

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|-------------------------|--|---|--------------|--------|----------|---|------------------------|
| Demographic-Record Info | Record Complete | Indicates the completeness status of record. | Alphanumeric | 1 | Y | Y, N, or blank. Only records marked with "Y" or blank in this field will be used for research. | No |
| | Y | Yes | | | | | |
| | N | No | | | | | |
| | Blank | Implied Yes | | | | | |
| Demographic-Record Info | Facility | Displays the unique hospital identifier code and description for your facility. | Numeric | | Y | Autopopulated | No |
| Demographic-Record Info | Initial Location | Indicates the initial location the patient was admitted at your facility. | Alphanumeric | 2 | Y | | Yes |
| | 2 | Emergency Department | | | | | |
| | 3 | Operating Room | | | | | |
| | 4 | Intensive Care | | | | | |
| | 5 | Step-Down Unit | | | | | |
| | 7 | Telemetry Unit | | | | | |
| | 8 | Floor | | | | | |
| | 9 | Observation Unit | | | | | |
| | 10 | Radiology | | | | | |
| | 11 | Post Anesthesia Care Unit | | | | | |
| | 12 | Special Procedure Room | | | | | |
| | 13 | Labor and Delivery | | | | | |
| | 14 | Pediatric ICU | | | | | |
| | ? | Unknown | | | | | |
| Demographic-Record Info | Trauma # | Displays the unique identifier assigned to a particular record. | Numeric | | Y | This field is auto-generated by the software displayed in sequential numbering. However, the software does allow for the ability to modify the registry number interrupting the sequential numbering. It will not allow the user to duplicate registry numbers through a validation check. | No |
| Demographic-Record Info | Patient Arrival Date, Time | The date and time the patient arrived to the ED/Hospital. | Datetime | | Y | Date/time intervals can be provided. If the patient was brought to the ED, enter the time the patient arrived at the ED. If a direct admission, enter the time the patient was admitted to the hospital. Time (HH:MM) should be collected in military time. Used to calculate the total ED LOS and Hospital LOS. </> (Not applicable) is not a valid option for this field. | As selection criteria |
| Demographic-Record Info | Patient Name (Last, First, Middle Initial) | The last name, first name, and middle initial of the patient. | Alphanumeric | | Y | No restriction as to whether the names should be entered in UPPER CASE, lower case, or Proper Case </> N/A – used if no middle initial. | No |

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| Demographic-Record Info | Arrived From | The location from which the patient arrived. | Alphanumeric | 2 | Y | <p><Other Acute Facility> - Outlying facilities providing emergency care services are considered acute care facilities (i.e., free standing ED's). <Nursing Home> - Includes Skilled Nursing Facility (SNF). <Home> - Used when the patient leaves the scene to go home then arrives at the ED - or – there is a delay between time of injury and when patient chooses to seek definitive care. For patients arriving from LTACs (Long Term Acute Care), use <9> For patients arriving from LTACs, changed value for Arrived From from <5> to <9> on 2/15/2017, since an LTAC is a free-standing facility.</p> | Yes |

| | |
|----|-----------------------|
| 1 | Clinic |
| 2 | EMS Station |
| 3 | MD Office |
| 4 | Home |
| 5 | Nursing Home |
| 6 | Refer Facility |
| 7 | Scene |
| 8 | Urgent Care |
| 9 | Other Acute Facility |
| 10 | Correctional Facility |
| 11 | Other |
| ? | Unknown |

| | | | | | | | |
|-------------------------|-------------------------------|--|--------------|---|---|--|----|
| Demographic-Record Info | Inclusion Information - State | Indicates that the record meets NC Trauma Registry criteria and should be submitted to the State | Alphanumeric | 1 | Y | | No |
| | Y | Yes | | | | | |
| | N | No | | | | | |

| | | | | | | | |
|---------------------|---------------|--|--------------|---|---|---|-----|
| Demographic-Patient | Date of Birth | The month, day, and year of the patient's birth. | Date | | Y | Use mm/dd/yyyy format. If don't know DOB, enter "?". Used to calculate Age. | No |
| Demographic-Patient | Gender | The gender of the patient based upon report by patient or a family member. | Alphanumeric | 1 | Y | If patient is transgender, enter the gender stated by the patient | Yes |
| | 1 | Male | | | | | |
| | 2 | Female | | | | | |
| | ? | Unknown | | | | | |

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|---------------------|--------------|---|--------------|--------|----------|---|------------------------|
| Demographic-Patient | Race1, Race2 | The race of the patient based upon self-report or by a family member. | Alphanumeric | 1 | Y | In DI software, maximum number of races that can be reported is 4. (Changed from 2 to 4 by DI in Jan2017). If no second-fourth race, use </>. Use current census definitions for field values. Do not follow NTDB instructions to record race as "n/a" for out-of-country residents. N/A is not a valid option for the Race1 field. N/A is valid for fields Race2-Race4 if the person identifies only as one race. If multiple, different races are reported through different sources (e.g., MD, EMS run sheet, patient/family), choose the patient/family report as the first option. Go with the value reported by hospital registration if it's not documented what the patient or family reports. 01 Jan 2018: Changed race definitions to say that census definitions should be followed. Prior to 01Jan2018, dictionary said to map Middle Eastern to <1> Asian. | Yes |

| | |
|---|---|
| 1 | Asian |
| 2 | Black |
| 3 | American Indian |
| 4 | Native Hawaiian or Other Pacific Islander |
| 5 | White |
| 6 | Other Race |
| ? | Unknown |
| / | n/a (for Race2 through Race4 only) |

| | | | | | | | |
|---------------------|-----------|--|--------------|---|---|---|-----|
| Demographic-Patient | Ethnicity | The ethnicity of the patient based on self-report or by a family member. | Alphanumeric | 1 | Y | The maximum number of ethnicities that can be reported is 1. Use <?> for records where ethnicity is not recorded in medical record, or patient or family declined to provide ethnicity. Use current census definitions for field values. Do not follow NTDB instructions to record race as "n/a" for out-of-country residents. N/A is not a valid option for the Ethnicity field. | Yes |
|---------------------|-----------|--|--------------|---|---|---|-----|

| | |
|---|------------------------|
| 1 | Hispanic or Latino |
| 2 | Not Hispanic or Latino |
| ? | Unknown |

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|---------------------|----------|---|--------------|--------|----------|--|---|
| Demographic-Patient | Zip | The patient's home zip code of primary residence. | Numeric | 9 | Y | Enter </> if identified as homeless (includes living in homeless shelter) or primary address is out of country. Enter <?> if unknown. If <?> , complete as many variable as possible: Residence State, Residence County, Residence City, and Residence Country. | No, but can be used to generate distances and/or rural/urban designation |
| Demographic-Patient | Homeless | Indicates the housing status of the patient at the time they present to your facility. | Alphanumeric | 1 | Y | Homeless - A person who lacks housing. The definition also includes a person living in transitional housing or in a supervised public or private facility providing temporary living quarters. In the DI software, when a zip code is entered into the zip field, the Homeless field defaults to <N>. | Yes |
| | | Y | Yes | | | | |
| | | N | No | | | | |
| | | ? | Unknown | | | | |
| Demographic-Patient | City | The city of patient's primary residence. | Alphanumeric | | Y | Auto-populates by DI software, based on the zip code. No If unknown, enter <?>. If out of country or patient is homeless, use </>. If zip code is unknown but city known, manually enter. | No |
| Demographic-Patient | State | The state, territory, province, or District of Columbia of the patient's primary residence. | Alphanumeric | 2 | Y | Two-letter initials for states Auto-populated by DI software, based on the zip code. If zip code is unknown but State is known, manually enter or if unknown, enter <?>. If out of country or homeless, use </>. | Yes |
| Demographic-Patient | County | The county of the patient's primary residence. | Numeric | 3 | Y | Auto-populated by DI software, based on the zip code. If zip code is unknown but county is known, use the search option for the field or if unknown, enter <?>. If out of country or homeless, use </>. Do not guess or approximate. | Requires special HIPAA approval and NCTR committee review to assess need/risk |
| Demographic-Patient | Country | The country of the patient's primary residence. | Alphanumeric | 2 | Y | Auto-populated by DI software, based on the zip code If zip code is unknown but country is known then choose from picklist . If country also is unknown, enter <?>. Do not guess or approximate. | Yes |

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|----------------------------|-------------------------|---|--------------|--------|----------|---|---|
| Demographic-Patient | Alternate Residence | Documentation of the patient type for patients without a zip code | Alphanumeric | 1 | Y | Completed only when the residence zip code is "</> Not Applicable" Use </> for this field if residence zip code field contains a valid value. Use </> for a patient who is homeless. | No |
| | 1 | Undocumented citizen | | | | Defined as a national of another country who has entered or stayed in another country without permission. | |
| | 2 | Migrant Worker | | | | Defined as a person who temporarily leaves his/her personal place of residence in order to accept seasonal employment in the same or different country | |
| | 3 | Foreign Visitor (Retired Jan 2016) | | | | Prior to January 2016, <Foreign Visitor> -was defined as any person legally visiting a country other than his/her usual place of residence for any reason. | |
| | / | Not Applicable | | | | | |
| | ? | Unknown | | | | | |
| Injury- Injury Information | Injury Date/Time | The date (MM/DD/YYYY) and time (HH:MM) in which the injury occurred. | Datetime | | Y | Estimates of date of injury should be based upon report by patient, witness, family, or healthcare provider. Other proxy measures (e.g. 911 called time) should not be used. The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) <?> 'Unknown' can be used in this field if injury date/time is unknown "Not applicable" is not a valid value. | No, but can be used to generate intervals, e.g., time from injury to ED admission |
| Injury- Injury Information | Place of Injury (E849) | Location where the injury occurred as described by a series of designated E-Codes | Alphanumeric | 1 | Y | Refer to ICD-9 manual to assign appropriate E-codes. History: Retired for patients admitted on 01 Oct 2015 or later. | Yes |
| | 0 | Home | | | | | |
| | 1 | Farm | | | | | |
| | 2 | Mine | | | | | |
| | 3 | Industry | | | | | |
| | 4 | Recreation | | | | | |
| | 5 | Street | | | | | |
| | 6 | Public Building | | | | | |
| | 7 | Residential Institution | | | | | |
| | 8 | Other | | | | | |
| | 9 | Unspecified | | | | | |
| Injury- Injury Information | Place of Injury (ICD10) | Location where injury occurred as described by a series of designated ICD-10 codes. | | | Y | Too numerous to list. Refer to the ICD-10 CM manual to assign appropriate place of injury code. "Not applicable" is not a valid option for patients admitted on or after 01 Oct 2015. | Yes |

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| Injury- Injury Information | Protective Devices- Restraints | Safety restraints in use or worn by the patient at the time of the injury. | Alphanumeric | 2 | Y | <11> Truck bed restraint: Do not use. History: <Not belted> said "used when not belted but airbag deployed". Changed 1/1/ 2017. | Yes |
| | 1 | None | | | | Retired 1/1/2017. Use <Not Belted> instead. | |
| | 2 | Seatbelt-Lap and Shoulder | | | | 3 point restraint | |
| | 3 | Seatbelt-Lap Only | | | | | |
| | 4 | Seatbelt-Shoulder Only | | | | | |
| | 5 | Seatbelt-NFS | | | | Should be used to include those patients that are restrained but not further specified. Map this value to Lapbelt (#2) for NTDB. | |
| | 6 | Child Booster Seat | | | | For research/data analysis purposes, 6, 7, and 8 are combined since Registrars generally don't have the information required to distinguish between these options. | |
| | 7 | Child Car Seat | | | | For research/data analysis purposes, 6, 7, and 8 are combined since Registrars generally don't have the information required to distinguish between these options. | |
| | 8 | Infant Car Seat | | | | For research/data analysis purposes, 6, 7, and 8 are combined since Registrars generally don't have the information required to distinguish between these options. | |
| | 9 | Child Seat Not Secure | | | | Covers any instance where child seat in use, but not used appropriately | |
| | 10 | Not Belted | | | | Used only if it is known that no seatbelt was used. | |
| | / | Not Applicable | | | | May not be used when patient involved in MVC, but may be used for MCCs. | |
| | ? | Unknown | | | | | |
| Injury- Injury Information | Protective Devices- Airbags | Indication of an airbag deployment during a motor vehicle crash | Alphanumeric | 2 | Y | Evidence of the use of airbag deployment may be reported or observed. <Airbag Type Unknown (Deployed)> should be used for patients with documented airbag deployments, for whom the airbag type is not further specified. Multiple entry field, choose all that apply. May choose up to four. | Yes |
| | 1 | Airbag Did Not Deploy | | | | | |
| | 2 | Front (Deployed) | | | | | |
| | 3 | Side (Deployed) | | | | | |
| | 4 | Airbag Deployed Other (knee, airbelt, curtain, etc.) | | | | | |
| | 5 | Airbag Type Unknown (Deployed) | | | | Should be used for patients with documented airbag deployments, for whom the type is not further specified. | |
| | 6 | No Airbag in Vehicle | | | | | |
| | / | Not Applicable | | | | | |
| | ? | Unknown | | | | | |

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| Injury- Injury Information | Equipment | Protective devices (safety equipment) in use or worn by the patient at the time of injury. | Alphanumeric | 2 | Y | Multiple entry field, choose all that apply. May choose up to four. | Yes |
| | 1 | None | | | | Use only if it is known that no safety equipment was used. Do not use for MVC, ATV, or bicycles. Use this value only if it is documented that the patient was wearing safety or protective equipment. If this information was not documented, use <Un | |
| | 2 | Helmet (e.g. bicycle, skiing, mtrcycle) | | | | | |
| | 3 | Eye Protection | | | | | |
| | 4 | Protective Clothing | | | | Includes any type of clothing used for protection during an activity, skateboarding as well as bullet-proof vests, steel-toed shoes, etc. | |
| | 5 | Protective Non-Clothing Gear (e.g., shin guard, padding) | | | | | |
| | 6 | Hard Hat | | | | | |
| | 7 | Safety Harness | | | | | |
| | 8 | Other | | | | | |
| | 9 | No Helmet (e.g. MCC, ATV, skateboard, and bicycle) | | | | | |
| | 10 | Personal Flotation Device | | | | | |
| | / | Not Applicable | | | | | |
| | ? | Unknown | | | | | |
| Injury- Injury Information | Zip (Injury) | The zip code of the incident location. | Alphanumeric | 5 | Y | Enter <?> if zip is unknown, then complete as many of the location variables as possible: Incident State, Incident County, Incident City, and Incident Country. "Not applicable" is not a valid option for this field. | No |
| Injury- Injury Information | City (Injury) | The city or township where the patient was found or to which the unit responded. | Alphanumeric | | Y | Auto-populated by DI software, based on the zip code. Use <?> 'Unknown' city where injury occurred is unknown. If zip code is unknown but city known, manually enter. If incident country is not "US", then enter "Not Applicable" for Incident State, Incident County, and Incident City. | No |
| Injury- Injury Information | State (Injury) | The state, territory, province, or District of Columbia where the injury occurred | Alphanumeric | 2 | Y | Auto-populated by DI software, based on the zip code. If known but no zip code, manually enter. If unknown, enter <?>. Do not approximate. | Yes |
| Injury- Injury Information | County (Injury) | The county or parish where the patient was found or to which the unit responded. | Numeric | 3 | Y | Auto-populated by DI software, based on the zip code. If zip code is unknown but county is known, use the search option for the field. If unknown, enter <?>. If out of country, use </>. | No |
| Injury- Injury Information | Country (Injury) | The country where the patient was found or to which the unit responded. | Alphanumeric | 2 | Y | Auto-populated by DI software, based on the zip code. If unknown, enter </>. If zip code is unknown but country is known then manually enter value. If incident country is not "US", then enter "Not Applicable" for Incident State, Incident County, and Incident City. | Yes |

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|----------------------------|----------------------------|--|--------------|--------|---------------------------|---|------------------------|
| Injury- Injury Information | Work Related | Indication of whether the injury occurred during paid employment. | Alphanumeric | 1 | Y | If work related, Patient's Occupation Industry and Patient's Occupation fields must be completed. "Not Applicable" is not a valid value. | Yes |
| | | Y | | | Yes | | |
| | | N | | | No | | |
| | | / | | | Not applicable*do not use | | |
| | | ? | | | Unknown | | |
| Injury- MOI | ICD9 Secondary E-Code | Additional E-code to describe, for example, a mass casualty event or other external cause. | | | Y | Additional E-code cannot equal primary E-code. In DI software, the second E-Code will not impact the auto-fill of the <Position in Vehicle> If using ICD10, use "Not Applicable" for this field. | Yes |
| Injury- MOI | ICD10 External Cause Codes | Code to describe the primary and secondary external factor and mechanism that caused the injury. | | | Y | Too numerous to list. See ICD-10 coding manual for options. </> Not Applicable (Not to be used for patients admitted after 01 Oct 2015). | Yes |
| Injury- MOI | Injury Type | Mechanism of injury force type, i.e., the physical forces involved in the trauma that caused the injury. | Alphanumeric | 1 | Y | In DI software, this field value is auto-generated based on ECode, but user can change value. Auto-generated value does not automatically change if you change the ECode. Please be sure that this value matches the appropriate value based on the CDC Injury Mechanism/Intentionality Matrix. Blunt: Non-penetrating injury, from an external force causing injury. Burn injury: Exposure to chemical, thermal, electrical or radioactive agents Penetrating injury: Injury resulting from a projectile force, piercing instrument of impalement entering into the body Other: Chosen for drowning/submersions, over-exertions, suffocations, hanging, and asphyxiations. Based upon the CDC intentionality matrix. | Yes |
| | | 1 | | | Blunt | | |
| | | 2 | | | Penetrating | | |
| | | 3 | | | Burn | | |
| | | 4 | | | Other | | |
| | | ? | | | Unknown *Do not use. | | |

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|-------------|---------------------------------|--|--------------|--------|----------|---|------------------------|
| Injury- MOI | Complaint (Chief and Secondary) | Most severe chief complaint verbalized by the patient. If the patient is unable to verbalize, use the most appropriate broad category describing the injury mechanism. | Alphanumeric | 2 | Y | <p>Enter primary reason for admission to your facility as first field. Enter any secondary complaint in second field or enter </> if not applicable.</p> <p><Other>: Replaces <'Accident>. Includes rolling over foot with lawnmower.</p> <p><Bicycle>: Includes non-motorized bikes such as mountain or trail bikes.</p> <p><Dirt Bike>: Motorized bike used off-road (includes motor-cross).</p> <p><Fall>: Includes falls from non-moving motor vehicles.</p> <p><Golf-Cart>: Be sure to document intended use through E-code as off-road recreation or on street for public use.</p> <p><Machine>: Farming equipment, heavy-duty machinery (i.e. construction, manufacturing, etc.). Any item that has it's own power source. Includes hand-held power tools.</p> <p><NAT>: Choose Assault for primary chief complaint. Use mechanism for secondary chief complaint field. Use ICD -10 codes of T74.01XA-T74.92XA or T76 (confirmed vs suspected).</p> <p><Pedestrian>: Select when patient was a pedestrian hit by a motor vehicle, use <MVC> if patient fell from vehicle (i.e. car, van, bus, etc.). Includes rider on riding lawn mower that is hit by car.</p> <p><Sports>: Occurred while engaged in an organized sporting activity.</p> <p><Struck>: Struck by an object – non motor vehicle related. Use for object thrown out from under a lawnmower. Includes putting your hand through a window.</p> | Yes |

| | |
|----|---|
| 2 | Aircraft |
| 3 | Animal: Injured by animal |
| 4 | Assault: Includes suicide, rape |
| 5 | ATV: Includes 3 & 4 wheelers and go-carts |
| 6 | Bicycle |
| 7 | Burn |
| 8 | Dirt bike |
| 9 | Electrical |
| 10 | Fall |
| 11 | Golf cart |
| 12 | GSW |
| 13 | Machine |
| 14 | Moped |

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|-----------------------------|--------------|---|--------------|--------|----------|--|------------------------|
| | 15 | Motorcycle crash | | | | | |
| | 16 | MVC | | | | | |
| | 17 | Pedestrian | | | | | |
| | 18 | Sports | | | | | |
| | 19 | Stab | | | | | |
| | 20 | Struck | | | | | |
| | 21 | Asphyxiation | | | | | |
| | 22 | Drowning | | | | | |
| | 23 | Other | | | | | |
| | 24 | Skin disorder | | | | | |
| | / | Not applicable | | | | | |
| | ? | Unknown | | | | | |
| Prehospital-Scene/Transport | Mode | Mode of transport for each event from scene to your facility. Collect scene (first responder) and helicopter run sheet within the pre-hospital screens. | Alphanumeric | 1 | Y | History: N/A changed to an invalid option for NTDS starting with patients admitted 01Jan2017. | Yes |
| | 1 | Ground Ambulance | | | | | |
| | 2 | Helicopter Ambulance | | | | | |
| | 3 | Fixed-Wing Ambulance | | | | | |
| | 4 | Private/Public Vehicle/Walk-In | | | | | |
| | 5 | Police | | | | | |
| | 6 | Other | | | | | |
| | / | Not applicable (Not a valid option | | | | | |
| | ? | Unknown | | | | | |
| Prehospital-Scene/Transport | Mode Specify | Mode of transport for each event from scene to your facility. Collect scene (first responder) and helicopter run sheet within the pre-hospital screens. This field opens when "Other" is chosen for Mode. | Alphanumeric | | Y | Free text | No |
| Prehospital-Scene/Transport | Agency | The provider number and name of the EMS agency used to transport the patient to your facility | Alphanumeric | | Y | Contact the NCOEMS Trauma Systems Manager should you need to add an agency not found within the picklist. Use <Other EMS Agency, OOS> for out of state agencies not already defined within the picklist. | No |

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| Prehospital-Scene/Transport | Scene EMS Report | Presence and completeness of EMS responder's report | Numeric | 1 | Y | | No |
| | 1 | Complete: There is an EMS report and all NCTR required data is present | | | | | |
| | 2 | Incomplete: There is an EMS report, but not all NCTR required data is present or legible | | | | | |
| | 3 | Missing: There is no EMS report and all NCTR required data is missing or mode of arrival is unknown | | | | | |
| | 4 | Unreadable: | | | | | |
| Prehospital-Scene/Transport | Call Dispatch Date and Time | The date and time the 911 call was dispatched. | Datetime | | Y | The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) In DI software, date field will auto-populate from the Injury Date field. Be sure to verify date. Used to auto-generate the calculated field: Transport Time Elapsed Use </> (for Not applicable) for patients not transported by EMS. | No, but can be used for interval calculation |
| Prehospital-Scene/Transport | Arrived at Location Date and Time | The date the transporting unit arrived at the scene. Arrival is defined as the date/time when the vehicle stopped moving. | Datetime | | Y | The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) In DI software, date field will auto-populate from Injury Date field. Be sure to verify date. Used to auto-generate calculated field: Scene Time Elapsed. Use </> (for Not applicable) for patients not transported by EMS. | No, but can be used for interval calculation |
| Prehospital-Scene/Transport | Departed Location Date and Time | The date and time the transporting unit departed the scene. Departure is defined as the date/time when the vehicle started moving. | Datetime | | Y | The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) In DI software, date field will auto-populate from Injury Date field. Be sure to verify date. Used to auto-generate calculated field: Scene Time Elapsed and Transport Time Elapsed. Use </> (for Not applicable) for patients not transported by EMS. | No, but can be used for interval calculation |
| Prehospital-Scene/Transport | Arrived at Destination Date and Time | The date the transporting unit arrived at the facility. Arrival is defined as the date/time when the EMS responder arrived in the ED/floor/unit. | Datetime | | Y | The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) In DI software, date field will auto-populate from Injury Date field. Be sure to verify date. Used to auto-generate calculated field: Transport Time Elapsed | No, but can be used for interval calculation |
| Prehospital-Scene/Transport | Scene Time Elapsed | Auto-calculated field reporting total time spent at scene. | Datetime | | Y | This field is automatically calculated by the DI software by subtracting the arrival date and time from the departure date and time. The calculation result is reported in hours and minutes (HH:MM) Check to be sure that value is greater than 0 | No |

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| Prehospital-Scene/Transport | Transport Time Elapsed | Auto-calculated field reporting total time spent during transport from scene to your facility. | Datetime | | Y | This field is automatically calculated by the DI software by subtracting the Departed Location date and time from Arrived at Destination date and time. . The calculation result is reported in hours and minutes (HH:MM) Check to be sure that value is greater than 0. | No |
| Prehospital-Treatment | Recorded Date and Time | The recorded date and time of the initial vital signs by the prehospital provider. | Datetime | | Y | The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) | No |
| Prehospital-Treatment | Agency | The scene/ rendezvous EMS agency number and name transporting the patient. | | | Y | | No |
| Prehospital-Treatment | Paralytic Agents | Indicates the use of paralytic drugs at the time pre-hospital vitals were taken. | Alphanumeric | 1 | Y | Qualifier for GC If an intubated patient has recently received an agent that results in neuromuscular blockade such that motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurological status and chemical sedation and/or paralytic sedation should be selected. Refer to drug list for further information regarding paralytics. Do not use </>. | Yes |

| | |
|---|---------|
| Y | Yes |
| N | No |
| ? | Unknown |

| | | | | | | | |
|-----------------------|---------|--|--------------|---|---|---|-----|
| Prehospital-Treatment | Sedated | Indicates that use of sedation drugs at the time pre-hospital vitals were taken. | Alphanumeric | 1 | Y | Qualifier for GCS. If an intubated patient has recently received an agent that results in neuromuscular blockade such that motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurological status and chemical sedation and/or paralytic sedation should be selected. Refer to drug list for further information regarding sedatives. Do not use </>.. | Yes |
|-----------------------|---------|--|--------------|---|---|---|-----|

| | |
|---|---------|
| Y | Yes |
| N | No |
| ? | Unknown |

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| Category | Field | Description | Format | Length | Required | Source comments | Available for research | | | | | | | | | | | | | | |
|--|---|--|--------------|--------|----------|---|------------------------|---|---|---|-----------------------|---|-------------------------|---|---------------------------|---|--------------------------|---|-------------------------------|---|---------|
| Prehospital-Treatment | Eye Obstruction | Indicates if the patient did or did not have an obstruction to both eyes at the time pre-hospital vitals are taken. An obstruction is a physical reason that prevents the patient from opening their eyes. | Alphanumeric | 1 | Y | Qualifier for GCS. Do not use </>. | Yes | | | | | | | | | | | | | | |
| <table border="1"> <tr><td>?</td><td>Unknown</td></tr> <tr><td>N</td><td>No</td></tr> <tr><td>Y</td><td>Yes</td></tr> </table> | | | | | | | | ? | Unknown | N | No | Y | Yes | | | | | | | | |
| ? | Unknown | | | | | | | | | | | | | | | | | | | | |
| N | No | | | | | | | | | | | | | | | | | | | | |
| Y | Yes | | | | | | | | | | | | | | | | | | | | |
| Prehospital-Treatment | Intubated | Indicates the use of a device for the purpose of assisted ventilation of patient to maintain an airway at the time pre-hospital vitals were taken. | Alphanumeric | 1 | Y | Qualifier for GCS. Must be active, not passive delivery of oxygen. Non-rebreather mask and nasal cannula are supplemental oxygen and not to be considered airway management. Base response on most active airway adjunct in use Do not use </>. | Yes | | | | | | | | | | | | | | |
| <table border="1"> <tr><td>?</td><td>Unknown</td></tr> <tr><td>N</td><td>No</td></tr> <tr><td>Y</td><td>Yes</td></tr> </table> | | | | | | | | ? | Unknown | N | No | Y | Yes | | | | | | | | |
| ? | Unknown | | | | | | | | | | | | | | | | | | | | |
| N | No | | | | | | | | | | | | | | | | | | | | |
| Y | Yes | | | | | | | | | | | | | | | | | | | | |
| Prehospital-Treatment | If Intubated, Method | The method used for intubation of the patient during pre-hospital care. The method used for intubation of the patient during pre-hospital care. | Alphanumeric | 1 | Y | Record the most invasive airway adjunct used by the pre-hospital EMS unit/provider. | Yes | | | | | | | | | | | | | | |
| <table border="1"> <tr><td>1</td><td>Blind Insertion Airway Device (Combitube, King Airway, Laryngeal Mask Airway)</td></tr> <tr><td>2</td><td>Cricothyrotomy – Open</td></tr> <tr><td>3</td><td>Cricothyrotomy - Needle</td></tr> <tr><td>4</td><td>Endotracheal Tube – Nasal</td></tr> <tr><td>5</td><td>Endotracheal Tube – Oral</td></tr> <tr><td>6</td><td>Endotracheal Tube – Route NFS</td></tr> <tr><td>?</td><td>Unknown</td></tr> </table> | | | | | | | | 1 | Blind Insertion Airway Device (Combitube, King Airway, Laryngeal Mask Airway) | 2 | Cricothyrotomy – Open | 3 | Cricothyrotomy - Needle | 4 | Endotracheal Tube – Nasal | 5 | Endotracheal Tube – Oral | 6 | Endotracheal Tube – Route NFS | ? | Unknown |
| 1 | Blind Insertion Airway Device (Combitube, King Airway, Laryngeal Mask Airway) | | | | | | | | | | | | | | | | | | | | |
| 2 | Cricothyrotomy – Open | | | | | | | | | | | | | | | | | | | | |
| 3 | Cricothyrotomy - Needle | | | | | | | | | | | | | | | | | | | | |
| 4 | Endotracheal Tube – Nasal | | | | | | | | | | | | | | | | | | | | |
| 5 | Endotracheal Tube – Oral | | | | | | | | | | | | | | | | | | | | |
| 6 | Endotracheal Tube – Route NFS | | | | | | | | | | | | | | | | | | | | |
| ? | Unknown | | | | | | | | | | | | | | | | | | | | |
| Prehospital-Treatment | Respiration Assisted | Indicates whether the patient required respiration assistance at the time pre-hospital vitals were taken. | Alphanumeric | 1 | Y | Qualifier for GCS. Do not use </>. | Yes | | | | | | | | | | | | | | |
| <table border="1"> <tr><td>Y</td><td>Yes</td></tr> <tr><td>N</td><td>No</td></tr> <tr><td>?</td><td>Unknown</td></tr> </table> | | | | | | | | Y | Yes | N | No | ? | Unknown | | | | | | | | |
| Y | Yes | | | | | | | | | | | | | | | | | | | | |
| N | No | | | | | | | | | | | | | | | | | | | | |
| ? | Unknown | | | | | | | | | | | | | | | | | | | | |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|-----------------------|-------------------------------|--|--------------|--------|----------|--|------------------------|
| Prehospital-Treatment | If Respiration Assisted, Type | The type of device used for respiratory assistance during pre-hospital care | Alphanumeric | 1 | Y | | Yes |
| | 1 | Bag Valve Mask | | | | | |
| | 2 | Nasal Airway | | | | | |
| | 3 | Oral Airway | | | | | |
| | 4 | Ventilator | | | | | |
| | ? | Unknown | | | | | |
| Prehospital-Treatment | Systolic BP | The first recorded systolic blood pressure measured during pre-hospital care. | Alphanumeric | | Y | Free text. All EMS vital signs should be included in the registry, even if EMS picks up the patient hours after an injury. If your site participates in NTDS and the vital signs don't fit NTDS definition of "scene vitals", put question marks in the first vital sign position, then add the EMS vital signs as additional "scene" vitals. | Yes |
| Prehospital-Treatment | Pulse Rate | The first recorded pulse measured during pre-hospital care | Alphanumeric | | Y | Free text. The pulse rate can be palpated or auscultated, expressed as a number per minute. All EMS vital signs should be included in the registry, even if EMS picks up the patient hours after an injury. If your site participates in NTDS and the vital signs don't fit NTDS definition of "scene vitals", put question marks in the first vital sign position, then add the EMS vital signs as additional "scene" vitals. | Yes |
| Prehospital-Treatment | Unassisted Resp Rate | First recorded unassisted respiratory rate measured during pre-hospital care | Alphanumeric | | Y | Free text. Expressed as number per minute. All EMS vital signs should be included in the registry, even if EMS picks up the patient hours after an injury. If your site participates in NTDS and the vital signs don't fit NTDS definition of "scene vitals", put question marks in the first vital sign position, then add the EMS vital signs as additional "scene" vitals. | Yes |
| Prehospital-Treatment | Assisted Resp Rate | The first recorded assisted respiratory rate measured during pre-hospital care | Alphanumeric | | Y | Free text. All EMS vital signs should be included in the registry, even if EMS picks up the patient hours after an injury. If your site participates in NTDS and the vital signs don't fit NTDS definition of "scene vitals", put question marks in the first vital sign position, then add the EMS vital signs as additional "scene" vitals. | Yes |
| Prehospital-Treatment | O2 Saturation | The first recorded oxygen saturation during pre-hospital care. Assessed as percentage. | | | Y | | Yes |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|-----------------------|-----------------|--|--------------|--------|----------|---|------------------------|
| Prehospital-Treatment | Supplemental O2 | Indicates if supplemental oxygen was administered during pre-hospital care | Alphanumeric | 1 | Y | Qualifier for O2 Saturation field Do not use </>. | Yes |
| | Y | Yes | | | | | |
| | N | No | | | | | |
| | ? | Unknown | | | | | |
| Prehospital-Treatment | GCS Eye | The first recorded Glasgow Coma Score (Eye) measured during pre-hospital care. | Alphanumeric | 1 | Y | Used to auto-calculate Total GCS. If anyone of the three GCS components is missing a value, the total GCS will not automatically calculate. If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. e.g the chart indicates: "the patient opens his eyes when spoken to", an Eye GCS of 3 may be recorded IF there is no other contradicting documentation. Do not use </>. All EMS vital signs should be included in the registry, even if EMS picks up the patient hours after an injury. If your site participates in NTDS and the vital signs don't fit NTDS definition of "scene vitals", put question marks in the first vital sign position, then add the EMS vital signs as additional "scene" vitals. | Yes |
| | 1 | No Eye Movement when Assessed | | | | | |
| | 2 | Opens Eyes in Response to Painful Stimulation | | | | | |
| | 3 | Opens Eyes in Response to Verbal Stimulation | | | | | |
| | 4 | Opens Eyes Spontaneously | | | | | |
| | ? | Unknown | | | | | |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|-----------------------|------------|---|--------------|--------|----------|--|------------------------|
| Prehospital-Treatment | GCS Verbal | The first recorded Glasgow Coma Score (Verbal) measured during pre-hospital care. | Alphanumeric | 1 | Y | Used to auto calculate the Total GCS. If anyone of the three GCS components is missing a value, the total GCS will not automatically calculate. If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. e.g the chart indicates: "the patient responds verbally and appropriately when spoken to", a Verbal GCS of 5 may be recorded IF there is no other contradicting documentation. Do not use </>. All EMS vital signs should be included in the registry, even if EMS picks up the patient hours after an injury. If your site participates in NTDS and the vital signs don't fit NTDS definition of "scene vitals", put question marks in the first vital sign position, then add the EMS vital signs as additional "scene" vitals. | Yes |

| | |
|---|--|
| 1 | No Vocal Response |
| 2 | Incomprehensible (adult) or Moans to Pain (infant/child) |
| 3 | Inappropriate adult) or Cries to Pain (infant/child) |
| 4 | Confused (adult) or Irritable/Cries |
| 5 | Oriented (adult) or Coos/Babbles (infant/child) |
| ? | Unknown |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research | | | | | | | | | | | | | | |
|--|---|--|--------------|--------|----------|--|------------------------|---|-------------------|---|-------------------|---|-----------------|---|---|---|--|---|---|---|---------|
| Prehospital-Treatment | GCS Motor | The first recorded Glasgow Coma Score (Motor) measured during pre-hospital care. | Alphanumeric | 1 | Y | Used to auto calculate the Total GCS. If anyone of the three GCS components is missing a value, the total GCS will not automatically calculate. Do not use </>. If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. e.g the chart indicates: "the patient withdraws from a painful stimulus", a Motor GCS of 4 may be recorded IF there is no other contradicting documentation. All EMS vital signs should be included in the registry, even if EMS picks up the patient hours after an injury. If your site participates in NTDS and the vital signs don't fit NTDS definition of "scene vitals", put question marks in the first vital sign position, then add the EMS vital signs as additional "scene" vitals. | Yes | | | | | | | | | | | | | | |
| <table border="1"> <tbody> <tr> <td>1</td> <td>No Motor Response</td> </tr> <tr> <td>2</td> <td>Extension to Pain</td> </tr> <tr> <td>3</td> <td>Flexion to Pain</td> </tr> <tr> <td>4</td> <td>Withdraws from Pain (adult) or Withdraws to Pain (infant/child)</td> </tr> <tr> <td>5</td> <td>Localizing Pain (adult) or Withdraws to Touch (infant/child)</td> </tr> <tr> <td>6</td> <td>Obeys Command (adult) or Spontaneous Movements (infant/child)</td> </tr> <tr> <td>?</td> <td>Unknown</td> </tr> </tbody> </table> | | | | | | | | 1 | No Motor Response | 2 | Extension to Pain | 3 | Flexion to Pain | 4 | Withdraws from Pain (adult) or Withdraws to Pain (infant/child) | 5 | Localizing Pain (adult) or Withdraws to Touch (infant/child) | 6 | Obeys Command (adult) or Spontaneous Movements (infant/child) | ? | Unknown |
| 1 | No Motor Response | | | | | | | | | | | | | | | | | | | | |
| 2 | Extension to Pain | | | | | | | | | | | | | | | | | | | | |
| 3 | Flexion to Pain | | | | | | | | | | | | | | | | | | | | |
| 4 | Withdraws from Pain (adult) or Withdraws to Pain (infant/child) | | | | | | | | | | | | | | | | | | | | |
| 5 | Localizing Pain (adult) or Withdraws to Touch (infant/child) | | | | | | | | | | | | | | | | | | | | |
| 6 | Obeys Command (adult) or Spontaneous Movements (infant/child) | | | | | | | | | | | | | | | | | | | | |
| ? | Unknown | | | | | | | | | | | | | | | | | | | | |
| Prehospital-Treatment | GCS Total | The first recorded Glasgow Coma Scale calculated total measure during pre-hospital care. | | | Y | This field is auto-calculated by DI software when the Eye, Verbal, and Motor fields contained values. If any one of the three components is missing a value, the GCS will not automatically calculate, but the total can be entered manually. The GCS is a scale used to determine a score based on the total of 3 components on a patient involving an assessment of eye, motor, verbal responses of the patient | Yes | | | | | | | | | | | | | | |
| Prehospital-Treatment | RTS (Weighted) | The calculated weighted revised trauma score measured during pre-hospital care. | | | Y | This field is auto-calculated by DI software if GCS, Sys BP, or RR are valued. The coded values are weighted often using standard vectors as follows: $RTS = 0.9368 \text{ GCS} + 0.7326 \text{ SBP} + 0.2908 \text{ RR}$ If any values of the GCS, SysBP or respiratory rate are missing, the weighted revised trauma score will not auto-calculate. | Yes | | | | | | | | | | | | | | |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research | | | | | | | | |
|--|--|---|--------------|--------|----------|--|------------------------|---|-----|---|----|---|------------------------------|---|---------|
| Prehospital-Treatment | Triage Score (Revised Trauma Score) | The first recorded revised trauma score measured during pre-hospital care. | | | Y | This field is auto-calculated by DI software if the GCS, Sys BP, and RR are valued. If any values of the GCS, Sys BP or respiratory rate are missing, the revised trauma score will not auto-calculate. | Yes | | | | | | | | |
| Prehospital-Treatment | Prehospital Procedures Agency Number/Description | The provider number and name of the EMS agency to your facility. | | | Y | Too numerous to list. | No | | | | | | | | |
| Prehospital-Treatment | Procedure Description | Procedures performed by the EMS agency. | | | Y | Values too numerous to list. Refer to ICD-10 coding manual for options | Yes | | | | | | | | |
| Referring Facility- Referral History | Hospital Transfer | Was the patient transferred to your facility from another acute care facility? | Alphanumeric | 1 | Y | Outlying facilities purporting to provide emergency care services or utilized to stabilize a patient are considered acute care facilities. Patients transferred from a private doctor's office, stand-alone ambulatory surgery center, or delivered to your hospital by a non-EMS transport are not considered an inter-facility transfer. Do not use </>. | Yes | | | | | | | | |
| <table border="1"> <tbody> <tr> <td>Y</td> <td>Yes</td> </tr> <tr> <td>N</td> <td>No</td> </tr> <tr> <td>/</td> <td>Not Applicable – do not use.</td> </tr> <tr> <td>?</td> <td>Unknown</td> </tr> </tbody> </table> | | | | | | | | Y | Yes | N | No | / | Not Applicable – do not use. | ? | Unknown |
| Y | Yes | | | | | | | | | | | | | | |
| N | No | | | | | | | | | | | | | | |
| / | Not Applicable – do not use. | | | | | | | | | | | | | | |
| ? | Unknown | | | | | | | | | | | | | | |
| Referring Facility- Referral History | Referring Facility | The name and ID number of the immediate referring facility from which the patient is transferred to your facility. | | | Y | If the facility is not in the picklist and is located within the State of NC, select <Other Hospital, NC>. Contact the State Trauma Systems Manager to request the facility be added to the picklist. If the facility is not in the picklist and is located outside the State of NC, select <Other Hospital, OOS>. | No | | | | | | | | |
| Referring Facility- Referral History | Arrival Date and Time | The date and time the patient arrived at the immediate referring facility. | Datetime | | Y | May be used for interval calculations. The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) | No | | | | | | | | |
| Referring Facility- Referral History | Departure Date and Time | The date and time the patient departed from the immediate referring facility. Use Transfer Time from E-form. Don't use EMS departure time. This field represents the time the patient departed from care, but does not necessarily reflect physical departure | Datetime | | Y | May be used for interval calculations. The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) | No | | | | | | | | |
| Referring Facility- Referral History | Length of Stay | The total length of stay at the immediate referring facility in HH:MM format. | Datetime | | Y | This field is calculated from the arrival date/time fields and the departure date/time fields. Please check to ensure value is greater than 0. | Yes | | | | | | | | |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|--------------------------------------|------------------|---|--------------|--------|----------|---|------------------------|
| Referring Facility- Referral History | ICU | Was patient admitted to an ICU at the immediate referring facility? | Alphanumeric | | Y | | No |
| | Y | Yes | | | | | |
| | N | No | | | | | |
| | / | Not Applicable | | | | | |
| | ? | Unknown | | | | | |
| Referring Facility- Assessments | Paralytic Agents | Indicates the use of paralytic drugs at the time the initial vitals were taken at the immediate referring facility. | Alphanumeric | 1 | Y | Qualifier for GCS. If an intubated patient has recently received an agent that results in neuromuscular blockage such that motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurological status and chemical sedation and/or paralytic sedation should be selected. Refer to the drug list for further information regarding paralytics. Do not use </>. | No |
| | Y | Yes | | | | | |
| | N | No | | | | | |
| | ? | Unknown | | | | | |
| | | | | | | | |
| Referring Facility- Assessments | Sedated | Indicates the use of sedation drugs at the time the initial vitals were taken at the immediate referring facility | Alphanumeric | 1 | Y | Qualifier for GCS. If an intubated patient has recently received an agent that results in neuromuscular blockade such that motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurological status and chemical sedation and/or paralytic sedation should be selected. Refer to drug list for further information regarding sedatives. Do not use </>. | No |
| | Y | Yes | | | | | |
| | N | No | | | | | |
| | ? | Unknown | | | | | |
| | | | | | | | |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research | | |
|--------------------------------|----------------------|---|--------------|--------|----------|--|------------------------|---|---|
| Referring Facility-Assessments | Eye Obstruction | Indicates whether the patient did or did not have an obstruction to both eyes at the time initial vitals were taken at the immediate referring facility. An obstruction is a physical reason that prevents the patient from opening their eyes. | Alphanumeric | 1 | Y | Qualifier for GCS. Do not use </>. | No | | |
| | | | | | | | | Y | Yes |
| | | | | | | | | N | No |
| | | | | | | | | ? | Unknown |
| Referring Facility-Assessments | Intubated | Indicates the use of a device for the purpose of assisted ventilation of patient to maintain an airway at the time the initial vitals were taken at the immediate referring facility. | Alphanumeric | 1 | Y | Qualifier for GCS. Enter <Y> for the most active airway adjunct used by the immediate referring facility. Must be active, not passive delivery of oxygen. Non-rebreather mask and nasal cannula are supplemental oxygen and not to be considered air management. Do not use </>. | Yes | | |
| | | | | | | | | Y | Yes |
| | | | | | | | | N | No |
| | | | | | | | | ? | Unknown |
| Referring Facility-Assessments | If Intubated, Method | The method used for intubation of the patient performed at the immediate referring facility. | Alphanumeric | 1 | Y | Record the most invasive airway adjunct used by the referring hospital. | Yes | | |
| | | | | | | | | 1 | Blind Insertion Airway Device (Combitube, King Airway, Laryngeal Mask Airway) |
| | | | | | | | | 2 | Cricothyrotomy - Open |
| | | | | | | | | 3 | Cricothyrotomy - Needle |
| | | | | | | | | 4 | Endotracheal Tube - Nasal |
| | | | | | | | | 5 | Endotracheal Tube - Oral |
| | | | | | | | | 6 | Endotracheal Tube – Route NFS |
| | | | | | | | | ? | Unknown |
| Referring Facility-Assessments | Respiration Assisted | Indicates whether the patient required respiration assistance at the referring facility | Alphanumeric | 1 | Y | Qualifier for GCS. Do not use </>. | No | | |
| | | | | | | | | ? | Unknown |
| | | | | | | | | N | No |
| | | | | | | | | Y | Yes |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|--------------------------------|-------------------------------|---|--------------|--------|----------|--|-------------------------------------|
| Referring Facility-Assessments | If Respiration Assisted, Type | The type of device used in assisting respiration at the time the vitals were taken at the immediate referring facility. | Alphanumeric | 1 | Y | | No |
| | 1 | Bag Valve Mask | | | | | |
| | 2 | Nasal Airway | | | | | |
| | 3 | Oral Airway | | | | | |
| | 4 | Ventilator | | | | | |
| | ? | Unknown | | | | | |
| Referring Facility-Assessments | Systolic BP | The first recorded systolic blood pressure measured at the immediate referring facility. | Alphanumeric | | Y | Free text | If completion rate improves to >80% |
| Referring Facility-Assessments | Pulse Rate | The first recorded pulse measured at the immediate referring facility. | Alphanumeric | | Y | Free text. The pulse rate can be palpated or auscultated, expressed as a number per minute. | If completion rate improves to >80% |
| Referring Facility-Assessments | Unassisted Resp Rate | First recorded unassisted respiratory rate measured at the immediate referring facility. | Alphanumeric | | Y | Free text. Expressed as number per minute. | If completion rate improves to >80% |
| Referring Facility-Assessments | Assisted Resp Rate | The first recorded assisted respiratory rate measured at the immediate referring facility. | Alphanumeric | | Y | Free text | If completion rate improves to >80% |
| Referring Facility-Assessments | O2 Saturation | The first recorded oxygen saturation at the immediate referring facility | Alphanumeric | | Y | Free text, expressed as a percentage | If completion rate improves to >80% |
| Referring Facility-Assessments | Supplemental O2 | Indicates if supplemental oxygen was administered at the immediate referring facility. | Alphanumeric | 1 | Y | Qualifier for O2 Saturation field. In DI software, this field only opens if there is a value in the O2 Saturation field. Do not use </>. Use unknown if it is not documented whether patient is on room air or O2. | If completion rate improves to >80% |
| | ? | Unknown | | | | | |
| | N | No | | | | | |
| | Y | Yes | | | | | |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|--------------------------------|---------|---|--------------|--------|----------|--|-------------------------------------|
| Referring Facility-Assessments | GCS Eye | The first recorded Glasgow Coma Score (Eye) measured at the immediate referring facility. | Alphanumeric | 1 | Y | Use to calculate Total GCS. If anyone of the three GCS components is missing a value, the total GCS will not calculate. If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "the patient opens his eyes when spoken to", an Eye GCS of 3 may be recorded IF there is no other contradicting documentation. Do not use </>. | If completion rate improves to >80% |

| | |
|---|---|
| 1 | No Eye Movement when Assessed |
| 2 | Opens Eyes in Response to Painful Stimulation |
| 3 | Opens Eyes in Response to Verbal Stimulation |
| 4 | Opens Eyes Spontaneously |
| ? | Unknown |

| | | | | | | | |
|--------------------------------|------------|--|--------------|---|---|---|-------------------------------------|
| Referring Facility-Assessments | GCS Verbal | The first recorded Glasgow Coma Score (Verbal) measured at the immediate referring facility. | Alphanumeric | 1 | Y | Used to calculate the Total GCS. If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "the patient responds verbally and appropriately when spoken to", a Verbal GCS of 5 may be recorded IF there is no other contradicting documentation. Do not use </> | If completion rate improves to >80% |
|--------------------------------|------------|--|--------------|---|---|---|-------------------------------------|

| | |
|---|--|
| 1 | No Vocal Response |
| 2 | Incomprehensible (adult) or Moans to Pain (infant/child) |
| 3 | Inappropriate adult) or Cries to Pain (infant/child) |
| 4 | Confused (adult) or Irritable/Cries |
| 5 | Oriented (adult) or Coos/Babbles (infant/child) |
| ? | Unknown |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|--------------------------------|-------------------------------------|---|---|--------|----------|--|-------------------------------------|
| Referring Facility-Assessments | GCS Motor | The first recorded Glasgow Coma Score (Motor) measured at the immediate referring facility. | Alphanumeric | 1 | Y | Used to calculate the Total GCS. If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "the patient withdraws from a painful stimulus", a Motor GCS of 4 may be recorded IF there is no other contradicting documentation. Do not use </>. | If completion rate improves to >80% |
| | | 1 | No Motor Response | | | | |
| | | 2 | Extension to Pain | | | | |
| | | 3 | Flexion to Pain | | | | |
| | | 4 | Withdraws from Pain (adult) or Withdraws to Pain (infant/child) | | | | |
| | | 5 | Localizing Pain (adult) or Withdraws to Touch (infant/child) | | | | |
| | | 6 | Obeys Command (adult) or Spontaneous Movements (infant/child) | | | | |
| | | ? | Unknown | | | | |
| Referring Facility-Assessments | GCS Total | The first recorded total Glasgow Coma Scale (GCS) at the immediate referring facility. | Alphanumeric | 2 | Y | This field is calculated when the Eye, Verbal, and Motor fields contained values. The GCS is a scale used to determine a score based on the total of 3 components involving an assessment of eye, motor, verbal responses of the patient. | If completion rate improves to >80% |
| | | 15-Mar | Glasgow Coma Scale Score | | | | |
| | | ? | Unknown | | | | |
| Referring Facility-Assessments | RTS (Weighted) | The total calculated weighted revised trauma score at the immediate referring facility. | Numeric | | Y | This field is auto-calculated by the DI software if GCS, Sys BP, or RR are valued. The coded values are weighted often using standard vectors as follows: $RTS = 0.9368 \text{ GCS} + 0.7326 \text{ SBP} + 0.2908 \text{ RR}$ If any values of the GCS, SysBP or respiratory rate are missing, the weighted revised trauma score will not auto-calculate. | If completion rate improves to >80% |
| Referring Facility-Assessments | Triage Score (Revised Trauma Score) | The first calculated RTS measured at the immediate referring facility. | Numeric | | Y | This field is auto-calculated by the DI software if the GCS, SysBP, and RR are valued. If any values of the GCS, SysBP or respiratory rate are missing, the revised trauma score will not auto-calculate. | If completion rate improves to >80% |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|--------------------------------|-----------------------|---|--------------|--------|----------|---|------------------------|
| Referring Facility-Assessments | Alcohol Use Indicator | Use of alcohol testing at the immediate referring facility. | Alphanumeric | 1 | Y | 'Trace Levels' is defined as any alcohol level below the legal limit, but not zero.'Beyond legal limit' is defined as a blood alcohol concentration above the legal limit in the State of NC. If alcohol use is suspected, but not confirmed by test, record <?> Unknown. | No |

| | |
|---|---|
| 1 | No (not tested) |
| 2 | No (confirmed by test) |
| 3 | Yes (confirmed by test, trace levels) |
| 4 | Yes (confirmed by test, at or beyond legal limit) |
| ? | Unknown |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|--|------------------------|---|--------------|--------|----------|--|-------------------------------------|
| Referring Facility-Assessments | Drug Screen Results | Documents the results of toxicology screen done at the immediate referring facility. | Alphanumeric | 1 | Y | Field allows for multiple values to be collected. History: Field renamed in Jan2017 by DI. Used to be called "Tox Screen". | If completion rate improves to >80% |
| | 1 | Amitriptyline | | | | | |
| | 2 | AMP (Amphetamine) | | | | | |
| | 3 | BAR (Barbiturate) | | | | | |
| | 4 | BZO (Benzodiazapines) | | | | | |
| | 5 | COC (Cocaine) | | | | | |
| | 6 | Codeine | | | | | |
| | 7 | Diazepam | | | | | |
| | 8 | Doxepin | | | | | |
| | 9 | Ethanol | | | | | |
| | 10 | Hashish | | | | | |
| | 11 | Imipramine | | | | | |
| | 12 | Marijuana | | | | | |
| | 13 | Meprobamate | | | | | |
| | 14 | mAMP (Methamphetamine) | | | | | |
| | 15 | MTD (Methadone) | | | | | |
| | 16 | Morphine | | | | | |
| | 17 | None | | | | | |
| | 18 | Opiates | | | | | |
| | 19 | PCP (Phencyclidine) | | | | | |
| | 20 | TCA (Tricyclic Antidepressant) | | | | | |
| | 21 | Other | | | | | |
| | 22 | MDMA (Ecstasy) | | | | | |
| | 23 | OXY (Oxycodone) | | | | | |
| | 24 | OPI (Opioid) | | | | | |
| | 25 | Not Tested | | | | | |
| | ? | Unknown | | | | | |
| Referring Facility-Assessments | Clinician Administered | | | | Y | | No |
| Referring Facility-Treatment ICD9-ICD10/Procedures | Referring Facility | The name and ID number of the particular referring facility where procedures performed. | | | Y | | No |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research | | | | | | | | | | |
|--|---------------------------------------|---|--------------|--------|----------|---|-------------------------------------|---|----------|---|----------|---|---------------|---|----------------|---|---------|
| Referring Facility-Treatment ICD9-ICD10/Procedures | ICD9/ICD10 Code/Description | The ICD9 & ICD10 codes and descriptions of a procedure(s) perform at a particular referring facility. | Alphanumeric | | Y | Enter the procedures from the immediate facility first if patient required multiple transfers. | No | | | | | | | | | | |
| Referring Facility-Treatment ICD9-ICD10/Procedures | Diagnostic Results | The diagnostic results of the procedures done at a particular referring facility. | Alphanumeric | 1 | Y | A positive CT should be based on vascular, bony, spine, or organ injuries. Radiologist and trauma surgeon should reach consensus on the result, since they will make a decision on care based on the result. (New definition of positive CT effective 1 July 2016) Positive results in a FAST exam include free fluid in the abdomen Positive Peritoneal Lavage results: Gross blood (>20cc) or 100K RBCs per cc or >500 WBCs per cc Positive Aortogram: the aorta has identifiable injuries as a result of trauma Positive Arteriogram/Angiogram: report states "positive for acute changes" Negative plain film: no injuries identified. Indeterminate: report indicates exam results are inconclusive. History: Prior to July 2016, the definition for CTs was: Pregnancy is not considered a positive result. Positive CT results represent organ injury only. DO NOT include injury to bony structures. If CT is done for bony structure injury, then use "Not Applicable" for diagnostic results. Negative CT: no organ injuries identified. Indeterminate: report indicates exam results are inconclusive. | If completion rate improves to >80% | | | | | | | | | | |
| <table border="1"> <tbody> <tr> <td>1</td> <td>Positive</td> </tr> <tr> <td>2</td> <td>Negative</td> </tr> <tr> <td>3</td> <td>Indeterminate</td> </tr> <tr> <td>/</td> <td>Not Applicable</td> </tr> <tr> <td>?</td> <td>Unknown</td> </tr> </tbody> </table> | | | | | | | | 1 | Positive | 2 | Negative | 3 | Indeterminate | / | Not Applicable | ? | Unknown |
| 1 | Positive | | | | | | | | | | | | | | | | |
| 2 | Negative | | | | | | | | | | | | | | | | |
| 3 | Indeterminate | | | | | | | | | | | | | | | | |
| / | Not Applicable | | | | | | | | | | | | | | | | |
| ? | Unknown | | | | | | | | | | | | | | | | |
| Referring Facility | Interfacility Transport (IFT)Provider | The name and ID number of the immediate referring facility transferring the patient to your facility. | | | Y | If the facility is not in the picklist and is located within the State of NC, select <Other Hospital, NC>. Contact the State Trauma Systems Manager to request the facility be added to the picklist. If the facility is not in the picklist and is located outside the State of NC, select <Other Hospital, OOS>. | No | | | | | | | | | | |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|----------------------------------|-----------------------------------|---|--------------|--------|----------|--|--|
| Referring Facility- IFT Provider | Mode | The mode of transport delivering the patient to your facility. | Alphanumeric | 1 | Y | In DI software, if <4>, <5>, or <6> options are applicable, the remainder of the inter-facility transport provider fields/screens will gray out. | Yes |
| | 1 | Ground Ambulance | | | | | |
| | 2 | Helicopter Ambulance | | | | | |
| | 3 | Fixed-wing Ambulance | | | | | |
| | 4 | Private Vehicle or Walk-in | | | | | |
| | 5 | Police | | | | | |
| | 6 | Other | | | | | |
| | ? | Unknown | | | | | |
| Referring Facility- IFT Provider | Mode Specify | Mode of transport for each event from referring hospital to your facility. This field opens when "Other" is chosen for Mode. | Alphanumeric | | Y | Free text | No |
| Referring Facility- IFT Provider | Agency | The provider number and name of the EMS agency used to transfer the patient to your facility. | | | Y | Contact the NCOEMS Trauma Systems Manager should you need to add an agency not found within the picklist. Use <Other EMS Agency, OOS> for out of state agencies not already defined within the picklist. | No |
| Referring Facility- IFT Provider | EMS Report | Is interfacility transport provider's report complete? | Numeric | 1 | Y | | No |
| | 1 | Complete: There is an EMS report and all NCTR required data is present | | | | | |
| | 2 | Incomplete: There is an EMS report, but not all NCTR required data is present or legible | | | | | |
| | 3 | Missing: There is no EMS report and all NCTR required data is missing or mode of arrival is unknown | | | | | |
| | 4 | Unreadable. | | | | | |
| Referring Facility- IFT Provider | Call Dispatch Date and Time | The date and time the EMS agency was dispatched. | Datetime | | Y | The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) For the inter facility transfer patient, this is the date and time on which the unit transporting the patient to your facility was notified or assigned to this transport. Use </> (for Not applicable) for patients not transported by EMS. | No, but can be used for interval calculation |
| Referring Facility- IFT Provider | Arrived at Location Date and Time | The date and time the transporting unit arrived at the referring facility. Arrival is defined as the date/time when the vehicle stopped moving. | Datetime | | Y | The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) Use </> (for Not applicable) for patients not transported by EMS. | No, but can be used for interval calculation |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|-------------------------------------|--------------------------------------|---|----------|--------|----------|---|--|
| Referring Facility- IFT Provider | Departed Location Date and Time | The date and time the transporting unit departed the referring facility. Departure is defined as the date/time when the vehicle started moving. | Datetime | | Y | The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) Used to auto-generate calculated Transport Time Elapsed. Use </> (for Not applicable) for patients not transported by EMS. | No, but can be used for interval calculation |
| Referring Facility- IFT Provider | Arrived at Destination Date and Time | The date and time the transporting unit arrived at the facility. Arrival is defined as the date/time when the EMS responder arrived in the ED/floor/unit. | Datetime | | Y | The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) Used to auto-generate calculated field: Transport Time Elapsed. Use </> (for Not applicable) for patients not transported by EMS. | No |
| Referring Facility- IFT Provider | Transport Time Elapsed | Auto-calculated field reporting total time spent during transport from one facility to another. | Datetime | | Y | This field is automatically calculated by the software by subtracting the Departed Location date and time from Arrived at Destination date and time. The calculation result is reported in hours and minutes (HH:MM) | No |
| Referring Facility- IFT Procedures | Referring Facility | | | | Y | | Yes |
| Referring Facility- IFT Procedures | Agency Number/Description | The provider number and name of the inter-facility transport agency/unit. | | | Y | Contact the NCOEMS Trauma Systems Manager should you need to add an agency not found within the picklist. Use <Other EMS Agency, OOS> for out of state agencies not already defined within the picklist | No |
| Referring Facility- IFT Procedures | Procedure Description | Procedures performed by the inter-facility EMS agency/provider. | | | Y | History: As of Sep 2014, the Prehospital Procedure screen and the inter facility transfer screen options do not match in the DI software. | Yes |
| ED Resuscitation-Arrival/Admission | Arrival/Admit Date and Time | The date and time the patient arrives at your facility. | Datetime | | Y | The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) If patient is a direct admission, enter </> for both arrival date and time. The patient arrival date and time from the Demographic- Record Info. screen will be used for the actual admit date and time. | As selection criteria |
| ED Resuscitation-Initial Assessment | Discharge Order Date and Time | Date and time that discharge order for discharge from your Emergency Department was written. | Datetime | | Y | If the patient was a direct admit, enter </> for "Not Applicable". Used to auto-calculated Total ED LOS. The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) | No, but can be used for interval calculation |
| ED Resuscitation-Arrival/Admission | Discharge Date and Time | The date and time the patient was discharged from your Emergency Department. | Datetime | | Y | If the patient was a direct admit, enter </> for "Not Applicable". Used to calculate Total ED LOS. The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) | No, but can be used for interval calculation |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research | | | | | | | | | | | | | | |
|--|-------------------------------|---|--------------|--------|----------|--|-------------------------------------|---|-------------------------------|---|----------------------------|---|-----------------------------|---|-----------------------------|---|--------|---|-------|---|---------|
| ED Resuscitation-Arrival/Admission | Length of Stay | The total time the patient was in your Emergency Department. | Datetime | | Y | This field is auto-calculated when arrival date/time and discharge date/time are entered. The field is blank if patient is a direct admit. Check values to ensure that the value is greater than 0. | Yes | | | | | | | | | | | | | | |
| ED Resuscitation-Arrival/Admission | Signs of Life | Indication of whether patient arrived at ED/Hospital with signs of life. | Alphanumeric | 1 | Y | A patient with no signs of life is defined as having none of the following: organized EKG activity, pupillary responses, spontaneous respiratory attempts or movement, and unassisted blood pressure. This usually implies the patient was brought to the ED with CPR in progress. PEA is considered to be organized EKG activity, and, thus, is a sign of life. | Yes | | | | | | | | | | | | | | |
| <table border="1"> <tr><td>1</td><td>Arrived with no signs of life</td></tr> <tr><td>2</td><td>Arrived with signs of life</td></tr> <tr><td>/</td><td>Not applicable> Do not use!</td></tr> <tr><td>?</td><td>Unknown</td></tr> </table> | | | | | | | | 1 | Arrived with no signs of life | 2 | Arrived with signs of life | / | Not applicable> Do not use! | ? | Unknown | | | | | | |
| 1 | Arrived with no signs of life | | | | | | | | | | | | | | | | | | | | |
| 2 | Arrived with signs of life | | | | | | | | | | | | | | | | | | | | |
| / | Not applicable> Do not use! | | | | | | | | | | | | | | | | | | | | |
| ? | Unknown | | | | | | | | | | | | | | | | | | | | |
| ED Resuscitation-Arrival/Admission | Mode of Arrival | The mode of transport delivering the patient to your facility. | Alphanumeric | 1 | Y | In DI software: This field is auto-populated if pre-hospital screen is completed. | Yes | | | | | | | | | | | | | | |
| <table border="1"> <tr><td>1</td><td>Ground Ambulance</td></tr> <tr><td>2</td><td>Helicopter Ambulance</td></tr> <tr><td>3</td><td>Fixed-wing Ambulance</td></tr> <tr><td>4</td><td>Private Vehicle or Walk-in</td></tr> <tr><td>5</td><td>Police</td></tr> <tr><td>6</td><td>Other</td></tr> <tr><td>?</td><td>Unknown</td></tr> </table> | | | | | | | | 1 | Ground Ambulance | 2 | Helicopter Ambulance | 3 | Fixed-wing Ambulance | 4 | Private Vehicle or Walk-in | 5 | Police | 6 | Other | ? | Unknown |
| 1 | Ground Ambulance | | | | | | | | | | | | | | | | | | | | |
| 2 | Helicopter Ambulance | | | | | | | | | | | | | | | | | | | | |
| 3 | Fixed-wing Ambulance | | | | | | | | | | | | | | | | | | | | |
| 4 | Private Vehicle or Walk-in | | | | | | | | | | | | | | | | | | | | |
| 5 | Police | | | | | | | | | | | | | | | | | | | | |
| 6 | Other | | | | | | | | | | | | | | | | | | | | |
| ? | Unknown | | | | | | | | | | | | | | | | | | | | |
| ED Resuscitation-Arrival/Admission | Trauma Activation | The initial trauma team activation level prior to the patient's arrival or on arrival to your ED. | Alphanumeric | 1 | Y | Each facility determines if Level 3 has been defined and is to be used. | If completion rate improves to >80% | | | | | | | | | | | | | | |
| <table border="1"> <tr><td>1</td><td>Level 1</td></tr> <tr><td>2</td><td>Level 2</td></tr> <tr><td>3</td><td>Level 3</td></tr> <tr><td>4</td><td>or </> No trauma activation</td></tr> </table> | | | | | | | | 1 | Level 1 | 2 | Level 2 | 3 | Level 3 | 4 | or </> No trauma activation | | | | | | |
| 1 | Level 1 | | | | | | | | | | | | | | | | | | | | |
| 2 | Level 2 | | | | | | | | | | | | | | | | | | | | |
| 3 | Level 3 | | | | | | | | | | | | | | | | | | | | |
| 4 | or </> No trauma activation | | | | | | | | | | | | | | | | | | | | |
| ED Resuscitation-Arrival/Admission | Response Activation Level | The date and time the trauma team was notified of the initial activation. | Datetime | | Y | The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) If not an activation, <4> no trauma activation, enter </> Not applicable. | No | | | | | | | | | | | | | | |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research | | | | | | | | | | |
|---|---|--|--------------|--------|----------|--|------------------------|---|---------|---|---------|---|---------|---|----------------------|---|----------------|
| ED Resuscitation-Arrival/Admission | Response Activation: Elapsed Time | The time between patient's arrival at your facility and initial trauma team activation notification | Datetime | | Y | Only calculates if patient's initial trauma activation is not <4> No Trauma Activation. Otherwise the field will be blank. Calculated in HH:MM | No | | | | | | | | | | |
| ED Resuscitation-Arrival/Admission | Revised Activation Level | Identifies if the patient's activation level was modified prior to patient's arrival to the ED or any time during the patient's ED stay. | Alphanumeric | 1 | Y | Your facility determines if Level 3 has been defined and to be used. <4> No Trauma Activation - is used if patient downgraded to non-activation, </> Not Applicable – used if not downgrade | No | | | | | | | | | | |
| <table border="1"> <tr><td>1</td><td>Level 1</td></tr> <tr><td>2</td><td>Level 2</td></tr> <tr><td>3</td><td>Level 3</td></tr> <tr><td>4</td><td>No Trauma Activation</td></tr> <tr><td>/</td><td>Not Applicable</td></tr> </table> | | | | | | | | 1 | Level 1 | 2 | Level 2 | 3 | Level 3 | 4 | No Trauma Activation | / | Not Applicable |
| 1 | Level 1 | | | | | | | | | | | | | | | | |
| 2 | Level 2 | | | | | | | | | | | | | | | | |
| 3 | Level 3 | | | | | | | | | | | | | | | | |
| 4 | No Trauma Activation | | | | | | | | | | | | | | | | |
| / | Not Applicable | | | | | | | | | | | | | | | | |
| ED Resuscitation-Arrival/Admission | Revised Activation Level Date/Time | The date and time of the revised trauma team activation level. | Datetime | | Y | If activation level not modified, these data elements will be grayed out and not editable. The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) | No | | | | | | | | | | |
| ED Resuscitation-Arrival/Admission | Revised Activation Level Elapsed Time | Calculated time between patient's arrival at your facility and the revised trauma team activation notification time. | Datetime | | Y | Auto-generated calculation in HH:MM format. | No | | | | | | | | | | |
| ED Resuscitation-Arrival/Admission | 2nd Revised Activation Level | The second revised trauma team activation level prior to the patient's arrival or at any time during the patient's ED stay. | Alphanumeric | 1 | Y | Your facility determines if Level 3 has been defined and to be used. <4> No Trauma Activation - is used if patient downgraded to non-activation, </> Not Applicable – used if not downgraded | No | | | | | | | | | | |
| <table border="1"> <tr><td>1</td><td>Level 1</td></tr> <tr><td>2</td><td>Level 2</td></tr> <tr><td>3</td><td>Level 3</td></tr> <tr><td>4</td><td>No Trauma Activation</td></tr> <tr><td>/</td><td>Not Applicable</td></tr> </table> | | | | | | | | 1 | Level 1 | 2 | Level 2 | 3 | Level 3 | 4 | No Trauma Activation | / | Not Applicable |
| 1 | Level 1 | | | | | | | | | | | | | | | | |
| 2 | Level 2 | | | | | | | | | | | | | | | | |
| 3 | Level 3 | | | | | | | | | | | | | | | | |
| 4 | No Trauma Activation | | | | | | | | | | | | | | | | |
| / | Not Applicable | | | | | | | | | | | | | | | | |
| ED Resuscitation-Arrival/Admission | 2nd Revised Activation Level Date/Time | The date and time of the second revised trauma team activation level. | Datetime | | Y | If revised activation level not modified, these data elements will be grayed out and not editable. The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) | No | | | | | | | | | | |
| ED Resuscitation-Arrival/Admission | 2nd Revised Activation Level Elapsed Time | Calculated time between patient's arrival at your facility and the second revised trauma team activation notification time. | Datetime | | Y | Auto-generated calculation if 2ndP revised activation level was modified | No | | | | | | | | | | |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|------------------------------------|---------------------|--|--------------|--------|----------|--|------------------------|
| ED Resuscitation-Arrival/Admission | Post Ed Disposition | The disposition of the patient at the time of discharge from the ED. | Alphanumeric | 2 | Y | <p>If patient is directly admitted to the hospital, code as </> Not Applicable.</p> <p>If a patient lives in a nursing home and returns back there from your facility, use <Home> as the disposition, due to NTDB mandate</p> <p>If the patient lives in a Skilled Nursing Facility (SNF) and returns to a SNF, use <Home> as the disposition, due to NTDB mandate.</p> <p>If the patient comes from Jail and returns to jail, use Home per NTDB mandate.</p> <p>If the patient lives in a retirement center/community or assisted living facility and returns to said facility from the ED, use <43> Home or <44> Home with Services as appropriate.</p> <p>Use <40> Morgue for ED Deaths.</p> <p><79> Burn Center – Used for patients transferred to a Burn Center</p> <p><99> Transferred – Used only for patients transferred to a non-trauma center.</p> <p>If a patient comes from Jail and returns to jail, use Home (per NTDB mandate).</p> <p>History: Instructions prior to July 2016 read that if a patient lived in a jail, nursing home or SNF and returned to their facility, then the ED disposition was to be entered as jail, nursing home, or SNF respectively. The change to the current instructions (to use Home for the ED disposition) was done because no effective mapping was available to meet the NTDB requirement that “Home” be entered.</p> | Yes |

| | |
|----|------------------------|
| 3 | OR |
| 4 | ICU |
| 5 | Step down unit |
| 7 | Telemetry |
| 8 | Floor |
| 9 | Observation unit |
| 12 | Special procedure room |
| 13 | Labor & delivery |
| 14 | PICU |
| 40 | Morgue |
| 41 | AMA |
| 42 | Correctional facility |
| 43 | Home |
| 44 | Home with services |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|----------|-------|----------------------|--------|--------|----------|-----------------|------------------------|
| | 72 | SNF | | | | | |
| | 73 | Hospice | | | | | |
| | 75 | Mental health | | | | | |
| | 76 | Rehab | | | | | |
| | 77 | Nursing home | | | | | |
| | 78 | Burn center | | | | | |
| | 79 | Trauma center | | | | | |
| | 99 | Transferred | | | | | |
| | / | Not applicable (n/a) | | | | | |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|------------------------------------|-------------------|---|--------------|--------|----------|---|------------------------|
| ED Resuscitation-Arrival/Admission | Admitting Service | The name of the service responsible for admitting the patient to your facility. | Alphanumeric | 2 | Y | <39> Not Admitted: Use for patients discharged to home from the ED. History: Oct 2014: Request made to DI to change field values so they match those of Discharge Service. | Yes |

| | |
|----|-------------------------|
| 1 | Trauma |
| 2 | Neurosurgery |
| 3 | Orthopedics |
| 4 | General Surgery |
| 5 | Pediatric Surgery |
| 6 | Cardiothoracic Surgery |
| 7 | Burn Services |
| 9 | Pediatrics |
| 11 | Cardiology |
| 16 | Dental |
| 23 | ENT |
| 25 | Medicine |
| 28 | Hand |
| 31 | Hospitalist |
| 33 | Internal Medicine |
| 36 | Nephrology |
| 37 | Neurology |
| 39 | Not Admitted |
| 43 | OB-GYN |
| 45 | Ophthalmology |
| 46 | Oral Surgery |
| 53 | Pediatric Critical Care |
| 58 | Plastic Surgery |
| 59 | Psychiatry |
| 63 | Rehab |
| 76 | Urology |
| 77 | Vascular Surgery |
| 98 | Other Surgical |
| 99 | Other Non-Surgical |
| / | Not Applicable |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|-------------------------------------|------------------------|--|--------------|--------|----------|--|------------------------------|
| ED Resuscitation-Arrival/Admission | Post OR Disposition | The disposition of the patient from the OR at your facility. | Alphanumeric | | Y | Too numerous to list. If the patient lives in a nursing home and returns to a nursing home from the OR, use Home as the OR Disposition (per NTDB mandate). If the patient lives in a retirement center/community or assisted living facility and returns to said facility from the OR use <43> Home or <44> Home with Services as appropriate. <79> Burn Center – Used for patients transferred to a Burn Center from the OR. <99> Transferred – Used only for patients transferred to a Non-Trauma Center from the OR. If patient is discharged from OR to PACU then home, enter “Home” as Post-OR Disposition. For direct admits to OR, enter “OR” in Post-ED disposition field so that OR disposition opens up. After entering OR disposition, go back to Post-ED disposition and enter </> so that Post-ED disposition is not populated with a value. History: Oct 2014: Request made to DI to change field values so they match those of Post-ED Disposition. | Yes, if completion rate >80% |
| ED Resuscitation-Initial Assessment | Recorded Date and Time | The recorded date and time of the initial vital signs taken at your facility. | Datetime | | Y | Initial vital signs must be those taken within 30 minutes of arrival. If you’d like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values with <?> The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) | No |
| ED Resuscitation-Initial Assessment | ED Fluid Amount | IV fluid given in ED | Alphanumeric | | Y | Free text | No |
| ED Resuscitation-Initial Assessment | Weight Value/Unit | The baseline weight and unit of measure documented for the patient at your facility. | | | Y | May be measured or estimated (separate fields). Estimated weight may be based on patient or family report. May record in either lbs. or kg. </> (Not applicable) is not a valid option for this field. | Yes (non-estimated weight) |
| ED Resuscitation-Initial Assessment | Height Value/Unit | The first recorded height upon ED/Hospital arrival at your facility | | | Y | May be based on family or self-report. </> (Not applicable) is not a valid option for this field. | Yes |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|-------------------------------------|------------------------------|---|--------|--------|----------|--|------------------------|
| ED Resuscitation-Initial Assessment | Temperature Value/Unit/Route | The value, scale, and route of temperature taken in the ED/hospital | | | Y | Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values with ? </> (Not applicable) is not a valid option for this field. | Yes |

| |
|------------------|
| Value: Free text |
| Scale: F, C |
| Route: |
| Oral |
| Tympanic |
| Rectal |
| Axillary |
| Core |
| Other |
| Temporal |
| ? Unknown |

| | | | | | | | |
|-------------------------------------|------------------|--|--------------|---|---|--|-----|
| ED Resuscitation-Initial Assessment | Paralytic Agents | Indicates the use of paralytic drugs at the time the initial vitals were taken at your facility. | Alphanumeric | 1 | Y | Qualifier for GCS. If an intubated patient has recently received an agent that results in neuromuscular blockade such that motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurological status and chemical sedation and/or paralytic sedation should be selected. Refer to drug list for further information regarding paralytics. Do not use </>.. | Yes |
|-------------------------------------|------------------|--|--------------|---|---|--|-----|

| | |
|---|---------|
| Y | Yes |
| N | No |
| ? | Unknown |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|-------------------------------------|---------|--|--------------|--------|----------|--|------------------------|
| ED Resuscitation-Initial Assessment | Sedated | Indicates that use of sedation drugs at the time the initial vitals were taken at your facility. | Alphanumeric | 1 | Y | Qualifier for GCS. If an intubated patient has recently received an agent that results in neuromuscular blockade such that motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurological status and chemical sedation and/or paralytic sedation should be selected. Refer to drug list for further information regarding sedatives. Do not use </>. | Yes |

| | |
|---|---------|
| ? | Unknown |
| N | No |
| Y | Yes |

| | | | | | | | |
|-------------------------------------|-----------------|---|--------------|---|---|---------------------------------------|-----|
| ED Resuscitation-Initial Assessment | Eye Obstruction | Indicates if the patient did or did not have an obstruction to both eyes that affected the GCS at the time the initial vitals were taken at your facility. An obstruction is a physical reason that prevents the patient from opening their eyes. | Alphanumeric | 1 | Y | Qualifier for GCS. Do not use </>. | Yes |
|-------------------------------------|-----------------|---|--------------|---|---|---------------------------------------|-----|

| | |
|---|---------|
| Y | Yes |
| N | No |
| ? | Unknown |

| | | | | | | | |
|-------------------------------------|-----------|---|--------------|---|---|---|-----|
| ED Resuscitation-Initial Assessment | Intubated | Indicates the use of a device for the purpose of assisted ventilation of patient to maintain an airway at the time the initial vitals were taken at your facility | Alphanumeric | 1 | Y | Qualifier for GCS. Must be active, not passive delivery of oxygen. Non-rebreather mask and nasal cannula are supplemental oxygen and not to be considered airway management. Base response on most active airway adjunct in use Do not use </>. | Yes |
|-------------------------------------|-----------|---|--------------|---|---|---|-----|

| | |
|---|---------|
| Y | Yes |
| N | No |
| ? | Unknown |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|-------------------------------------|-------------------------------|---|--|--------|----------|--|------------------------|
| ED Resuscitation-Initial Assessment | If Intubated, Method | The method used for intubation of the patient at the time the initial vitals were taken at your facility. | Alphanumeric | 1 | Y | Record the most invasive airway adjunct in use. In DI software, user must select "intubated" to open field. | Yes |
| | | 1 | Blind Insertion Airway Device(Combitube, King Airway, Laryngeal Mask Airway) | | | | |
| | | 2 | Cricothyrotomy – Open | | | | |
| | | 3 | Cricothyrotomy - Needle | | | | |
| | | 4 | Endotracheal Tube – Nasal | | | | |
| | | 5 | Endotracheal Tube – Oral | | | | |
| | | 6 | Endotracheal Tube – Route NFS | | | | |
| | | ? | Unknown | | | | |
| ED Resuscitation-Initial Assessment | Respiration Assisted | Indicates whether the patient required respiration assistance at the time the initial vitals were taken at your facility. | Alphanumeric | 1 | Y | Qualifier for GCS. Do not use </>. | Yes |
| | | Y | Yes | | | | |
| | | N | No | | | | |
| ? | Unknown | | | | | | |
| ED Resuscitation-Initial Assessment | If Respiration Assisted, Type | The type of device used for respiratory assistance at the time the initial vitals were taken at your facility. | Alphanumeric | 1 | Y | In DI software, user must select "yes" in "Respiration Assisted" field to open "Type" field | Yes |
| | | 1 | Bag Valve Mask | | | | |
| | | 2 | Nasal Airway | | | | |
| | | 3 | Oral Airway | | | | |
| | | 4 | Ventilator | | | | |
| | | ? | Unknown | | | | |
| ED Resuscitation-Initial Assessment | Systolic BP | The first recorded systolic blood pressure measured within 30 minutes of arrival at your facility. | Alphanumeric | | Y | Free text. Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values as unknown (<?>). </> (Not applicable) is not a valid option for this field. | Yes |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|-------------------------------------|----------------------|---|--------------|--------|----------|--|------------------------|
| ED Resuscitation-Initial Assessment | Pulse Rate | The first recorded pulse measured during pre-hospital care | Alphanumeric | | Y | Free text. The pulse rate can be palpated or auscultated, expressed as a number per minute. Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values as unknown (<?>). </> (Not applicable) is not a valid option for this field. | Yes |
| ED Resuscitation-Initial Assessment | Unassisted Resp Rate | First recorded unassisted respiratory rate taken within 30 minutes of arrival at your facility. Copy info on non-initial vital signs. | Alphanumeric | | Y | Free text. Expressed as number per minute. Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values as unknown (<?>). | Yes |
| ED Resuscitation-Initial Assessment | Assisted Resp Rate | The first recorded assisted respiratory rate measured within 30 minutes of arrival at your facility. | Alphanumeric | | Y | Free text. Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values as unknown (<?>). | Yes |
| ED Resuscitation-Initial Assessment | O2 Saturation | First recorded oxygen saturation in within 30 minutes of arrival at your facility. | Alphanumeric | | Y | Free text. Expressed as percentage. Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values as unknown (<?>). </> (Not applicable) is not a valid option for this field. | Yes |
| ED Resuscitation-Initial Assessment | Supplemental O2 | Determination of the presence of supplemental oxygen during the initial assessment within 30 minutes of arrival at your facility | Alphanumeric | 1 | Y | Qualifier for O2 Saturation field In DI software, this field only opens if there is a value in the O2 Saturation field Do not use </>. | Yes |
| | Y | Yes | | | | | |
| | N | No | | | | | |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|-------------------------------------|---------|---|--------------|--------|----------|--|------------------------|
| ED Resuscitation-Initial Assessment | GCS Eye | The first recorded Glasgow Coma Score (Eye) measured within 30 minutes of arrival at your facility. | Alphanumeric | 1 | Y | Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values with ? In DI software, this field is used to auto-calculate Total GCS. If anyone of the three GCS components is missing a value, the total GCS will not automatically calculate. If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. e.g the chart indicates: "the patient opens his eyes when spoken to", an Eye GCS of 3 may be recorded IF there is no other contradicting documentation. </> (Not applicable) is not a valid option for this field. | Yes |

| | |
|---|---|
| 1 | No Eye Movement when Assessed |
| 2 | Opens Eyes in Response to Painful Stimulation |
| 3 | Opens Eyes I n Response to Verbal Stimulation |
| 4 | Opens Eyes Spontaneously |
| ? | Unknown |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|-------------------------------------|------------|--|--------------|--------|----------|---|------------------------|
| ED Resuscitation-Initial Assessment | GCS Verbal | The first recorded Glasgow Coma Score (Verbal) measured within 30 minutes of arrival at your facility. | Alphanumeric | 1 | Y | Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values with ? In DI software, this field is used to auto-calculate Total GCS. If anyone of the three GCS components is missing a value, the total GCS will not automatically calculate. If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. e.g the chart indicates: "the patient responds verbally and appropriately when spoken to", a Verbal GCS of 5 may be recorded IF there is no other contradicting documentation. </> (Not applicable) is not a valid option for this field. | Yes |

| | |
|---|--|
| 1 | No Vocal Response |
| 2 | Incomprehensible (adult) or Moans to Pain (infant/child) |
| 3 | Inappropriate adult) or Cries to Pain (infant/child) |
| 4 | Confused (adult) or Irritable/Cries |
| 5 | Oriented (adult) or Coos/Babbles (infant/child) |
| ? | Unknown |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research | | | | | | | | | | | | | | |
|--|---|---|--------------|--------|----------|---|------------------------|---|-------------------|---|-------------------|---|-----------------|---|---|---|--|---|---|---|---------|
| ED Resuscitation-Initial Assessment | GCS Motor | The first recorded Glasgow Coma Score (Motor) measured within 30 minutes of arrival at your facility. | Alphanumeric | 1 | Y | Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values as unknown (<?>). In DI software, this field is used to auto-calculate Total GCS. If anyone of the three GCS components is missing a value, the total GCS will not automatically calculate. If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. e.g., the chart indicates: "the patient withdraws from a painful stimulus", a Motor GCS of 4 may be recorded IF there is no other contradicting documentation. </> (Not applicable) is not a valid option for this field. | Yes | | | | | | | | | | | | | | |
| <table border="1"> <tbody> <tr> <td>1</td> <td>No Motor Response</td> </tr> <tr> <td>2</td> <td>Extension to Pain</td> </tr> <tr> <td>3</td> <td>Flexion to Pain</td> </tr> <tr> <td>4</td> <td>Withdraws from Pain (adult) or Withdraws to Pain (infant/child)</td> </tr> <tr> <td>5</td> <td>Localizing Pain (adult) or Withdraws to Touch (infant/child)</td> </tr> <tr> <td>6</td> <td>Obeys Command (adult) or Spontaneous Movements (infant/child)</td> </tr> <tr> <td>?</td> <td>Unknown</td> </tr> </tbody> </table> | | | | | | | | 1 | No Motor Response | 2 | Extension to Pain | 3 | Flexion to Pain | 4 | Withdraws from Pain (adult) or Withdraws to Pain (infant/child) | 5 | Localizing Pain (adult) or Withdraws to Touch (infant/child) | 6 | Obeys Command (adult) or Spontaneous Movements (infant/child) | ? | Unknown |
| 1 | No Motor Response | | | | | | | | | | | | | | | | | | | | |
| 2 | Extension to Pain | | | | | | | | | | | | | | | | | | | | |
| 3 | Flexion to Pain | | | | | | | | | | | | | | | | | | | | |
| 4 | Withdraws from Pain (adult) or Withdraws to Pain (infant/child) | | | | | | | | | | | | | | | | | | | | |
| 5 | Localizing Pain (adult) or Withdraws to Touch (infant/child) | | | | | | | | | | | | | | | | | | | | |
| 6 | Obeys Command (adult) or Spontaneous Movements (infant/child) | | | | | | | | | | | | | | | | | | | | |
| ? | Unknown | | | | | | | | | | | | | | | | | | | | |
| ED Resuscitation-Initial Assessment | GCS Total | The first recorded Glasgow Coma Scale calculated total measure within 30 minutes of arrival at your facility. | Numeric | | Y | This field is auto-calculated by the DI software when the Eye, Verbal, and Motor fields contained values. If any one of the three components is missing a value, the GCS_Total will not automatically calculate, but the total can be entered manually. The GCS is a scale used to determine a score based on the total of 3 components on a patient involving an assessment of eye, motor, verbal responses of the patient. | Yes | | | | | | | | | | | | | | |
| ED Resuscitation-Initial Assessment | RTS (Weighted) | The calculated weighted revised trauma score measured at your facility. | Numeric | | Y | This field is auto-calculated by the DI software if GCS, Sys BP, or RR are valued. If any values of the GCS, SBP or respiratory rate are missing, the weighted revised trauma score will not auto-calculate. The coded values are weighted often using standard vectors as follows: $RTS = 0.9368 \text{ GCS} + 0.7326 \text{ SBP} + 0.2908 \text{ RR}$ | Yes | | | | | | | | | | | | | | |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research | | | | | | | | |
|--|--|---|--------------|--------|----------|--|------------------------------|---|--------------------------|---|------------------------|---|--|---|---------|
| ED Resuscitation-Initial Assessment | Triage Score (Revised Trauma Score) | The first recorded revised trauma score measured at your facility. | Numeric | | Y | This field is auto-calculated by the DI software if the GCS, SysBP, and RR are valued. If any values of the GCS, SysBP or respiratory rate are missing, the revised trauma score will not auto- calculate. | Yes | | | | | | | | |
| ED Resuscitation-Initial Assessment | Blood Gases Drawn | Indicates whether blood gas laboratory studies were drawn on the patient at your facility. First recorded in ED within 30 minutes of arrival for patients who come in through ED (non-direct-admits). For direct admits, use first drawn within 30 minutes of a | Alphanumeric | 1 | Y | In DI software, user must select <Y> to enter additional Lab fields. | Yes | | | | | | | | |
| <table border="1"> <tr> <td>Y</td> <td>Yes</td> </tr> <tr> <td>N</td> <td>No</td> </tr> <tr> <td>/</td> <td>Not applicable> - Do not use this value.</td> </tr> <tr> <td>?</td> <td>Unknown</td> </tr> </table> | | | | | | | | Y | Yes | N | No | / | Not applicable> - Do not use this value. | ? | Unknown |
| Y | Yes | | | | | | | | | | | | | | |
| N | No | | | | | | | | | | | | | | |
| / | Not applicable> - Do not use this value. | | | | | | | | | | | | | | |
| ? | Unknown | | | | | | | | | | | | | | |
| ED Resuscitation-Initial Assessment | Blood Gas Type | Indicates the type of blood gas laboratory studies drawn on the patient at your facility | Alphanumeric | 1 | Y | | Yes, if completion rate >80% | | | | | | | | |
| <table border="1"> <tr> <td>1</td> <td>ABG (Arterial Blood Gas)</td> </tr> <tr> <td>2</td> <td>VBG (Venous Blood Gas)</td> </tr> <tr> <td>/</td> <td>Not applicable></td> </tr> <tr> <td>?</td> <td>Unknown</td> </tr> </table> | | | | | | | | 1 | ABG (Arterial Blood Gas) | 2 | VBG (Venous Blood Gas) | / | Not applicable> | ? | Unknown |
| 1 | ABG (Arterial Blood Gas) | | | | | | | | | | | | | | |
| 2 | VBG (Venous Blood Gas) | | | | | | | | | | | | | | |
| / | Not applicable> | | | | | | | | | | | | | | |
| ? | Unknown | | | | | | | | | | | | | | |
| ED Resuscitation-Initial Assessment | Base Deficit/Excess | The initial Base Deficit/Excess measured at your facility drawn within 30 minutes of patient arrival. | | | Y | A negative base (base deficit) is equivalent to an acid excess. A positive base (base excess) indicates an insufficient level of bicarbonate in the system. | Yes, if completion rate >80% | | | | | | | | |
| ED Resuscitation-Initial Assessment | Hematocrit | The patient's initial hematocrit value obtained at your facility drawn within 30 minutes of patient arrival. | Alphanumeric | | Y | Free text. Hct- Packed cell volume. The percentage of red blood cells in the blood. | Yes, if completion rate >80% | | | | | | | | |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|-------------------------------------|-----------------------|--|--------------|--------|----------|---|------------------------------|
| ED Resuscitation-Initial Assessment | Alcohol Use Indicator | Use of alcohol tested at your facility drawn within 30 minutes of patient arrival. | Alphanumeric | 1 | Y | 'Trace Levels' is defined as any alcohol level below the legal limit, but not zero. 'Beyond legal limit' is defined as a blood alcohol concentration above the legal limit in the State of NC. If alcohol use is suspected, but not confirmed by test, record <?> Unknown. | Yes, if completion rate >80% |

| | |
|---|---|
| 1 | No (not tested) |
| 2 | No (confirmed by test) |
| 3 | Yes (confirmed by test, trace levels) |
| 4 | Yes (confirmed by test, at or beyond legal limit) |
| / | Not applicable> |
| ? | Unknown |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|-------------------------------------|---------------------|--|--------------|--------|----------|--|------------------------------|
| ED Resuscitation-Initial Assessment | Drug Screen Results | Documents the results of toxicology screen done at your facility. Record values drawn within 30 minutes of arrival | Alphanumeric | 2 | Y | Field allows for multiple values to be collected. History: Field renamed in Jan2017 by DI. Used to be called "Tox Screen". | Yes, if completion rate >80% |
| | 1 | Amitriptyline | | | | | |
| | 2 | AMP (Amphetamine) | | | | | |
| | 3 | BAR (Barbiturate) | | | | | |
| | 4 | BZO (Benzodiazapines) | | | | | |
| | 5 | COC (Cocaine) | | | | | |
| | 6 | Codeine | | | | | |
| | 7 | Diazepam | | | | | |
| | 8 | Doxepin | | | | | |
| | 9 | Ethanol | | | | | |
| | 10 | Hashish | | | | | |
| | 11 | Imipramine | | | | | |
| | 12 | Marijuana | | | | | |
| | 13 | Meprobamate | | | | | |
| | 14 | mAMP (Methamphetamine) | | | | | |
| | 15 | MTD (Methadone) | | | | | |
| | 16 | Morphine | | | | | |
| | 17 | None | | | | | |
| | 18 | Opiates | | | | | |
| | 19 | PCP (Phencyclidine) | | | | | |
| | 20 | TCA (Tricyclic Antidepressant) | | | | | |
| | 21 | Other | | | | | |
| | 22 | MDMA (Ecstasy) | | | | | |
| | 23 | OXY (Oxycodone) | | | | | |
| | 24 | OPI (Opioid) | | | | | |
| | 25 | Not Tested | | | | | |
| | ? | Unknown | | | | | |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research | | | | | | | | | | | | | | |
|---|--------------------------------|---|--------------|--------|----------|---|------------------------------|---|--------------------------------|---|------------|---|-----------|---|----------------|---|------------------------|---|----------------|---|---------|
| Ventilator- Blood | Blood Product | The type of blood product given to the patient during the initial visit at your facility. | Alphanumeric | 1 | Y | Enter PRBC option for each separate timeframe. Timeframe options include, but are not exclusive to, pre-hospital, referring facility, and within 1 hour of arrival. The packed red blood cells given within the first 24 hours of the patient's injury are required by the state of North Carolina. Any other blood products are optional. If no PRBC's given enter </> Not Applicable. | Yes, if completion rate >80% | | | | | | | | | | | | | | |
| <table border="1"> <tbody> <tr><td>1</td><td>Packed Red Blood Cells (PRBCs)</td></tr> <tr><td>2</td><td>Plasma/FFP</td></tr> <tr><td>3</td><td>Platelets</td></tr> <tr><td>4</td><td>Cryo</td></tr> <tr><td>5</td><td>Other Blood Substitute</td></tr> <tr><td>/</td><td>Not Applicable</td></tr> <tr><td>?</td><td>Unknown</td></tr> </tbody> </table> | | | | | | | | 1 | Packed Red Blood Cells (PRBCs) | 2 | Plasma/FFP | 3 | Platelets | 4 | Cryo | 5 | Other Blood Substitute | / | Not Applicable | ? | Unknown |
| 1 | Packed Red Blood Cells (PRBCs) | | | | | | | | | | | | | | | | | | | | |
| 2 | Plasma/FFP | | | | | | | | | | | | | | | | | | | | |
| 3 | Platelets | | | | | | | | | | | | | | | | | | | | |
| 4 | Cryo | | | | | | | | | | | | | | | | | | | | |
| 5 | Other Blood Substitute | | | | | | | | | | | | | | | | | | | | |
| / | Not Applicable | | | | | | | | | | | | | | | | | | | | |
| ? | Unknown | | | | | | | | | | | | | | | | | | | | |
| Ventilator- Blood | Volume/Number of Units | The total number of units given per event to the patient within the first 24 | Alphanumeric | | Y | The packed red blood cells given within the first 24 hours of the patient's injury are required by the state of North Carolina. Any other blood products are optional. History: Field name changed to "Number of Units", per NCTR Data Dictionary committee. Oct 2014. | Yes, if completion rate >80% | | | | | | | | | | | | | | |
| Ventilator- Blood | Unit | The unit of measure of the product per event within the first 24 hours. | Alphanumeric | 1 | Y | The volume measurement type for packed red blood cells given within the first 24 hours of the patient's injury are required by the state of North Carolina. Any other blood products are optional. | Yes, if completion rate >80% | | | | | | | | | | | | | | |
| <table border="1"> <tbody> <tr><td>1</td><td>L DO NOT USE</td></tr> <tr><td>2</td><td>mL</td></tr> <tr><td>3</td><td>Units</td></tr> <tr><td>/</td><td>Not Applicable</td></tr> <tr><td>?</td><td>Unknown</td></tr> </tbody> </table> | | | | | | | | 1 | L DO NOT USE | 2 | mL | 3 | Units | / | Not Applicable | ? | Unknown | | | | |
| 1 | L DO NOT USE | | | | | | | | | | | | | | | | | | | | |
| 2 | mL | | | | | | | | | | | | | | | | | | | | |
| 3 | Units | | | | | | | | | | | | | | | | | | | | |
| / | Not Applicable | | | | | | | | | | | | | | | | | | | | |
| ? | Unknown | | | | | | | | | | | | | | | | | | | | |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--------------|--------|----------|---|------------------------------|---|-------------------------------------|---|-------------------------------------|---|--|---|--|---|---|---|--|---|--|---|---|----|---|----|---------|
| Ventilator- Blood | Time Period | The time range during which the blood products were given per event within the 1PstP 24 hours. | Alphanumeric | 1 | Y | The packed red blood cells given within the first 24 hours of the patient's injury are required by the state of North Carolina. Any other blood products are optional. Option <1> refers to blood given during any transport Vidant uses option 3 to include patients meeting options 2 or 3. | Yes, if completion rate >80% | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr><td>0</td><td>Referring facility prior to arrival</td></tr> <tr><td>1</td><td>Transport prior to facility arrival</td></tr> <tr><td>2</td><td>Within 1st hour after facility arrival</td></tr> <tr><td>3</td><td>Between 1 and 4 hours after facility arrival</td></tr> <tr><td>4</td><td>Between 5 and 24 hours after facility arrival</td></tr> <tr><td>5</td><td>Between 24 and 48 hours after facility arrival</td></tr> <tr><td>6</td><td>Between 48 and 72 hours after facility arrival</td></tr> <tr><td>7</td><td>More than 72 hours after facility arrival</td></tr> <tr><td>8></td><td>Within first 24 hours of facility arrival – NFS</td></tr> <tr><td>?></td><td>Unknown</td></tr> </table> | | | | | | | | 0 | Referring facility prior to arrival | 1 | Transport prior to facility arrival | 2 | Within 1st hour after facility arrival | 3 | Between 1 and 4 hours after facility arrival | 4 | Between 5 and 24 hours after facility arrival | 5 | Between 24 and 48 hours after facility arrival | 6 | Between 48 and 72 hours after facility arrival | 7 | More than 72 hours after facility arrival | 8> | Within first 24 hours of facility arrival – NFS | ?> | Unknown |
| 0 | Referring facility prior to arrival | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Transport prior to facility arrival | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Within 1st hour after facility arrival | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Between 1 and 4 hours after facility arrival | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Between 5 and 24 hours after facility arrival | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Between 24 and 48 hours after facility arrival | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Between 48 and 72 hours after facility arrival | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | More than 72 hours after facility arrival | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8> | Within first 24 hours of facility arrival – NFS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ?> | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provider- Resus Team | Provider- Trauma | | | | Y | | No | | | | | | | | | | | | | | | | | | | | |
| Provider- Resus Team | Called Date and Time- Trauma | The date and time the Trauma Attending was notified of trauma activation. | Datetime | | Y | Date/Time of activation documented on trauma flowsheet (handwritten or electronic). The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) | No | | | | | | | | | | | | | | | | | | | | |
| Provider- Resus Team | Arrived Date and Time-Trauma | The date and time the Trauma Attending arrived at the patient's bedside. | Datetime | | Y | The earliest documented date/time the Trauma Attending arrived at the patient's bedside. The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) | No | | | | | | | | | | | | | | | | | | | | |
| Provider- Resus Team | Timeliness- Trauma | The timeliness of the Trauma Attending's arrival at the patient's bedside for a trauma activation. | Alphanumeric | 1 | Y | Refer to the ACS Optimal Care book or your facilities trauma activation criteria protocols to determine timeliness. | No | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr><td>1</td><td>Timely</td></tr> <tr><td>2</td><td>Not timely</td></tr> <tr><td>3</td><td>Absent</td></tr> <tr><td>?</td><td>Unknown</td></tr> <tr><td>/</td><td>- Do not use.</td></tr> </table> | | | | | | | | 1 | Timely | 2 | Not timely | 3 | Absent | ? | Unknown | / | - Do not use. | | | | | | | | | | |
| 1 | Timely | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Not timely | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Absent | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ? | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | |
| / | - Do not use. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provider- Resus Team | Elapsed Time - Trauma | The time elapsed between the time the patient arrived and the time of the Trauma Attending's arrival at the patient's bedside for a trauma activation. | Datetime | | Y | Auto-calculated by DI software. 4/13/2015: Changed from "between the time team was called". | No | | | | | | | | | | | | | | | | | | | | |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research | | | | | | | | | | |
|--|---|--|--------------|--------|----------|---|------------------------|---|--------|---|------------|---|--------|---|---------|---|---------------|
| Provider- Resus Team | Provider- Surgical Senior Resident | | | | Y | | No | | | | | | | | | | |
| Provider- Resus Team | Called Date and Time-Surgical Resident | The date and time the surgical resident/midlevel was notified of trauma activation. | Datetime | | Y | Required if facility participates in a residency program or employs midlevel practitioneres. Date/Time of activation documented on trauma flowsheet (handwritten or electronic). The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) | No | | | | | | | | | | |
| Provider- Resus Team | Arrived Date and Time-Surgical Resident | The date and time the surgical resident/midlevel arrived at the patient's bedside | Datetime | | Y | The earliest documented date/time the surgical resident/midlevel arrived at the patient's bedside. The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) | No | | | | | | | | | | |
| Provider- Resus Team | Timeliness- Surgical Senior Resident | The timeliness of the surgical resident's/midlevel's arrival at the patient's bedside for a trauma activation. | Alphanumeric | 1 | Y | Refer to the ACS Optimal Care book or your facilities trauma activation criteria protocols to determine timeliness. | No | | | | | | | | | | |
| <table border="1"> <tbody> <tr> <td>1</td> <td>Timely</td> </tr> <tr> <td>2</td> <td>Not timely</td> </tr> <tr> <td>3</td> <td>Absent</td> </tr> <tr> <td>?</td> <td>Unknown</td> </tr> <tr> <td>/</td> <td>- Do not use.</td> </tr> </tbody> </table> | | | | | | | | 1 | Timely | 2 | Not timely | 3 | Absent | ? | Unknown | / | - Do not use. |
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| 2 | Not timely | | | | | | | | | | | | | | | | |
| 3 | Absent | | | | | | | | | | | | | | | | |
| ? | Unknown | | | | | | | | | | | | | | | | |
| / | - Do not use. | | | | | | | | | | | | | | | | |
| Provider- Resus Team | Provider- Orthopedics | | | | Y | | No | | | | | | | | | | |
| Provider- Resus Team | Called Date and Time-Orthopedics | The date and time the Orthopedic Attending/Resident/Midlevel was notified of trauma activation. | Datetime | | Y | Date/Time of Orthopedic notification documented on trauma flowsheet (handwritten or electronic) or within the ED nursing documentation. The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) | No | | | | | | | | | | |
| Provider- Resus Team | Arrived Date and Time-Orthopedics | The date and time the Orthopedic Attending/Resident/Midlevel arrived at the patient's bedside. | Datetime | | Y | The earliest documented date/time the Orthopedic Attending/Resident/Midlevel arrived at the patient's bedside. The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) | No | | | | | | | | | | |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research | | | | | | | | | | |
|--|---|--|--------------|--------|----------|--|------------------------|---|--------|---|------------|---|--------|---|---------|---|---------------|
| Provider- Resus Team | Timeliness-Orthopedics | The timeliness of the Orthopedic Attending/Resident/Midlevel arrival at the patient's bedside for a trauma | Alphanumeric | 1 | Y | Refer to the ACS Optimal Care book or your facilities trauma activation criteria protocols to determine timeliness. In DI software: Calculated time now uses patient arrival time for calculation – not time called (March 2016). | No | | | | | | | | | | |
| <table border="1"> <tr><td>1</td><td>Timely</td></tr> <tr><td>2</td><td>Not timely</td></tr> <tr><td>3</td><td>Absent</td></tr> <tr><td>?</td><td>Unknown</td></tr> <tr><td>/</td><td>- Do not use.</td></tr> </table> | | | | | | | | 1 | Timely | 2 | Not timely | 3 | Absent | ? | Unknown | / | - Do not use. |
| 1 | Timely | | | | | | | | | | | | | | | | |
| 2 | Not timely | | | | | | | | | | | | | | | | |
| 3 | Absent | | | | | | | | | | | | | | | | |
| ? | Unknown | | | | | | | | | | | | | | | | |
| / | - Do not use. | | | | | | | | | | | | | | | | |
| Provider- Resus Team | Provider-Neurosurgery | | | | Y | | No | | | | | | | | | | |
| Provider- Resus Team | Called Date and Time-Neurosurgery | The date and time the Neurosurgeon was notified of trauma activation. | Datetime | | Y | Required if neurosurgery service provided at facility Date/Time of Neurosurgery notification documented on trauma flowsheet (handwritten or electronic) or within the ED nursing documentation. The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) | No | | | | | | | | | | |
| Provider- Resus Team | Arrived Date and Time-Neurosurgery | The date and time the Neurosurgeon/Resident/Midlevel arrived at the patient's bedside | Datetime | | Y | The earliest documented date/time the Neurosurgeon/Resident/Midlevel arrived at the patient's bedside. The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) | No | | | | | | | | | | |
| Provider- Resus Team | Timeliness-Neurosurgery | The timeliness of the Neurosurgeon/Resident/Midlevel arrival at the patient's bedside for a trauma activation. | Alphanumeric | 1 | Y | Refer to the ACS Optimal Care book or your facilities trauma activation criteria protocols to determine timeliness. Elapsed time calculated based on patient arrival, not on time called (March 2016). | No | | | | | | | | | | |
| <table border="1"> <tr><td>1</td><td>Timely</td></tr> <tr><td>2</td><td>Not timely</td></tr> <tr><td>3</td><td>Absent</td></tr> <tr><td>?</td><td>Unknown</td></tr> <tr><td>/</td><td>- Do not use.</td></tr> </table> | | | | | | | | 1 | Timely | 2 | Not timely | 3 | Absent | ? | Unknown | / | - Do not use. |
| 1 | Timely | | | | | | | | | | | | | | | | |
| 2 | Not timely | | | | | | | | | | | | | | | | |
| 3 | Absent | | | | | | | | | | | | | | | | |
| ? | Unknown | | | | | | | | | | | | | | | | |
| / | - Do not use. | | | | | | | | | | | | | | | | |
| Provider- Resus Team | Provider- Emergency Medicine | | | | Y | | No | | | | | | | | | | |
| Provider- Resus Team | Called Date and Time-Emergency Medicine | The date and time the ED Attending was notified of trauma activation. | Datetime | | Y | Date/Time of activation documented on trauma flowsheet (handwritten or electronic). The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) | No | | | | | | | | | | |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research | | | | | | | | | | |
|--|--|--|--------------|--------|----------|--|------------------------|---|--------|---|------------|---|--------|---|---------|---|---------------|
| Provider- Resus Team | Arrived Date and Time-Emergency Medicine | The date and time the ED Attending arrived at the patient's bedside. | Datetime | | Y | The earliest documented date/time the ED Attending arrived at the patient's bedside. The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) | No | | | | | | | | | | |
| Provider- Resus Team | Timeliness- Emergency Medicine | The timeliness of the ED Attending's arrival at the patient's bedside for a trauma activation. | Alphanumeric | 1 | Y | Refer to the ACS Optimal Care book or your facilities trauma activation criteria protocols to determine timeliness | No | | | | | | | | | | |
| <table border="1"> <tr><td>1</td><td>Timely</td></tr> <tr><td>2</td><td>Not timely</td></tr> <tr><td>3</td><td>Absent</td></tr> <tr><td>?</td><td>Unknown</td></tr> <tr><td>/</td><td>- Do not use.</td></tr> </table> | | | | | | | | 1 | Timely | 2 | Not timely | 3 | Absent | ? | Unknown | / | - Do not use. |
| 1 | Timely | | | | | | | | | | | | | | | | |
| 2 | Not timely | | | | | | | | | | | | | | | | |
| 3 | Absent | | | | | | | | | | | | | | | | |
| ? | Unknown | | | | | | | | | | | | | | | | |
| / | - Do not use. | | | | | | | | | | | | | | | | |
| Provider- Resus Team | Type of additional service requested | Additional Service (e.g., Anesthesia) requested during resuscitation portion of the trauma activation. | | | Y | Required if Anesthesia or airway manager responds to resuscitation If service sees the patient outside of ED, document in the In-house consult screen. Not all trauma activations require Anesthesia assistance. Anesthesia should be the 6th service recorded, if Anesthesia is going to be in the list. | No | | | | | | | | | | |
| Provider- Resus Team | Called Date and Time - Other | The date and time the Other Provider was notified of trauma activation. | Datetime | | Y | Date/Time of activation documented on trauma flowsheet (handwritten or electronic). The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) | No | | | | | | | | | | |
| Provider- Resus Team | Arrived Date and Time - Other | The date and time the Other Provider arrived at the patient's bedside. | Datetime | | Y | The earliest documented date/time the Anesthesiologist arrived at the patient's bedside. The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) | No | | | | | | | | | | |
| Provider- Resus Team | Timeliness - Other | The timeliness of the Other Provider's arrival at the patient's bedside for a trauma activation. | Alphanumeric | 1 | Y | Refer to the ACS Optimal Care book or your facilities trauma activation criteria protocols to determine timeliness. | No | | | | | | | | | | |
| <table border="1"> <tr><td>1</td><td>Timely</td></tr> <tr><td>2</td><td>Not timely</td></tr> <tr><td>3</td><td>Absent</td></tr> <tr><td>?</td><td>Unknown</td></tr> <tr><td>/</td><td>- Do not use.</td></tr> </table> | | | | | | | | 1 | Timely | 2 | Not timely | 3 | Absent | ? | Unknown | / | - Do not use. |
| 1 | Timely | | | | | | | | | | | | | | | | |
| 2 | Not timely | | | | | | | | | | | | | | | | |
| 3 | Absent | | | | | | | | | | | | | | | | |
| ? | Unknown | | | | | | | | | | | | | | | | |
| / | - Do not use. | | | | | | | | | | | | | | | | |
| Provider- Resus Team | Provider- Anesthesia | | | | Y | | No | | | | | | | | | | |
| Provider- Resus Team | Called Date and Time-Anesthesia | | Datetime | | Y | | No | | | | | | | | | | |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|----------------------|-----------------------------------|--|----------|--------|----------|--|--|
| Provider- Resus Team | Arrived Date and Time-Anesthesia | | Datetime | | Y | | No |
| Provider- Resus Team | Timeliness-Anesthesia | | | | Y | | No |
| Provider-Procedures | Procedure Code/Description(ICD10) | The ICD9 & ICD10 code numbers and descriptions of operative and essential procedures performed at your facility. | | | Y | Major and minor procedures performed at your facility, including CPR for all locations. In DI software, the maximum number of procedures that may be recorded for a patient is 200. Capture all procedures performed in the operating room except for intubation solely for the operation. Ignore NTDB instructions to capture only first incidence of certain procedures. Diagnostic and supplemental (non-operative) procedures have the potential to be performed multiple times during one hospitalization event. In this case, capture only the first event. ICD-9 codes retired for patients arriving on 01Oct2015 or later. </> (Not applicable) not valid for ICD-10 codes for patients arriving on 01Oct2015 or later. History: Use code 99.01 (transfusion exchange) on patients that receive > 10 units of blood products over the first 24 hours following hospital arrival. | Yes |
| Provider-Procedures | OR Visit # | | | | Y | | Yes, if completion rate >80% |
| Provider-Procedures | Start Date and Time | The day and time the procedure was started. | Datetime | | Y | | In interval calculations and as selection criteria |
| Provider-Procedures | Results (for diagnostic studies) | | | | Y | | Yes, if completion rate >80% |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|---------------------|-----------------------------|---|--------------|--------|----------|---|--|
| Provider-Procedures | Location (ICD10) | The location where the procedure was performed while the patient is at your facility. | Alphanumeric | 2 | Y | | Yes, if completion rate >80% |
| | 2 | Emergency department | | | | | |
| | 3 | Operating room | | | | | |
| | 4 | Intensive care unit | | | | | |
| | 5 | Step-down unit | | | | | |
| | 8 | Floor | | | | | |
| | 10 | Radiology | | | | | |
| | 12 | Special procedure room | | | | | |
| | 14 | Pediatric ICU | | | | | |
| | 15 | Interventional radiology | | | | | |
| | ? | Unknown | | | | | |
| Provider-Procedures | OR Visit # (ICD10) | A sequential number given to each visit to the operating room. | Numeric | | Y | In DI software, field only opens if you choose OR in Location field. If multiple procedures are performed during the one trip to the OR, those procedures will share the same OR visit number. If a procedure is performed anywhere other than the OR, the OR visit number can be left as the default value <blank> or </> Not Applicable. First visit to OR should be recorded as #1. | Yes, if completion rate >80% |
| Provider-Procedures | Start Date and Time (ICD10) | The start date and time the procedure was performed. | Datetime | | Y | Operative procedure start time is defined as the time the incision was made. All other procedures (those without incisions) start times are defined as the time the procedures starts. The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) | No, but can be used for interval calculation |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|---------------------|-----------------|--|--------------|--------|----------|--|------------------------------|
| Provider-Procedures | Results (ICD10) | The results of diagnostic studies performed. | Alphanumeric | 1 | Y | <p>Required unless procedure is not a diagnostic study. Not required for CTs or plain films as of 01 Jan 2017. Positive results in a FAST exam include free fluid in the abdomen</p> <p>Positive Peritoneal Lavage results: Gross blood (>20cc) or 100K RBCs per cc or >500 WBCs per cc</p> <p>Positive Aortogram: the aorta has identifiable injuries as a result of trauma. Positive for extravasation.</p> <p>Positive Arteriogram/Angiogram: report states "positive for acute changes". Positive for extravasation.</p> <p>Indeterminate: report indicates exam results are inconclusive.</p> <p>Results for CTs and plain films no longer required as of 01Jan2017. Prior to 01Jan2017, a negative plain film was defined as "no injuries identified".</p> <p>July 2016 – Dec 2016: A positive CT should be based on vascular, bony, spine, or organ injuries. Radiologist and trauma surgeon should reach consensus on the result, since they will make a decision on care based on the result.</p> <p>Prior to July 2016, the definition for CTs was: Pregnancy is not considered a positive result.</p> <p>Positive CT results represent organ injury only. DO NOT include injury to bony structures.</p> <p>If CT is done for bony structure injury, then use "Not Applicable" for diagnostic results.</p> <p>Negative CT: no organ injuries identified.</p> <p>Indeterminate: report indicates exam results are inconclusive.</p> | Yes, if completion rate >80% |

| | |
|---|----------------|
| 1 | Positive |
| 2 | Negative |
| 3 | Indeterminate |
| / | Not Applicable |
| ? | Unknown |

| | | | | | | | |
|-------------------------|-------------|---|--|--|---|--|----|
| Diagnosis-Injury Coding | AIS Version | The software version used to calculate the AIS (Abbreviated Injury Scale) severity codes. | | | Y | All facilities submitting data to the State of NC trauma registry are required to use the AIS 2005 version. Starting in 2016, NTDS will accept AIS2005. NTDS used to accept AIS 80, 85, 90, 95, 98 and AIS2005. </> (Not applicable) is not a valid option for this field. | No |
|-------------------------|-------------|---|--|--|---|--|----|

| | | | | | | | |
|-------------------------|-----|---|--|--|---|--|------------------------------|
| Diagnosis-Injury Coding | ISS | The Injury Severity Score (ISS) that reflects the patient's injuries. | | | Y | Sum of squares of highest AIS code in each of the three most severely injured AIS body regions. In DI software, this field auto calculates based on injury coding. | Yes, if completion rate >80% |
|-------------------------|-----|---|--|--|---|--|------------------------------|

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|-------------------------|-----------------------------|--|--------|--------|----------|--|------------------------------|
| Diagnosis-Injury Coding | NISS | The New Injury Severity Score that reflects the patient's injuries. | | | Y | Auto-calculated in DI software based on injury coding. Sum of squares of 3 highest AIS scores, regardless of body region. | Yes, if completion rate >80% |
| Diagnosis-Injury Coding | TRISS | TRISS determines the patient's probability of survival. | | | Y | This field auto calculates based upon ISS, RTS, age and type of injury (blunt/penetrating). | Yes, if completion rate >80% |
| Diagnosis-Injury Coding | ICD9/ICD10 Code/Description | Diagnoses related to all injuries. | | | Y | For ICD-9: for drowning – use 994.1. For asphyxia/suffocation use 994.7. For ICD-10: for drowning: use T75.1. For asphyxia/suffocation, use a variant of T71. In DI software, maximum number of diagnoses that may be reported for an individual patient is 50. Max number changed to 27 in 2013. Reported to DI in 2013. ICD-9 codes retired for patients arriving on 01Oct2015 or later. </> (Not applicable) not valid for ICD-10 codes for patients arriving on 01Oct2015 or later. | Yes, if completion rate >80% |
| Diagnosis-Injury Coding | Predot/Description | Abbreviated Injury Scale (AIS) Predot codes that reflect the patient's injuries. | | | Y | The predot code is the 6 digits preceding the decimal point in an associated AIS Code. Refer to most recent AIS coding book for further coding detail </> (Not applicable) is not a valid option for this field. | Yes, if completion rate >80% |
| Diagnosis-Injury Coding | Severity | AIS severity code that reflect the patient's injuries. | | | Y | Auto populates based on AIS 6-digit predot. | Yes, if completion rate >80% |
| Diagnosis-Injury Coding | AIS Body Region | The AIS body region | | | Y | This field is auto populated based on AIS 6-digit predot. Head or neck injuries include the brain, skull, cervical cord, and cervical spine. Facial injuries include those involving the mouth, ears, eyes, and facial bones. Chest injuries include internal organs of the chest cavity, diaphragm, rib cage and thoracic cord and thoracic spine. Abdominal or pelvic contents includes internal organs in the abdominal and pelvic region, lumbar cord, and lumbar spine. Injuries to extremities include sprains, fractures, dislocations, and amputations to arms, legs, shoulder and pelvic girdles. External injuries include lacerations, contusions, abrasions, and burns, independent of their location on the body surface. | Yes, if completion rate >80% |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research | | | | | | | | | | | | | | | | |
|--|--|---|--------------|--------|----------|---|------------------------------|---|--------------------|---|-------------------|---|----------------|---|---------|---|---------|---|---------|---|----------------|---|---------|
| Diagnosis-Injury Coding | OIS | The Organ Injury Scale (OIS). | Alphanumeric | 1 | Y | The OIS is for organs only. Organs include all organs in the thoracic and abdominal cavities as well as thoracic vascular and abdominal vascular. | Yes, if completion rate >80% | | | | | | | | | | | | | | | | |
| <table border="1"> <tr><td>1</td><td>Grade 1</td></tr> <tr><td>2</td><td>Grade 2</td></tr> <tr><td>3</td><td>Grade 3</td></tr> <tr><td>4</td><td>Grade 4</td></tr> <tr><td>5</td><td>Grade 5</td></tr> <tr><td>6</td><td>Grade 6</td></tr> <tr><td>/</td><td>Not Applicable</td></tr> <tr><td>?</td><td>Unknown</td></tr> </table> | | | | | | | | 1 | Grade 1 | 2 | Grade 2 | 3 | Grade 3 | 4 | Grade 4 | 5 | Grade 5 | 6 | Grade 6 | / | Not Applicable | ? | Unknown |
| 1 | Grade 1 | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Grade 2 | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Grade 3 | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Grade 4 | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Grade 5 | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Grade 6 | | | | | | | | | | | | | | | | | | | | | | |
| / | Not Applicable | | | | | | | | | | | | | | | | | | | | | | |
| ? | Unknown | | | | | | | | | | | | | | | | | | | | | | |
| Diagnosis- Non-Trauma Diagnoses | ICD9/ICD10 Code/Description(Non-trauma dx) | ICD-9 and ICD-10 codes identified during the patient's stay for non-trauma diagnoses not coded elsewhere. | | | Y | Refer to ICD-9/10 coding book for options. Required for Standard and NTDB comorbidities not captured on the Comorbidity screen. | Yes, if completion rate >80% | | | | | | | | | | | | | | | | |
| Diagnosis- Non-Trauma Diagnoses | Type (Non-trauma dx) | Indicates whether comorbidity or complication was present on arrival (POA). | Alphanumeric | 1 | Y | Obtained from medical records coding. Not required for ED discharges | No | | | | | | | | | | | | | | | | |
| <table border="1"> <tr><td>1</td><td>Present on Arrival</td></tr> <tr><td>2</td><td>Hospital Acquired</td></tr> <tr><td>/</td><td>Not Applicable</td></tr> <tr><td>?</td><td>Unknown</td></tr> </table> | | | | | | | | 1 | Present on Arrival | 2 | Hospital Acquired | / | Not Applicable | ? | Unknown | | | | | | | | |
| 1 | Present on Arrival | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Hospital Acquired | | | | | | | | | | | | | | | | | | | | | | |
| / | Not Applicable | | | | | | | | | | | | | | | | | | | | | | |
| ? | Unknown | | | | | | | | | | | | | | | | | | | | | | |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|-----------------------|-------------|---|---------|--------|----------|--|------------------------|
| Diagnosis-Comorbidity | Comorbidity | Pre-existing co-morbid factors present before patient arrival at the ED/Hospital. | Numeric | 3 | Y | Use the NTDS options as the primary options. If the co-morbidity is not identified in the NTDS options, review the standard options. If your facility desires to collect co-morbidity(ies) not already defined, you may create user defined co-morbidities. User defined co-morbidities should not be sent to the State trauma registry or the NTDS. If comorbidities are entered as comorbidity and as a non-trauma diagnosis, then reports will count the comorbidity twice. | Yes |

| | |
|----|--|
| 0 | None |
| 1 | Other |
| 2 | Alcoholism |
| 3 | Ascites within 30 Days |
| 4 | Bleeding disorder |
| 5 | Currently receiving chemotherapy for cancer |
| 6 | Congenital anomalies |
| 7 | Congestive heart failure |
| 8 | Current smoker |
| 9 | Chronic renal failure |
| 10 | CVA / Residual neurological deficit |
| 11 | Diabetes Mellitus, NFS |
| 12 | Disseminated cancer |
| 13 | Advanced directive limiting care |
| 14 | Esophageal varices |
| 15 | Functionally dependent health status |
| 16 | History of angina within 30 days (retired Jan 2017) |
| 17 | History of myocardial infarction (retired Jan 2017) |
| 18 | History of PVD (retired Jan 2017) |
| 19 | Hypertension requiring medication (changed Jan 2017) |
| 20 | paired sensorium (retired in 2012) |
| 21 | Prematurity |
| 22 | Obesity |
| 23 | Respiratory disease |
| 24 | Steroid use |
| 25 | Cirrhosis |
| 26 | Dementia |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|----------|-------|--|--------|--------|----------|-----------------|------------------------|
| 27 | | Major psychiatric illness (retired Jan 2017) | | | | | |
| 28 | | Drug abuse or dependence (retired Jan 2017) | | | | | |
| 29 | | Pre-hospital cardiac arrest with resuscitative efforts | | | | | |
| 31 | | Anticoagulant therapy (added Jan 2017) | | | | | |
| 32 | | Angina pectoris (added Jan 2017) | | | | | |
| 33 | | Mental/personality disorder (added Jan 2017) | | | | | |
| 34 | | Myocardial infarction (MI) (added Jan 2017) | | | | | |
| 35 | | Peripheral arterial disease (PAD) (added Jan 2017) | | | | | |
| 131 | | Acquired coagulopathy | | | | | |
| 132 | | Alzheimer's disease | | | | | |
| 133 | | Asthma | | | | | |
| 134 | | Bilirubin>2mg% (on admission) | | | | | |
| 135 | | CVA | | | | | |
| 136 | | Chemotherapy, active | | | | | |
| 137 | | Chronic demyelinating disease | | | | | |
| 138 | | Chronic pulmonary condition | | | | | |
| 139 | | Coronary artery disease | | | | | |
| 140 | | Cor Pulmonale | | | | | |
| 141 | | Coumadin therapy | | | | | |
| 142 | | Diabetes mellitus, Insulin-dependent | | | | | |
| 143 | | Diabetes mellitus, Non-insulin- dependent | | | | | |
| 144 | | Dialysis, non-transplant | | | | | |
| 145 | | Hemophilia | | | | | |
| 146 | | Hx of cardiac surgery | | | | | |
| 147 | | HIV/AIDS | | | | | |
| 148 | | Inflammatory bowel disease | | | | | |
| 149 | | Metastitis, Concurrent or Existence of | | | | | |
| 150 | | Multiple sclerosis | | | | | |
| 151 | | Organic brain syndrome | | | | | |
| 152 | | Pancreatitis | | | | | |
| 153 | | Parkinson's disease | | | | | |
| 154 | | Peptic ulcer disease | | | | | |
| 155 | | Pre-existing anemia | | | | | |
| 156 | | Pregnancy | | | | | |
| 157 | | COPD | | | | | |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|--------------------|---------------------------------------|--|----------|--------|----------|---|--|
| | 158 | Pulmonary disease with ongoing active treatment | | | | | |
| | 159 | Rheumatoid arthritis | | | | | |
| | 160 | Seizures | | | | | |
| | 161 | Serum Creatinine >2mg% (on admission) | | | | | |
| | 162 | Spinal cord injury | | | | | |
| | 163 | Systemic lupus erythematosus | | | | | |
| | 164 | Transplant | | | | | |
| | 165 | Undergoing current therapy | | | | | |
| Outcome- Discharge | Initial Discharge Status | Indicates the status of the patient at the time of discharge from your facility. | Numeric | 1 | Y | | Yes, if completion rate >80% |
| | 1 | Alive | | | | | |
| | 2 | Dead | | | | | |
| Outcome- Discharge | Initial Discharge Order Date and Time | Date and time that discharge order for discharge from your facility was written. | Datetime | | Y | Received by State as of January 2016 | No |
| Outcome- Discharge | Initial Discharge/Death Date and Time | The date and time the patient was discharged or died at your facility | Datetime | | Y | Used to calculate Total Length of Hospital Stay. Time is collected in military time. Time should be collected in military time (HH:MM) If death, report the date and time the patient pronounced dead. | No, but can be used for interval calculation |
| Outcome- Discharge | Initial Discharge Total Days ICU | Total cumulative days the patient spent in the ICU at your facility | Numeric | | Y | Free text. Recorded in full day increments with any partial calendar day counted as a full calendar day. If no ICU days, </> or <0> should be entered into the field. For records submitted through DI software, ICU LOS may exceed the Hospital LOS due to DI calculation method for ICU LOS. Hospital LOS includes partial days, but ICU days counts any partial day as a full day. Please check that value is not less than 0. | Yes, if completion rate >80% |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|----------------------------|-----------------------|--|---------|--------|----------|--|------------------------------|
| Outcome- Initial Discharge | Total Days Ventilator | Total cumulative days the patient spent on the ventilator at your facility | Numeric | | Y | <p>Free text. Recorded in full day increments with any partial calendar day counted as a full calendar day. Excludes mechanical ventilation time associated with OR procedures.</p> <p>Non-invasive means of ventilator support (CPAP or BIPAP) should not be considered in the calculation of ventilator days.</p> <p>If no vent days, </> should be entered into the field. (because required by NTDB)</p> <p>At no time should the Total Vent Days exceed the ICU LOS.</p> <p>Total Vent Days may exceed the Hospital LOS due to DI calculation method for Total Vent Days. Hospital LOS includes partial days, but Total Vent Days counts any partial day as a full day.</p> <p>Auto calculates from patient tracking</p> <p>Please check that value is not less than 0.</p> | Yes, if completion rate >80% |
| Outcome- Initial Discharge | Total Days Hospital | The total cumulative number of days the patient spent in your facility. | Numeric | | Y | <p>This field is auto-calculated by the software from the arrival date/time and the Hospital discharge date/time.</p> | Yes, if completion rate >80% |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|----------------------------|-------------------|--|--------------|--------|----------|--|------------------------------|
| Outcome- Initial Discharge | Discharge Service | The service which handled the discharge from your facility | Alphanumeric | 2 | Y | If patient is discharged from ED, use "Not Admitted" In DI software: list still does not match admitting service list. Requested of DI in approx. 2014 | Yes, if completion rate >80% |
| | 1 | Trauma | | | | | |
| | 2 | Neurosurgery | | | | | |
| | 3 | Orthopedics | | | | | |
| | 4 | General Surgery | | | | | |
| | 5 | Pediatric Surgery | | | | | |
| | 6 | Cardiothoracic Surgery | | | | | |
| | 7 | Burn Services | | | | | |
| | 9 | Pediatrics | | | | | |
| | 11 | Cardiology | | | | | |
| | 23 | ENT | | | | | |
| | 25 | Medicine | | | | | |
| | 28 | Hand | | | | | |
| | 36 | Nephrology | | | | | |
| | 37 | Neurology | | | | | |
| | 39 | Not Admitted | | | | | |
| | 43 | OB-GYN | | | | | |
| | 45 | Ophthalmology | | | | | |
| | 46 | Oral Surgery | | | | | |
| | 53 | Pediatric Critical Care | | | | | |
| | 58 | Plastic Surgery | | | | | |
| | 59 | Psychiatry | | | | | |
| | 63 | Rehab | | | | | |
| | 76 | Urology | | | | | |
| | 77 | Vascular Surgery | | | | | |
| | 98 | Other Surgical | | | | | |
| | 99 | Other Nonsurgical | | | | | |
| | / | Not Applicable | | | | | |
| | ? | Unknown | | | | | |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------|---|---------|--------|----------|---|------------------------------|----|--------|----|----------|----|-----------------------|----|------|----|--------------------|----|---------------------|----|--------------------------|----|---------|----|------------------------|----|-------|----|--------------|----|-------------|----|---------------|----|-------------|
| Outcome- Initial Discharge | Discharged To | The disposition of the patient when discharged from your facility | Numeric | 2 | Y | <p>If a patient lives in a nursing home and returns back there from your facility, use <Home> as the disposition, due to NTDB mandate</p> <p>If the patient lives in a Skilled Nursing Facility (SNF) and returns to a SNF, use <Home> as the disposition, due to NTDB mandate.</p> <p>If the patient comes from Jail and returns to jail, use Home per NTDB mandate.</p> <p>If a patient lives in a retirement center or assisted nursing facility and returns there from your facility, use <Home> as the disposition.</p> <p>History: Instructions prior to July 2016 read that if a patient lived in a jail, nursing home or SNF and returned to their facility, then the ED disposition was to be entered as jail, nursing home, or SNF respectively. The change to the current instructions (to use Home for the ED disposition) was done because no effective mapping was available to meet the NTDB requirement that "Home" be entered.</p> | Yes, if completion rate >80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tbody> <tr><td>40</td><td>Morgue</td></tr> <tr><td>41</td><td>Left AMA</td></tr> <tr><td>42</td><td>Correctional Facility</td></tr> <tr><td>43</td><td>Home</td></tr> <tr><td>44</td><td>Home with Services</td></tr> <tr><td>70</td><td>Acute Care Facility</td></tr> <tr><td>72</td><td>Skilled Nursing Facility</td></tr> <tr><td>73</td><td>Hospice</td></tr> <tr><td>75</td><td>Mental Health Facility</td></tr> <tr><td>76</td><td>Rehab</td></tr> <tr><td>77</td><td>Nursing Home</td></tr> <tr><td>78</td><td>Burn Center</td></tr> <tr><td>79</td><td>Trauma Center</td></tr> <tr><td>99</td><td>Transferred</td></tr> </tbody> </table> | | | | | | | | 40 | Morgue | 41 | Left AMA | 42 | Correctional Facility | 43 | Home | 44 | Home with Services | 70 | Acute Care Facility | 72 | Skilled Nursing Facility | 73 | Hospice | 75 | Mental Health Facility | 76 | Rehab | 77 | Nursing Home | 78 | Burn Center | 79 | Trauma Center | 99 | Transferred |
| 40 | Morgue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 | Left AMA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 | Correctional Facility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 | Home | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 | Home with Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70 | Acute Care Facility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 72 | Skilled Nursing Facility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 73 | Hospice | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75 | Mental Health Facility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 76 | Rehab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 77 | Nursing Home | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 78 | Burn Center | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 79 | Trauma Center | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Transferred | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outcome- Initial Discharge | If Transferred, Facility | The code and description of the facility receiving the patient from your facility | | | Y | <p>If the facility is not in the picklist and is located within the State of NC, select <Other Hospital, NC>. Contact the State Trauma Systems Manager to request the facility be added to the picklist.</p> <p>If the facility is not in the picklist and is located outside the State of NC, select <Other Hospital, OOS>.</p> | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research | | | | | | | | | | | | | | | | | | |
|---|------------------------------|---|--------------|--------|----------|--|---|---|----------------------|---|----------------|---|---------------------|---|----------------|---|-----------|---|-------|----|---------------|----|--------------------------|----|-------------------|
| Outcome-Initial Discharge | Inclusion Information- State | Indicates the record meets NC Trauma Registry criteria and should be submitted to the State through the weekly data transfer process. | Alphanumeric | 1 | Y | | No | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Y</td> <td>Yes</td> </tr> <tr> <td>N</td> <td>No</td> </tr> </table> | | | | | | | | Y | Yes | N | No | | | | | | | | | | | | | | |
| Y | Yes | | | | | | | | | | | | | | | | | | | | | | | | |
| N | No | | | | | | | | | | | | | | | | | | | | | | | | |
| Outcome-If Death | Location if death | The location where the patient was pronounced dead | Numeric | 2 | Y | <45> DOA **DO NOT USE Place or site in which patients vital functions ceased permanently. | Yes, if completion rate >80% | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>2</td> <td>Emergency Department</td> </tr> <tr> <td>3</td> <td>Operating Room</td> </tr> <tr> <td>4</td> <td>Intensive Care Unit</td> </tr> <tr> <td>5</td> <td>Step-down Unit</td> </tr> <tr> <td>7</td> <td>Telemetry</td> </tr> <tr> <td>8</td> <td>Floor</td> </tr> <tr> <td>14</td> <td>Pediatric ICU</td> </tr> <tr> <td>15</td> <td>Interventional Radiology</td> </tr> <tr> <td>45</td> <td>DOA – DO NOT USE.</td> </tr> </table> | | | | | | | | 2 | Emergency Department | 3 | Operating Room | 4 | Intensive Care Unit | 5 | Step-down Unit | 7 | Telemetry | 8 | Floor | 14 | Pediatric ICU | 15 | Interventional Radiology | 45 | DOA – DO NOT USE. |
| 2 | Emergency Department | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Operating Room | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Intensive Care Unit | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Step-down Unit | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Telemetry | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Floor | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Pediatric ICU | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Interventional Radiology | | | | | | | | | | | | | | | | | | | | | | | | |
| 45 | DOA – DO NOT USE. | | | | | | | | | | | | | | | | | | | | | | | | |
| Outcome-If Death | Autopsy Type and Number | The type of autopsy performed on the patient and the number of the autopsy report | Alphanumeric | 1 | Y | <Full> - The ME does a complete exam, both external and internal. Incisions are made into the body as part of the examination process. <Partial> - The ME conducts an outside examination of the body only, no incision was made. Autopsy Number is a free-text field for the Autopsy ID Number. | Yes (autopsy type), if completion rate >80% | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>1</td> <td>Full</td> </tr> <tr> <td>2</td> <td>Partial</td> </tr> <tr> <td>/</td> <td>Not Applicable</td> </tr> <tr> <td>?</td> <td>Unknown</td> </tr> </table> | | | | | | | | 1 | Full | 2 | Partial | / | Not Applicable | ? | Unknown | | | | | | | | | | |
| 1 | Full | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Partial | | | | | | | | | | | | | | | | | | | | | | | | |
| / | Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | |
| ? | Unknown | | | | | | | | | | | | | | | | | | | | | | | | |
| Outcome-If Death | Was Organ Donation Granted | Indicates if organ donation was granted. | Alphanumeric | 1 | Y | If DI software, this field only opens if "Organ Donation Requested" = Y | No | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Y</td> <td>Yes</td> </tr> <tr> <td>N</td> <td>No</td> </tr> <tr> <td>?</td> <td>Unknown</td> </tr> <tr> <td>/</td> <td>Not Applicable</td> </tr> </table> | | | | | | | | Y | Yes | N | No | ? | Unknown | / | Not Applicable | | | | | | | | | | |
| Y | Yes | | | | | | | | | | | | | | | | | | | | | | | | |
| N | No | | | | | | | | | | | | | | | | | | | | | | | | |
| ? | Unknown | | | | | | | | | | | | | | | | | | | | | | | | |
| / | Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|-------------------|----------------------------------|---|--------------|--------|----------|--|------------------------|
| Outcome- If Death | Was Organ Donation Requested | Indicates if organ donation was requested | Alphanumeric | 1 | Y | For "Requested" field, use <Y> if family is approached. Does not include phone call to organ donor services, unless family is contacted. | No |
| | Y | Yes | | | | | |
| | N | No | | | | | |
| | ? | Unknown | | | | | |
| | / | Not Applicable | | | | | |
| Outcome- If Death | Organs Procured | Indicates which organs were donated | Alphanumeric | 2 | Y | Required as of 1/1/2015. Field opens when <Y> is selected in the "Was Organ Donation Requested" and "Was Request Granted" fields. | No |
| | 0 | None | | | | | |
| | 1 | Adrenal Glands | | | | | |
| | 2 | Bone | | | | | |
| | 3 | Bone Marrow | | | | | |
| | 4 | Cartilage | | | | | |
| | 5 | Corneas | | | | | |
| | 6 | Dura Mater | | | | | |
| | 7 | Fascialata | | | | | |
| | 8 | Heart | | | | | |
| | 9 | Heart Valves | | | | | |
| | 10 | Intestines | | | | | |
| | 11 | Kidney | | | | | |
| | 12 | Liver | | | | | |
| | 13 | Lungs | | | | | |
| | 14 | Nerves | | | | | |
| | 15 | Pancreas | | | | | |
| | 16 | Skin | | | | | |
| | 17 | Stomach | | | | | |
| | 18 | Tendons | | | | | |
| | 19 | Whole Eyes | | | | | |
| | 20 | Tissue | | | | | |
| | 21 | Other | | | | | |
| | ? | Unknown | | | | | |
| Outcome- If Death | If Other Procured Organ, Specify | A free text field to include an organ/organ site not included in the current organ donation picklist. | Alphanumeric | | Y | Required by North Carolina as of 1/1/2014 Free text | No |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|-------------------|-------------------------------|--|--------------|--------|----------|--|------------------------|
| Outcome- If Death | If None, Reason | The reason no organs were harvested at your facility if family agreed to organ donation. | Alphanumeric | 1 | Y | Required by North Carolina as of 1/1/2014 In DI software, field opens when <0> None is selected in the "Organ Procured" field | No |
| | 1 | Not Brain Dead | | | | | |
| | 2 | No Legal Brain Death Documentation Noted | | | | | |
| | 3 | No ME Consent | | | | | |
| | 4 | Medically Unsuitable, Clinical Condition | | | | | |
| | 5 | Medically Unsuitable, Social History | | | | | |
| | ? | Unknown | | | | | |
| Outcome- If Death | Donor Status | The status of the patient at the time the organs were donated at your facility | Alphanumeric | 1 | Y | Required by North Carolina as of 1/1/2014 In DI software, field opens when the "Organs Procured" is filled in. | No |
| | 1 | Brain Death | | | | | |
| | 2 | Non-beating heart, Donor after Cardiac Death | | | | | |
| | ? | Unknown | | | | | |
| Outcome- If Death | Organs Procured Date and Time | The date the organs were donated at your facility | Datetime | | Y | The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) | No |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|------------------|---------------|---|--------------|--------|----------|--|------------------------------|
| Outcome- Billing | Primary Payor | The primary source of payment for hospital care at your facility. | Alphanumeric | 2 | Y | <p><Other> - Includes insurance from out of country, out of state, (not otherwise categorized), and tour insurance If the patient has no primary insurance, use <Self Pay>. </> (Not applicable) is not a valid option for this field. Workers Comp, No Fault Auto, and BCBS are now to be coded as Private/Commercial Insurance (as of 2014). An effort was made in Mar 2016 to have NC's list match the NTDB list. Veterans insurance (e.g., Tricare) and Champus should be coded as <Other Government> (Mar2016).</p> | Yes, if completion rate >80% |

| | |
|----|--|
| 1 | Medicaid |
| 2 | Not Billed for Any Reason |
| 3 | Self Pay |
| 5 | Commercial |
| 4 | Medicare |
| 7 | Government |
| 10 | Other |
| ? | Unknown |
| 6 | RETIRED: Automobile/Liability (use <5> Commercial) |
| 8 | RETIRED: Workers Compensation (use <5> Commercial) |
| 9 | RETIRED: BCBS (use <5> Commercial) |
| 11 | RETIRED: HMO (use <5> Commercial) |
| 12 | RETIRED: PPO (use <5> Commercial) |
| 13 | RETIRED: Military/Champus (use <7> Government) |
| 14 | RETIRED: State Employee (use <5> Commercial) |
| 15 | RETIRED: Charity |
| 16 | RETIRED: Managed Care (use <5> Commercial) |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|------------------|------------------|--|--------------|--------|----------|--|------------------------------|
| Outcome- Billing | Additional Payor | Additional sources of payment for the patients care at your facility | Alphanumeric | 2 | Y | <p><Other> - Includes insurance from out of country, out of state, (not otherwise categorized), and tour insurance"</p> <p>If the patient has no primary insurance, use <Self Pay>.</p> <p>Workers Comp, No Fault Auto, and BCBS are now to be coded as Private/Commercial Insurance (as of 2014).</p> <p>An effort was made in Mar 2016 to have NC's list match the NTDB list.</p> <p>Veterans insurance (e.g., Tricare) and Champus should be coded as <Other Government> (Mar2016).</p> | Yes, if completion rate >80% |

| | |
|----|--|
| 1 | Medicaid |
| 2 | Not Billed for Any Reason |
| 3 | Self Pay |
| 5 | Commercial |
| 4 | Medicare |
| 7 | Government |
| 10 | Other |
| ? | Unknown |
| 6 | RETIRED: Automobile/Liability (use <5> Commercial) |
| 8 | RETIRED: Workers Compensation (use <5> Commercial) |
| 9 | RETIRED: BCBS (use <5> Commercial) |
| 11 | RETIRED: HMO (use <5> Commercial) |
| 12 | RETIRED: PPO (use <5> Commercial) |
| 13 | RETIRED: Military/Champus (use <7> Government) |
| 14 | RETIRED: State Employee (use <5> Commercial) |
| 15 | RETIRED: Charity |
| 16 | RETIRED: Managed Care (use <5> Commercial) |

| | | | | | | |
|---------------------------|---------------------|--|----------|---|--|--|
| Outcome-Related Admission | Admission Date/Time | The date and time the patient was re-admitted to your facility | Datetime | Y | <p>The date is documented as MM/DD/YYYY</p> <p>The time is documented in military time (HH:MM)</p> | No, but can be used for interval calculation |
|---------------------------|---------------------|--|----------|---|--|--|

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|---------------------------|-------------------|--|--------------|--------|----------|-----------------|------------------------------|
| Outcome-Related Admission | Admitting Service | The code and description of the service admitting the patient to your facility | Alphanumeric | 2 | Y | | Yes, if completion rate >80% |
| | 1 | Trauma | | | | | |
| | 2 | Neurosurgery | | | | | |
| | 3 | Orthopaedics | | | | | |
| | 4 | General Surgery | | | | | |
| | 5 | Pediatric Surgery | | | | | |
| | 6 | Cardiothoracic Surgery | | | | | |
| | 7 | Burn Services | | | | | |
| | 9 | Pediatrics | | | | | |
| | 11 | Cardiology | | | | | |
| | 16 | Dental | | | | | |
| | 23 | ENT | | | | | |
| | 25 | Medicine | | | | | |
| | 28 | Hand | | | | | |
| | 31 | Hospitalist | | | | | |
| | 33 | Internal Medicine | | | | | |
| | 36 | Nephrology | | | | | |
| | 37 | Neurology | | | | | |
| | 39 | Not Admitted | | | | | |
| | 43 | OB-GYN | | | | | |
| | 45 | Ophthalmology | | | | | |
| | 46 | Oral Surgery | | | | | |
| | 53 | Pediatric Critical Care | | | | | |
| | 58 | Plastic Surgery | | | | | |
| | 59 | Psychiatry | | | | | |
| | 63 | Rehab | | | | | |
| | 76 | Urology | | | | | |
| | 77 | Vascular Surgery | | | | | |
| | 98 | Other Surgical | | | | | |
| | 99 | her Non-Surgical | | | | | |
| | / | Not Applicable | | | | | |
| | ? | Unknown | | | | | |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|---------------------------|---------------------|---|--------------|--------|----------|---|--|
| Outcome-Related Admission | Type of Admission | Type of related admission | Alphanumeric | 1 | Y | Planned readmissions are optional. If entered, be sure to indicate that they are planned. | Yes, if completion rate >80% |
| | 1 | Planned | | | | | |
| | 2 | Unplanned | | | | | |
| | / | Not Applicable | | | | | |
| | ? | Unknown | | | | | |
| Outcome-Related Admission | If Unplanned-Reason | The reason for the unplanned re-admission of the patient to your facility | Alphanumeric | 1 | Y | Option <2> must be selected in the Type of Admission field to open this field | No |
| | 1 | Infection | | | | | |
| | 2 | Diagnosis Missed | | | | | |
| | 3 | Pain | | | | | |
| | 4 | Progression of Disease | | | | | |
| | 5 | Other | | | | | |
| | 6 | Complication | | | | | |
| | / | Not applicable | | | | | |
| | ? | Unknown | | | | | |
| Outcome-Related Admission | Discharge Date | The date the patient was discharged from the readmission at your facility | Datetime | | Y | The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) | No, but can be used for interval calculation |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|---------------------------|---------------|--|---------|--------|----------|---|------------------------------|
| Outcome-Related Admission | Discharged To | The disposition of the patient when discharged from your facility following the readmission. | Numeric | 2 | Y | <p>If a patient lives in a nursing home and returns back there from your facility, use <Home> as the disposition, due to NTDB mandate</p> <p>If the patient lives in a Skilled Nursing Facility (SNF) and returns to a SNF, use <Home> as the disposition, due to NTDB mandate.</p> <p>If the patient comes from Jail and returns to jail, use Home per NTDB mandate.</p> <p>If a patient lives in a retirement center or assisted nursing facility and returns there from your facility, use <Home> as the disposition.</p> <p>Ignore instructions from DI to complete details on the If Death screen if "Morgue" is chosen</p> <p>History: Instructions prior to July 2016 read that if a patient lived in a jail, nursing home or SNF and returned to their facility, then the ED disposition was to be entered as jail, nursing home, or SNF respectively. The change to the current instructions (to use Home for the ED disposition) was done because no effective mapping was available to meet the NTDB requirement that "Home" be entered.</p> | Yes, if completion rate >80% |

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| 40 | Morgue |
| 41 | Left AMA |
| 42 | Correctional Facility |
| 43 | Home |
| 44 | Home with Services |
| 70 | Acute Care Facility |
| 72 | Skilled Nursing Facility |
| 73 | Hospice |
| 74 | Long term care |
| 75 | Mental Health Facility |
| 76 | Rehab |
| 77 | Nursing Home |
| 78 | Burn Center |
| 79 | Trauma Center |
| 99 | Transferred |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|---------------------------|---------------|---|--------------|--------|----------|--|------------------------------|
| Outcome-Related Admission | ICU Days | The total cumulative days the patient spent in the ICU at your facility during the readmission. | Numeric | | Y | Free text. Recorded in full day increments with any partial calendar day counted as a full calendar day. If no ICU days, </> or <0> should be entered into the field ICU LOS may exceed the Hospital LOS due to DI calculation method for ICU LOS. Hospital LOS includes partial days, but ICU days counts any partial day as a full day. | Yes, if completion rate >80% |
| Outcome-Related Admission | Vent Days | The total cumulative days the patient spent on the ventilator at your facility the readmission | Numeric | | Y | Free text. Recorded in full day increments with any partial calendar day counted as a full calendar day. Excludes mechanical ventilation time associated with OR procedures. Non-invasive means of ventilator support (CPAP or BIPAP) should not be considered in the calculation of ventilator days. If no vent days, </> should be entered into the field. Total Vent Days may exceed the Hospital LOS due to DI calculation method for Total Vent Days. Hospital LOS includes partial days, but Total Vent Days counts any partial day as a full day. | Yes, if completion rate >80% |
| Outcome-Related Admission | Hospital Days | The total cumulative days the patient was admitted at your facility during the readmission. | Numeric | | Y | This field is calculated from the patient arrival date/time and the hospital discharge date/time. | Yes, if completion rate >80% |
| Outcome-Related Admission | Arrived From | The location from which the patient arrived | Alphanumeric | 2 | Y | <9> Other Acute Facility – Outlying facilities that provide emergency care services are considered acute care facilities, i.e., free standing ED Patients arriving from an LTAC: Use <9> for other acute facility. Change history: Jan 2018: Added instructions for patients arriving from LTAC (use <9>). | Yes, if completion rate >80% |

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| 1 | Clinic |
| 2 | EMS Station |
| 3 | MD Office |
| 4 | Home |
| 5 | Nursing Home |
| 6 | Refer Hospital |
| 8 | Urgent Care |
| 9 | Other Acute Facility |
| 10 | Correctional Facility |
| 11 | Other |
| ? | Unknown |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|---------------------------|----------------------------|--|--------------|--------|----------|--|--|
| Outcome-Related Admission | Mode | The mode of transport delivering the patient to your facility | Alphanumeric | 1 | Y | | Yes, if completion rate >80% |
| | 1 | Ground Ambulance | | | | | |
| | 2 | Helicopter Ambulance | | | | | |
| | 3 | Fixed-wing Ambulance | | | | | |
| | 4 | Private Vehicle or Walk-in | | | | | |
| | 5 | Police | | | | | |
| | 6 | Other | | | | | |
| | 7 | Not Applicable | | | | | |
| | ? | Unknown | | | | | |
| Outcome-Related Admission | ED Discharge Date and Time | The date and time the readmitted patient was discharged from the ED at your facility | Datetime | | Y | If the patient was a direct admit, enter </> Not Applicable The date is documented as MM/DD/YYYY The time is documented in military time (HH:MM) | No, but can be used for interval calculation |
| Outcome-Related Admission | ED Length of Stay | The total time the patient was in the ED at your facility | Numeric | | Y | This is a calculated field presented in hours and tenths of an hour. If the patient was a direct admit and the dates and times have been entered as previously outlined, the ED LOS will NOT calculate. | Yes, if completion rate >80% |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|---------------------------|----------------|---|--------------|--------|----------|---|------------------------------|
| Outcome-Related Admission | ED Disposition | The disposition of the patient at the time of discharge from the ED | Alphanumeric | 2 | Y | <p>If patient is directly admitted to the hospital, code as </> Not Applicable.</p> <p>If the patient lives in a nursing home and returns to a nursing home from the ED, use <77> Nursing home as the ED Disposition.</p> <p>If the patient lives in a SNF and returns to a SNF from the ED, use SNF as the ED Disposition.</p> <p>If the patient lives in a retirement center/community or assisted living facility and returns to said facility from the ED, use <43> Home or <44> Home with Services as appropriate.</p> <p><39> Not Admitted – Used for patients discharged home from the ED, transfers to another facility, DOA's or ED deaths.</p> <p><79> Burn Center – Used for patients transferred to a Burn Center</p> <p><99> Transferred – Used only for patients transferred to a Non-Trauma Center.</p> <p>If the patient comes from jail and returns to jail, use Jail.</p> | Yes, if completion rate >80% |

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| 3 | OR |
| 4 | ICU |
| 5 | Step down unit |
| 7 | Telemetry |
| 8 | Floor |
| 9 | Observation unit |
| 12 | Special procedure room |
| 13 | Labor & delivery |
| 14 | PICU |
| 40 | Morgue |
| 41 | AMA |
| 42 | Correctional facility |
| 43 | Home |
| 44 | Home with services |
| 72 | SNF |
| 73 | Hospice |
| 75 | Mental health |
| 76 | Rehab |
| 77 | Nursing home |
| 78 | Burn center |

Fields: North Carolina Trauma Registry

| Category | Field | Description | Format | Length | Required | Source comments | Available for research |
|---------------------------|-------------------------|--|----------|--------|----------|--|------------------------------|
| | 79 | Trauma center | | | | | |
| | 99 | Transferred | | | | | |
| | / | Not applicable (n/a) | | | | | |
| | ? | Unknown | | | | | |
| Outcome-Related Admission | Total Re-Admission Days | The total cumulative days the patient admitted at your facility for all readmissions | Numeric | | Y | | Yes, if completion rate >80% |
| Outcome-Related Admission | Final Discharge Date | The date the patient was discharged from the last readmission at your facility. | Datetime | | Y | Equals last discharge date. The date is documented as MM/DD/YYYY The time is documented in military time | Yes, if completion rate >80% |