injury Occurrence
I_13	Incident City	City of Occurrence
I_09	Incident Location Zip Code	Zip Code of Occurrence
I_12	Incident County	County of Occurrence (Includes State and Country Codes)
I_11	Incident State	
I_10	Incident Country	
I_06	Primary E-Code	Cause of Injury
		Mechanism of Injury
I_14	Protective Devices	Protective Device
I_16	Airbag Deployment	

NTDB		Current Trauma Registry Elements for Hospitals
Element Number	Element Title	Data Element Name
I_15	Child Specific Restraint	
DG_01	Co-Morbid Conditions	Pre-existing Condition 1
		Pre-existing Condition 2
		Pre-existing Condition 3
		Pre-existing Condition 4
		Pre-existing Condition 5
P_09	Initial Field Systolic Blood Pressure	Systolic Blood Pressure at Scene
P_10	Initial Field Pulse Rate	Pulse at Scene
P_11	Initial Field Respiratory Rate	Respiration Rate at Scene
P_13	Initial Field GCS-Eye	Eye Opening Response at Scene
P_14	Initial Field GCS-Verbal	Verbal Response at Scene
P_15	Initial Field GCS-Motor	Motor Response at Scene
P_16	Initial Field GCS-Total	Glasgow Coma Score At Scene
ED_17	ED Discharge Disposition	Emergency Department Disposition
O_05	Hospital Discharge Disposition	Patient Discharged To
ED_03	Initial ED/Hospital Systolic Blood Pressure	Systolic Blood Pressure
ED_06	Initial ED/Hospital Respiratory Rate	Respiration Rate
ED_04	Initial ED/Hospital Pulse Rate	Pulse
ED_12	Initial ED/Hospital GCS - Motor	Motor Response
ED_11	Initial ED/Hospital GCS - Verbal	Verbal Response
ED_10	Initial ED/Hospital GCS - Eye	Eye Opening Response
ED_13	Initial ED/Hospital GCS - Total	Glasgow Coma Score at Admission
HP_01	Hospital Procedures	Procedures 1
		Procedures 2
		Procedures 3
		Procedures 4
		Procedures 5
O_01	Total ICU Length of Stay	ICU Length of Stay
O_03	Hospital Discharge Date	Date of Discharge or Death
O_04	Hospital Discharge Time	Time of Discharge or Death
ED_15	Alcohol Use Indicator	Alcohol Level Test
DG_02	Injury Diagnosis	Diagnosis 1
		Diagnosis 2
		Diagnosis 3
		Diagnosis 4

NTDB		Current Trauma Registry Elements for Hospitals
Element Number	Element Title	Data Element Name
		Diagnosis 5
IS_05	Locally Calculated ISS	Injury Severity Score
P_17	Inter-Facility Transfer	Is this a Transfer?
ED_19	ED Discharge Date	Emergency Department Discharge Date
ED_20	ED Discharge Time	Emergency Department Discharge Time
I_03	Work- Related	
I_04	Patient's Occupational Industry	
I_05	Patient's Occupation	
I_08	Additional E-Code	
P_07	Transport Mode	
P_08	Other Transport Mode	
P_12	Initial Field Oxygen Saturation	
ED_05	Initial ED/Hospital Temperature	
ED_07	Initial ED/Hospital Respiratory Assistance	
ED_08	Initial ED/Hospital Oxygen Saturation	
ED_09	Initial ED/Hospital Supplemental Oxygen	
ED_14	Initial ED/Hospital GCS Assessment Qualifiers	
ED_16	Drug Use Indicators	
HP_02	Hospital Procedures Start Date	
HP_03	Hospital Procedures Start Time	
IS_01	AIS Predot Code	
IS_02	AIS Severity	
IS_03	ISS Body Region	
IS_04	AIS Version	
O_02	Total Ventilator Dates	
ED_18	Signs of Life	
Q_01	Hospital Complications	
		Trauma Registry Number
		Data Set ID
		Medical Record Number
		Facility Number
		Patient Discharged To Facility Number
		Condition on Discharge

NTDB		Current Trauma Registry Elements for Hospitals
Element Number	Element Title	Data Element Name
		Alcohol Level
		Billed Hospital Charges
		Total Reimbursement
		First Hospital Number
		Date of Arrival to First Hospital
		Time of Arrival to First Hospital
		Date of Departure from First Hospital
		Time of Departure from First Hospital
		Trauma Team Activation
		Time of Trauma Team Activation
		Direct Admit
		Airway Management Type