

**Utah Trauma Registry**  
Data Dictionary  
***Release 5.1***

Revised April 2011

***Utah Department of Health***  
***Bureau of Emergency Medical Services***  
3760 S Highland Dr, Fl 4 & 5  
P.O. Box 142004  
Salt Lake City UT 84114-2004



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## **Acknowledgements**

The success of any trauma system is measured by the monitoring, evaluation and quality improvement at the pre-hospital, hospital and system level. A system must be able to monitor its performance and to assess its impact on trauma mortality and morbidity. This requires continuous evaluation of operations, demonstrations that the system is meeting its stated goals, and the documentation of system performance.

The Utah Department of Health, Bureau of Emergency Medical Services (EMS) has implemented a statewide trauma registry to track trauma patients. Trauma data is submitted to the Bureau of EMS for review of system criteria. The data dictionary that follows will provide definitions for the consistent interpretation of the data elements throughout the data collection process.

The Bureau of EMS would like to express its sincere appreciation and gratitude to the members of the Utah Trauma Users Group who gave unselfishly of their time and expertise to develop this data dictionary. This document represents many hours of discussion, and uses of the patient record variables and participation by hospital personnel and data experts.

## Utah Trauma Users Group Members

Anna Sorenson	Trauma Registrar, Intermountain Medical Center
Beverly Young	Trauma Registrar, Utah Valley Regional Medical Center
Branda Bird	Trauma Registrar, University Hospital
Breck Rushton, RN	Nurse Manager, Logan Regional Hospital
Briana Pappas	Trauma Registrar, Intermountain Medical Center
Cheryl Soshnik, RN	Trauma Registry Consultant
Cindy Ford, RN	ED Director, Mountain View Hospital
Connie Kay, RN	ED Director, Davis Hospital and Medical Center
Dawna Stuebner-Arias	Trauma Registrar, Alta View/LDS/Riverton Hospitals
Deanna Wolfe, RN	Trauma Program Manager, Ogden Regional Medical Center
Diane Hartford, MS	Emergency Health Systems Analyst, Bureau of EMS
Dianne Sano, RN	ED Director, Alta View Hospital
Evan Christensen, RN	Trauma Coordinator, Mountain View Hospital
Hayley Kemp	Trauma Registrar, Pioneer Valley Hospital
Janet Cortez, RN	Trauma Program Manager, University Hospital
Jean Lundquist, RN	Trauma Program Manager, Utah Valley Regional Medical Center
Jen Shehan	Trauma Registrar, Ogden Regional Medical Center
Jill Johnson	Quality Consultant, Dixie Medical Center
Jolene Whitney, MPA	Deputy Director, Bureau of EMS
Josh Legler	Data Manager, Bureau of EMS
Karen Glauser, RN	ED Specialty Coordinator
Kathy Satler, RN	ED Director, St. Marks Hospital
Lana Moser	Trauma Registry Project Coordinator, IICRC
Leanne Landon, RN	Trauma Coordinator, Dixie Medical Center
Linda Hamilton, RN	Trauma Registrar, Davis Hospital and Medical Center
Lisa Bagley, RN	Administrative Director ER/Trauma, Utah Valley Regional Medical
Lauri Wall	Trauma Coordinator, Mountain View Hospital
Lydia Peters, RN	Trauma Data Abstractor, St. Marks Hospital
Lynda Povey	Trauma Registrar, McKay Dee Hospital
Lynette Pacheco	HIM, St. Marks Hospital
Maria Vamianakis	Trauma Registrar, University Hospital
Melanie Lewis	Trauma Registrar, Intermountain Medical Center
Melissa Nelson	Trauma Registrar, Ogden Regional Medical Center
Mila Miholjic, CPC	Trauma Registrar, University Hospital
Nadine Fernelius, RN	ED Clinical Coordinator, Mountain View Hospital
Nathalie Odernheimer, RN	RN Educator, Park City Medical Center
N. Clay Mann, PhD, MS	Trauma Registry Principal Investigator, IICRC
Nicole Hunt	Trauma Registrar, Primary Children's Medical Center
Pamela Baker	Quality Data Resources, Dixie Medical Center
Ronda Salisbury	Trauma Data Abstractor, American Fork Hospital
Ronda Catmull, RN	ED Director, Pioneer Valley Hospital
Roxann Kondrat, RN	Trauma Coordinator, Logan Regional Hospital
Ryan Metzger, PHD	Trauma Research, Primary Children's Medical Center
Sharon Chow, RN	Trauma Program Manager, Primary Children's Medical Center
Shawn Nalder, RN	Trauma Coordinator, McKay Dee Hospital
Suzanne Day, RN	Trauma Program Manager, Intermountain Medical Center
Sue Haskell, RN	ED Manager, Dixie Regional Medical Center
Tami Timothy, RN	Trauma Coordinator, Lakeview Hospital

## Introduction

Traumatic injury, both accidental and intentional, is the leading cause of death in the first four decades of life, according to the U.S. Department of Health and Human Services. Trauma typically involves young adults and results in the loss of more productive work years than both cancer and heart disease combined. Each year, more than 140,000 Americans die and approximately 80,000 are permanently disabled as a result of injury. Productivity loss and health care costs account for 100 billion dollars annually.

Research provides evidence of the effectiveness of trauma and emergency medical services (EMS) systems in reducing mortality, morbidity, and lost productivity from traumatic injuries. However, according to the Centers for Disease Control and Prevention, studies of conventional trauma care show that as many as 35% of trauma patient deaths could have been prevented if optimal acute care had been available.

The American College of Surgeons Committee on Trauma (ACS COM) publication, "*Resources for Optimal Care of the Injured Patient*", recommends the development and implementation of *inclusive* trauma systems, which address the needs of injured patients, regardless of where they are injured and where they receive care. Ideally, inclusive trauma systems maximize the potential of the identified system components: prevention; access; acute hospital care; rehabilitation; and research activities, to provide optimal trauma care. By focusing on developing inclusive trauma systems of care, rather than individual trauma centers, we acknowledge that few individual facilities can provide all resources to all patients in all situations.

Given that death and disability from traumatic injuries are highly preventable, the Utah Department of Health convened a Trauma System Task Force in 1993 to assist in the development of a Utah Trauma System Plan. The Task Force modeled the plan after the National Model Trauma Plan, which provides a basic framework and defines essential system components. A key component of the plan, enabling legislation, plus an ongoing appropriation of the trauma plan was accomplished in the 2000 Utah Legislative Session. This has allowed the Bureau of EMS to move forward in the implementation of the trauma plan.

The Utah Trauma System Plan is designed to help policy makers, health care providers, and community organizations establish a coordinated approach to trauma care and prevention. The plan allows local hospitals to determine what level of resources they wish to provide to their community. Ultimately, the goals of the Utah Trauma System Plan are to reduce mortality and morbidity from traumatic injuries through a comprehensive process that encourages the cooperation and coordination of all health care providers.

The Intermountain Injury Control Research Center (IICRC) is assisting in system development, public information, evaluation and quality improvement, injury prevention and research components of the Utah Trauma System Plan. The IICRC helps establish a coordinated effort to thoroughly assess the operation of the current trauma system. Since all hospitals submit trauma data to the Bureau of EMS in perpetuity, the IICRC acts as the data repository and provide assistance in the development of the statewide trauma data collection system. The data collection system provides a foundation for data-driven prevention activities and system quality improvement.

The initial charge given to the IICRC is to develop a confidential and secure database that aggregates data for traumatically injured patients presenting to all hospitals in Utah. The data system will eventually incorporate pre-hospital as well as rehabilitation data. Feedback reports available to all hospitals will include aggregate data and will be tailored to meet the needs of each hospital participating in the Utah Trauma System. The ultimate goal of this data collaboration is to better define what resources are needed to provide optimal care of the injured patient within an appropriately designed and funded system of care.

## **2011 Patient Inclusion Criteria**

For the purpose of consistent data collection for the Utah Trauma Registry, a trauma patient is defined as a patient sustaining a traumatic injury requiring medical care for that injury within 30 days from the injury date and meets the following criteria:

**At least one** of the following injury diagnostic codes defined in the International Classification of Diseases, Ninth Revision, Clinical Modification (**ICD-9-CM**): **800-959.9**

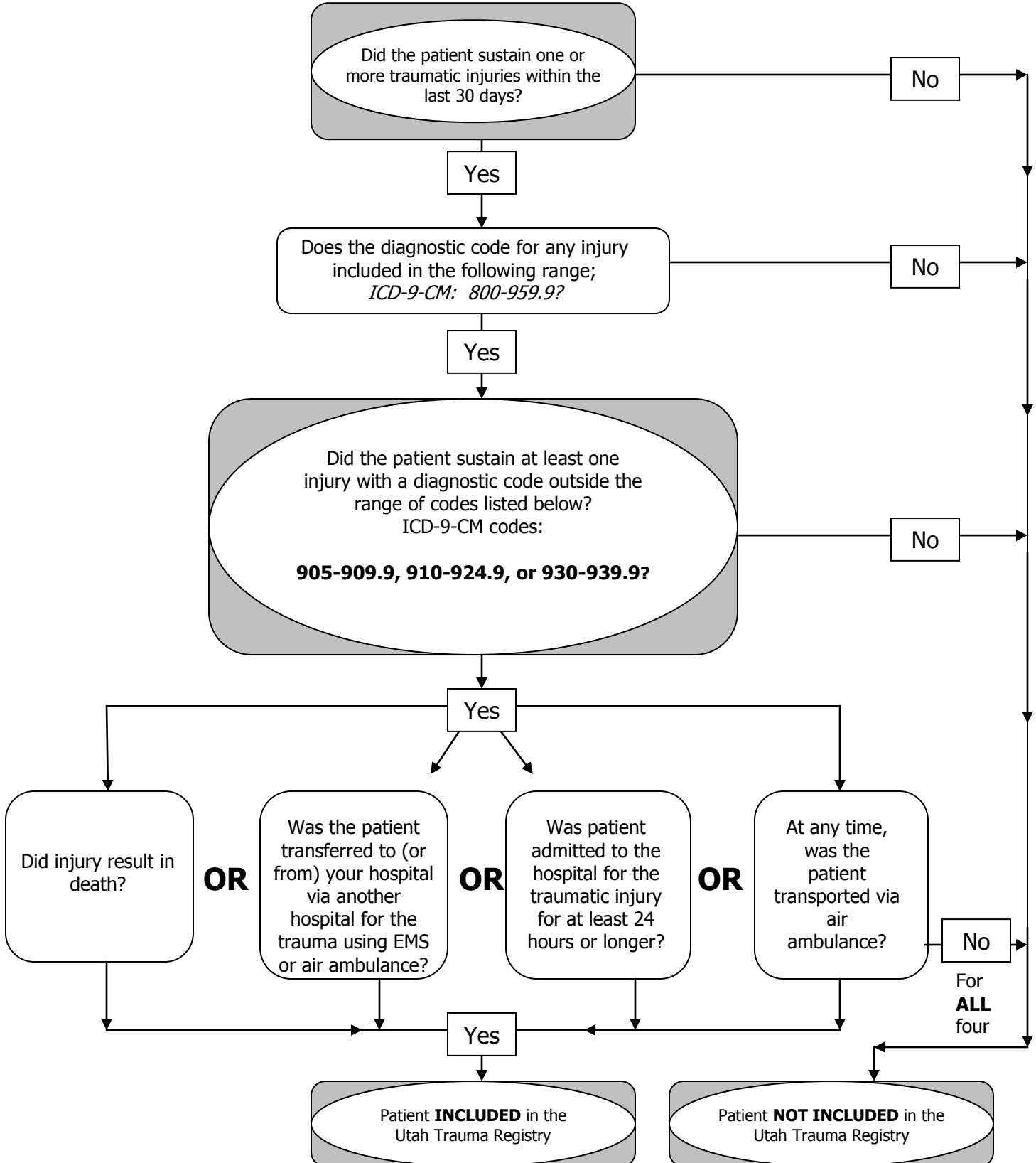
**Excluding the following isolated injuries:**

- 905-909.9 (late effects of injury)
- 910-924.9 (superficial injuries, including blisters, contusions, abrasions, and insect bites)
- 930-939.9 (foreign bodies)

**AND MUST INCLUDE ONE OF THE FOLLOWING IN ADDITION TO (ICD-9-CM 800-959.9)**

- Hospital admission for the traumatic injury lasting for at least 24 hours; or
- Patient transfer via EMS transport from one hospital to another hospital for the traumatic injury; or
- Death resulting from the traumatic injury (independent of hospital admission, transfer, or hospital transfer status); or
- Patient transport by air ambulance (including death in transport and patients flown in but not admitted to the hospital)

### 2011 Utah Trauma Registry Inclusion Criteria



<b>Submission Process for 2011</b>											
<b>Q1</b>			<b>Q2</b>			<b>Q3</b>			<b>Q4</b>		
<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
- Submit <b>Q4 2010</b> data by March 31, 2011  - <b><u>Late Notice Sent April 1, 2011</u></b>			- Submit <b>Q1 2011</b> data by June 30, 2011  - <b><u>Late Notice Sent July 1, 2011</u></b>			- Submit <b>Q2 2011</b> data by September 30, 2011  - <b><u>Late Notice Sent Oct. 1, 2011</u></b>			- Submit <b>Q3 2011</b> data by December 31, 2011  - <b><u>Late Notice Sent Jan. 1, 2012</u></b>		

\*Status Notification sent by Project Coordinator Lana Moser.\*

## Common Null Values

**Definition:** These values are to be used with each of the Utah Trauma Registry Data Elements described in this document which have been defined to accept the Null Values.

**Values:**

<i>Utah Values</i>	<i>NTDS Values</i>	<i>Description</i>
NA	1	Not Applicable
NOT	2	Not Known/Not Recorded

**Additional Information:**

For any collection of data to be of value and reliably represent what was intended, a strong commitment must be made to ensure the correct documentation of incomplete data.

*Not Applicable:* This null value code applies if, at the time of patient care documentation, the information requested was “Not Applicable” to the patient, the hospitalization or the patient care event. For example, variables documenting EMS care would be “Not Applicable” if a patient self-transported to the hospital.

*Not Known/Not Recorded:* This null value applies if, at the time of patient care documentation, information was “Not Known” to the patient, family, or health care provider. This documents that there was an attempt to obtain information but it was unknown by all parties involved at the time of documentation. For example, injury date and time may be documented in the hospital patient care report as “Unknown”. Another example, Not Known/Not Recorded should also be coded when documentation was expected, but none was provided (i.e., no EMS run sheet in the hospital record for patient transported by EMS).



## **A. Demographic Data**

## **A.1 Tracking Number**

<b>Definition:</b>	Part 1 of the two-part unique case identifier. It is the sequential number assigned by the registry software program or registrar that provides a unique identifier for a patient within a specific institution.
<b>Software Field Name:</b>	TRACKING_NO; TRAUMA_NO
<b>Data Type:</b>	Numeric (Single entry allowed)
<b>Values:</b>	Minimum of 1-digit number through a maximum of 12-digit number.
<b>Discussion/Uses:</b>	Along with the <b>Hospital Number</b> , this number provides a unique identifier for a patient across the Utah Trauma Registry.
<b>EDITS:</b>	NONE
<b>UTAH EXPORT:</b>	TRAUMA_NO

## **A.2 Hospital Number**

<b>Definition:</b>	Part 2 of the two-part unique case identifier. It is the three digit numeric code assigned to your hospital. The combination of Trauma Registry Number and Hospital Number must be unique to the state database.
<b>Software Field Name:</b>	INSTITUTE_NO
<b>Data Type:</b>	Integer (Single entry allowed)
<b>Values:</b>	Your hospital code. The trauma registry software will be defaulted to bring up the code for your hospital. Hospital codes are assigned by the Utah Department of Health. The list of codes can be found in <b>Appendix A</b>
<b>Discussion/Uses:</b>	Along with the <b>Tracking Number</b> , this number provides a unique identifier for a patient across the Utah Trauma Registry.
<b>EDITS:</b>	UT.0000S; UT.0000SV
<b>UTAH EXPORT:</b>	INSTITUTE_NO_SRC

### A.3 Date of Birth

(National Element)

**Definition:** The patient’s date of birth.

**Software Field Name:** DOB

**Data Type:** Date – mmddyyyy (Single entry allowed)

**Values:** Valid dates (“/”s and “-”s not needed in data entry)

If the patient was born on July 15, 1942, the Date of Birth would be entered as 07151942.

**Month:**

01	January	07	July
02	February	08	August
03	March	09	September
04	April	10	October
05	May	11	November
06	June	12	December

**Day:** 01-31

**Year:** The year must be 4-digits, i.e.: 2001

NOT Not Recorded/Not Known

**Discussion/Uses:** This data element is used to calculate patient **Age** at time of injury, if both **Date of Birth** and **Injury Date** are known. If **Date of Birth** is unknown or undocumented, enter UNK and then enter estimated or actual patient’s age in the **Age** field. Either **Date of Birth** or **Age** must be entered.

If age is less than 24 hours, complete variables: Age and Age Units.

If “Not Recorded/Not Known” complete variables: Age and Age Units

- Data Source Hierarchy:**
1. ED Admission Form
  2. Billing Sheet / Medical Records Coding Summary Sheet
  3. EMS Run Sheet
  4. Triage Form / Trauma Flow Sheet
  5. ED Nurses Notes

**EDITS:** UT.0006; CDM\_0006

**UTAH EXPORT:** DOB



NTDS EXPORT:                   DOB  
NTDS Field Name:             DateofBirth  
NTDS Field Number:         D\_07

## A.4 Age

(National Element)

**Definition:** The patient's age at the time of injury (best approximation).

**Software Field Name:** AGE\_NUMBER

**Data Type:** Integer (Single entry allowed)

**Values:** Range: 00-120

Value for age in the appropriate unit selected. **See A5. Age Unit.**

If **Date of Birth** is unknown, **Age** may be estimated

### Discussion/Uses:

If you have a value entered for **Date of Birth** and **Injury Date** (see B2), Trauma registry software will calculate the **Age** and **Age Unit** for you. If either the **Date of Birth** or the **Injury Date** is unknown, then you must enter the actual or estimated **Age** and **Age Unit**.

This data element provides useful data to assist with public health intervention, identify populations at risk, and rates of injury among age groups.

If under 3 weeks old this is the number of days, if under 3 months old this is the number of weeks, if under 3 years old this is the number of months or if older this is the number of years.

Only completed when Date of Birth is "Not Recorded/Not Known" or age is less than 24 hours.

Must also complete variable: Age Units

NOT Not Recorded/Not Known

### Data Source Hierarchy:

1. ED Admission Form
2. Billing Sheet / Medical Records Coding Summary Sheet
3. EMS Run Sheet
4. Triage Form / Trauma Flow Sheet
5. ED Nurses Notes

**EDITS:** UT.0007; CDM\_0007

**UTAH EXPORT:** AGE\_NUMBER

**NTDS EXPORT:** AGE\_NUMBER\_NTDS

**NTDS Field Name:** Age



NTDS Field Number: D\_08

## A.5 Age Unit

(National Element)

**Definition:** The units used to document the patient’s age (Years, Months, Days, and Hours).

**Software Field Name:** AGE\_UNITS

**Data Type:** Character (Single entry allowed)

**Values:** If not automatically calculated from **Date of Birth** and **Injury Date** because either one or both are unknown, enter:

<i>Utah Values</i>	<i>NTDS Values</i>	<i>Description</i>
Y	4	Years: if actual or estimated Age is 3 years or older.
M	3	Months: if actual or estimated Age is 3 months or older but less than 3 years.
W		Weeks: if actual or estimated Age is 3 weeks or older but less than 3 months.
D	2	Days: if actual or estimated Age is 24 hours or older but less than 3 weeks.
H	1	Hours: if actual or estimated Age is 24 hours or younger.
NOT	NOT	Not Recorded/Not Known

**Discussion/Uses:** If you have a value entered for **Date of Birth** and **Injury Date**, Trauma registry software will calculate the **Age** and **Age Unit** for you. If either the **Date of Birth** or the **Injury Date** is unknown, then you must enter the actual or estimated **Age** and **Age Unit**.

Only completed when age is less than 24 hours or, “Not Recorded/Not Known”.

Must also complete variable: Age.

**Data Source Hierarchy:**

1. ED Admission Form
2. Billing Sheet / Medical Records Coding Summary Sheet
3. Triage Form / Trauma Flow Sheet
4. EMS Run Sheet
5. ED Nurses Notes

**EDITS:** UT.0008; CDM\_0008



<b>UTAH EXPORT:</b>	AGE_UNITS
<b>NTDS EXPORT</b>	AGE-UNITS_NTDS
<b>NTDS Field Name:</b>	AgeUnits
<b>NTDS Field Number:</b>	D_09

**A.6 Sex**

*(National Element)*

**Definition:** The patient's sex.

**Software Field Name:** SEX

**Data Type:** Character (Single entry allowed)

**Values:**

<i>Utah Values</i>	<i>NTDS Values</i>	<i>Description</i>
M	1	Male
F	2	Female
NOT	NOT	Not Recorded/Not Known

**Discussion/Uses:** The patient's sex is standard demographic information used in epidemiologic analyses.

Patients who have undergone a surgical and/or hormonal sex reassignment should be coded using the current assignment.

- Data Source Hierarchy:**
1. ED Admission Form
  2. Billing Sheet / Medical Records Coding Summary Sheet
  3. EMS Run Sheet
  4. Triage Form / Trauma Flow Sheet
  5. ED Nurses Notes

**EDITS:** UT.0009; UT.0009.S; UT.0009.SV, CDM\_0009; CDM\_0009.NV; CDM\_0009.N

**UTAH EXPORT:** SEX\_SRC

**NTDS EXPORT:** SEX\_NTDS

**NTDS Field Name:** Sex

**NTDS Field Number:** D\_12

## A.7 Race

(National Element)

**Definition:** The patient's race.

**Software Field Name:** RACE

**Data Type:** Character (Single entry allowed)

**Values:** Automatically defaults to "W"

Utah Values	NTDS Values	Description
A	1	Asian
B	5	Black or African American
I	4	American Indian
P	2	Native Hawaiian or Other Pacific Islander
W	6	White
O	3	Other race not listed
NOT	NOT	Not Recorded/Not Known

**Discussion/Uses:** The patient's race is standard demographic information used in epidemiologic analyses.

***The patient race should be based upon self-report or identified by a family member.***

The maximum number of races that may be reported for an individual patient is 2.

**Data Source Hierarchy:**

1. ED Admission Form
2. Billing Sheet / Medical Records Coding Summary Sheet
3. Triage Form / Trauma Flow Sheet
4. EMS Run Sheet
5. ED Nurses Notes

**EDITS:** UT.0137; UT.0137.S; UT0137.SV; CDM\_0137; CDM\_0137.NV; CDM\_0137.N

**UTAH EXPORT:** RACE

**NTDS EXPORT:** RACE\_NTDS

**NTDS Field Name:** Race

**NTDS Field Number:** D\_10



**A.8 Other Race**

**Definition:** The patient’s secondary race (if the first race field is insufficient).

**Software Field Name:** RACE\_OTHER

**Data Type:** Character (Single entry allowed)

**Values:**

<i>Utah Values</i>	<i>NTDS Values</i>	<i>Description</i>
A	1	Asian
B	5	Black or African American
I	4	American Indian
P	2	Native Hawaiian or Other Pacific Islander
W	6	White
O	3	Other race not listed
NA	NA	Not Applicable
NOT	NOT	Not Recorded/Not Known

**Discussion/Uses:** The patient’s race is standard demographic information used in epidemiologic analyses.

***The patient race should be based upon self-report or identified by a family member.***

**EDITS:** UT.0997; UT.0997.S; UT.0997.SV; CDM\_0997; CDM\_0997.NV; CDM\_0997.N

**UTAH EXPORT:** RACE\_OTHER

**NTDS EXPORT:** RACE\_NTDS

**NTDS Field Name:** Race

**NTDS Field Number:** D\_10

**A.9 Ethnicity**  
(National Element)

**Definition:** The patient’s ethnicity.

**Software Field Name:** ETHNICITY

**Data Type:** Character (Single entry allowed)

**Values:**

Utah Values	NTDS Values	Description
H	1	Hispanic or Latino
N	2	Not Hispanic or Latino
NA	NA	Not Applicable
NOT	NOT	Not Recorded/Not Known

**Discussion/Uses:** The patient’s ethnicity is standard demographic information used in epidemiologic analyses.

Ethnicity is different from RACE. Ethnicity of “Hispanic” refers to a person regardless of race, who is of Spanish culture or origin. This includes, for example, persons from Mexico, Central or South America, Puerto Rico, the Dominican Republic and Cuba.

***The patient ethnicity should be based upon self-report or identified by a family member.***

The maximum number of ethnicities that may be reported for an individual patient is 1.

**Data Source Hierarchy:**

1. ED Admission Form
2. Billing Sheet / Medical Records Coding Summary Sheet
3. Triage Form / Trauma Flow Sheet
4. EMS Run Sheet
5. ED Nurses Notes

**EDITS:** UT.0620; UT.0620.S; UT.0620.SV; CDM\_0620; CDM\_0620.NV; CDM\_0620.N

**UTAH EXPORT:** ETHNICITY

**NTDS EXPORT:** ETHNICITY-NTDS

**NTDS FIELD NAME:** Ethnicity

**NTDS FIELD NUMBER:** D\_11

## **A.10 Medical Record Number**

<b>Definition:</b>	The patient's medical record number or any number that uniquely identifies the patient
<b>Software Field Name:</b>	MEDICAL_RECORD_NUMBER
<b>Data Type:</b>	Character (Free text field)
<b>Values:</b>	Can be any value as long as the length does not exceed 15 characters. NA Not Applicable NOT Not Recorded/Not Known
<b>Discussion/Uses:</b>	This data element is for audit and linking purposed only and will never be made public.
<b>EDITS:</b>	UT.0002
<b>UTAH EXPORT:</b>	MEDICAL_RECORD_NUMBER

## **A.11 Social Security Number**

<b>Definition:</b>	The patient's Social Security Number.
<b>Software Field Name:</b>	SOCIAL_SECURITY_NUMBER
<b>Data Type:</b>	Integer (Single entry allowed)
<b>Values:</b>	9 digit Social Security Number (no dashes)  NA Not applicable (patient is from a foreign country or does not have a social security number)  NOT Not Recorded/Not Known
<b>Discussion/Uses:</b>	This number is used to match patient records when they are seen at more than one hospital and may be useful for linkage with other data systems. This number is never made public
<b>EDITS:</b>	UT.0139
<b>UTAH EXPORT:</b>	SOCIAL_SECURITY_NUMBER

## A.12 Patient's Home Zip Code

(National Element)

<b>Definition:</b>	The patient's home ZIP code at usual place of residence, if the patient lives in the United States or Canada.
<b>Software Field Name:</b>	ZIP_CODE
<b>Data Type:</b>	Character (Single entry allowed)
<b>Values:</b>	United States 5 or 9 Digit ZIP Code (without dashes) or Canadian postal code  Numbers from 1000 up to (but excluding) 100000  NA Not Applicable (not US or Canadian Resident, or does not have a permanent residence)  NOT Not Recorded/Not Known
<b>Discussion/Uses:</b>	This data element provides useful data to assist with public health intervention, identify populations at risk, and link patients with census data so injury rates can be calculated.  If ZIP code is "Not Applicable", complete variable: Alternate Home Residence.  If ZIP code is "Not Recorded/Not Known", complete variables: Patient's Home Country; Patient's Home State; Patient's Home County; and Patient's Home City.
<b>Data Source Hierarchy:</b>	1. Billing Sheet / Medical Records Coding Summary Sheet 2. ED Admission Form 3. EMS Run Sheet 4. Triage Form / Trauma Flow Sheet 5. ED Nurses Notes
<b>EDITS:</b>	UT.0183; CDM_0183
<b>UTAH EXPORT:</b>	ZIP_CODE
<b>NTDS EXPORT:</b>	ZIP_CODE
<b>NTDS Field Name:</b>	HomeZip
<b>NTDS Field Number:</b>	D_01

### A.13 Patient's Home Country

(National Element)

**Definition:** The country where the patient resides.

**Software Field Name:** COUNTRY

**Data Type:** Character (Single entry allowed)

**Values:** Software automatically sets to US  
**See Appendix C for Country Codes on page 193.**

**Discussion/Uses:** This data element provides useful data to assist with public health intervention, identify populations at risk, and link patients with census data so injury rates can be calculated.

Only Completed when ZIP code is "Not Recorded/Not Known".

Values are two-character fields representing a country (e.g., US).

**Data Source Hierarchy:**

1. Billing Sheet / Medical Records Coding Summary Sheet
2. ED Admission Form
3. EMS Run Sheet
4. Triage Form / Trauma Flow Sheet
5. ED Nurses Notes

**EDITS:** UT.0716; UT.0716.S; UT.0716.SV

**UTAH EXPORT:** UT.COUNTRY

**NTDS EXPORT:** COUNTRY\_NTDS

**NTDS Field Name:** HomeCountry

**NTDS Field Number:** D\_02

### A.14 Patient's Home State

(National Element)

**Definition:** The state (territory or District of Columbia) where the patient resides.

**Software Field Name:** RES\_STATE

**Data Type:** Character (Single entry allowed)

**Values:**

<b>Code</b>	<b>State</b>	<b>Code</b>	<b>State</b>
AL	Alabama	MT	Montana
AK	Alaska	NE	Nebraska
AS	American Samoa	NV	Nevada
AZ	Arizona	NH	New Hampshire
AR	Arkansas	NJ	New Jersey
CA	California	NM	New Mexico
CO	Colorado	NY	New York
CT	Connecticut	NC	North Carolina
DE	Delaware	ND	North Dakota
DC	District of Columbia	MP	Northern Mariana Islands
FM	Federated States of Micronesia	OH	Ohio
FL	Florida	OK	Oklahoma
GA	Georgia	OR	Oregon
GU	Guam	PW	Palau
HI	Hawaii	PA	Pennsylvania
ID	Idaho	PR	Puerto Rico
IL	Illinois	RI	Rhode Island
IN	Indiana	SC	South Carolina
IO	Iowa	SD	South Dakota
KS	Kansas	TN	Tennessee
KY	Kentucky	TX	Texas
LA	Louisiana	UT	Utah
ME	Maine	VT	Vermont
MH	Marshall Islands	VI	Virgin Islands
MD	Maryland	VA	Virginia
MA	Massachusetts	WA	Washington
MI	Michigan	WV	West Virginia
MN	Minnesota	WI	Wisconsin
MS	Mississippi	WY	Wyoming
MO	Missouri		
NA	Not Applicable (Patient not a resident of the United States, or does not have a permanent residence)		
NOT	Not Recorded/Not Known		

**Discussion/Uses:** This data element provides useful data to assist with public health intervention, identify populations at risk, and link patients with census data so injury rates can be calculated.

Only completed when ZIP code is "Not Recorded/Not Known".

**Data Source Hierarchy:**

1. ED Admission Form
2. Billing Sheet / Medical Records Coding Summary Sheet
3. EMS Run Sheet
4. Triage Form / Trauma Flow Sheet
5. ED Nurses Notes

**EDITS:** UT.0448; UT.0448.S; UT.0448.SV; CDM\_0448; CDM\_0448.NV; CDM\_0448.N

**UTAH EXPORT:** RES\_STATE

**NTDS EXPORT:** RES\_STATE\_NTDS

**NTDS Field Name:** HomeState

**NTDS Field Number:** D\_03

## A.15 Patient's Home County

(National Element)

**Definition:** The patient's county (or parish) of residence.

**Software Field Name:** RES\_COUNTY\_STATE

**Data Type:** Character (Single entry allowed)

**Values:** *All valid US counties.*

Valid Utah Counties

County	Code	FIPS Code	County	Code	FIPS Code
BEAVER	01	49001	PIUTE	16	49031
BOX_ELDER	02	49003	RICH	17	49033
CACHE	03	49005	SALT_LAKE	18	49035
CARBON	04	49007	SAN_JUAN	19	49039
DAGGETT	05	49009	SANPETE	20	49037
DAVIS	06	49011	SEVIER	21	49041
DUCHESNE	07	49013	SUMMIT	22	49043
EMERY	08	49015	TOOELE	23	49045
GARFIELD	09	49017	UINTAH	24	49047
GRAND	10	49019	UTAH (County)	25	49049
IRON	11	49021	WASATCH	26	49051
JUAB	12	49023	WASHINGTON	27	49053
KANE	13	49025	WAYNE	28	49055
MILLARD	14	49027	WEBER	29	49057
MORGAN	15	49029	OTHER		

NA Not Applicable (Patient not a resident of the United States, or does not have a permanent address)

NOT Not Recorded/Not Known

*See Appendix D on page 197 for a list of valid cities in each county.*

**Discussion/Uses:** This data element provides useful data to assist with public health intervention, identify populations at risk, and link patients with census data so injury rates can be calculated.

Only recorded when ZIP Code is "Not Recorded/Not Known".

**Data Source Hierarchy:**

1. Billing Sheet / Medical Records Coding Summary Sheet
2. ED Admission Form
3. EMS Run Sheet
4. Triage Form / Trauma Flow Sheet
5. ED Nurses Notes

**EDITS:** UT.0245; UT.0245.S; UT.0245.SV; CDM\_0245

**UTAH EXPORT:** RES\_COUNTY\_STATE

**NTDS EXPORT:** RES\_COUNTY\_STATE\_NTDS

**NTDS Field Name:** HomeCounty

**NTDS Field Number:** D\_04

### A.16 Patient's Home City

(National Element)

**Definition:** The patient's city (or township, or village) of residence.

**Software Field Name:** RES\_CITY

**Data Type:** Character (Single entry allowed)

**Values:** All valid US and International cities.

NA Not Applicable (Patient does not have a permanent address)

NOT Not Recorded/Not Known

*See Appendix D on page 197 for a list of valid cities in each county.*

**Discussion/Uses:** This data element provides useful data to assist with public health intervention, identify populations at risk, and link patients with census data so injury rates can be calculated.

Only completed when ZIP code is "Not Recorded/Not Known".

**Data Source Hierarchy:**

1. ED Admission Form
2. Billing Sheet / Medical Records Coding Summary Sheet
3. EMS Run Sheet
4. Triage Form / Trauma Flow Sheet
5. ED Nurses Notes

**EDITS:** UT.0256; CDM\_0256

**UTAH EXPORT:** RES\_CITY

**NTDS EXPORT:** RES\_CITY

**NTDS Field Name:** HomeCity

**NTDS Field Number:** D\_05

## A.17 Alternate Home Residence

(National Element)

**Definition:** Documentation of the type of patient without a home zip code.

**Software Field Name:** HOME

**Data Type:** Character (Single entry allowed)

**Values:**

<i>Utah Values</i>	<i>NTDS Values</i>	<i>Description</i>
H	1	Homeless
U	2	Undocumented Citizen
M	3	Migrant
F	4	Foreign Visitor
NA	NA	Not Applicable
NOT	NOT	Not Recorded/Not Known

**Discussion/Uses:** This data element provides useful data to assist with public health intervention, identify populations at risk, and link patients with census data so injury rates can be calculated.

Only completed when ZIP code is “Not Applicable”.

Homeless is defined as a person who lacks housing. The definition also includes a person living in transitional housing or a supervised public or private facility providing temporary living quarters.

Undocumented Citizen is defined as a citizen of another country who has entered or stayed in another country without permission.

Migrant Worker is defined as a person who temporarily leaves his/her principal place of residence within a country in order to accept seasonal employment in the same country.

Foreign Visitor is defined as any person visiting a country other than his/her usual place of residence for any reason without intending to receive earnings in the visited country.

**Data Source Hierarchy:**

1. Billing Sheet / Medical Records Coding Summary Sheet
2. ED Admission Form
3. EMS Run Sheet
4. Triage Form / Trauma Flow Sheet
5. ED Nurses Notes

**EDITS:** UT.0704; UT.0704.S; UT.0704.SV; CDM\_0704; CDM\_0704.NV; CDM\_0704.N



**UTAH EXPORT:** HOME  
**NTDS EXPORT:** HOME\_NTDS  
**NTDS Field Name:** HomeResidence  
**NTDS Field Number:** D\_06

## **Event Data**

## B.1 Injury Time

(National Element)

<b>Definition:</b>	The time the injury occurred.
<b>Software Field Name:</b>	INJURY_TIME
<b>Data Type:</b>	Military Time – hh:mm (Single entry allowed)
<b>Values:</b>	Range: 00:00 to 23:59 (actual or reliably estimated time of injury) For example, if the patient was injured at 12:30 A.M., the value would be 00:30.  NA Not Applicable NOT Not Recorded/Not Known
<b>Discussion/Uses:</b>	Convert time to the time zone in which your facility is located, if not already done so. Preferable to use EMS documented time.  When a patient is injured while already an inpatient for another reason, record the <b>Injury Time</b> accurately. The <b>Hospital Arrival Time</b> and <b>Inpatient Admission Time</b> will also need to be recorded as this <b>Injury Time</b> , not the initial hospital admission time that put them in the hospital to begin with.  This is a critical field for many other calculations. This data element is used to calculate time-lapse from <b>Injury Date/Time</b> to <b>Hospital Arrival Date/Time</b> and if applicable, <b>Inpatient Admission Date/Time</b> .  Estimates of date of injury should be based upon report by patient, witness, family, or health care provider. Other proxy measures (e.g., 911 call time) should not be used. Record Not if time of injury cannot be reliably estimated.
<b>Data Source Hierarchy:</b>	1. EMS Run Sheet 2. Triage Form / Trauma Flow Sheet 3. ED Nurses Notes
<b>EDITS:</b>	UT.0021; UT.0021.T1; CDM_0021
<b>UTAH EXPORT:</b>	INJURY_TIME
<b>NTDS EXPORT:</b>	INJURY_TIME
<b>NTDS Field Name:</b>	IncidentTime
<b>NTDS Field Number:</b>	I_02

## B.2 Injury Date

(National Element)

**Definition:** The date the injury occurred.

**Software Field Name:** INJURY\_DATE

**Data Type:** Date – mmddyyyy (Single entry allowed)

**Values:** Valid date (“/”s and “-”s not needed in data entry)  
Enter the month, day and year of the referring hospital arrival date.

**Month:**

01	January	07	July
02	February	08	August
03	March	09	September
04	April	10	October
05	May	11	November
06	June	12	December

**Day:** 01-31

**Year:** The year must be 4-digits, i.e.: 2001

NA Not Applicable

NOT Not Recorded/Not Known

**Discussion/Uses:** The patient’s **Injury Date** must be within 30 days prior to the **Hospital Arrival Date** for this patient to meet the criteria for inclusion into the Utah Trauma database.

When a patient is injured while already an inpatient for another reason, record the **Injury Date** accurately. The **Hospital Arrival Date** and **Inpatient Admission Date** will also need to be recorded as this **Injury Date**, not the initial hospital admission date which put them in the hospital to begin with.

This is a critical field for many other calculations. This data element is used to calculate time-lapse from **Injury Date/Time** to **Hospital Arrival Date/Time** and if applicable, **Inpatient Admission Date/Time**.

Estimates of date of injury should be based upon report by patient, witness, family, or health care provider. Other proxy measures (e.g., 911 call time) should not be used.



**Data Source Hierarchy:** 1. EMS Run Sheet  
2. Triage Form / Trauma Flow Sheet  
3. ED Nurses Notes

**EDITS:** UT.0022; UT.0022.T1; UT.0022.T2; UT.0022.T3; UT.0022.T4;  
CDM\_0022

**UTAH EXPORT:** INJURY\_DATE

**NTDS EXPORT:** INJURY\_DATE

**NTDS Field Name:** IncidentDate

**NTDS Field Number** I\_01

### B.3 Cause Code

**Definition:** The mechanism or external factor that caused the trauma injury event.

**Software Field Name:** CAUSE\_CODE

**Data Type:** Character (Single entry allowed)

**Values:** Since only one value can be entered, select the cause code that is most relevant to patient injury. For example, if a person was attacked by a dog and sustained moderate bites, and then fell 20 feet resulting in a severe head injury, then select the code that caused the most significant trauma; in this case the fall.

ANIMAL	Animal related
ASSAULT	Assaulted by another person (excludes gunshot or stabbing assault)
BIKE	Bicycle crash (includes bicycle vs. MV)
BURN	Burn (electric, thermal or chemical)
CAUGHT	Crushed or caught between objects
DIVE	Diving related
EXP	Explosive force
FALL	Fall (from one level to another or ground level)
FB	Foreign body
GSW	Gunshot wound
HANG	Hanging
MACHINE	Farm or heavy equipment or power tools
MC	Motorcycle crash (includes MC vs. MV)
MV	Motor vehicle Auto or Truck crash
OV	Other vehicular cause (includes ATV, 3-wheel or 4-wheel)
OTHER	Other cause not listed
PED	Pedestrian (not bicycle vs. MV)
STRUCK	Struck against object
SMOKE	Smoke inhalation
SPORT	Sporting injury
STAB	Stab wound (includes cut, slice or pierce)
NOT	Not Recorded/Not Known

**Discussion/Uses:** The ICD-9-CM **E-Code** data element is a multiple value field. All causes of injury can be included in that field.

**EDITS:** UT.0076; UT.0076.S; UT.0076.SV

**UTAH EXPORT:** CAUSE\_CODE\_SRC

## **B.4 Trauma Type**

<b>Definition:</b>	The type of force that caused the injury.
<b>Software Field Name:</b>	TRAUMA_TYPE
<b>Data Type:</b>	Character (Single entry allowed)
<b>Values:</b>	B                      Blunt – Injury caused by diffuse force P                      Penetrating – Injury caused by point force ONLY Burn                      Burn – Injury caused by burn (electrical, chemical, or thermal)
<b>Discussion/Uses:</b>	If both blunt and penetrating force were present, select the type of trauma that caused the highest Injury Severity Score.  This field is critical for calculation of the Probability of Survival. Therefore in this particular field, UNK or NA is not allowed. You must pick one of the three values listed.
<b>EDITS:</b>	UT.0052; UT.0052.S; UT.0052.SV; UT.0052.L1
<b>UTAH EXPORT:</b>	TRAUMA_TYPE_SRC

**B.5 Work-Related**

(National Element)

**Definition:** Indication of whether the injury occurred during paid employment.

**Software Field Name:** INDUST\_ACC

**Data Type:** Character (Single entry allowed)

**Values:**

<i>Utah Values</i>	<i>NTDS Values</i>	<i>Description</i>
N	2	No, patient was not working when trauma event occurred.
Y	1	Yes, patient was working when trauma event occurred.
NA	NA	Not Applicable (child, unemployed, retiree)
NOT	NOT	Not Recorded/Not Known

**Discussion/Uses:** If work-related =“Y,” then two additional fields must be completed: Patient’s Occupational Industry and Patient’s Occupation.

**Work-Related** comprises manual or professional work for salary, bonus, other types of income or duties for which one would not normally gain an income. Use best judgment as to whether patient was working or not.

This data element may be used to gather information about the incidence of work-related injuries and may be useful in the planning and development of work-related injury prevention programs.

**Work-Related *Includes:***

- Apprentice and vocational activity
- Breaks on employer premises (in hallway, rest room, cafeteria, storage area)
- Working on, arriving at, or leaving employer parking lot
- Work for pay or compensation at home
- Working in family business, including family farm (activity should clearly be related to profit-oriented business)
- Traveling on business, including to/from customer/business contacts
- Volunteer work and domestic duties such as caring for children and relatives, cleaning, cooking, gardening, and household maintenance

**Work-Related Excludes:**

- Engaged in recreational activities on employer controlled facilities
- Visiting for non-work purposes, not on official business
- Homemaker working at homemaking activities
- Working of self-nonprofit, i.e. mowing lawn, repairing own roof, hobby or recreation activity
- Student engaged in school activities
- Operating vehicle (personal or commercial) for non-work purposes
- Commuting to or from work site
- Illicit work, e.g. drug trafficking
- Learning activities, attending school or lesson, undergoing education

**Data Source Hierarchy:**

1. EMS Run Sheet
2. Triage Form / Trauma Flow Sheet
3. ED Nurses Notes

**EDITS:** UT.0216; UT.0216.S; UT.0216.SV; CDM\_0216; CDM\_0216.NV; CDM\_0216.N

**UTAH EXPORT:** INDUST\_ACC\_SRC

**NTDS EXPORT:** INDUST\_ACC\_NTDS

**NTDS Field Name:** WorkRelated

**NTDS Field Number:** I\_03

## B.6 Patient's Occupational Industry

(National Element)

**Definition:** The occupational industry associated with the patient's work environment.

**Software Field Name:** INDUSTRY\_TYPE

**Data Type:** Character (Single entry allowed)

**Values:**

Utah Values	NTDS Values	Description
AGR	5	Agriculture, Forest, Fishing
BUS	6	Business and Professional Services
CON	8	Construction
FIN	1	Finance, Insurance and Real Estate
GOV	9	Government
HEA	7	Education and Health Services
INS	11	Information Services
MAN	2	Manufacturing
MIN	10	Natural Resources and Mining
REC	13	Recreation, Leisure and Hospitality
RET	3	Retail Trade
TRA	4	Transportation and Public Utilities
WHO	12	Wholesale Trade
OTH	14	Other Services
NA	NA	Not Applicable, was not work related
NOT	NOT	Not Recorded/Not Known

**Discussion/Uses:** Code as Not Applicable if injury is not work-related. If work related, also complete Patient's Occupation.

Based upon US Bureau of Labor Statistics Industry Classification.

**Data Source Hierarchy:**

1. Triage Form / Trauma Flow Sheet
2. EMS Run Sheet
3. ED Nurses Notes

**EDITS:** UT.0244.L1; UT.0224.S; UT.0224.SV; CDM\_0244; CDM\_0244.NV; CDM\_0244.N

**UTAH EXPORT:** INDUSTRY\_TYPE

**NTDS EXPORT:** INDUSTRY\_TYPE\_NTDS

**NTDS Field Name:** PatientsOccupationalIndustry



NTDS Field Number: I\_04

## B.7 Patient's Occupation

(National Element)

**Definition:** The occupation of the patient.

**Software Field Name:** OCCUPATION

**Data Type:** Character (Single entry allowed)

**Values:**

<i>Utah Values</i>	<i>NTDS Values</i>	<i>Description</i>
ARC	2	Architecture and Engineering
BUS	1	Business and Financial Operations
CONS	21	Construction and Extraction
COM	3	Community and Social Services
COMP	13	Computer and Mathematics
ED	4	Education, Training, and Library
ENT	16	Arts, Design, Entertainment, Sports, and Media
FARM	9	Farming, Fishing and Forestry
FOOD	18	Food Preparation and Serving Related
HEALTH	5	Healthcare Practitioners and Technical
HS	17	Healthcare Support
LEGAL	15	Legal Occupations
MAIN	7	Building and Grounds Cleaning and Maintenance
MAN	12	Management
MIL	23	Military Specific
OFFICE	20	Office and Administration
PER	19	Personal Care and Service
PRO	6	Protective Service
PROD	22	Production
REP	10	Installation, Maintenance and Repair
SALE	8	Sales and Related
SCI	14	Life, Physical, and Social Science
TRANS	11	Transportation and Material Moving
NA	NA	Not Applicable
NOT	NOT	Not Recorded/Not Known

**Discussion/Uses:** Only complete if injury is work-related.

If work related, also complete Patient's Occupational Industry.

Based upon 1999 US Bureau of Labor Statistics Standard Occupational Classification (SOC).

**Data Source Hierarchy:**

1. Triage Form / Trauma Flow Sheet
2. EMS Run Sheet
3. ED Nurses Notes



**EDITS:** UT.0010.L1; UT.0010.S; UT.0010.SV; CDM\_0010; CDM\_0010.NV;  
CDM\_0010.N

**UTAH EXPORT:** OCCUPATION

**NTDS EXPORT:** OCCUPATION\_NTDS

**NTDS Field Name:** PatientsOccupation

**NTDS Field Number:** I\_05

## B.8 Primary E-Code

(National Element)

**Definition:** E-code used to describe the mechanism (or external factor) that caused the injury event.

**Software Field Name:** CAUSE\_E\_CODES

**Data Type:** Numeric (Multiple values allowed)

**Values:** Range: E800.0—E999 (Do not submit the E prefix.)  
E988.9 Injury by unspecified means (Not Recorded/Not Known)  
See E-Codes found in the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) for available value codes.

**Discussion/Uses:** **The Primary E-code should describe the main reason a patient is admitted to the hospital.**  
This field cannot be left blank. If medical chart lists E-Code(s), record the code(s) starting with the one most relevant to the cause of injury. If no E-codes are found in medical chart, code using software code-finder lookup.

This data element permits classification of environmental events, circumstances, and conditions as the cause of injury, poisoning, and other adverse effects

**Data Source Hierarchy:**

1. EMS Run Sheet
2. Triage Form / Trauma Flow Sheet
3. Billing Sheet / Medical Records Coding Summary Sheet
4. ED Nurses Notes

**EDITS:** UT.0125; CDM\_0125

**UTAH EXPORT:** CAUSE\_E\_CODES

**NTDS EXPORT:** CAUSE\_E\_CODES1

**NTDS Field Name:** PrimaryEcode

**NTDS Field Number:** I\_06

## B.9 Additional E-Code

(National Element)

**Definition:** Additional E-code used to describe the mechanism, for example, a mass casualty, or other external cause.

**Software Field Name:** CAUSE\_E\_CODES

**Data Type:** Numeric (Multiple values allowed)

**Values:** Range: E800.0—E999 (Do not submit the E prefix.)  
E988.9 Injury by unspecified means (Not Recorded/Not Known)  
See E-Codes found in the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) for available value codes.

**Discussion/Uses:** This data element permits classification of environmental events, circumstances, and conditions as the cause of injury, poisoning, and other adverse effects

**Data Source Hierarchy:**

1. EMS Run Sheet
2. Triage Form / Trauma Flow Sheet
3. Billing Sheet / Medical Records Coding Summary Sheet
4. ED Nurses Notes

**EDITS:** UT.0125; CDM\_0125

**UTAH EXPORT:** CAUSE\_E\_CODES

**NTDS EXPORT:** CAUSE\_E\_CODES2

**NTDS Field Name:** AdditionalEcode

**NTDS Field Number:** I\_08

**B.10 Protective Devices**

*(National Element)*

**Definition:** Protective devices (safety equipment) in use or worn by the patient at the time of the injury.

**Software Field Name:** PROTECTIVE\_DEVICES

**Data Type:** Character (Multiple values allowed)

**Values:** Enter all that apply.

<i>Utah Values</i>	<i>NTDS Values</i>	<i>Description</i>
AIR	8	Airbag Present
BELT	2	Lap Belt or Unspecified Restraint
BELT.SHLDR	10	Shoulder Belt
CHILD	6	Child Restraint (e.g., booster seat, child car seat)
FLOAT	3	Personal Floatation Device
GLASS	5	Protective Eyewear
HEL	7	Helmet (e.g., bicycle, skiing, motorcycle)
PAD	9	Protective Clothing (e.g., padded leather pants)
PAD.O	4	Protective Non-Clothing (e.g. shin guard)
OTHER	11	Other Protective Device not Listed
NONE	1	No personal protective devices used
NA	NA	Not Applicable (Not injured where Protective Devices were warranted)
NOT	NOT	Not Recorded/Not Known

**Discussion/Uses:** Evidence of the use of safety equipment may be reported or observed.

If "Child Restraint" is present, complete variable "Child Specific Restraint".

If "Airbag" is present, complete variable "Airbag Deployment".

Lap Belt should be used to include those patients that are restrained, but not further specified.

If chart indicates "3 point restraint" chose 2 and 10.

**Data Source Hierarchy:**

1. EMS Run Sheet
2. Triage Form / Trauma Flow Sheet
3. ED Nurses Notes

**EDITS:** UT.0080; UT.0080.S; UT.0080.SV; CDM\_0080; CDM\_0080.NV; CDM\_0080.N

**UTAH EXPORT:** PROTECTIVE\_DEVICES\_SRC

**NTDS EXPORT:** PROTECTIVE\_DEVICES\_NTDS

**NTDS Field Name:** ProtectiveDevices

**NTDS Field Number:** I\_14

## B.11 Child Specific Restraint

(National Element)

**Definition:** Protective child restraint devices used by patient at the time of injury.

**Software Field Name:** CHILD\_RESTRAINT

**Data Type:** Character (Single entry allowed)

**Values:**

<i>Utah Values</i>	<i>NTDS Values</i>	<i>Description</i>
BOOSTER	3	Child Booster Seat
CHILD	1	Child Car Seat
INFANT	2	Infant Car Seat
NA	NA	Not Applicable
NOT	NOT	Not Recorded/Not Known

**Discussion/Uses:** Evidence of the use of child restraint may be reported or observed.

Only to be completed when **Protective Devices** include "Child Restraint".

**Data Source Hierarchy:**

1. EMS Run Sheet
2. Triage Form / Trauma Flow Sheet
3. ED Nurses Notes

**EDITS:** UT.0977.L1; UT.0977.S; UT.0977.SV; CDM\_0977; CDM\_0977.NV; CDM\_0977.N

**UTAH EXPORT:** CHILD\_RESTRAINT

**NTDS EXPORT:** CHILD\_RESTRAINT\_NTDS

**NTDS Field Name:** ChildSpecificRestraint

**NTDS Field Number:** I\_15

## B.12 Airbag Deployment

(National Element)

**Definition:** Indication of an airbag deployment during a motor vehicle crash.

**Software Field Name:** AIRBAG

**Data Type:** Character (Multiple values allowed)

**Values:**

Utah Values	NTDS Values	Description
F	2	Airbag Deployed Front
N	1	Airbag Not Deployed
O	4	Airbag Deployed Other (knee, airbelt, curtain, etc.)
S	3	Airbag Deployed Side
NA	NA	Not Applicable
NOT	NOT	Not Recorded/Not Known

**Discussion/Uses:** Evidence of the use of airbag deployment may be reported or observed.

Only to be completed when Protective Devices in "Airbag".

Check all that apply.

Airbag Deployed Front should be used for patients with documented airbag deployments, but are not further specified.

**Data Source Hierarchy:**

1. EMS Run Sheet
2. Triage Form / Trauma Flow Sheet
3. ED Nurses Notes

**EDITS:** UT.0978.L1; UT.0978.S; UT.0978.SV; CDM\_0978; CDM\_0978.NV; CDM\_0978.N

**UTAH EXPORT:** AIRBAG

**NTDS EXPORT:** AIRBAG\_NTDS

**NTDS Field Name:** AirbagDeployment

**NTDS Field Number:** I\_16

### B.13 Incident Country

(National Element)

**Definition:** The country where the patient was found or to which the unit responded (or best approximation).

**Software Field Name:** INJURY\_COUNTRY

**Data Type:** Character (Single entry allowed)

**Values:** *See relevant values in Appendix C on page 193.*

NOT Not Recorded/Not Known

**Discussion/Uses:** Allows data to be sorted based upon the geographic location of the injury event.

Only complete when Incident Location ZIP code is “Not Applicable” or “Not Recorded/Not Known”.

Values are two character fields representing a country (e.g., US).

**Data Source Hierarchy:**

1. EMS Run Sheet
2. Triage Form / Trauma Flow Sheet
3. ED Nurses Notes

**EDITS:** UT.0870; UT.0870.S; UT.0870.SV; CDM\_0870; CDM\_0870.NV; CDM\_0870.N

**UTAH EXPORT:** INJURY\_COUNTRY

**NTDS EXPORT:** INJURY\_COUNTRY\_NTDS

**NTDS Field Name:** IncidentCountry

**NTDS Field Number:** I\_09

## B.14 Incident Location ZIP Code

(National Element)

<b>Definition:</b>	The ZIP code of the incident location.
<b>Software Field Name:</b>	INJURY_ZIP
<b>Data Type:</b>	Character (Single entry allowed)
<b>Values:</b>	United States 5 or 9 Digit Zip Code (without dashes) or Canadian Zip Code NA Not Applicable (Did not occur within the United States or Canada) NOT Not Recorded/Not Known

**See Appendix D for a list of Utah Counties, Cities, and Zip Codes on page 197.**

**Discussion/Uses:** Record zip code only if zip code of injury is listed in the medical record or if town/city of injury noted in medical record covers an entire zip code area. If unsure, use software to lookup zip code for the town/city of injury. It is suspected that some cases will have inadequate documentation on this variable.

If “Not Applicable” or “Not Recorded/Not Known” complete variables: Incident State; Incident County; Incident City; Incident Country.

**Data Source Hierarchy:**

1. EMS Run Sheet
2. Triage Form / Trauma Flow Sheet
3. ED Nurses Notes

**EDITS:** UT.0219; CDM\_0219

**UTAH EXPORT:** INJURY\_ZIP

**NTDS EXPORT:** INJURY\_ZIP

**NTDS Field Name:** InjuryZip

**NTDS Field Number:** I\_13

**B.15 Incident State**

(National Element)

**Definition:** The state or territory where the patient was found or to which the unit responded (or best approximation).

**Software Field Name:** INJURY\_ST

**Data Type:** Character (Single entry allowed)

**Values:**

<b>Code</b>	<b>State</b>	<b>Code</b>	<b>State</b>
AL	Alabama	MT	Montana
AK	Alaska	NE	Nebraska
AS	American Samoa	NV	Nevada
AZ	Arizona	NH	New Hampshire
AR	Arkansas	NJ	New Jersey
CA	California	NM	New Mexico
CO	Colorado	NY	New York
CT	Connecticut	NC	North Carolina
DE	Delaware	ND	North Dakota
DC	District of Columbia	MP	Northern Mariana Islands
FM	Federated States of Micronesia	OH	Ohio
FL	Florida	OK	Oklahoma
GA	Georgia	OR	Oregon
GU	Guam	PW	Palau
HI	Hawaii	PA	Pennsylvania
ID	Idaho	PR	Puerto Rico
IL	Illinois	RI	Rhode Island
IN	Indiana	SC	South Carolina
IO	Iowa	SD	South Dakota
KS	Kansas	TN	Tennessee
KY	Kentucky	TX	Texas
LA	Louisiana	UT	Utah
ME	Maine	VT	Vermont
MH	Marshall Islands	VI	Virgin Islands
MD	Maryland	VA	Virginia
MA	Massachusetts	WA	Washington
MI	Michigan	WV	West Virginia
MN	Minnesota	WI	Wisconsin
MS	Mississippi	WY	Wyoming
MO	Missouri		
NA	Not Applicable (Injury did not occur within the US)		
NOT	Not Recorded/Not Known		

**Discussion/Uses:** Only complete when Incident Location ZIP code is “Not Applicable” or, “Not Recorded/Not Known”.

This field provides useful data to assist with public health intervention, identify populations at risk, focus injury prevention programs, and assess transport issues.

**Data Source Hierarchy:**

1. EMS Run Sheet
2. Triage Form / Trauma Flow Sheet
3. ED Nurses Notes

**EDITS:** UT.0994; UT.0994.S; UT.0994.SV; CDM\_0994; CDM\_0994.NV; CDM\_0994.N

**UTAH EXPORT:** INJURY\_ST

**NTDS EXPORT:** INJURY\_ST\_NTDS

**NTDS Field Name:** IncidentState

**NTDS Field Number:** I\_10

## B.16 Incident County

(National Element)

**Definition:** The county or parish where the patient was found or to which the unit responded (or best approximation).

**Software Field Name:** COUNTY\_STATE

**Data Type:** Character (Single entry allowed)

**Values:** *All valid US counties.*

Valid Utah Counties

County	Code	FIPS Code	County	Code	FIPS Code
BEAVER	01	49001	PIUTE	16	49031
BOX_ELDER	02	49003	RICH	17	49033
CACHE	03	49005	SALT_LAKE	18	49035
CARBON	04	49007	SAN_JUAN	19	49039
DAGGETT	05	49009	SANPETE	20	49037
DAVIS	06	49011	SEVIER	21	49041
DUCHESNE	07	49013	SUMMIT	22	49043
EMERY	08	49015	TOOELE	23	49045
GARFIELD	09	49017	UINTAH	24	49047
GRAND	10	49019	UTAH (County)	25	49049
IRON	11	49021	WASATCH	26	49051
JUAB	12	49023	WASHINGTON	27	49053
KANE	13	49025	WAYNE	28	49055
MILLARD	14	49027	WEBER	29	49057
MORGAN	15	49029	OTHER		

NA Not Applicable

NOT Not Recorded/Not Known

**Discussion/Uses:** Provides useful data to assist with public health intervention, identify populations at risk, focus injury prevention programs, and assess transport issues.

Only completed when Incident Location ZIP is "Not Applicable/Not Known".

**Data Source Hierarchy:**

1. EMS Run Sheet
2. Triage Form / Trauma Flow Sheet
3. ED Nurses Notes

**EDITS:** UT.0121; UT.0121.S; UT.0121.SV; CDM\_0121

**UTAH EXPORT:** COUNTY\_STATE\_SRC

**NTDS EXPORT:** COUNTY\_STATE\_NTDS



**NTDS Field Name:** IncidentCounty

**NTDS Field Number:** I\_11

## B.17 Incident City

(National Element)

**Definition:** The city or township where the patient was found or to which the unit responded (or best approximation).

**Software Field Name:** NEAREST\_TOWN

**Data Type:** Character (Free text field)

**Values:** All values are allowed.

**See Appendix D on page 197 for a list of all Utah cities.**

**Discussion/Uses:** This is not the city/town of the nearest hospital.  
Along with **Incident Location Zip Code**, this data element is used to calculate local fatality/injury rates using available population data, to help identify “hotspots” and local agencies to conduct public health interventions, and to gain information about the socioeconomic status of the neighborhoods in which injuries occur (by use of US Census data).

Only completed when Incident Location ZIP code is “Not Applicable” or, “Not Recorded/Not Known”.

If incident location resides outside of formal city boundaries, report nearest city/town.

**Data Source Hierarchy:**

1. EMS Run Sheet
2. Triage Form / Trauma Flow Sheet
3. ED Nurses Notes

**EDITS:** UT.0081; CDM\_0081

**UTAH EXPORT:** NEAREST\_TOWN

**NTDS EXPORT:** NEAREST\_TOWN

**NTDS Field Name:** IncidentCity

**NTDS Field Number:** I\_12

## B.18 Location E-Code

(National Element)

**Definition:** E-code used to describe the place/site/location of the injury event (E 849.X).

**Software Field Name:** LOCATION

**Data Type:** Character (Single entry allowed)

**Values:** Range: 849.0-849.9 (Use ICD-9-CM E849 place of occurrence codes. Do not submit the E prefix.)

<i>Utah Values</i>	<i>NTDS Values</i>	<i>Description</i>
<b>HOME</b>	0	849.0  <b>Includes:</b> apartment, boarding house, farm house, home premises, house (residential), non-institutional place of residence, private [driveway, garage, garden, home, walk], swimming pool in private house or garden, yard of home), retirement community  <b>Excludes:</b> home under construction but not yet occupied (849.3), institutional place of residence (849.7)
<b>FARM</b>	1	849.1  <b>Includes:</b> buildings, land under cultivation  <b>Excludes:</b> farm house and home premises of farm (849.0)
<b>MINE</b> (and quarry)	2	849.2  <b>Includes:</b> gravel pit, sand pit, tunnel under construction
<b>WORK</b> (Industrial place and premises)	3	849.3  <b>Includes:</b> building under construction, dockyard, dry dock, factory building or premises, garage (place of work), industrial yard, loading platform (factory or store), industrial plant, railway yard, shop (place of work), warehouse, workhouse, any work site

<i>Utah Values</i>	<i>NTDS Values</i>	<i>Description</i>
<b>REC</b> (Place for recreation and sport)	4	849.4  <b>Includes:</b> amusement park, baseball field, basketball court, beach resort, cricket ground, fives court, football field, golf course, gymnasium, hockey field, holiday camp, ice palace, lake resort, mountain resort, public park, racecourse, resort NOS, riding school, rifle range, seashore resort, skating rink, sports ground, sports palace, stadium, swimming pool (public), tennis court, vacation resort  <b>Excludes:</b> playground (including school playground) (PLAY), that in private house or garden (849.0)
<b>STREET</b>	5	849.5  <b>Includes:</b> Street and Highway
<b>PUBLIC</b> (Public Building)	6	849.6  <b>Includes:</b> building (including adjacent grounds) used by the general public or by a particular group of the public, such as: airport, bank, cafe, casino, church, cinema, clubhouse, courthouse, dance hall, garage building (for car storage), hotel, market (grocery or other commodity), movie house, music hall, nightclub, office, office building, opera house, post office, public hall, radio broadcasting station, restaurant, shop - commercial, station (bus, railway), store, theater  <b>Excludes:</b> home garage (849.0), industrial building or workplace (849.3), school -state, public, private (SCHOOL),
<b>RES</b> (Residential institution)	7	849.7  <b>Includes:</b> children's home, dormitory, hospital, jail, old people's home, orphanage, prison, reform school, shelter, protective services, and nursing home.

<b>Utah Values</b>	<b>NTDS Values</b>	<b>Description</b>
<b>OTHER</b> (Other specified place)	8	849.8 <b>Includes:</b> beach NOS, canal, caravan site NOS, derelict house, desert, dock, forest, harbor, hill, lake NOS, mountain, parking lot, parking place, pond or pool (natural), prairie, public place NOS, railway line, reservoir, river, sea, seashore NOS, stream, swamp, trailer court, woods, national park
<b>PLAY</b>	4	<b>Includes:</b> playground (including school playground)
<b>SCHOOL</b>	6	<b>Includes:</b> school -state, public, private
<b>UNSPEC</b> (Unspecified place)	9	849.9
<b>NA</b>	NA	Not Applicable
<b>NOT</b>	NOT	Not Recorded/Not Known

**Discussion/Uses:**

This data element describes the site itself regardless of the patient's reason for being there. For example: The code for a patient who works at a ski resort and is injured there would be "rec. and sport" not industrial.

For Utah Trauma Registry purposes, additions have been made to some categories. "Retirement community" has been added to Home (849.0). "Any work site" has been added to Industrial place and premises (849.3). "Shelter, protective services, and nursing home" have been added to Residential institution (849.7).

This data element is useful in describing the injury-producing event and is valuable for planning and evaluating prevention programs.

**Data Source Hierarchy:**

1. EMS Run Sheet
2. Triage Form / Trauma Flow Sheet
3. Billing Sheet / Medical Records Coding Summary Sheet
4. ED Nurses Notes

**EDITS:**

UT.0145; UT.0145.S; UT.0145.SV; CDM\_0145; CDM\_0145.NV; CDM\_0145.N

**UTAH EXPORT:**

LOCATION\_SRC

**NTDS EXPORT:**

LOCATION\_NTDS



**NTDS Field Name:** LocationEcode

**NTDS Field Number:** I\_07

## ***B.19 Injury Details***

<b>Definition:</b>	The details of the injury. This can be any supporting or supplemental data about the injury, environmental conditions, other circumstances, etc.
<b>Software Field Name:</b>	INJURY_DETAILS
<b>Data Type:</b>	Character (Free text field)
<b>Values:</b>	All values are allowed. Enter the details of the injury. This information should not repeat information contained in other fields.
<b>Discussion/Uses:</b>	This data element helps to better convey the context of the injury event and to include important information such as intentionality that is not otherwise captured in the other data elements
<b>EDITS:</b>	UT.0077
<b>UTAH EXPORT:</b>	INJURY_DETAIL

## **C. Referring Hospital Data**

## **C.1 Hospital Transfer**

*(National Element)*

**Definition:** A flag used to indicate the patient was transferred from an initial acute care hospital to your hospital.

Outlying facilities purporting to provide emergency care services or utilized to stabilize a patient are considered acute care facilities.

**Software Field Name:** HOSPITAL\_TRANSFER

**Data Type:** Character (Single entry allowed)

**Values:**

<i>Utah Values</i>	<i>NTDS Values</i>	<i>Description</i>
N	2	No, the patient was not transferred to our hospital from another hospital <b>or</b> the patient was transferred to our hospital from a doctor's office, clinic, or stand-alone ambulatory surgery center
Y	1	Yes, the patient was transferred to our hospital from another acute care hospital

**Discussion/Uses:** **Patients transferred from a private doctor's office, stand-alone ambulatory surgery center, or delivered to your hospital by a non-EMS transport is not considered an inter-facility transfer. Enter "N" for these types of transfers.**

This data element must be answered. NOT and NA are not allowed in this field.  
 If the answer to this field is 'N', the remaining data elements in this section should be answered 'NA' (Not applicable), meaning the patient is not a transfer therefore the referring hospital data elements do not apply. The trauma registry software will do an auto-fill of 'NA' in the fields for this section if the answer to this question is 'N'.

**Data Source Hierarchy:** 1. EMS Run Sheet

**EDITS:** UT.0136; UT.0136.S; UT.0136.SV; CDM\_0136; CDM\_0136.NV; CDM\_0136.N

**UTAH EXPORT:** HOSPITAL\_TRANSFER\_SRC

**NTDS EXPORT:** HOSPITAL\_TRANSFER\_NTDS

**NTDS Field Name:** InterFacilityTransfer



NTDS Field Number: P\_17

## C.2 Transport Mode into Referring Hospital

<b>Definition:</b>	The mode of transport into the referring hospital. From this point on, “referring hospital” is defined as the hospital that referred the patient to your hospital.	
<b>Software Field Name:</b>	TRANSFER_MODE	
<b>Data Type:</b>	Character (Single entry allowed)	
<b>Values:</b>	AMB	Ground ambulance
	FIX	Fixed wing air
	HELI	Helicopter
	LAW	Law enforcement (Non-EMS)
	COM	Commercial transportation/taxi (Non-EMS)
	POV	“Per other vehicle” (private vehicle, walk-in, bus, non-EMS)
	NA	Not applicable, no referring hospital (Trauma registry software will auto fill this field if <b>Hospital Transfer</b> = ‘N’)
	NOT	Not Recorded/Not Known
<b>Discussion/Uses:</b>	Patient may be transported into referring hospital via non-EMS provider. However, in order to meet Utah Trauma Registry inclusion criteria, patient must be transferred out of referring facility to ED/admitting hospital via EMS transport.  This data can be found on the medical record information that accompanies the patient from the referring hospital.	
<b>EDITS:</b>	UT.0491; UT.0491.S; UT.0491.SV;	
<b>UTAH EXPORT:</b>	TRANSFER_MODE	

### C.3 Referring Hospital

<b>Definition:</b>	The three digit numeric code assigned to the referring hospital.
<b>Software Field Name:</b>	FROM_HOSPITAL
<b>Data Type:</b>	Integer (Single entry allowed)
<b>Values:</b>	<p>Hospital codes are assigned by the Utah Department of Health.</p> <p><b><i>The list of codes can be found in Appendix A on page 181.</i></b></p> <p>Codes under 100 (non-hospital codes) are not valid responses for this question.</p> <p>NA Not applicable, no referring hospital (Trauma registry software will auto-fill this field if <b>Hospital Transfer</b> = 'N')</p> <p>NOT Not Recorded/Not Known</p>
<b>Discussion/Uses:</b>	<p>This field and the following fields in Section C are conditional. Complete only if the patient was transferred from another hospital to your hospital (if <b>Hospital Transfer</b> = 'Y')</p> <p>This data can be found on the medical record information that accompanies the patient from the referring hospital.</p> <p>Values under 100 in the hospital code list are clinics, doctor's offices, etc., and should not be entered because they do not meet the definition of a <b>Referring Hospital</b>.</p>
<b>EDITS:</b>	UT.0168; UT.0168.S; 0168.SV
<b>UTAH EXPORT:</b>	FROM_HOSPITAL_SRC

## **C.4 Referring Hospital Arrival Time**

<b>Definition:</b>	The time the patient arrived at the referring hospital.
<b>Software Field Name:</b>	REFERRING_ARRIVAL_TIME
<b>Data Type:</b>	Military Time – hh:mm (Single entry allowed)
<b>Values:</b>	Range: 00:00 to 23:59 (For example, if the patient arrived at 12:30 A.M., the value would be 00:30).  NA Not applicable, no referring hospital (Trauma registry software will auto fill this field if <b>Hospital Transfer</b> = 'N')  NOT Not Recorded/Not Known
<b>Discussion/Uses:</b>	This data can be found on the medical record information that accompanies the patient from the referring hospital.
<b>EDITS:</b>	UT.0473.L1
<b>UTAH EXPORT:</b>	REFERRING_ARRIVAL_TIME

### C.5 Referring Hospital Arrival Date

**Definition:** The date the patient arrived at the referring hospital.

**Software Field Name:** REFERRING\_ARRIVAL\_DATE

**Data Type:** Date – mmddyyyy (Single entry allowed)

**Values:** Valid date (“/”s and “-”s not needed in data entry)  
Enter the month, day and year of the referring hospital arrival date.

**Month:**

01	January	07	July
02	February	08	August
03	March	09	September
04	April	10	October
05	May	11	November
06	June	12	December

**Day:** 01-31

**Year:** The year must be 4-digits, i.e.: 2001

NA Not applicable, no referring hospital (Trauma registry software will auto fill this field if **Hospital Transfer** = ‘N’)

NOT Not Recorded/Not Known

**Discussion/Uses:** This data can be found on the medical record information that accompanies the patient from the referring hospital.

**EDITS:** UT.0473

**UTAH EXPORT:** REFERRING\_ARRIVAL\_DATE

## **C.6 Referring Hospital Discharge Time**

<b>Definition:</b>	The time the patient was discharged from the referring hospital.
<b>Software Field Name:</b>	REFERRING_DISCHARGE_TIME
<b>Data Type:</b>	Military Time – hh:mm (Single entry allowed)
<b>Values:</b>	Range: 00:00 to 23:59 (For example, if the patient was discharged at 12:30 A.M., the value would be 00:30).  NA Not applicable, no referring hospital (Trauma registry software will auto fill this field if <b>Hospital Transfer</b> = 'N')  NOT Not Recorded/Not Known
<b>Discussion/Uses:</b>	This data can be found on the medical record information that accompanies the patient from the referring hospital.
<b>EDITS:</b>	UT.0474
<b>UTAH EXPORT:</b>	REFERRING_DISCHARGE_TIME

### C.7 Referring Hospital Discharge Date

**Definition:** The date the patient was discharged from the referring hospital.

**Software Field Name:** REFERRING\_DISCHARGE\_DATE

**Data Type:** Date – mmddyyyy (Single entry allowed)

**Values:** Valid date (“/”s and “-”s not needed in data entry)  
Enter the month, day and year of the referring hospital arrival date.

**Month:**

01	January	07	July
02	February	08	August
03	March	09	September
04	April	10	October
05	May	11	November
06	June	12	December

**Day:** 01-31

**Year:** The year must be 4-digits, i.e.: 2001

NA Not applicable, no referring hospital (Trauma registry software will auto fill this field if **Hospital Transfer** = ‘N’)

NOT Not Recorded/Not Known

**Discussion/Uses:** This data can be found on the medical record information that accompanies the patient from the referring hospital.

**EDITS:** UT.0475

**UTAH EXPORT:** REFERRING\_DISCHARGE\_DATE

## **C.8 Referring Hospital Admission Type**

<b>Definition:</b>	The type of admission at referring hospital.
<b>Software Field Name:</b>	REFERRING_ADMIT_TYPE
<b>Data Type:</b>	Character (Single entry allowed)
<b>Values:</b>	A Admitted as an inpatient or to the OR E ED care only NA Not applicable, no referring hospital (Trauma registry software will auto fill this field if <b>Hospital Transfer</b> = 'N') NOT Not Recorded/Not Known
<b>Discussion/Uses:</b>	This data can be found on the medical record information that accompanies the patient from the referring hospital.
<b>EDITS:</b>	UT.0524
<b>UTAH EXPORT:</b>	REFERRING_ADMIT_TYPE

## **C.9 Referring Hospital Pulse Rate**

<b>Definition:</b>	The first palpable pulse rate expressed as number per minute initially assessed upon arrival in the referring hospital.
<b>Software Field Name:</b>	PREF
<b>Data Type:</b>	Integer (Single entry allowed)
<b>Values:</b>	Range: 0-400  NA Not applicable, no referring hospital (Trauma registry software will auto fill this field if <b>Hospital Transfer</b> = 'N')  NOT Not Recorded/Not Known
<b>Discussion/Uses:</b>	<p>This measure should be in the first set of vital signs recorded within fifteen minutes of each other upon arrival in referring hospital. If it is not done in this time period, record NOT.</p> <p>This data can be found on the medical record information that accompanies the patient from the referring hospital.</p>
<b>EDITS:</b>	UT.0055.L3
<b>UTAH EXPORT:</b>	PULSE

### C.10 Referring Hospital Respiratory Rate

<b>Definition:</b>	The first unassisted patient respiratory rate expressed as number per minute initially assessed upon arrival in the referring hospital.
<b>Software Field Name:</b>	RRREF
<b>Data Type:</b>	Integer (Single entry allowed)
<b>Values:</b>	Range: 0-100 *If patient is apneic prior to intervention, record as 0. ASSIST Unassisted rate is not measurable due to sedation, paralysis or assisted ventilation (including bag-valve-mask and EOA) NA Not applicable, no referring hospital (Trauma registry software will auto fill this field if <b>Hospital Transfer</b> = 'N') NOT Not Recorded/Not Known
<b>Discussion/Uses:</b>	This measure should be in the first set of vital signs recorded within fifteen minutes of each other upon arrival in referring hospital. If it is not done in this time period, record NOT. This data can be found on the medical record information that accompanies the patient from the referring hospital. The trauma registry software uses values entered in this field to calculate the Revised Trauma Score. <b>See Appendix G on page 219.</b>
<b>EDITS:</b>	UT.0053.L3
<b>UTAH EXPORT:</b>	RESP_RATE

## C.11 Referring Hospital Systolic Blood Pressure

<b>Definition:</b>	The systolic blood pressure initially assessed upon arrival in the referring hospital.
<b>Software Field Name:</b>	SYS_BP
<b>Data Type:</b>	Integer (Single entry allowed)
<b>Values:</b>	Range: 0-300  NA            Not applicable, no referring hospital (Trauma registry software will auto fill this field if <b>Hospital Transfer = 'N'</b> )  NOT           Not Recorded/Not Known
<b>Discussion/Uses:</b>	<p>This measure should be in the first set of vital signs recorded within fifteen minutes of each other upon arrival in the referring hospital. If it is not done in this time period, record NOT.</p> <p>This data can be found on the medical record information that accompanies the patient from the referring hospital.</p> <p>The trauma registry software uses values entered in this field to calculate the Revised Trauma Score. <b>See Appendix G on page 219.</b></p>
<b>EDITS:</b>	UT.0056.L3
<b>UTAH EXPORT:</b>	SYS_BP

## C.12 Referring Hospital GCS - Eye

<b>Definition:</b>	The first assessment of the patient's eye opening response for the Glasgow Coma Score upon arrival in the referring hospital.
<b>Software Field Name:</b>	EYE_OPENING, EYEREF
<b>Data Type:</b>	Character (Single entry allowed)
<b>Values:</b>	Range: 1-4 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  NA Not applicable, no referring hospital (Trauma registry software will auto fill this field if <b>Hospital Transfer</b> = 'N')  NOT Not Recorded/Not Known
<b>Discussion/Uses:</b>	<p>This measure should be in the first set of vital signs recorded within fifteen minutes of each other upon arrival in the referring hospital. If it is not done in this time period, record NOT.</p> <p>This data can be found on the medical record information that accompanies the patient from the referring hospital.</p> <p>The trauma registry software uses values entered in this field to calculate the Revised Trauma Score. <b>See Appendix G on page 219.</b></p>
<b>EDITS:</b>	UT.0059.L3
<b>UTAH EXPORT:</b>	EYE_OPENING

### C.13 Referring Hospital GCS - Verbal

<b>Definition:</b>	The first assessment of the patient's verbal response for the Glasgow Coma Score upon arrival in the referring hospital.																				
<b>Software Field Name:</b>	VERBAL_RESPONSE, VERBALREF																				
<b>Data Type:</b>	Character (Single entry allowed)																				
<b>Values:</b>	<p>Range: 1-5</p> <p><u>Pediatric (&lt; 2 years):</u></p> <table border="0"> <tr><td>1</td><td>No vocal response</td></tr> <tr><td>2</td><td>Inconsolable, agitated</td></tr> <tr><td>3</td><td>Inconsistently consolable, moaning</td></tr> <tr><td>4</td><td>Cries but is consolable, inappropriate interactions</td></tr> <tr><td>5</td><td>Smiles, oriented to sounds, follows objects, interacts</td></tr> </table> <p><u>Adult:</u></p> <table border="0"> <tr><td>1</td><td>No verbal response</td></tr> <tr><td>2</td><td>Incomprehensible sounds</td></tr> <tr><td>3</td><td>Inappropriate words</td></tr> <tr><td>4</td><td>Confused</td></tr> <tr><td>5</td><td>Oriented</td></tr> </table> <p>NA            Not applicable, no referring hospital (Trauma registry software will auto fill this field if <b>Hospital Transfer</b> = 'N')</p> <p>NOT           Not Recorded/Not Known</p>	1	No vocal response	2	Inconsolable, agitated	3	Inconsistently consolable, moaning	4	Cries but is consolable, inappropriate interactions	5	Smiles, oriented to sounds, follows objects, interacts	1	No verbal response	2	Incomprehensible sounds	3	Inappropriate words	4	Confused	5	Oriented
1	No vocal response																				
2	Inconsolable, agitated																				
3	Inconsistently consolable, moaning																				
4	Cries but is consolable, inappropriate interactions																				
5	Smiles, oriented to sounds, follows objects, interacts																				
1	No verbal response																				
2	Incomprehensible sounds																				
3	Inappropriate words																				
4	Confused																				
5	Oriented																				
<b>Discussion/Uses:</b>	<p>This measure should be in the first set of vital signs recorded within fifteen minutes of each other upon arrival in the referring hospital. If it is not done in this time period, record NOT.</p> <p>This data can be found on the medical record information that accompanies the patient from the referring hospital.</p> <p>The trauma registry software uses values entered in this field to calculate the Revised Trauma Score. <b>See Appendix G on page 219.</b></p>																				
<b>EDITS:</b>	UT.0061.L3																				
<b>UTAH EXPORT:</b>	VERBAL_RESPONSE																				

### C.14 Referring Hospital GCS - Motor

<b>Definition:</b>	The first assessment of the patient's motor response for the Glasgow Coma Score upon arrival in the referring hospital.																								
<b>Software Field Name:</b>	MOTOR_RESPONSE, MOTORREF																								
<b>Data Type:</b>	Character (Single entry allowed)																								
<b>Values:</b>	<p>Range: 1-6</p> <p><u>Pediatric (&lt; 2 years):</u></p> <table border="0"> <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>Withdrawal from pain</td></tr> <tr><td>5</td><td>Localizing pain</td></tr> <tr><td>6</td><td>Appropriate response to stimulation</td></tr> </table> <p><u>Adult:</u></p> <table border="0"> <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>Withdrawal from pain</td></tr> <tr><td>5</td><td>Localizing pain</td></tr> <tr><td>6</td><td>Obeys commands</td></tr> </table> <p>NA            Not Applicable, no referring hospital (Trauma registry software will auto fill this field if <b>Hospital Transfer</b> = 'N')</p> <p>NOT           Not Recorded/Not Known</p>	1	No motor response	2	Extension to pain	3	Flexion to pain	4	Withdrawal from pain	5	Localizing pain	6	Appropriate response to stimulation	1	No motor response	2	Extension to pain	3	Flexion to pain	4	Withdrawal from pain	5	Localizing pain	6	Obeys commands
1	No motor response																								
2	Extension to pain																								
3	Flexion to pain																								
4	Withdrawal from pain																								
5	Localizing pain																								
6	Appropriate response to stimulation																								
1	No motor response																								
2	Extension to pain																								
3	Flexion to pain																								
4	Withdrawal from pain																								
5	Localizing pain																								
6	Obeys commands																								
<b>Discussion/Uses:</b>	<p>This measure should be in the first set of vital signs recorded within fifteen minutes of each other upon arrival in the referring hospital. If it is not done in this time period, record NOT.</p> <p>This data can be found on the medical record information that accompanies the patient from the referring hospital.</p> <p>The trauma registry software uses values entered in this field to calculate the Revised Trauma Score. <b>See Appendix G on page 219.</b></p>																								
<b>EDITS:</b>	UT.0062.L3																								
<b>UTAH EXPORT:</b>	MOTOR_RESPONSE																								

**C.15 Referring Hospital GCS Assessment Qualifiers**

**Definition:** Documentation of factors potentially affecting the first assessment of GCS upon arrival in the referring hospital.

**Software Field Name:** PARALYTICS

**Data Type:** Character (Single entry allowed)

**Values:**

<i>Utah Choices</i>	<i>Description</i>
I	Patient intubated
IO	Patient intubated and obstruction to eye
O	Obstruction to the patient's eye
S	Patient chemically sedated
SI	Patient chemically sedated and intubated
SIO	Patient chemically sedated, intubated, and obstruction to eye
SO	Patient chemically sedated and obstruction to eye
NA	Not Applicable
NOT	Not Recorded/Not Known

**Discussion/Uses:** Provides documentation of assessment and care.

Used in quality management for the evaluation of care and EMS Agency Performance.

**EDITS:** None

**UTAH EXPORT:** PARALYTICS

### C.16 Referring Hospital GCS - Total

<b>Definition:</b>	The severity of injury as reflected by the first assessment of total GCS upon arrival in the referring hospital.
<b>Software Field Name:</b>	GLASGOW
<b>Data Type:</b>	Character (Single entry allowed)
<b>Values:</b>	Range: 3-15 If "A & O X 3" or "A & O X 4" is documented in medical chart, record GCS as 15.  NA                      Not applicable, no referring hospital (Trauma registry software will auto fill this field if <b>Hospital Transfer = 'N'</b> )  NOT                      Not Recorded/Not Known
<b>Discussion/Uses:</b>	This measure should be in the first set of vital signs recorded within fifteen minutes of each other upon arrival in the referring hospital. If it is not done in this time period, record NOT.  This data can be found on the medical record information that accompanies the patient from the referring hospital.  The trauma registry software uses values entered in this field to calculate the Revised Trauma Score. <b>See Appendix G on page 219.</b>
<b>EDITS:</b>	None
<b>UTAH EXPORT:</b>	GLASGOW

### **C.17 Referring Procedures with ICD9**

<b>Definition:</b>	Operative or essential procedures conducted during referring hospital stay.
<b>Software Field Name:</b>	PROCEDURE_LOCATION_CODE; PROCEDURE_ICD9
<b>Data Type:</b>	Numeric (Multiple values allowed)
<b>Values:</b>	
<b>Discussion/Uses:</b>	<p>Operative and/or essential procedures is defined as procedures performed in the Operating Room, Emergency Department, or Intensive Care Unit that were essential to the diagnoses, stabilization, or treatment of the patient's specific injuries.</p> <p>Repeated diagnostic procedures (e.g., repeated CT scan) should not be recorded (record only the first procedure).</p>
<b>EDITS:</b>	NONE
<b>UTAH EXPORT:</b>	PROCEDURE_LOCATION_CODE; PROCEDURE_ICD9

## **D. Pre-Hospital Information**

## D.1 Transport Mode Into Hospital

(National Element)

**Definition:** The mode of transport delivering the patient to your hospital.

**Software Field Name:** TRANS

**Data Type:** Character (Single entry allowed)

**Values:**

<i>Utah Values</i>	<i>NTDS Values</i>	<i>Description</i>
AMB	1	Ground Ambulance
COM	4	Commercial transportation/taxi (Non-EMS)
FIX	3	Fixed Wing Ambulance
HELI	2	Helicopter Ambulance
LAW	5	Law enforcement (Non-EMS)
OTHER	6	Other mode of transport
POV	4	“Per other vehicle” (private vehicle, walk-in, bus, non-EMS)
NA	NA	Not Applicable
NOT	NOT	Not Recorded

**Discussion/Uses:** This is a key field for completing other Pre-hospital/EMS data elements.

If **Transport Mode Into Hospital** indicates an **EMS Agency** was involved in transport ('AMB', 'FIX', or 'HELI'), then data for remaining Pre-hospital/EMS fields is required.

If **Transport Mode Into Hospital** indicates an **EMS Agency** was not involved in transport ('LAW', 'COM', or 'POV'), then the remaining data elements in this section should be answered 'Not applicable', meaning, the patient was not transferred by an **EMS Agency** therefore the Pre-hospital/ EMS data elements do not apply.

**Data Source Hierarchy:** 1. EMS Run Sheet

**EDITS:** UT.0169; UT.0169S; UT.0169SV

**UTAH EXPORT:** TRANS

**NTDS EXPORT:** TRANS\_NTDS

4

NTDS Field Name: TransportMode

NTDS Field Number: P\_07

## D.2 Other Transport Mode

(National Element)

**Definition:** All other modes of transport used during patient care event, except the mode delivering the patient to the hospital.

**Software Field Name:** TRANS\_OTHER

**Data Type:** Character (Single entry allowed)

**Values:**

Utah Values	NTDS Values	Description
AMB	1	Ground Ambulance
COM	4	Commercial transportation/taxi (Non-EMS)
FIX	3	Fixed-Wing Ambulance
HELI	2	Helicopter Ambulance
LAW	5	Law enforcement (Non-EMS)
OTHER	6	Other mode of transport
POV	4	“Per other vehicle” (private vehicle, walk-in, bus, non-EMS)
NA	NA	Not Applicable
NOT	NOT	Not Recorded/Not Known

**Discussion/Uses:** This is a key field for completing other Pre-hospital/EMS data elements.

If **Transport Mode Into Hospital** indicates an **EMS Agency** was involved in transport (‘AMB’, ‘FIX’, or ‘HELI’), then data for remaining Pre-hospital/EMS fields is required.

If **Transport Mode Into Hospital** indicates an **EMS Agency** was not involved in transport (‘LAW’, ‘COM’, or ‘POV’), then the remaining data elements in this section should be answered ‘Not applicable’, meaning, the patient was not transferred by an **EMS Agency** therefore the Pre-hospital/ EMS data elements do not apply.

**Data Source Hierarchy:** 1. EMS Run Sheet

**EDITS:** CDM\_0996; CDM\_0996.NV; CDM\_0996.N

**UTAH EXPORT:** TRANS\_OTHER

**NTDS EXPORT:** TRANS\_OTHER\_NTDS  
**NTDS Field Name:** OtherTransportMode  
**NTDS Field Number:** P\_08

### D.3 EMS Agency

**Definition:** The code for each **EMS Agency** involved in transporting the patient from the scene of injury to arrival in your hospital.

**Software Field Name:** TRANSPORT\_AGENCY\_CODE

**Data Type:** Character (Multiple values allowed)

**Values:** Range: 0101L—2931L; 3000L  
\*Each **EMS Agency** in the state of Utah is assigned a code by the Utah Department of Health.

**See Appendix B on page 185 for the list of Licensed Utah EMS Agency codes.**

- 3000L Unspecified Utah EMS agency
- OTHER Other out of state EMS agency
- NA Not applicable, no EMS transport
- NOT Not Recorded/Not Known

**Discussion/Uses:** The first row of data entry should be the agency that transported the patient to your hospital.

After the first row, optionally enter other **EMS Agencies and Responding Units** involved in transporting the patient.

This data can be found on the EMS Trip Form, Run Sheet or other information from the **EMS Agency** that transported the patient.

**EDITS:** UT.0017; UT.0017S; UT.0017SV

**UTAH EXPORT:** TRANSPORT\_AGENCY\_CODE\_SRC

### D.4 EMS Origin

**Definition:** The place where patient transport by an **EMS Agency** began.

**Software Field Name:** TRANSPORT\_ORIGIN

**Data Type:** Character (Multiple values allowed)

**Values:**

SCENE	Transporting agency from the scene of injury
REF	Referring hospital (includes clinics and doctors' offices)
TRANS	Rendezvous point with other EMS transport unit, (i.e. ground ambulance, fixed wing or helicopter)
NONTRANS	Non-transporting EMS agency (i.e. first responder, fire department, etc.)
NA	Not applicable, no EMS transport
NOT	Not Recorded/Not Known

**Discussion/Uses:** Sequentially enter all the origins where patient transports by an **EMS Agency** began, starting with the first leg of EMS transport.

The last **EMS Origin** should be the place patient was seen at prior to transport by an **EMS Agency** to your hospital, if applicable.

This data can be found on the EMS Trip Form, Run Sheet or other information from the **EMS Agency** that transported the patient.

**EDITS:** UT.0278; UT.0278S; UT.0278SL (checks for more than one TRANSPORT\_ORIGIN of 'SCENE')

**UTAH EXPORT:** TRANSPORT\_ORIGIN\_SRC

## D.5 EMS Notify Time

(National Element)

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

**Software Field Name:** NOTIFY\_TIME

**Data Type:** Military Time – hh:mm (Multiple values allowed)

**Values:** Range: 00:00 to 23:59

NA Not applicable, no EMS transport

NOT Not Recorded/Not Known

**Discussion/Uses:** Sequentially enter all the notification times for each **EMS Agency** involved in transporting the patient, starting with the first leg of EMS transport.

This data can be found on the EMS Trip Form, Run Sheet or other information from the **EMS Agency** that transported the patient.

**Data Source Hierarchy:** 1. EMS Run Sheet

**EDITS:** UT.0023; CDM\_0023

**UTAH EXPORT:** NOTIFY\_TIME

**NTDS EXPORT:** NOTIFY\_TIME

**NTDS Field Name:** EmsDispatchTime

**NTDS Field Number:** P\_02

**D.6 EMS Notify Date**

*(National Element)*

**Definition:** The date the unit transporting to your hospital was notified by dispatch.

**Software Field Name:** NOTIFY\_DATE

**Data Type:** Date – mmddyyyy (Multiple values allowed)

**Values:** Valid date (“/”s and “-”s not needed in data entry)  
Enter the month, day and year of the referring hospital arrival date.

**Month:**

01	January	07	July
02	February	08	August
03	March	09	September
04	April	10	October
05	May	11	November
06	June	12	December

**Day:** 01-31

**Year:** The year must be 4-digits, i.e.: 2001

NA Not applicable, no EMS transport

NOT Not Recorded/Not Known

**Discussion/Uses:** Sequentially enter all the notification dates for each **EMS Agency** involved in transporting the patient, starting with the first leg of EMS transport.

This data can be found on the EMS Trip Form, Run Sheet or other information from the **EMS Agency** that transported the patient.

**Data Source Hierarchy:** 1. EMS Run Sheet

**EDITS:** UT.0024; CDM\_0024

**UTAH EXPORT:** NOTIFY\_DATE

**NTDS EXPORT:** NOTIFY\_DATE

**NTDS Field Name:** EmsDispatchDate

**NTDS Field Number:** P\_01

## ***D.7 EMS Respond Time***

<b>Definition:</b>	<p>The time the <b>EMS Agency</b> began travel to place where patient EMS transport was to begin.</p> <p>Depending on the EMS transport leg defined by the <b>EMS Origin</b> and <b>EMS Destination</b> points, the place where patient transport began can be at either the scene of injury (SCENE), referring hospital (REF) or rendezvous point (TRANS).</p>
<b>Software Field Name:</b>	TIME_OUT
<b>Data Type:</b>	Military Time – hh:mm (Multiple values allowed)
<b>Values:</b>	<p>Range: 00:00 to 23:59</p> <p>NA Not applicable, no EMS transport</p> <p>NOT Not Recorded/Not Known</p>
<b>Discussion/Uses:</b>	<p>Sequentially enter all the respond/departure times for each <b>EMS Agency</b> involved in transporting the patient, starting with the first leg of EMS transport.</p> <p>This data can be found on the EMS Trip Form, Run Sheet or other information from the <b>EMS Agency</b> that transported the patient.</p>
<b>EDITS:</b>	UT.0025.L1
<b>UTAH EXPORT:</b>	TIME_OUT

## D.8 EMS Respond Date

<b>Definition:</b>	<p>The date the <b>EMS Agency</b> began travel to place where patient EMS transport was to begin.</p> <p>Depending on the EMS transport leg defined by the <b>EMS Origin</b> and <b>EMS Destination</b> points, the place where patient transport began can be at either the scene of injury (SCENE), referring hospital (REF) or rendezvous point (TRANS).</p>																														
<b>Software Field Name:</b>	DATE_OUT																														
<b>Data Type:</b>	Date – mmdyyy (Multiple values allowed)																														
<b>Values:</b>	<p>Valid date (“/”s and “-”s not needed in data entry)</p> <p>Enter the month, day and year of the referring hospital arrival date.</p> <p><b>Month:</b></p> <table border="0"> <tr> <td>01</td> <td>January</td> <td>07</td> <td>July</td> <td></td> </tr> <tr> <td>02</td> <td>February</td> <td></td> <td>08</td> <td>August</td> </tr> <tr> <td>03</td> <td>March</td> <td></td> <td>09</td> <td>September</td> </tr> <tr> <td>04</td> <td>April</td> <td></td> <td>10</td> <td>October</td> </tr> <tr> <td>05</td> <td>May</td> <td></td> <td>11</td> <td>November</td> </tr> <tr> <td>06</td> <td>June</td> <td></td> <td>12</td> <td>December</td> </tr> </table> <p><b>Day:</b> 01-31</p> <p><b>Year:</b> The year must be 4-digits, i.e.: 2001</p> <p>NA Not applicable, no EMS transport</p> <p>NOT Not Recorded/Not Known</p>	01	January	07	July		02	February		08	August	03	March		09	September	04	April		10	October	05	May		11	November	06	June		12	December
01	January	07	July																												
02	February		08	August																											
03	March		09	September																											
04	April		10	October																											
05	May		11	November																											
06	June		12	December																											
<b>Discussion/Uses:</b>	<p>Sequentially enter all the respond/departure dates for each <b>EMS Agency</b> involved in transporting the patient, starting with the first leg of EMS transport.</p> <p>This data can be found on the EMS Trip Form, Run Sheet or other information from the <b>EMS Agency</b> that transported the patient.</p>																														
<b>EDITS:</b>	UT.0026.L1																														
<b>UTAH EXPORT:</b>	DATE_OUT																														

### D.9 EMS Unit Arrival on Scene Time

(National Element)

**Definition:** The time the unit transporting to your hospital arrived on the scene (the time the vehicle stopped moving).

**Software Field Name:** ARRIVAL\_TIME

**Data Type:** Military Time – hh:mm (Multiple values allowed)

**Values:** Range: 00:00 to 23:59

NA Not applicable, no EMS transport

NOT Not Recorded/Not Known

**Discussion/Uses:** **Scene may be defined as “initial hospital” for inter-facility transfers.**

Sequentially enter all the patient arrival times for each **EMS Agency** involved in transporting the patient, starting with the first leg of EMS transport.

This data can be found on the EMS Trip Form, Run Sheet or other information from the **EMS Agency** that transported the patient.

**Data Source Hierarchy:** 1. EMS Run Sheet

**EDITS:** UT.0027; UT.0027.L1; CDM\_0027

**UTAH EXPORT:** ARRIVAL\_TIME

**NTDS EXPORT:** ARRIVAL\_TIME

**NTDS Field Name:** EmsArrivalTime

**NTDS Field Number:** P\_04

**D.10 EMS Unit Arrival on Scene Date**

(National Element)

**Definition:** The date the unit transporting to your hospital arrived on the scene (the time the vehicle stopped moving).

**Software Field Name:** ARRIVAL\_DATE

**Data Type:** Date – mmddyyyy (Multiple values allowed)

**Values:** Valid date (“/”s and “-”s not needed in data entry)  
Enter the month, day and year of the referring hospital arrival date.

**Month:**

01	January	07	July	
02	February		08	August
03	March		09	September
04	April		10	October
05	May		11	November
06	June		12	December

**Day:** 01-31

**Year:** The year must be 4-digits, i.e.: 2001

NA Not applicable, no EMS transport

NOT Not Recorded/Not Known

**Discussion/Uses:** **Scene may be defined as “initial hospital” for inter-facility transfers.**

Sequentially enter all the patient arrival dates for each **EMS Agency** involved in transporting the patient, starting with the first leg of EMS transport.

This data can be found on the EMS Trip Form, Run Sheet or other information from the **EMS Agency** that transported the patient.

**Data Source Hierarchy:** 1. EMS Run Sheet

**EDITS:** UT.0028; CDM\_0028

**UTAH EXPORT:** ARRIVAL\_DATE

**NTDS EXPORT:** ARRIVAL\_DATE

**NTDS Field Name:** EmsArrivalDate

**NTDS Field Number:** P\_03

### D.11 EMS Unit Scene Departure Time

(National Element)

**Definition:** The time the unit transporting to your hospital left the scene (the time the vehicle started moving).

**Software Field Name:** DEPARTURE\_TIME

**Data Type:** Military Time – hh:mm (Multiple values allowed)

**Values:** Range: 00:00 to 23:59

NA Not applicable, no EMS transport

NOT Not Recorded/Not Known

**Discussion/Uses:** Sequentially enter all the patient departure times for each **EMS Agency** involved in transporting the patient, starting with the first leg of EMS transport.

This data can be found on the EMS Trip Form, Run Sheet or other information from the **EMS Agency** that transported the patient.

**Data Source Hierarchy:** 1. EMS Run Sheet

**EDITS:** UT.0029; CDM\_0029

**UTAH EXPORT:** DEPARTURE\_TIME

**NTDS EXPORT:** DEPARTURE\_TIME

**NTDS Field Name:** EmsLeftTime

**NTDS Field Number:** P\_06

**D.12 EMS Unit Scene Departure Date**

(National Element)

**Definition:** The date the unit transporting to your hospital left the scene (the time the vehicle started moving).

**Software Field Name:** DEPARTURE\_DATE

**Data Type:** Date – mmddyyyy (Multiple values allowed)

**Values:** Valid date (“/”s and “-”s not needed in data entry)  
Enter the month, day and year of the referring hospital arrival date.

**Month:**

01	January	07	July
02	February	08	August
03	March	09	September
04	April	10	October
05	May	11	November
06	June	12	December

**Day:** 01-31

**Year:** The year must be 4-digits, i.e.: 2001

NA Not applicable, no EMS transport

NOT Not Recorded/Not Known

**Discussion/Uses:** Sequentially enter all the destination arrival times for each **EMS Agency** involved in transporting the patient, starting with the first leg of EMS transport.

This data can be found on the EMS Trip Form, Run Sheet or other information from the **EMS Agency** that transported the patient.

**Data Source Hierarchy:** 1. EMS Run Sheet

**EDITS:** UT.0030; CDM\_0030

**UTAH EXPORT:** DEPARTURE\_DATE

**NTDS EXPORT:** DEPARTURE\_DATE

**NTDS Field Name:** EmsLeftDate

**NTDS Field Number:** P\_05

### D.13 EMS Destination Arrival Time

<b>Definition:</b>	The time the EMS Agency arrived with the patient at the destination of EMS transport.  Depending on the EMS transport leg defined by the <b>EMS Origin</b> and <b>EMS Destination</b> points, this can be arrival at the definitive care hospital or rendezvous point, such as a transporting unit, airport, etc.
<b>Software Field Name:</b>	DESTINATION_ARRIVAL_TIME
<b>Data Type:</b>	Military Time – hh:mm (Multiple values allowed)
<b>Values:</b>	Range: 00:00 to 23:59  NA Not applicable, no EMS transport NOT Not Recorded/Not Known
<b>Discussion/Uses:</b>	Sequentially enter all the destination arrival times for each <b>EMS Agency</b> involved in transporting the patient, starting with the first leg of EMS transport.  This data can be found on the EMS Trip Form, Run Sheet or other information from the <b>EMS Agency</b> that transported the patient.
<b>EDITS:</b>	UT.0147.L1
<b>UTAH EXPORT:</b>	DESTINATION_ARRIVAL_TIME

### D.14 EMS Destination Arrival Date

**Definition:** The date the **EMS Agency** arrived with patient at the destination of EMS transport.

Depending on the EMS transport leg defined by the **EMS Origin** and **EMS Destination** points, this can be arrival at the definitive care hospital or rendezvous point, such as a transporting unit, airport, etc

**Software Field Name:** DESTINATION\_ARRIVAL\_DATE

**Data Type:** Date – mmddyyyy (Multiple values allowed)

**Values:** Valid date (“/”s and “-”s not needed in data entry)  
Enter the month, day and year of the referring hospital arrival date.

**Month:**

01	January	07	July
02	February	08	August
03	March	09	September
04	April	10	October
05	May	11	November
06	June	12	December

**Day:** 01-31

**Year:** The year must be 4-digits, i.e.: 2001

NA Not applicable, no EMS transport

NOT Not Recorded

**Discussion/Uses:** Sequentially enter all the destination arrival dates for each **EMS Agency** involved in transporting the patient, starting with the first leg of EMS transport.

This data can be found on the EMS Trip Form, Run Sheet or other information from the **EMS Agency** that transported the patient.

**EDITS:** UT.0146.L1

**UTAH EXPORT:** DESTINATION\_ARRIVAL\_DATE

## D.15 EMS Destination

<b>Definition:</b>	The destination where each leg of patient EMS transports ended.
<b>Software Field Name:</b>	TRANSPORT_DESTINATION
<b>Data Type:</b>	Integer (Multiple values allowed)
<b>Values:</b>	<p>Destination/Hospital codes are assigned by the Utah Department of Health. <b><i>The list of codes can be found in Appendix A on page 181.</i></b> If this leg of EMS transport did not end in a hospital, chose from options 010—090.</p> <p>NA Not applicable, no EMS transport NOT Not Recorded/Not Known</p>
<b>Discussion/Uses:</b>	<p>Sequentially enter all the destinations where each leg of the <b>EMS Agency</b> transport ended, starting with the first destination to which the patient was transported. The last <b>EMS Destination</b> should be the Hospital Code for your hospital, if applicable.</p> <p>This data can be found on the EMS Trip Form, Run Sheet or other information from the <b>EMS Agency</b> that transported the patient..</p>
<b>EDITS:</b>	UT.0062; UT.0062S; UT.0062SV
<b>UTAH EXPORT:</b>	TRANSPORT_DESTINATION_SRC

### **D.16 EMS Trip Form Received**

**Definition:** Indicates whether the EMS Trip Form or Run Sheet is available in the medical record (for the trauma registrar/data abstractor) for each leg of an **EMS Agency** patient transport.

**Software Field Name:** TRIP\_FORM

**Data Type:** Character (Multiple values allowed)

**Values:**

Y	Yes, trip form is available
N	No, trip form is not available
NA	Not applicable, no EMS transport

**Discussion/Uses:** This is used to indicate the availability of data for the trauma registry from the EMS Trip Form or Run Sheet for each leg of an **EMS Agency** patient transport.

**EDITS:** UT.0019; UT.0019S; UT.0019SV

**UTAH EXPORT:** TRIP\_FORM\_SRC

### D.17 Initial Field Pulse Rate

(National Element)

**Definition:** First recorded pulse in the pre-hospital setting (palpated or auscultated), expressed as a number per minute.

**Software Field Name:** P1

**Data Type:** Integer (Single entry allowed)

**Values:** Range: 0-400

NA Not applicable, no scene EMS

NOT Not assessed per documentation

**Discussion/Uses:** This measure should be in the first set of vital signs recorded within 15 minutes of each other upon arrival at the scene of injury.

This data can be found on the EMS Trip Form, Run Sheet or other information from the **EMS Agency**.

If the patient is transferred to your facility with no EMS run sheet from the scene of injury, record as "Not Recorded/Not Known".

**Data Source Hierarchy:** 1. EMS Run Sheet

**EDITS:** UT.0055.L1

**UTAH EXPORT:** PULSE

**NTDS EXPORT:** P1

**NTDS Field Name:** EmsPulseRate

**NTDS Field Number:** P\_10

## D.18 Initial Field Respiratory Rate

(National Element)

**Definition:** First recorded respiratory rate in the pre-hospital setting (expressed as a number per minute).

**Software Field Name:** RR1

**Data Type:** Integer (Single entry allowed)

**Values:** Range: 0—100 (Do not report ranges.)

\*If patient is apneic prior to intervention, record as 0.

ASSIST Unassisted rate is not measurable due to sedation, paralysis or assisted ventilation (including bag-valve-mask and EOA).

NA Not applicable, no scene EMS

NOT Not assessed (reason other than ASSIST) per documentation

**Discussion/Uses:** This measure should be in the first set of vital signs recorded within fifteen minutes of each other upon arrival at the scene of injury. If it is not done in this time period, record NOT.

This data can be found on the EMS Trip Form, Run Sheet or other information from the **EMS Agency** that transported the patient.

The trauma registry software uses values entered in this field to calculate the Revised Trauma Score. **See Appendix G on page 219.**

If the patient is transferred to your facility with no EMS run sheet from the scene of injury record as “Not Recorded/Not Known”.

**Data Source Hierarchy:** 1. EMS Run Sheet

**EDITS:** UT.0052.L1

**UTAH EXPORT:** RESP\_RATE

**NTDS EXPORT:** RR1

**NTDS Field Name:** EmsRespiratoryRate

**NTDS Field Number:** P\_11

## D.19 Initial Field Systolic Blood Pressure

(National Element)

<b>Definition:</b>	First recorded systolic blood pressure in the pre-hospital setting.
<b>Software Field Name:</b>	SBP1
<b>Data Type:</b>	Integer (Single entry allowed)
<b>Values:</b>	Range: 0—300  NA                    Not applicable, no scene EMS NOT                   Not assessed per documentation
<b>Discussion/Uses:</b>	<p>This measure should be in the first set of vital signs recorded within fifteen minutes of each other upon arrival at the scene of injury. If it is not done in this time period, record NOT.</p> <p>This data can be found on the EMS Trip Form, Run Sheet or other information from the <b>EMS Agency</b> that transported the patient.</p> <p>The trauma registry software uses values entered in this field to calculate the Revised Trauma Score. <b>See Appendix G on page 219.</b></p> <p>If patient is transferred to your facility with no EMS run sheet from the scene of injury, record as “Not Known/Not Recorded”.</p>
<b>Data Source Hierarchy:</b>	1.        EMS Run Sheet
<b>EDITS:</b>	UT.0056.L1
<b>UTAH EXPORT:</b>	SYS_BP
<b>NTDS EXPORT:</b>	SBP1
<b>NTDS Field Name:</b>	EmsSbp
<b>NTDS Field Number:</b>	P_09

## D.20 Initial Field Oxygen Saturation

(National Element)

<b>Definition:</b>	First recorded oxygen saturation in the pre-hospital setting (expressed as a percentage).
<b>Software Field Name:</b>	VS_PAO2
<b>Data Type:</b>	Integer (Single entry allowed)
<b>Values:</b>	Range: 0—100  NA                    Not applicable, no scene EMS NOT                   Not assessed per documentation
<b>Discussion/Uses:</b>	Provides documentation of assessment and care.  Used in quality management for the evaluation of care and EMS Agency Performance.  If the patient is transferred to your facility with no EMS run sheet from the scene of injury, record as "Not Recorded/Not Known".
<b>Data Source Hierarchy:</b>	1.       EMS Run Sheet
<b>EDITS:</b>	UT.0872.L1
<b>UTAH EXPORT:</b>	OX1
<b>NTDS EXPORT:</b>	OX1
<b>NTDS Field Name:</b>	EmsPulseOximetry
<b>NTDS Field Number:</b>	P_12

## D.21 Initial Field GCS - Eye

(National Element)

**Definition:** The first assessment of eye opening response for the Glasgow Coma Score upon arrival at the scene of injury.

**Software Field Name:** EYE1

**Data Type:** Character (Single entry allowed)

**Values:** Range: 1-4

- 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

NA Not Applicable

NOT Not done per documentation

**Discussion/Uses:** This measure should be in the first set of vital signs recorded within fifteen minutes of each other upon arrival at the scene of injury. If it is not done in this time period, record NOT.

This data can be found on the EMS Trip Form, Run Sheet or other information from the **EMS Agency** that transported the patient.

The trauma registry software uses values entered in this field to calculate the Revised Trauma Score. **See Appendix G on page 219.**

If the patient is transferred to your facility with no EMS run sheet from the scene of injury, record as "Not Recorded/Not Known".

**Data Source Hierarchy:** 1. EMS Run Sheet

**EDITS:** UT.0059.L1

**UTAH EXPORT:** EYE\_OPENING

**NTDS EXPORT:** EYE1

**NTDS Field Name:** EmsGcsEye

**NTDS Field Number:** P\_13

## D.22 Initial Field GCS - Verbal

(National Element)

**Definition:** The first assessment of verbal response for the Glasgow Coma Score upon arrival at the scene of injury.

**Software Field Name:** VERBAL1

**Data Type:** Character (Single entry allowed)

**Values:** Range: 1-5

Pediatric (≤ 2 years):

- 1 No vocal response
- 2 Inconsolable, agitated
- 3 Inconsistently consolable, moaning
- 4 Cries but is consolable, inappropriate interactions
- 5 Smiles, oriented to sounds, follows objects, interacts

Adult:

- 1 No verbal response
- 2 Incomprehensible sounds
- 3 Inappropriate words
- 4 Confused
- 5 Oriented

NA Not Applicable

NOT Not done per documentation

**Discussion/Uses:** This measure should be in the first set of vital signs recorded within fifteen minutes of each other upon arrival at the scene of injury. If it is not done in this time period, record NOT.

This data can be found on the EMS Trip Form, Run Sheet or other information from the **EMS Agency** that transported the patient. The trauma registry software uses values entered in this field to calculate the Revised Trauma Score. **See Appendix G on page 219.**

If the patient is transferred to your facility with no EMS run sheet from the scene of injury, record as "Not Known/Not Recorded".

**Data Source Hierarchy:** 1. EMS Run Sheet

**EDITS:** UT.0061.L1

**UTAH EXPORT:** VERBAL\_RESPONSE

**NTDS EXPORT:** VERBAL1  
**NTDS Field Name:** EmsGcsVerbal  
**NTDS Field Number:** P\_14

### D.23 Initial Field GCS - Motor

(National Element)

**Definition:** First assessment of motor response for the Glasgow Coma Score upon arrival at the scene of injury.

**Software Field Name:** MOTOR1

**Data Type:** Character (Single entry allowed)

**Values:** Range: 1-6

Pediatric (< 2 years):

- 1 No motor response
- 2 Extension to pain
- 3 Flexion to pain
- 4 Withdrawal from pain
- 5 Localizing pain
- 6 Appropriate response to stimulation

Adult:

- 1 No motor response
- 2 Extension to pain
- 3 Flexion to pain
- 4 Withdrawal from pain
- 5 Localizing pain
- 6 Obeys commands

NA Not Applicable

NOT Not done per documentation

**Discussion/Uses:** This measure should be in the first set of vital signs recorded within fifteen minutes of each other upon arrival at the scene of injury. If it is not done in this time period, record NOT.

This data can be found on the EMS Trip Form, Run Sheet or other information from the **EMS Agency** that transported the patient. The trauma registry software uses values entered in this field to calculate the Revised Trauma Score. **See Appendix G on page 219.**

If the patient was transferred to your facility with no EMS run sheet from the scene of injury, record as "Not Known/Not Recorded".

**Data Source Hierarchy:** 1. EMS Run Sheet

**EDITS:** UT.0062.L1

**UTAH EXPORT:** MOTOR\_RESPONSE  
**NTDS EXPORT:** MOTOR1  
**NTDS Field Name:** EmsGcsMotor  
**NTDS Field Number:** P\_15

**D.24 Initial Field GCS Assessment Qualifiers**

**Definition:** Documentation of factors potentially affecting the first assessment of GCS upon arrival in the pre-hospital setting.

**Software Field Name:** PARALYTICS

**Data Type:** Character (Single entry allowed)

**Values:**

<i>Utah Choices</i>	<i>Description</i>
I	Patient intubated
IO	Patient intubated and obstruction to eye
O	Obstruction to the patient's eye
S	Patient chemically sedated
SI	Patient chemically sedated and intubated
SIO	Patient chemically sedated, intubated, and obstruction to eye
SO	Patient chemically sedated and obstruction to eye
NA	Not Applicable
NOT	Not Recorded/Not Known

**Discussion/Uses:** Provides documentation of assessment and care.

Used in quality management for the evaluation of care and EMS Agency Performance.

**EDITS:** UT.0521.L1

**UTAH EXPORT:** PARALYTICS1

## D.25 Initial Field GCS - Total

(National Element)

<b>Definition:</b>	The severity of injury as reflected by the first assessment of total GCS upon arrival at the scene of injury.
<b>Software Field Name:</b>	GCS1
<b>Data Type:</b>	Character (Single entry allowed)
<b>Values:</b>	<p>Range: 3-15</p> <p>If "A &amp; O X 3" or "A &amp; O X 4" is documented in medical chart, record GCS as 15.</p> <p>NA                      Not applicable, no referring hospital (Trauma registry software will auto fill this field if <b>Hospital Transfer</b> = 'N')</p> <p>NOT                      Not assessed per documentation</p>
<b>Discussion/Uses:</b>	<p>This measure should be in the first set of vital signs recorded within fifteen minutes of each other upon arrival at the scene of injury. If it is not done in this time period, record NOT.</p> <p>This data can be found on the EMS Trip Form, Run Sheet or other information from the <b>EMS Agency</b> that transported the patient. The trauma registry software uses values entered in this field to calculate the Revised Trauma Score. <b>See Appendix G on page 219.</b></p> <p>Use only if total score is available without component scores.</p> <p>If the patient is transferred to your facility with no EMS run sheet from the scene of injury, record as "Not Known/Not Recorded".</p> <p>If a patient does not have a numeric GCS recorded, but with documentation related to their level of consciousness such as "AAOx3", "awake, alert and oriented," or "patient with normal mental status," interpret this as GCS of 15 IF there is no other contraindicating documentation.</p>
<b>Data Source Hierarchy:</b>	1.        EMS Run Sheet
<b>EDITS:</b>	UT.0164.L1
<b>UTAH EXPORT:</b>	GLASGOW
<b>NTDS EXPORT:</b>	GLASGOW1
<b>NTDS Field Name:</b>	EmsGcsTotal
<b>NTDS Field Number:</b>	P_16

## **E. Emergency Department / Hospital Information**

## **E.1 Admit Type**

<b>Definition:</b>	The specific type of patient admission at your hospital.
<b>Software Field Name:</b>	ADMIT_TYPE
<b>Data Type:</b>	Character (Single entry allowed)
<b>Values:</b>	E Admitted through ED D Direct admission T Seen in ED then transferred out by EMS R Seen in ED then released or referred POV X Died in ED or DOA
<b>Discussion/Uses:</b>	None
<b>EDITS:</b>	UT.0198; UT.0198.L1; UT.0198.L2; UT.0198.L3 2009 – Logic edits have been added – If Admit type is “R”, then ED Disposition Code must not be HOSP. If Admit type is “T”, then ED Disposition Code must be HOSP. If Admit type is “X” then ED Disposition Code must be D, DOA, or DF
<b>UTAH EXPORT:</b>	ADMIT_TYPE

## E.2 Admit Service

**Definition:** The specific service to which the patient is admitted after discharge from the ED.

**Software Field Name:** ADM\_SVC

**Data Type:** Character (Single entry allowed)

**Values:**

BURN	Burn service
MED	Other medical service not listed
NSR	Neurosurgery
OB	Obstetrics
ORTHO	Orthopedic surgery
PED	Pediatric service
PSYCH	Psychiatric
SURG	General surgery or other surgical services not listed
TS	Trauma Service (only organized Trauma Service or designated Trauma Center)
NA	Not applicable, patient seen in ED only (ED Discharge Disposition = 'HOME', 'HOSP', 'D', 'DOA', or 'NA')
NOT	Not Recorded/Not Known

**Discussion/Uses:** None

**EDITS:** UT.0221; UT.0221S; UT.0221SV

**UTAH EXPORT:** ADM\_SVC\_SRC

### E.3 ED / Hospital Arrival Time

(National Element)

**Definition:** The time the patient arrived to the ED / hospital.

**Software Field Name:** HOSPITAL\_ARRIVAL\_TIME

**Data Type:** Military Time – hh:mm (Single entry allowed)

**Values:** Range: 00:00 to 23:59  
NA Not Applicable  
NOT Not Recorded/Not Known

**Discussion/Uses:** **If the patient was brought to the ED, enter time patient arrived at ED. If patient was directly admitted to the hospital, enter time patient was admitted to the hospital.**

This time may or may not coincide with the first time a patient was seen by medical personnel, the **ED Admission Time**. For example, the patient was dropped off by EMS Agency at 23:45 12/01/2001 (**Hospital Arrival Time**= 23:45) but was not triaged or seen by medical personnel until 00:10 12/02/2001 (**ED Admission Time**= 00:10).

**Data Source Hierarchy:**

1. Triage Form / Trauma Flow Sheet
2. ED Record
3. Billing Sheet / Medical Records Coding Summary Sheet
4. Hospital Discharge Summary

**EDITS:** UT.0031; CDM\_0031

**UTAH EXPORT:** HOSPITAL\_ARRIVAL\_TIME

**NTDS EXPORT:** HOSPITAL\_ARRIVAL\_TIME

**NTDS Field Name:** HospitalArrivalTime

**NTDS Field Number:** ED\_02

## E.4 ED / Hospital Arrival Date

(National Element)

<b>Definition:</b>	The date the patient arrived to the ED / hospital.
<b>Software Field Name:</b>	HOSPITAL_ARRIVAL_DATE
<b>Data Type:</b>	Date - mmddyyyy (Single entry allowed)
<b>Values:</b>	Valid date (“/”s and “-”s not needed in data entry)  Enter the month, day and year of the referring hospital arrival date.
	<b>Month:</b>
	01 January 07 July
	02 February 08 August
	03 March 09 September
	04 April 10 October
	05 May 11 November
	06 June 12 December
	<b>Day:</b> 01-31
	<b>Year:</b> The year must be 4-digits, i.e.: 2001
	NA Not applicable, no referring hospital (Trauma registry software will auto fill this field if <b>Hospital Transfer</b> = ‘N’)
	NOT Not Recorded/Not Known
<b>Discussion/Uses:</b>	<b>If the patient was brought to the ED, enter date patient arrived at ED. If patient was directly admitted to the hospital, enter data patient was admitted to the hospital.</b>  This date may or may not coincide with the first date the patient was seen by medical personnel, the <b>ED Admission Date</b> . For example, the patient was dropped off by EMS Agency at 23:45 12/01/2001 ( <b>Hospital Arrival Date</b> = 12/01/2001) but was not triaged or seen by medical personnel until 00:10 12/02/2001 ( <b>ED Admission Date</b> = 12/02/2001).
<b>Data Source Hierarchy:</b>	1. Triage Form / Trauma Flow Sheet 2. ED Record 3. Billing Sheet / Medical Records Coding summary Sheet 4. Hospital Discharge Summary
<b>EDITS:</b>	UT.0032; CDM_0032
<b>UTAH EXPORT:</b>	HOSPITAL_ARRIVAL_DATE
<b>NTDS EXPORT:</b>	HOSPITAL_ARRIVAL_DATE



**NTDS Field Name:** HospitalArrivalDate

**NTDS Field Number:** ED\_01

## E.5 ED Admission Time

<b>Definition:</b>	The time the patient was triaged or seen by medical personnel at your emergency department.
<b>Software Field Name:</b>	ED_ADM_TIME
<b>Data Type:</b>	Military Time – hh:mm (Single entry allowed)
<b>Values:</b>	Range: 00:00 to 23:59  NA Not applicable, not an ED patient at your hospital NOT Not Recorded/Not Known
<b>Discussion/Uses:</b>	This time may or may not coincide with the <b>Hospital Arrival Time</b> . For example, the patient was dropped off by EMS Agency at 23:45 12/01/2001 but was not triaged or seen by medical personnel until 00:10 12/02/2001. ( <b>Hospital Arrival Time</b> = 23:45 and <b>ED Admission Time</b> = 00:10.)
<b>EDITS:</b>	UT.0470
<b>UTAH EXPORT:</b>	ED_ADM_TIME

## E.6 ED Admission Date

**Definition:** The date the patient was triaged or seen by medical personnel at your emergency department.

**Software Field Name:** ED\_ADM\_DATE

**Data Type:** Date – mmddyyyy (Single entry allowed)

**Values:** Valid date (“/”s and “-”s not needed in data entry)  
Enter the month, day and year of the referring hospital arrival date.

**Month:**

01	January	07	July
02	February	08	August
03	March	09	September
04	April	10	October
05	May	11	November
06	June	12	December

**Day:** 01-31

**Year:** The year must be 4-digits, i.e.: 2001

NA Not applicable, no referring hospital (Trauma registry software will auto fill this field if **Hospital Transfer** = ‘N’)

NOT Not Documented

UNK Unknown (either inadequate or no documentation)

**Discussion/Uses:** This time may or may not coincide with the **Hospital Arrival Date**. For example, the patient was dropped off by EMS Agency at 23:45 12/01/2001 but was not triaged or seen by medical personnel until 00:10 12/02/2001. (**Hospital Arrival Date** = 12/01/2001 and **ED Admission Date** = 12/02/2001.)

**EDITS:** UT.0469

**UTAH EXPORT:** ED\_ADM\_DATE

## E.7 ED Discharge Time

(National Element)

<b>Definition:</b>	The time the patient was discharged from the ED.
<b>Software Field Name:</b>	ED_DC_TIME
<b>Data Type:</b>	Military Time – hh:mm (Single entry allowed)
<b>Values:</b>	Range: 00:00 to 23:59  NA Not applicable, not an ED patient at your hospital NOT Not Recorded/Not Known
<b>Discussion/Uses:</b>	If the patient is directly admitted to the hospital, code as “Not Applicable”.
<b>Data Source Hierarchy:</b>	1. Hospital Record 2. Billing Sheet / Medical Records Coding Summary Sheet 3. Physician’s Progress Notes
<b>EDITS:</b>	UT.0261; CDM_0261
<b>UTAH EXPORT:</b>	ED_DC_TIME
<b>NTDS EXPORT:</b>	ED_DC_TIME
<b>NTDS Field Name:</b>	EdDischargeTime
<b>NTDS Field Number:</b>	ED_20

## E.8 ED Discharge Date

(National Element)

**Definition:** The date the patient was discharged from the ED.

**Software Field Name:** ED\_DC\_DATE

**Data Type:** Date – mmddyyyy (Single entry allowed)

**Values:** Valid date (“/”s and “-”s not needed in data entry)  
Enter the month, day and year of the referring hospital arrival date.

**Month:**

01	January	07	July
02	February	08	August
03	March	09	September
04	April	10	October
05	May	11	November
06	June	12	December

**Day:** 01-31

**Year:** The year must be 4-digits, i.e.: 2001

NA Not applicable, no referring hospital (Trauma registry software will auto fill this field if **Hospital Transfer** = ‘N’)

NOT Not Documented

**Discussion/Uses:** If patient is directly admitted to the hospital, code as “Not Applicable”.

**Data Source Hierarchy:**

1. Hospital Discharge Summary
2. Billing Sheet / Medical Records Coding Summary Sheet
3. Physician’s Progress Notes

**EDITS:** UT.0262; CDM\_0262

**UTAH EXPORT:** ED\_DC\_DATE

**NTDS EXPORT:** ED\_DC\_DATE

**NTDS Field Name:** EdDischargeDate

**NTDS Field Number:** ED\_19

## E.9 Inpatient Admission Time

<b>Definition:</b>	The time the patient was admitted as an inpatient at your hospital.
<b>Software Field Name:</b>	HOSPITAL_ADMISSION_TIME
<b>Data Type:</b>	Military Time – hh:mm (Single entry allowed)
<b>Values:</b>	Range: 00:00 to 23:59  NA Not applicable, not an inpatient at your hospital NOT Not Recorded/Not Known
<b>Discussion/Uses:</b>	This time may or may not coincide with the <b>Hospital Arrival Time</b> . For example, the patient was dropped off by EMS Agency at 23:45 12/01/2001 but was not admitted as an inpatient until 00:10 12/02/2001. ( <b>Hospital Arrival Time</b> = 23:45 and <b>Inpatient Admission Time</b> = 00:10.)
<b>EDITS:</b>	UT.0300
<b>UTAH EXPORT:</b>	HOSPITAL_ADMISSION_TIME

### E.10 Inpatient Admission Date

**Definition:** The date the patient was admitted as an inpatient at your hospital.

**Software Field Name:** HOSPITAL\_ADMISSION\_DATE

**Data Type:** Date – mmddyyyy (Single entry allowed)

**Values:** Valid date (“/”s and “-”s not needed in data entry)  
Enter the month, day and year of the referring hospital arrival date.

**Month:**

01	January	07	July
02	February	08	August
03	March	09	September
04	April	10	October
05	May	11	November
06	June	12	December

**Day:** 01-31

**Year:** The year must be 4-digits, i.e.: 2001

NA Not applicable, not an inpatient at your hospital

NOT Not Recorded/Not Known

**Discussion/Uses:** This time may or may not coincide with the **Hospital Arrival Date**. For example, the patient was dropped off by EMS Agency at 23:45 12/01/2001 but was not admitted as an inpatient until 00:10 12/02/2001. (**Hospital Arrival Date** = 12/01/2001 and **Inpatient Admission Date** = 12/02/2001.)

**EDITS:** UT.0247

**UTAH EXPORT:** HOSPITAL\_ADMISSION\_DATE

## E.11 Hospital Discharge Time

(National Element)

<b>Definition:</b>	The time the patient was discharged from the hospital.
<b>Software Field Name:</b>	DISCHARGE_TIME
<b>Data Type:</b>	Military Time – hh:mm (Single entry allowed)
<b>Values:</b>	Range: 00:00 to 23:59 NA Not applicable, not an inpatient at your hospital NOT Not Recorded/Not Known
<b>Discussion/Uses:</b>	Provides a rough estimate of severity of injury and resource utilization.
<b>Data Source Hierarchy:</b>	1. Hospital Record 2. Billing Sheet / Medical Records Coding Summary Sheet 3. Physician Discharge Summary
<b>EDITS:</b>	UT.0144; CDM_0144
<b>UTAH EXPORT:</b>	HOSPITAL_DESPARTURE_TIME
<b>NTDS EXPORT:</b>	DISCHARGE_TIME
<b>NTDS Field Name:</b>	HospitalDischargeTime
<b>NTDS Field Number:</b>	O_04

## E.12 Hospital Discharge Date

(National Element)

<b>Definition:</b>	The date the patient was discharged from the hospital.		
<b>Software Field Name:</b>	DISCHARGE_DATE		
<b>Data Type:</b>	Date – mmddyyyy (Single entry allowed)		
<b>Values:</b>	Valid date (“/”s and “-”s not needed in data entry) Enter the month, day and year of the referring hospital arrival date.		
	<b>Month:</b>		
	01	January	07 July
	02	February	08 August
	03	March	09 September
	04	April	10 October
	05	May	11 November
	06	June	12 December
	<b>Day:</b>	01-31	
	<b>Year:</b>	The year must be 4-digits, i.e.: 2001	
	NA	Not applicable, no referring hospital (Trauma registry software will auto fill this field if <b>Hospital Transfer</b> = ‘N’)	
	NOT	Not Recorded/Not Known	
<b>Discussion/Uses:</b>	None		
<b>Data Source Hierarchy;</b>	1.	Hospital Record	
	2.	Billing Sheet / Medical Records Coding Summary Sheet	
	3.	Physician Discharge Summary	
<b>EDITS:</b>	UT.0143; CDM_0143		
<b>UTAH EXPORT:</b>	HOSPITAL_DEPARTURE_DATE		
<b>NTDS EXPORT:</b>	DISCHARGE_DATE		
<b>NTDS Field Name:</b>	HospitalDischargeDate		
<b>NTDS Field Number:</b>	O_03		

### E.13 ED Discharge Disposition

(National Element)

**Definition:** The disposition of the patient at the time of discharge from the ED.

**Software Field Name:** ED\_DISPOSITION\_CODE

**Data Type:** Character (Single entry allowed)

**Values:**

<i>Utah Values</i>	<i>NTDS Values</i>	<i>Description</i>
AMA	10	Left against medical advice
D	5	Death in ED (other than failed resuscitation attempt)
DF	5	Death in ED after failed resuscitation attempt
DOA	5	Dead on arrival with minimal or no resuscitation attempt
FLOOR	1	Floor bed
HHOME	4	Home with services
HOME	9	Home without services
HOSP	11	Transferred to another hospital
ICU	8	Intensive Care Unit
OBS	2	Observation Unit <24 hours
OR	7	Operating Room
OTHER	6	Other – jail, institutional care, mental health, etc.
TELE	3	Telemetry/Step-down <acuity than ICU
NA	NA	Not applicable, patient was not seen in the ED and/or was a Direct Admit (Admit Type = D)
NOT	NOT	Not Recorded/Not Known

**Discussion/Uses:** This field is also in association with the NTDS field, ED\_OUTCOME. Both elements are being collected for the NTDS through this one field.

Based upon UB-92 disposition coding.

Patients treated in accordance with a “Do Not Resuscitate” (DNR) order should be coded under “Died in ED (other than failed resuscitation attempt)”.

Dead on Arrival is defined as arrival at the hospital with no signs of life, but with pre-hospital CPR as indicated below.

Age >12 years

- Blunt trauma, more than 5 minutes pre-hospital CPR
- Penetrating head/neck/abdomen trauma, more than 5 minutes pre-hospital CPR
- Penetrating chest trauma, more than 15 minutes pre-hospital CPR

Age ≤12 years

- Blunt trauma, more than 15 minutes pre-hospital CPR
- Penetrating trauma, more than 15 minutes pre-hospital CPR

If the patient is directly admitted to the hospital, code as “Not Applicable”.

If ED Discharge Disposition is 4, 5, 6, 9, 10, 11, then Hospital Discharge Date, Time, and Disposition should be “Not Applicable”.

<b>Data Source Hierarchy:</b>	1. Discharge Sheet 2. Nursing Progress Notes 3. Social Worker Notes
<b>EDITS:</b>	UT.0471; UT.0471S; UT.0471SV; CDM_0471; CDM_0471.NV; CDM_0471.N
<b>UTAH EXPORT:</b>	ED_DISPOSITION_CODE_SRC
<b>NTDS EXPORT:</b>	ED_DISPOSITION_CODE_NTDS, ED_OUTCOME_NTDS
<b>NTDS Field Name:</b>	EdDischargeDisposition
<b>NTDS Field Number:</b>	ED_17, ED_18

## E.14 ED Transferring EMS Agency

**Definition:** The EMS Agency that transferred the patient out of your ED, if patient was discharged to another hospital (**ED Discharge Disposition** = 'HOSP').

**Software Field Name:** ED\_TRANSFER\_MODE

**Data Type:** Character (Single entry allowed)

**Values:** Range: 0101L-3011L

\*Each **EMS Agency** in the state of Utah is assigned a code by the Utah Department of Health. **See Appendix B on page 185** for the list of Licensed Utah EMS Agency codes.

OTHER Other

NA Not applicable, patient not transferred to another hospital (**ED Discharge Disposition** does not = 'HOSP')

NOT Not Recorded/Not Known

**Discussion/Uses:** This field is conditional. Complete only if the patient was transferred from your hospital to another hospital (**ED Discharge Disposition** = 'HOSP' and ADMIT\_TYPE = 'T').

**EDITS:** UT.0075S; UT.0075SV

**UTAH EXPORT:** ED\_TRANSFER\_MODE\_SRC

## ***E.15 ED Discharge Destination Hospital***

<b>Definition:</b>	The receiving hospital if the patient was transferred out of the ED to another hospital ( <b>ED Discharge Disposition = 'HOSP'</b> ).
<b>Software Field Name:</b>	ED_DESTINATION_CODE
<b>Data Type:</b>	Integer (Single entry allowed)
<b>Values:</b>	<p>Hospital codes are assigned by the Utah Department of Health. The list of codes can be found in <b>Appendix A on page 181</b>.</p> <p>Codes under 100 (non-hospital codes) are not valid.</p> <p>NA Not applicable, patient not transferred to another hospital (<b>ED Discharge Disposition does not = 'HOSP'</b>)</p> <p>NOT Not Recorded/Not Known</p>
<b>Discussion/Uses:</b>	This field is conditional. Complete only if the patient was transferred from your hospital to another hospital ( <b>ED Discharge Disposition = 'HOSP'</b> ).
<b>EDITS:</b>	UT.0076S; UT.0076SV; UT.0071.L1
<b>UTAH EXPORT:</b>	ED_DESTINATION_CODE_SRC

## E.16 Transfer Reason

<b>Definition:</b>	The reason for transferring the patient to another Hospital.	
<b>Software Field Name:</b>	TRANSFER_REASON	
<b>Data Type:</b>	Character (Single entry allowed)	
<b>Values:</b>	INS	Insurance
	HIGHER	Specialty Care / Higher Level Care
	RESOURCE	Resources Unavailable (Beds, Equipment, Staff, MD)
	PTREQ	Patient Request
	LOWER	Lower Level Care
	NA	Not Applicable, Not Transferred
	NOT	Not Recorded/Not Known
<b>Discussion/Uses:</b>	Added in 2004 to clarify transfers. This field will appear as a popup question in trauma registry software if EITHER the ED or DC Disposition is "HOSP".	
<b>EDITS:</b>	UT.0049L1; UT.0049S; UT.0049SV These edits should <u>only</u> trip if the HOSPITAL_DEPARTURE_YEAR is 2004 or greater AND if either the ED or DC Disposition code is "HOSP".	
<b>UTAH EXPORT:</b>	TRANSFER_REASON_SRC	

## E.17 Hospital Discharge Disposition

(National Element)

**Definition:** The disposition of the patient when discharged from the hospital.

**Software Field Name:** DC\_DISPOSITION\_CODE

**Data Type:** Character (Single entry allowed)

**Values:**

<i>Utah Values</i>	<i>NTDS Values</i>	<i>Description</i>
AMA	4	Left against medical advice
D	5	Death
EOL	8	Discharged/Transferred to hospice care
HH	3	Discharged/Transferred to home under care of organized home health service
HOME	6	Discharged home with no home services
HOSP	1	Discharged/Transferred to a short-term general hospital for inpatient care
JAIL	6	Release to jail facility or other detention center
NH	7	Discharged/Transferred to Skilled Nursing Facility
OTHER	6	Other
REHAB	9	Rehabilitation center
SWING	9	Hospital long term care bed
TCU	2	Discharged/Transferred to an Intermediate Care Facility (ICF)
NA	NA	Not applicable, not an inpatient at your hospital
NOT	NOT	Not Recorded/Not Known

**Discussion/Uses:** This field is used in determining Utah Inclusion: Transfer Out of your hospital to another acute care facility. If either the ED or DC Disposition State Report Codes equal "HOSP," and was transferred by an EMS agency, the patient meets inclusion criteria. IN addition to being transferred out, the patient needs to have at least one qualifying Trauma ICD9 code.

Field value = "HOME" refers to any place of residence (jail, institutional care, etc).

Disposition to any other non-medical facility should be coded as "HOME".

Disposition to any other medical facility should be coded as "REHAB" or "SWING".

<b>Data Source Hierarchy:</b>	<ol style="list-style-type: none"><li>1. Hospital Discharge Summary Sheet</li><li>2. Nurses Notes</li><li>3. Case Manager / Social Services Notes</li></ol>
<b>EDITS:</b>	UT.0249; UT.0249S; UT.0249SV; CDM_0249; CDM_0249.NV; CDM_0249.N
<b>UTAH EXPORT:</b>	DC_DISPOSITION_CODE_SRC
<b>NTDS EXPORT:</b>	DC_DISPOSITION_CODE_NTDS
<b>NTDS Field Name:</b>	HospitalDischargeDisposition
<b>NTDS Field Number:</b>	O_05

## **E.18 Hospital Discharge Destination Hospital**

<b>Definition:</b>	The receiving hospital if the patient was transferred out of your hospital to another hospital ( <b>Hospital Discharge Disposition</b> = 'HOSP').
<b>Software Field Name:</b>	DC_DESTINATION_CODE
<b>Data Type:</b>	Integer (Single entry allowed)
<b>Values:</b>	<p>Hospital codes are assigned by the Utah Department of Health. The list of codes can be found in <b>Appendix A on page 181</b>.</p> <p>Codes under 100 (non-hospital codes) are not valid.</p> <p>NA Not applicable, patient not transferred to another hospital (<b>Hospital Discharge Disposition</b> <u>does not</u> = 'HOSP').</p> <p>NOT Not Documented Recorded/Not Known</p>
<b>Discussion/Uses:</b>	This field is conditional. Complete only if the patient was transferred from your hospital to another hospital (DC_DISPOSITION_CODE = 'HOSP').
<b>EDITS:</b>	UT.0014; UT.E0014S; UT.0014SV
<b>UTAH EXPORT:</b>	DC_DESTINATION_CODE_SRC

### E.19 DC Transferring EMS Agency

**Definition:** The EMS Agency that transferred the patient out of your Inpatient Unit, if patient was discharged to another hospital (**Hospital Discharge Disposition** = 'HOSP').

**Software Field Name:** DC\_TRANSFER\_MODE

**Data Type:** Character (Single entry allowed)

**Values:** Range: 0101L-3011L

\*Each **EMS Agency** in the state of Utah is assigned a code by the Utah Department of Health.

**See Appendix B on page 185 for the list of Licensed Utah EMS Agency codes.**

OTHER Other

NA Not applicable, patient not transferred to another hospital (**Hospital Discharge Disposition** does not = 'HOSP').

NOT Not Recorded/Not Known

**Discussion/Uses:** Added in 2004 to clarify Transfers.

This field is conditional. Complete only if the patient was transferred from your hospital to another hospital (**Hospital Discharge Disposition** = 'HOSP').

**EDITS:** CDM\_0698

**UTAH EXPORT:** DC\_TRANSFER\_MODE\_SRC

## **E.20 Outcome**

**Definition:** The patient's survival status at your hospital.

**Software Field Name:** OUTCOME

**Data Type:** Character (Single entry allowed)

**Values:**

A	Alive
D	Dead
NA	Not Applicable
NOT	Not Recorded/Not Known

**Discussion/Uses:** This field applies to all patients regardless of admit status.

**EDITS:** UT.0013 (if outcome id D, make sure destination is 85 or 55)

**UTAH EXPORT:** OUTCOME

## E.21 Initial ED / Hospital Pulse Rate

(National Element)

<b>Definition:</b>	First recorded pulse in the ED/hospital (palpated or auscultated), expressed as a number per minute.
<b>Software Field Name:</b>	P2
<b>Data Type:</b>	Integer (Single entry allowed)
<b>Values:</b>	Range: 0-400  NA                    Not applicable, not an ED/inpatient at your hospital NOT                   Not assessed per documentation
<b>Discussion/Uses:</b>	This measure should be in the first set of vital signs recorded within fifteen minutes of each other upon arrival in your hospital (ED or inpatient admit). If it is not done in this time period, record NOT.
<b>Data Source Hierarchy:</b>	1.     Triage Form / Trauma Flow Sheet 2.     ED Record
<b>EDITS:</b>	UT.0055.L2
<b>UTAH EXPORT:</b>	PULSE
<b>NTDS EXPORT:</b>	P2
<b>NTDS Field Name:</b>	PulseRate
<b>NTDS Field Number:</b>	ED_04

## E.22 Initial ED / Hospital Respiratory Rate

(National Element)

<b>Definition:</b>	First recorded respiratory rate in the ED/hospital (expressed as a number per minute).
<b>Software Field Name:</b>	RR2
<b>Data Type:</b>	Integer (Single entry allowed)
<b>Values:</b>	Range: 0-100  *If patient is apneic prior to intervention, record as 0.  NA                    Not applicable, not an ED/inpatient at your hospital NOT                    Not assessed (reason other than ASSIST) per documentation
<b>Discussion/Uses:</b>	<p>This measure should be in the first set of vital signs recorded within fifteen minutes of each other upon arrival in your hospital (ED or inpatient admit). If it is not done in this time period, record NOT.</p> <p>The trauma registry software uses values entered in this field to calculate the Revised Trauma Score. <b>See Appendix G on page 219.</b></p> <p>If available, complete additional field: "Initial ED/Hospital Respiratory Assistance."</p>
<b>Data Source Hierarchy:</b>	1.        Triage Form / Trauma Flow Sheet 2.        ED Record
<b>EDITS:</b>	UT.0053.L2
<b>UTAH EXPORT:</b>	RESP_RATE
<b>NTDS EXPORT:</b>	RR2
<b>NTDS Field Name:</b>	RespiratoryRate
<b>NTDS Field Number:</b>	ED_06

**E.23 Initial ED / Hospital Respiratory Assistance**

(National Element)

**Definition:** Determination of respiratory assistance associated with the initial ED/hospital respiratory rate.

Respiratory Assistance is defined as a mechanical and/or external support of respiration.

**Software Field Name:** ASSISTING

**Data Type:** Character (Single entry allowed)

**Values:**

<i>Utah Values</i>	<i>NTDS Values</i>	<i>Description</i>
N	1	Unassisted Respiratory Rate
Y	2	Assisted Respiratory Rate
NA	NA	Not Applicable
NOT	NOT	Not Recorded/Not Known

**Discussion/Uses:** Provides documentation of assessment and care.

Used in quality management for the evaluation of care and EMS Agency Performance.

Only completed if a value is provided for “Initial ED/Hospital Respiratory Rate”.

**Data Source Hierarchy:**  
 1. Triage Form / Trauma Flow Sheet  
 2. ED Record

**EDITS:** UT.0064.L2; CDM\_0064; CDM\_0064.NV; CDM\_0064.N

**UTAH EXPORT:** ASSIST2

**NTDS EXPORT:** ASSIST2\_NTDS

**NTDS Field Name:** RespiratoryAssistance

**NTDS Field Number:** ED\_07

## E.24 Initial ED / Hospital Systolic Blood Pressure

(National Element)

<b>Definition:</b>	First recorded systolic blood pressure in the ED/hospital.
<b>Software Field Name:</b>	SBP2
<b>Data Type:</b>	Integer (Single entry allowed)
<b>Values:</b>	Range: 0-300  NA                    Not applicable, not an ED/inpatient at your hospital NOT                   Not assessed per documentation
<b>Discussion/Uses:</b>	This measure should be in the first set of vital signs recorded within fifteen minutes of each other upon arrival in your hospital (ED or inpatient admit). If it is not done in this time period, record NOT.  The trauma registry software uses values entered in this field to calculate the Revised Trauma Score. <b>See Appendix G on page 219.</b>
<b>Data Source Hierarchy:</b>	1.     Triage Form / Trauma Flow Sheet 2.     ED Record
<b>EDITS:</b>	UT.0056.L2
<b>UTAH EXPORT:</b>	SYS_BP
<b>NTDS EXPORT:</b>	SBP2
<b>NTDS Field Name:</b>	Sbp
<b>NTDS Field Number:</b>	ED_03

### E.25 Initial ED / Hospital Temperature

(National Element)

<b>Definition:</b>	First recorded temperature (in degrees Celsius [centigrade]) in the ED/hospital.
<b>Software Field Name:</b>	TEMPS
<b>Data Type:</b>	Integer (Single entry allowed)
<b>Values:</b>	Range: 20-40C  NA                    Not applicable, not an ED/inpatient at your hospital NOT                   Not assessed per documentation
<b>Discussion/Uses:</b>	Provides documentation of assessment and care.  Used in quality management for the evaluation of care and EMS Agency Performance.
<b>Data Source Hierarchy:</b>	1.     Triage Form / Trauma Flow Sheet 2.     ED Record
<b>EDITS:</b>	UT.0068.L2; CDM_0068
<b>UTAH EXPORT:</b>	TEMPS2
<b>NTDS EXPORT:</b>	TEMPS2
<b>NTDS Field Name:</b>	Temperature
<b>NTDS Field Number:</b>	ED_05

## E.26 Initial ED / Hospital Oxygen Saturation

(National Element)

**Definition:** First recorded oxygen saturation in the ED/hospital (expressed as a percentage).

**Software Field Name:** VS\_PA02

**Data Type:** Integer (Single entry allowed)

**Values:** Range: 0-100

NA Not applicable, not an ED/inpatient at your hospital

NOT Not assessed per documentation

**Discussion/Uses:** If you enter an ED value, you will also need to answer whether **Supplemental Oxygen** was being administered at the time of the Pulse Oximetry.

If available, complete additional field: "Initial ED/Hospital Supplemental Oxygen".

**Data Source Hierarchy:**

1. Triage Form / Trauma Flow Sheet
2. ED Record

**EDITS:** UT.0872.L2; CDM\_0872

**UTAH EXPORT:** OXIMETRY

**NTDS EXPORT:** OX2

**NTDS Field Name:** PulseOximetry

**NTDS Field Number:** ED\_08

**E.27 Initial ED / Hospital Supplemental Oxygen**

(National Element)

**Definition:** Determination of the presence of supplemental oxygen during assessment of initial ED/hospital oxygen saturation level.

**Software Field Name:** VS\_02

**Data Type:** Character (Single entry allowed)

**Values:**

<i>Utah Values</i>	<i>NTDS Values</i>	<i>Description</i>
N	1	No supplemental oxygen
Y	2	Supplemental oxygen
NA	NA	Not applicable
NOT	NOT	Not Recorded/Not Known

**Discussion/Uses:** This is a state field ONLY for the first set of ED vitals.

Only completed if a value is provided for “Initial ED/Hospital Oxygen Saturation”.

**Data Source Hierarchy:**  
 1. Triage Form / Trauma Flow Sheet  
 2. ED Record

**EDITS:** UT.0974.L2; CDM\_0974; CDM\_0974.NV; CDM\_0974.N

**UTAH EXPORT:** VS\_02

**NTDS EXPORT:** VS\_02\_NTDS

**NTDS Field Name:** SupplementalOxygen

**NTDS Field Number:** ED\_09

## E.28 Initial ED / Hospital GCS – Eye

(National Element)

**Definition:** First recorded Glasgow Coma Score (Eye) in the ED/hospital.

**Software Field Name:** EY0221

**Data Type:** Character (Single entry allowed)

**Values:** Range: 1-4

- 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

NA Not Applicable

NOT Not Recorded/Not Known

**Discussion/Uses:** This measure should be in the first set of vital signs recorded within fifteen minutes of each other upon arrival in your hospital (ED or inpatient admit). If it is not done in this time period, record NOT.

The trauma registry software uses values entered in this field to calculate the Revised Trauma Score. **See Appendix G on page 219.**

**Data Source Hierarchy:**  
1. Triage Form / Trauma Flow Sheet  
2. ED Record

**EDITS:** UT.0059.L2

**UTAH EXPORT:** EYE\_OPENING

**NTDS EXPORT:** EY0221

**NTDS Field Name:** GcsEye

**NTDS Field Number:** ED\_10

**E.29 Initial ED / Hospital GCS – Verbal**

(National Element)

**Definition:** First recorded Glasgow Coma Score (Verbal) in the ED/hospital.

**Software Field Name:** VERBAL2

**Data Type:** Character (Single entry allowed)

**Values:** Range: 1-5

Pediatric (< 2 years):

1	No vocal response
2	Inconsolable, agitated
3	Inconsistently consolable, moaning
4	Cries but is consolable, inappropriate interactions
5	Smiles, oriented to sounds, follows objects, interacts

Adult:

1	No verbal response
2	Incomprehensible sounds
3	Inappropriate words
4	Confused
5	Oriented

NA Not Applicable

NOT Not Recorded/Not Known

**Discussion/Uses:** This measure should be in the first set of vital signs recorded within fifteen minutes of each other upon arrival in your hospital (ED or inpatient admit). If it is not done in this time period, record NOT.

The trauma registry software uses values entered in this field to calculate the Revised Trauma Score. **See Appendix G on page 219.**

**Data Source Hierarchy:**

1. Triage Form / Trauma Flow Sheet
2. ED Record

**EDITS:** UT.0061.L2

**UTAH EXPORT:** VERBAL\_RESPONSE

**NTDS EXPORT:** VERBAL2

**NTDS Field Name:** GcsVerbal

**NTDS Field Number:** ED\_11

**E.30 Initial ED / Hospital GCS – Motor**

(National Element)

**Definition:** First recorded Glasgow Coma Score (Motor) in the ED/hospital.

**Software Field Name:** MOTOR2

**Data Type:** Character (Single entry allowed)

**Values:** Range: 1-6

Pediatric (≤ 2 years):

- 1 No motor response
- 2 Extension to pain
- 3 Flexion to pain
- 4 Withdrawal from pain
- 5 Localizing pain
- 6 Appropriate response to stimulation

Adult:

- 1 No motor response
- 2 Extension to pain
- 3 Flexion to pain
- 4 Withdrawal from pain
- 5 Localizing pain
- 6 Obeys commands

NA Not Applicable

NOT Not Recorded

**Discussion/Uses:** This measure should be in the first set of vital signs recorded within fifteen minutes of each other upon arrival in your hospital (ED or inpatient admit). If it is not done in this time period, record NOT.

The trauma registry software uses values entered in this field to calculate the Revised Trauma Score. **See Appendix G on page 219.**

**Data Source Hierarchy:**

- 1. Triage Form / Trauma Flow Sheet
- 2. ED Record

**EDITS:** UT.0062.L2

**UTAH EXPORT:** MOTOR\_RESPONSE

**NTDS EXPORT:** MOTOR2

**NTDS Field Name:** GcsMotor

**NTDS Field Number:** ED\_12

### E.31 Initial ED / Hospital GCS Assessment Qualifiers

(National Element)

**Definition:** Documentation of factors potentially affecting the first assessment of GCS upon arrival in the ED/hospital.

**Software Field Name:** PARALYTICS

**Data Type:** Character (Single entry allowed)

**Values:**

<i>Utah Choices</i>	<i>NTDS Choices</i>	<i>Description</i>
I	3	Patient intubated
IO	3, 2	Patient intubated and obstruction to eye
O	2	Obstruction to the patient's eye
S	1	Patient chemically sedated
SI	1, 3	Patient chemically sedated and intubated
SIO	1, 3, 2	Patient chemically sedated, intubated, and obstruction to eye
SO	1, 2	Patient chemically sedated and obstruction to eye
NA	NA	Not Applicable
NOT	NOT	Not Recorded/Not Known

**Discussion/Uses:** Provides documentation of assessment and care.

Used in quality management for the evaluation of care and EMS Agency performance.

Identifies treatments given to the patient that may affect the first assessment of GCS. This field does not apply to self-medications the patient may administer (i.e., ETOH, prescriptions, etc.).

If patient was not chemically sedated, not intubated, and did not have eye obstruction then code is "Not Applicable".

**Data Source Hierarchy:**

1. Triage Form / Trauma Flow Sheet
2. ED Record

**EDITS:** 3. EMS Run Sheet  
UT.0521.L2; CDM\_0521; CDM\_0521.NV; CDM\_0521.N

**UTAH EXPORT:** PARALYTICS

**NTDS EXPORT:** PARALYTICS2\_NTDS

**NTDS Field Name:** GCSQualifier

**NTDS Field Number:** ED\_14

### E.32 Initial ED / Hospital GCS – Total

(National Element)

**Definition:** First recorded Glasgow Coma Score (total) in the ED/hospital.

**Software Field Name:** GCS2

**Data Type:** Character (Single entry allowed)

**Values:** Range: 3-15  
If “A & O X 3” OR “A & O X 4” is documented in medical chart, record GCS as 15.  
NA Not applicable, not an ED/inpatient at your hospital  
NOT Not Recorded/Not Known

**Discussion/Uses:** This measure should be in the first set of vital signs recorded within fifteen minutes of each other upon arrival in your hospital (ED or inpatient admit). If it is not done in this time period, record NOT.  
  
The trauma registry software uses values entered in this field to calculate the Revised Trauma Score. **See Appendix G on page 219.**  
  
Use only if total score is available without component of scores.

**Data Source Hierarchy:** 1. Triage Form / Trauma Flow Sheet  
2. ED Record

**EDITS:** UT.0521.L2 (Only trips if GCS can't be calculated from entered values)

**UTAH EXPORT:** GLASCOW

**NTDS EXPORT:** GLASGOW2

**NTDS Field Name:** GcsTotal

**NTDS Field Number:** ED\_13

### E.33 Alcohol Use Indicator

(National Element)

**Definition:** Use of alcohol by the patient.

**Software Field Name:** EV

**Data Type:** Character (Single entry allowed)

**Values:**

<i>Utah Values</i>	<i>NTDS Values</i>	<i>Description</i>
N	1	No (not tested)
NC	2	No (confirmed by test)
YC	4	Yes (confirmed by test [beyond legal limit])
YT	3	Yes (confirmed by test [trace levels])
NA	NA	Not Applicable
NOT	NOT	Not Recorded/Not Known

**Discussion/Uses:** Blood alcohol concentration (BAC) may be documented at any facility (or setting) treating this patient event.

“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 for the state in which the treating institution is located. Above any legal limit, BUI, DWU, or DWAI, would apply here.

If alcohol use is suspected, but not confirmed by test, record null value “Not Known/Not Recorded”.

**Data Source Hierarchy:**  
 1. Lab Results  
 2. ED Physician Notes

**EDITS:** UT.0067.L2; CDM\_0067; CDM\_0067.NV; CDM\_0067.N

**UTAH EXPORT:** EV

**NTDS EXPORT:** EV\_NTDS

**NTDS Field Name:** AlcoholUseIndicators

**NTDS Field Number:** ED\_15

### E.34 Drug Use Indicator

(National Element)

**Definition:** Use of drugs by the patient.

**Software Field Name:** TOX\_TEST

**Data Type:** Character (Single entry allowed)

**Values:**

<i>Utah Values</i>	<i>NTDS Values</i>	<i>Description</i>
N	1	No (not tested)
NC	2	No (confirmed by test)
YI	4	Yes (confirmed by test [Illegal Drug Use])
YP	3	Yes (confirmed by test [Prescription Drugs])
NA	NA	Not Applicable
NOT	NOT	Not Recorded/Not Known

**Discussion/Uses:** Drug use may be documented at any facility (or setting) treating this patient event.

“Illegal use drug” includes illegal use of prescription drugs.

If drug use is suspected, but not confirmed by test, record null value “Not Known/Not Recorded”.

This data element refers to drug use by the patient and does not include medical treatment.

**Data Source Hierarchy:**

1. Lab Results
2. ED Physician Notes

**EDITS:** UT.0896; UT.0896.S; UT.0896.SV; CDM\_0896; CDM\_0896.NV; CDM\_0896.N

**UTAH EXPORT:** TOX\_TEST

**NTDS EXPORT:** TOX\_TEST\_NTDS

**NTDS Field Name:** DrugUseIndicators

NTDS Field Number: ED\_16

### ***E.35 Inpatient Length of Stay***

**Definition:** The total number of patient days for an inpatient episode, calculated by subtracting the date of discharge from the date of admission.

**Software Field Name:** LOS

**Data Type:** Integer (Single entry allowed)

**Values:** Range: 0-600

0 ED/transfer patients only. Not admitted as an inpatient.

NA Not Applicable

NOT Not Recorded/Not Known

**Discussion/Uses:** If a patient is admitted as an inpatient and discharged on the same day, the LOS is 1 day. Patients only seen in the ED or transferred out should have a length of stay recorded as 0.

**EDITS:** UT.-119; UT.0119V (checks for negative LOS)

**UTAH EXPORT:** LOS

### E.36 Total ICU Length of Stay

(National Element)

**Definition:** The total number of patient days in any ICU (including all episodes).

**Software Field Name:** TOTAL\_DAYS\_ICU

**Data Type:** Integer (Single entry allowed)

**Values:** Range: 0-300

0 Not admitted as an ICU inpatient.

NA Not Applicable

NOT Not Recorded/Not Known

**Discussion/Uses:** Recorded in full day increments with any partial day listed as a full day.

Filed allows for multiple admission and discharge dates and autofills with total ICU LOS. If a patient is admitted and discharged on the same date, the LOS is one day.

**Data Source Hierarchy:**

1. ICU Nursing Flow Sheet
2. Calculate Based on Admission Form and Discharge Sheet
3. Nursing Progress Notes

**EDITS:** UT.0155; CDM\_0155

**UTAH EXPORT:** TOTAL\_DAYS\_ICU

**NTDS EXPORT:** TOTAL\_DAYS\_ICU

**NTDS Field Name:** TotallcuDays

**NTDS Field Number:** O\_01

### E.37 Total Ventilator Days

(National Element)

**Definition:** The total number of patient days spent on a mechanical ventilator (excluding time in the OR).

**Software Field Name:** VENTDAYS

**Data Type:** Integer (Single entry allowed)

**Values:** Range: 0-400

NA Not Applicable  
NOT Not Recorded/Not Known

**Discussion/Uses:** Recorded in full day increments with any partial day listed as a full day.  
  
If a patient begins and ends mechanical ventilation on the same date, the total ventilator days is one day.  
  
Excludes mechanical ventilation time associated with OR procedures.

**Data Source Hierarchy:**

1. ICU Respiratory Therapy Flow Sheet
2. ICU Nursing Flow Sheet
3. Physician's Daily Progress Notes
4. Calculate Based on Admission Form and Discharge Sheet

**EDITS:** UT.0687; CDM\_0687

**UTAH EXPORT:** VENTDAYS

**NTDS EXPORT:** VENTDAYS

**NTDS Field Name:** TotalVentDays

**NTDS Field Number:** O\_02

### E.38 Primary Method of Payment

(National Element)

**Definition:** Indicates sources of payment to this hospital for the visit.

**Software Field Name:** PAYMENT\_SOURCE

**Data Type:** Character (Multiple values allowed)

**Values:**

<i>Utah Values</i>	<i>NTDS Values</i>	<i>Description</i>
BCBS	9	<b>Blue Cross/Blue Shield-</b> Includes state or regional Blue Cross, Blue Shield, or Blue Cross/Blue Shield (BCBS) indemnity plans. These can fall under the guise of a state medical society, a prominent institution or a large regional employer and, as such, the BCBS indemnity plan may assume a hybrid title with the sponsoring institution.
CHIP	7	<b>CHIP</b> The State Children’s Health Insurance Program was initiated for children in families who make too much to qualify for Medicaid, but who cannot afford to purchase health insurance on their own.
COM	4	<b>Commercial Insurance-Other commercial plans-</b> Includes any commercial health insurance plan that does not enroll physicians as part of a network or require that its physicians obtain authorization prior to hospitalization of non-emergent patients. Such plans include fee-for-service coverage and managed indemnity organizations (these organizations may require that their physicians obtain authorization prior to hospitalization of non-emergent patients, although they are not classified as managed care organizations because they do not enroll physicians as part of a network).
GOVT	7	<b>Other Government-subsidized programs</b>
HMO	4	<b>Health Maintenance Organization HMO / PPO/ POS</b> Commercial health indemnity plans whose physicians are part of an integrated network and must obtain authorization prior to hospitalization of non-emergency organizations, point-of-service organizations, independent practice organizations, and exclusive provider organizations patients. Such plans include health maintenance organizations, preferred provider

<b>Utah Values</b>	<b>NTDS Values</b>	<b>Description</b>
IHS	7	<b>Indian Health Service</b>
LAW	7	<b>Law Enforcement-</b> Includes patients in custody of public safety agency.
NOBILL	2	<b>Not Billed</b> (For any reason)
OTHER	10	<b>Other-</b> Includes any other payment source not previously classified (Example: Shriners, Victims of Crime, Med Utah, etc.)
MCAID	1	<b>Medicaid-</b> Includes any trauma patient receiving federal/state funding of their inpatient medical bills under Title XIX of the Social Security Act. This will generally involve patients who are recipients of Aid to Families with Dependent Children or Social Security Income, pregnant women and children below the Federal poverty level (FPL), as well as certain aged, blind, disabled, and institutionalized persons below the FPL, and other medically needy persons. Dual eligible, that are those patients who receive both Medicare and Medicaid support should be coded as Medicare since Medicaid contributions to the hospital bill for dual eligible are most often supplementary to the primary payer, Medicare. Individuals covered under Medicaid 1115 or similar plans whose hospital care is paid for via public Medicaid funds yet overseen by a commercial managed care organization, should be coded as Medicaid and not managed care organization patients.
MCARE	6	<b>Medicare-</b> Includes any trauma patient receiving federal funding of their inpatient medical bills under Title XVIII of the Social Security Act. This will generally involve patients 65 or more years of age, patients entitled to disability benefits for 24 months or more, end-stage renal disease patients, and certain otherwise non-covered persons who elect to buy into the program. Dual eligible, which are those patients who receive both Medicare and Medicaid support, should be coded as Medicare since Medicaid contributions to the hospital bill for dual eligible are most often supplementary to the primary payer, Medicare. Individuals covered under Medicare coordinated plans whose hospital care is paid for via public Medicare funds yet overseen by a commercial managed care organization should be coded as Medicare and not managed care organization patients.

<i>Utah Values</i>	<i>NTDS Values</i>	<i>Description</i>
NF	5	<b>No Fault Automobile Insurance</b> -Includes any reimbursement of hospital medical bills by a commercial automobile insurance program resulting from injuries suffered during a motor vehicle crash.
SELF	3	<b>Self-pay</b> Includes cases where the patient is listed as the primary source of payment for their own medical care. This classification applies whether or not payment was actually obtained by the billing institution or clinician.
WORK	8	<b>Workers Compensation</b> -Includes any primary source of hospital payment via a worker's compensation program for individuals suffering on-the-job injuries.
NOT	NOT	Not Recorded/Not Known

**Discussion/Uses:** List as many payment sources as apply sequentially from primary payment source to secondary payment source, etc. The order that payment sources are entered will determine whether it is the primary, secondary, etc. payment source.  
Used for reimbursement evaluation, health care administration, finance, research.

**Data Source Hierarchy:**  
 1. Billing Sheet / Medical Records Coding Summary Sheet  
 2. Hospital Admission Form

**EDITS:** UT.0138; UT.0138S; UT.0138SV; UT.0138.L1; CDM\_0138; CDM\_0138.NV; CDM\_0138.N

**UTAH EXPORT:** PAYMENT\_SOURCE\_SRC

**NTDS EXPORT:** PAYMENT\_SOURCE\_NTDS

**NTDS Field Name:** PrimaryMethodPayment

**NTDS Field Number:** F\_01

### E.39 Hospital Complications

(National Element)

**Definition:** Any medical complication that occurred during the patient’s stay at your hospital.

**Software Field Name:** COMP\_TYPE

**Data Type:** Character (Multiple values allowed)

**Values:**

Utah Values	NTDS Values	Description
NA	NA	No medical complications
OTHER	1	Other non-listed medical complication
ARF	4	Acute renal failure
ARDS	5	Acute respiratory distress syndrome (ARDS)
CPR	8	Cardiac arrest with CPR
DECUB	11	Decubitus ulcer
DEEPINF	12	Deep surgical site infection
DRUG	13	Drug or alcohol withdrawal syndrome
DVT	14	Deep vein thrombosis (DVT) / thrombophlebitis
ECS	15	Extremity compartment syndrome
FAIL	16	Graft/prosthesis/flap failure
INTUB	25	Unplanned intubation

<i>Utah Values</i>	<i>NTDS Values</i>	<i>Description</i>
MI	18	Myocardial infarction
ORGINF	19	Organ/space surgical site infection
PNEU	20	Pneumonia
PE	21	Pulmonary embolism
STROKE	22	Stroke/CVA
SUPINF	23	Superficial surgical site infection
UTI	27	Urinary Tract Infection
CATH	28	Catheter-Related Blood Stream Infection
OSTEO	29	Osteomyelitis
OR	30	Unplanned return to the OR
ICU	31	Unplanned return to the ICU
SEVSEP	32	Severe Sepsis
NOT	NOT	Not Recorded/Not Known

**Discussion/Uses:** Complications are more-or-less unintended situations. These may or may not have been recorded as DIAGNOSES.

The field value "OTHER" (1) "Other non-listed medical complication" would be chosen if none of the hospital complications listed above are present in the patient. This particular field value is available since individual state or hospital registries may track additional hospital complications not listed here.

The value "NA" should be used for patients with no known co-morbid conditions coded by your registry or defined in the NTDS Data Dictionary.

- Data Source Hierarchy:**
1. Discharge Sheet
  2. History and Physical
  3. Billing Sheet

**EDITS:** UT.0074; UT.0074.S; UT.0074.SV; CDM\_0074; CDM\_0074.NV;  
CDM\_0074.N

**UTAH EXPORT:** COMP\_TYPE\_SRC

**NTDS EXPORT:** COMP\_TYPE\_NTDS

**NTDS Field Name:** HospitalComplications

**NTDS Field Number:** Q\_01

## **F. Hospital Procedure Information**

## F.01 Hospital Procedures

(National Element)

**Definition:** Operative or essential procedures conducted during hospital stay.

**Software Field Name:** PROCEDURE\_ICD9

**Data Type:** Integer (Multiple values allowed)

**Values:**

**Discussion/Uses:** Operative and/or essential procedures is defined as procedures performed in the Operating Room, Emergency Department, or Intensive Care Unit that were essential to the diagnoses, stabilization, or treatment of the patient's specific injuries.

Repeated diagnostic procedures (e.g., repeated CT scan) should not be recorded (record only the first procedure).

Include only procedures performed at your institution.

**Data Source Hierarchy:**

1. Operative Reports
2. ER and ICU Records
3. Trauma Flow Sheet
4. Anesthesia Record
5. Billing Sheet / Medical Records Coding Summary Sheet
6. Hospital Discharge Summary

**EDITS:** UT.0212.L1; CDM\_0212

**UTAH EXPORT:** PROCEDURE\_ICD9

**NTDS EXPORT:** PROCEDURE\_ICD9

**NTDS Field Name:** HospitalProcedures

**NTDS Field Number:** HP\_01

## **F.02 Hospital Procedure Start Time**

*(National Element)*

<b>Definition:</b>	The time operative and essential procedures were performed.
<b>Software Field Name:</b>	PROCEDURE_START_TIME
<b>Data Type:</b>	<b>Military Time – hh:mm (Multiple values allowed)</b>
<b>Values:</b>	
<b>Discussion/Uses:</b>	Can be defined as the time the incision was made (or the procedure started).  <b>This data can be found throughout the medical record, in association with the given hospital procedure.</b>
<b>Data Source Hierarchy:</b>	1. OR Nurses Notes 2. Operative Reports 3. Anesthesia Record
<b>EDITS:</b>	UT.0131; CDM_0131
<b>UTAH EXPORT:</b>	PROCEDURE_START_TIME
<b>NTDS EXPORT:</b>	PROCEDURE_START_TIME
<b>NTDS Field Name:</b>	ProcedureTime
<b>NTDS Field Number:</b>	HP_03

### F.03 Hospital Procedure Start Date

(National Element)

**Definition:** The date operative and essential procedures were performed.

**Software Field Name:** PROCEDURE\_START\_DATE

**Data Type:** Date – mmddyyyy (Multiple values allowed)

Valid date (“/”s and “-”s not needed in data entry)

Enter the month, day and year of the referring hospital arrival date.

**Month:**

01	January	07	July
02	February	08	August
03	March	09	September
04	April	10	October
05	May	11	November
06	June	12	December

**Day:** 01-31

**Year:** The year must be 4-digits, i.e.: 2001

NA Not applicable, no referring hospital (Trauma registry software will auto fill this field if **Hospital Transfer** = ‘N’)

NOT Not Recorded/Not Known

**Values:**

**Discussion/Uses:** This data can be found throughout the medical record, in association with the given hospital procedure.

**Data Source Hierarchy:**

1. OR Nurses Notes
2. Operative Reports
3. Anesthesia Record

**EDITS:** UT.0130; CDM\_0130

**UTAH EXPORT:** PROCEDURE\_START\_DATE

**NTDS EXPORT:** PROCEDURE\_START\_DATE

**NTDS Field Name:** ProcedureDate

**NTDS Field Number:** HP\_02

## **G. Diagnosis Data**

## G.01 Co-Morbid Conditions

(National Element)

**Definition:** Pre-existing co-morbid factors present before patient arrival at the ED/hospital.

**Software Field Name:** RISK\_TYPE

**Data Type:** Character (Multiple values allowed)

**Values:**

<i>Utah Values</i>	<i>NTDS Values</i>	<i>Description</i>
NA	NA	No CoMorbidity
OTHER	1	Other non-listed Comorbidity
ANGINA	16	History of angina within past 1 month
ASCITES	3	Ascites within 30 days
BLEED	4	Bleeding disorder
CANCER	12	Disseminated cancer
CHEMO	5	Chemotherapy for cancer within 30 days
CHF	7	Congestive heart failure
CONGENITAL	6	Congenital anomalies
CVA	10	CVA with residual neurological deficit
DIABETES	11	Diabetes mellitus
DIALYSIS	9	Currently requiring or on dialysis
DNR	13	<b>Do Not Resuscitate (DNR) status</b>
ESOPHVAR	14	Esophageal varices
ETOH	2	Alcoholism
HEALTH	15	Functionally dependent health status
HTN	19	Hypertension requiring medication
MI	17	History of myocardial infarction within past 6 months

OBESE	22	Obesity
<b>Utah Values</b>	<b>NTDS Values</b>	<b>Description</b>
PREMATURE	21	Prematurity
PVD	18	History of revascularization or amputation for PVD
RESPDISEASE	23	Respiratory disease
SENSORIUM	20	Impaired sensorium
SMOKER	8	Current smoker
STEROIDS	24	Steroid use
CIRRHOSIS	25	Cirrhosis
NOT	NOT	Not documented

**Discussion/Uses:** The field value "OTHER" (1) "Other co-morbidities not listed" would be chosen if none of the pre-existing co-morbid factors listed above are present in the patient. This particular field value is available since individual state or hospital registries may track additional co-morbid factors not listed here.

The value "NA" should be used for patients with no known co-morbid conditions coded by your registry or defined in the NTDS Data Dictionary.

**Data Source Hierarchy:**

1. History and Physical
2. Discharge Summary
3. Billing Sheet

**EDITS:** UT.0072; UT.0072.S; UT.0072.SV; CDM\_0072; CDM\_0072.NV; CDM\_0072.N

**UTAH EXPORT:** RISK\_TYPE\_SRC

**NTDS EXPORT:** RISK\_TYPE\_NTDS

**NTDS Field Name:** ComorbidConditions

**NTDS Field Number:** DG\_01

## G.02 ICD-9-CM Diagnosis Codes

(National Element)

**Definition:** The 15 most severe ICD-9-CM diagnosis codes for each major diagnosis of the trauma patient. Please include all injury diagnosis codes, then major medical diagnosis codes and pre-existing condition diagnosis codes.

**Software Field Name:** ICD9\_1 – ICD9\_10 (Injury codes); ICD9\_N1- ICD9\_N5 (Non-injury codes)

**Data Type:** Integer (Multiple values allowed)

**Values:** Utah Trauma Registry ICD-9-CM Injury Diagnosis Code Range:  
800.0-959.9, 995.50, 995.53, 995.54, 995.55, 995.59, 760.5, 641.8, 518.5

Example of Major Medical and Pre-Existing Condition ICD-9-CM Codes:

Myocardial Infarction	410
Hypertension	401-405
COPD	490-496
Stroke	436
Diabetes	250
Liver Disease	571
Pneumonia	480
Obesity	278

See diagnostic codes found in the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) for available value codes.

**Discussion/Uses:** **ICD-9-CM codes should be listed starting with the most to least significant injury. The primary injury resulting in the hospitalization should be listed first. The “significance” of other injuries should be based upon severity and location.**

This field cannot be left blank. If a medical chart lists diagnosis codes, record the codes starting with the most severe injury diagnoses. If no diagnosis codes are found in medical chart or coding is incomplete, code using software code-finder lookup.

Key the ICD-9-CM code in and hit enter. This will add to the list of codes. Or you may also select the code-finder method of finding ICD-9-CM codes from options in Trauma Registry software.

**Data Source Hierarchy:** 1. Hospital Discharge Summary  
2. Billing Sheet / Medical Records Coding Summary Sheet  
3. Trauma Flow Sheet  
4. ER and ICU Records

**EDITS:** UT.0095; CDM\_0095

**UTAH EXPORT:** ICD9

**NTDS EXPORT:** ICD9\_NTDS

**NTDS Field Name:** InjuryDiagnosis

**NTDS Field Number:** DG\_0

## **H. Injury Severity Information**

## H.01 Abbreviated Injury Scale (AIS) Score

(Optional Element)

**Definition:** The **Abbreviated Injury Scale (AIS) Score** is a numeric classification of the severity of the patient's injuries listed from ICD-9-CM diagnosis codes. The **AIS Score** recorded here is defined as value to the right of the decimal in the full 7-digit AIS Code.

**Software Field Name:** AIS1— AIS10

**Data Type:** Character (Single entry allowed)

**Values:** Manual entry is not required. The trauma registry software will default to a **AIS Score** based on the **ICD-9-CM Diagnosis Codes** entered.

**AIS Score** assigned only for ICD-9-CM injury diagnosis codes: 800 -- 959.9, 760.5, 641.8, and 518.5.

Range: 1—6

9 Unknown or Not applicable

**Discussion/Uses:** The **AIS Score** should not be assigned on a subjective basis, but as the result of coding the full 7-digit **AIS Score** through the current AIS Coding book. In the trauma registry software, the value options intentionally do not contain descriptions for numbers 2, 3, 4, and 5 for this reason.

The trauma registry software uses the **Region** and its associated **AIS Score** in calculating the **Injury Severity Score (ISS)**. See **Appendix G on page 219**.

The field value (9) "Not Possible to Assign" would be chosen if it is not possible to assign a severity to an injury.

This variable is considered optional and is not required as part of the NTDS dataset.

**EDITS:** UT.0093; CDM\_0093 (TraumaBase hospitals only)

**UTAH EXPORT:** AIS

**NTDS EXPORT:** AIS\_NTDS

**NTDS Field Name:** AisSeverity

**NTDS Field Number:** IS\_02

## H.02 AIS Predot Code

(Optional Element)

**Definition:** The Abbreviated Injury Scale (AIS) predot codes that reflect the patient's injuries.

**Software Field Name:** AIS\_CODE

**Data Type:** Numeric

**Values:** Valid AIS05 Codes

**Discussion/Uses:** Allows data to be used to characterize patients and hospital outcomes based upon the presence, severity and type of injury.

This variable is considered optional and is not required as part of the NTDS dataset.

**EDITS:** UT.0306; CDM\_0306

**UTAH EXPORT:** AIS\_CODE

**NTDS EXPORT:** AIS\_CODE\_NTDS

**NTDS Field Name:** IS\_01

**NTDS Field Number:** AisPredot

### H.03 ISS Body Region

(Optional Element)

**Definition:** The Injury Severity Score (ISS) body region codes that reflect the patient's injuries.

**Software Field Name:** REGION

**Data Type:** AlphaNumeric

<u>Code</u>	<u>Description</u>
ABD	Abdomen/Pelvic Contents
ARM	Upper Extremities
CHEST	Thorax
CS	Cervical Spine
EXT	External
FACE	Face
HEAD	Head
LEG	Lower Extremities
LS	Lumbar Spine
NA	Not Applicable
NECK	Neck
NOT	Not Documented
SPINE	Spine Unspecified
TS	Thoracic Spine
UNK	Unknown
UNSPEC	Unspecified

**Discussion/Uses:** Head or neck injuries include injury to the brain or cervical spine, skull or cervical spine fractures.

Facial injuries include those involving mouth, ears, nose and facial bones.

Chest injuries include all lesions to internal organs. Chest injuries also include those to the diaphragm, rib cage, and thoracic spine.

Abdominal or pelvic contents injuries include all lesions to internal organs. Lumbar spine lesions are included in the abdominal or pelvic region.

Injuries to the extremities or to the pelvic or shoulder girdle include sprains, fractures, dislocations, and amputations, except for the spinal column, skull and rib cage.

External injuries include lacerations, contusions, abrasions, and burns, independent of their location on the body surface.

This variable is considered optional and is not required as part of the NTDS datasheet.

<b>EDITS:</b>	UT.0094; CDM_0094; CDM_0094.NV; CDM_0094.N
<b>UTAH EXPORT:</b>	REGION
<b>NTDS EXPORT:</b>	REGION_NTDS
<b>NTDS Field Name:</b>	BodyRegion
<b>NTDS Field Number;</b>	IS_03

### H.04 AIS Version

(Optional Element)

**Definition:** The software (and version) used to calculate Abbreviated Injury Scale (AIS) severity codes.

**Software Field Name:** SEVERITY\_METHOD

**Data Type:**

**Values:** AIS05            AIS 2005  
          AIS98            AIS 98

**Discussion/Uses:** Allows data to be used to characterize patients and hospital outcomes based upon the presence, severity and type of injury.

This variable is considered optional and is not required as part of the NTDS datasheet.

**EDITS:** CDM\_0520; CDM\_0520.NV; CDM\_0520.N

**UTAH EXPORT:** SEVERITY\_METHOD

**NTDS EXPORT:** SEVERITY\_METHOD\_NTDS

**NTDS Field Name:** AisVersion

**NTDS Field Number:** IS\_04

## H.05 Locally Calculated ISS

(Optional Element)

<b>Definition:</b>	The <b>Injury Severity Score (ISS)</b> calculated from multiple values for the <b>AIS Score</b> . The <b>ISS</b> is the sum of squares of the three highest values for the <b>AIS Score</b> from the three most severely injured body <b>Regions</b> . <b>See Appendix E on page 213.</b>
<b>Software Field Name:</b>	ISS
<b>Data Type:</b>	Integer (Multiple values allowed)
<b>Values:</b>	<u>Manual entry is not required.</u> The trauma registry software will internally calculate <b>ISS</b> based on <b>AIS Scores</b> for the three most severely injured body <b>Regions</b> . Range: 1—75 NOT Not Recorded/Not Known or Not Applicable
<b>Discussion/Uses:</b>	If any of the three values for <b>AIS Score</b> is 9 (meaning Not Recorded/Not Known or Not applicable), an <b>ISS</b> cannot be calculated and the trauma registry software will generate an NOT value.
<b>EDITS:</b>	UT.0051.L1; CDM_0051 (TraumaBase hospitals only)
<b>UTAH EXPORT:</b>	ISS
<b>NTDS EXPORT:</b>	ISS
<b>NTDS Field Name:</b>	IssLocal
<b>NTDS Field Number:</b>	IS_05



## **Appendix A: Utah Facility Codes**

**Other Facilities:**

<u>Code</u>	<u>Description/Hospital</u>
010	Transporting Unit
025	Doctor's Office
030	Free Standing Clinic
040	Home
042	Rehab/TCU at your facility
043	Rehab/TCU at another facility
045	Long Term Facility/Nursing Home
046	End of Life Care / Hospice at Your Facility
047	End of Life Care / Hospice at Another Facility or Home
050	Mental Health Facility
055	Mortuary Facility
060	Other Non-Hospital Facility
070	Police/Jail Facility
075	Airport
080	Diagnostic Facility
085	State Medical Examiner
090	Surgical Center

**Hospitals:**

<u>Code</u>	<u>Description/Hospital</u>
135	BEAR RIVER VALLEY HOSPITAL- Tremonton
140	BRIGHAM CITY COMMUNITY HOSPITAL- Brigham City
145	DAVIS HOSPITAL & MEDICAL CENTER- Layton
150	LAKEVIEW HOSPITAL- Bountiful
155	LOGAN REGIONAL HOSPITAL- Logan
160	MCKAY DEE HOSPITAL- Ogden
165	OGDEN REGIONAL MEDICAL CENTER- Ogden
170	MOUNTAIN WEST MEDICAL CENTER-Toole
180	CACHE VALLEY SPECIALTY HOSPITAL-North Logan
220	ALTA VIEW HOSPITAL- Sandy
230	SALT LAKE REGIONAL MEDICAL CENTER- Salt Lake City
235	JORDAN VALLEY HOSPITAL- West Jordan
240	LDS HOSPITAL- Salt Lake City
245	PIONEER VALLEY HOSPITAL- West Valley
250	PRIMARY CHILDREN'S MEDICAL CENTER- Salt Lake City
260	ST. MARK'S HOSPITAL-Salt Lake City (Includes Lone Peak Emergency Center, Draper)
265	U OF U MEDICAL CENTER- Salt Lake City
270	VETERANS ADMINISTRATION MEDICAL CENTER- SLC

<u>Code</u>	<u>Description/Hospital</u>
275	THE ORTHOPEDIC SPECIALTY HOSPITAL- Murray
290	INTERMOUNTAIN MEDICAL CENTER- Salt Lake City
295	RIVERTON HOSPITAL- Riverton (2009)
330	AMERICAN FORK HOSPITAL-American Fork
335	ASHLEY VALLEY MEDICAL CENTER- Vernal
340	CASTLEVIEW HOSPITAL- Price
345	UINTAH BASIN MEDICAL CENTER- Roosevelt
350	MOUNTAIN VIEW HOSPITAL-Payson
355	OREM COMMUNITY HOSPITAL- Orem
360	UTAH VALLEY HOSPITAL- Provo
365	HEBER VALLEY MEDICAL CENTER- Heber City
370	TIMPANOGOS REGIONAL MEDICAL CENTER-Orem
375	PARK CITY MEDICAL CENTER – Park City (2009)
440	FILLMORE COMMUNITY MEDICAL CENTER- Fillmore
445	GUNNISON VALLEY HOSPITAL- Gunnison
450	CENTRAL VALLEY MEDICAL CENTER- Nephi
455	SANPETE VALLEY HOSPITAL-Mt. Pleasant
460	SEVIER VALLEY HOSPITAL-Richfield
465	DELTA COMMUNITY MEDICAL CENTER- Delta
530	ALLEN MEMORIAL HOSPITAL-Moab
535	BEAVER VALLEY HOSPITAL- Beaver
540	DIXIE REGIONAL MEDICAL CENTER- St. George
545	GARFIELD MEMORIAL HOSPITAL-Panguitch
550	KANE COUNTY HOSPITAL-Kanab
555	MILFORD VALLEY MEMORIAL-Milford
565	SAN JUAN HOSPITAL-Monticello
570	VALLEY VIEW MEDICAL CENTER- Cedar City
575	BLUE MOUNTAIN MEDICAL CENTER- Blanding
600	Wyoming hospital
610	Idaho hospital
620	Colorado hospital
630	Nevada hospital
640	Arizona hospital
650	New Mexico hospital
660	Montana hospital
699	Other out of state hospital



***Obsolete Hospital Codes:***

<u>Code</u>	<u>Description/Hospital</u>
065	OTHER OUT OF STATE HOSPITAL
175	HILL AIR FORCE BASE
225	COTTONWOOD HOSPITAL-Murray
280	ROCKY MOUNTAIN MEDICAL CENTER- Salt Lake City
560	MONUMENT VALLEY HOSPITAL



## **Appendix B: EMS Agency Codes**

DEFINITIONS OF SERVICE LEVELS

AMB\_B Ground Ambulance Basic Level  
 AMB\_I Ground Ambulance Intermediate Level  
 AMB\_IA Ground Ambulance Intermediate Advanced Level  
 AMB\_P Ground Ambulance Paramedic Level  
 AIR Air Ambulance, either Fixed Wing or Rotary  
 RESCUE Paramedic Rescue Non-Transporting Unit  
 QRU\_B Quick Response Unit (First Responder) Basic Level  
 QRU\_I Quick Response Unit (First Responder) Intermediate Level

Code	Name	County
0101	Beaver Ambulance Service	BEAVER
0102	Milford Valley Ambulance Service	BEAVER
0201	Brigham City Ambulance	BOX_ELDER
0202	Tremonton Fire Department & Ambulance	BOX_ELDER
0203	Box Elder County Ambulance	BOX_ELDER
0205	Plymouth Fire Department	BOX_ELDER
0210	ATK Launch Systems	BOX_ELDER
0214	Willard First Responders	BOX_ELDER
0216	Honeyville Fire Department	BOX_ELDER
0222	Curlew Ambulance Service	BOX_ELDER
0223	Fielding Fire Department	BOX_ELDER
0224	Thatcher-Penrose Fire Department	BOX_ELDER
0302	Hyrum First Responders	CACHE
0303	Lewiston First Responders	CACHE
0304	Newton First Responders	CACHE
0305	Paradise First Responders	CACHE
0306	Wellsville First Responders	CACHE
0307	Smithfield Fire and Rescue	CACHE
0313	Mendon Fire Department	CACHE
0316	Richmond Fire Department	CACHE
0315	Cache County Sheriff's Office	CACHE
0317	North Logan Fire and Rescue	CACHE
0320	Millville & Nibley First Responders	CACHE
0321	Trenton Town Fire & Rescue	CACHE
0325	Clarkston Fire & Rescue Department	CACHE
0332	Cache County EMS Authority	CACHE
0401	Sunnyside Ambulance Service	CARBON
0402	Carbon County Ambulance	CARBON

0406	Helper Fire Department	CARBON
0501	Daggett County EMS	DAGGETT
0502	Dagget County Sheriff's Office	DAGGETT
0603	Davis County Sheriff's Office	DAVIS
0606	Kaysville City Fire Department	DAVIS
0607	Layton City Fire Department	DAVIS
0612	Clinton City Fire Department	DAVIS
0617	Syracuse City Fire Department	DAVIS
0620	North Davis Fire District	DAVIS
0628	Sunset City Fire Department	DAVIS
0630	Farmington City Fire Department	DAVIS
0634	South Davis Metro Fire Agency	DAVIS
0701	Uintah Basin Medical Center	DUCHESNE
0801	Emery County Ambulance	EMERY
0901	Garfield County Ambulance	GARFIELD
1001	Grand County Emergency Medical Services	GRAND
1101	Iron County Ambulance Service	IRON
1201	Juab County Emergency Medical Services	JUAB
1204	Levan Town Ambulance	JUAB
1301	Kane County Ambulance	KANE
1401	Millard County Ambulance	MILLARD
1403	Scipio Ambulance	MILLARD
1501	Morgan County Ambulance	MORGAN
1601	Piute County Ambulance	PIUTE
1701	Rich County Ambulance	RICH
1802	Unified Fire Authority	SALT_LAKE
1803	Gold Cross Ambulance	SALT_LAKE
1804	Salt Lake City Fire Department	SALT_LAKE
1809	Sandy City Fire Department	SALT_LAKE
1815	Salt Lake County Sheriff's Search & Rescue Service	SALT_LAKE
1821	South Salt Lake Fire Department	SALT_LAKE
1823	West Valley City Fire Department	SALT_LAKE
1826	Utah Air National Guard Fire Department	SALT_LAKE
1827	Murray City Fire Department	SALT_LAKE
1830	Midvale City Fire Department	SALT_LAKE
1831	South Jordan Fire Department	SALT_LAKE
1842	West Jordan Fire Department	SALT_LAKE
1850	Utah State Prison	SALT_LAKE
1869	Bluffdale Fire Department	SALT_LAKE
1904	San Juan County EMS	SAN_JUAN

1911	San Juan County Search & Rescue	SAN_JUAN
2001	Gunnison Valley Hospital Ambulance	SANPETE
2002	North Sanpete Ambulance	SANPETE
2007	Ephraim Ambulance Association	SANPETE
2008	Manti Ambulance Association	SANPETE
2101	Sevier County Ambulance	SEVIER
2104	Canyon Fuel Company, LLC (Sufco Mine)	SEVIER
2202	South Summit Ambulance Service	SUMMIT
2203	Park City Fire District/Summit Co.	SUMMIT
2301	Wendover Ambulance	TOOELE
2302	Ambulance Services of Tooele, LLC	TOOELE
2310	Stockton Fire Department	TOOELE
2315	North Tooele County Fire Service District	TOOELE
2318	Wendover First Responders	TOOELE
2306	Grantsville Volunteer Fire Department	TOOELE
2402	Deseret Generation & Transmission	UINTAH
2403	Ute Tribe Ambulance Service	UINTAH
2404	Gold Cross Services, Inc. Eastern Division	UINTAH
2501	American Fork City	UTAH
2502	Lehi Fire/Emergency Medical Services	UTAH
2503	Payson City Ambulance	UTAH
2504	Pleasant Grove Emergency Medical Services	UTAH
2505	Provo City Fire Department	UTAH
2506	Orem Department of Public Safety	UTAH
2508	Springville City Ambulance	UTAH
2509	Spanish Fork Ambulance	UTAH
2512	Santaquin City Ambulance	UTAH
2517	Salem Emergency Medical Association	UTAH
2518	Mapleton Ambulance	UTAH
2519	Lone Peak Public Safety District	UTAH
2520	North Fork Fire Department	UTAH
2522	Eagle Mountain Fire Department	UTAH
2526	Utah County Sheriff Search & Rescue Service	UTAH
2531	Elk Ridge City Fire Department	UTAH
2532	Brigham Young University	UTAH
2539	Saratoga Springs Fire and Ambulance	UTAH
2601	Wasatch County Emergency Medical Services	WASATCH
2701	Enterprise Ambulance Service	WASHINGTON
2703	Hurricane Valley Fire Special Services District	WASHINGTON
2711	Santa Clara Fire Department	WASHINGTON

2712	Dixie Regional Medical Center	WASHINGTON
2720	Hildale Fire Department	WASHINGTON
2721	Dixie Ambulance Service	WASHINGTON
2725	St. George City Fire Department	WASHINGTON
2729	Leeds Area Special Service District	WASHINGTON
2731	Rockville/Springdale Fire Protection District	WASHINGTON
2733	Ivins City Public Safety	WASHINGTON
2734	Washington DPS Fire Division	WASHINGTON
2801	Wayne County Ambulance	WAYNE
2902	Roy City Fire and Rescue Department	WEBER
2903	Ogden City Ambulance	WEBER
2907	Washington Terrace Fire Department	WEBER
2919	North View Fire Agency	WEBER
2921	Plain City Fire Department	WEBER
2925	Weber Fire District	WEBER
2930	South Ogden City Fire Department	WEBER
2931	Riverdale Fire Services	WEBER
2932	Weber County Sheriff	WEBER
3000	Unspecified Utah EMS Agency	UT
3001	Airmed/University of Utah Medical Center	SALT_LAKE
3002	Intermountain Life Flight	SALT_LAKE
3003	Classic Air Care Inc. DBA Classic Life Guard	DAVIS
3004	Eagle Air Med Corporation	SAN_JUAN
3005	St. Mary's Careflight	CO
3006	Life Guard International	NV
3007	Air Ambulance Specialists, Inc.	CO
3009	San Juan Regional Medical Center/Air Care	NM
3010	Air Methods/Mercy Air Service, Inc.	NV
3011	Tristate Care Flight, LLC	AZ
3012	Coast to Coast Air Ambulance, LLC	UT
3999	Obsolete or Changed EMS Agency	
NA	NOT APPLICABLE	NA
NOT	Not Recorded/Not Known	
OTHER	Other - Out of State EMS Agency	OTHER

Obsolete/Inactive EMS Agencies 2011:

<b>License</b>	<b>Agency</b>	<b>Level</b>	<b>County</b>
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0101L	BEAVER AMB	AMB_I	BEAVER
0102L	MILFORD VALLEY AMB	AMB_I	BEAVER
0201L	BRIGHAM CITY AMB	AMB_I	BOX_ELDER
0202L	TREMONTON FD AMB	AMB_I	BOX_ELDER
0205L	PLYMOUTH FD AMB	AMB_B	BOX_ELDER
0210L	ATK THIOKOL FIRE	AMB_I	BOX_ELDER
0214D	WILLARD FIRST RESPONDERS	QRU_B	BOX_ELDER
0216D	HONEYVILLE FIRE DEPT	QRU_B	BOX_ELDER
0222L	CURLEW AMB SERVICE	AMB_I	BOX_ELDER
0223D	FIELDING FIRST RESPONDERS	QRU_B	BOX_ELDER
0224D	THATCHER-PENROSE FIRE DEPT	QRU_B	BOX_ELDER
0225L	BOX ELDER AMB	AMB_I	BOX_ELDER
0302D	HYRUM FIRST RESPONDERS	QRU_B	CACHE
0303D	LEWISTON FIRST RESPONDERS	QRU_B	CACHE
0304D	NEWTON FIRST RESPONDERS	QRU_B	CACHE
0305D	PARADISE FIRST RESPONDERS	QRU_B	CACHE
0306D	WELLSVILLE FIRST RESPONDERS	QRU_I	CACHE
0307D	SMITHFIELD FIRE AND RESCUE	QRU_I	CACHE
0313D	MENDON FIRE DEPT	QRU_B	CACHE
0315D	CACHE COUNTY S&R	QRU_I	CACHE
0316D	RICHMOND FIRE DEPT	QRU_B	CACHE
0317D	NORTH LOGAN FIRE & RESCUE	QRU_B	CACHE
	MILLVILLE & NIBLEY FIRST		
0320D	RESPONDERS	QRU_B	CACHE
0321D	TRENTON TOWN FIRE AND RESCUE	QRU_B	CACHE
0332L	CACHE COUNTY EMS AUTH	AMB_I	CACHE
0333L	CACHE COUNTY EMS AUTH	AMB_P	CACHE
<b>License</b>	<b>Agency</b>	<b>Level</b>	<b>County</b>
0334L	CACHE COUNTY EMS AUTH	RESCUE	CACHE
0335L	CACHE COUNTY SHERIFF'S OFFICE	RESCUE	CACHE
0401L	SUNNYSIDE AMB SERVICE	AMB_I	CARBON
0402L	CARBON COUNTY AMB	AMB_IA	CARBON
0406D	HELPER FIRE DEPT	QRU_B	CARBON
0501L	DAGGETT COUNTY AMB	AMB_I	DAGGETT
0502D	DAGGETT COUNTY SHERIFF'S OFFICE	QRU_I	DAGGETT
0603L	DAVIS COUNTY SHERIFFS OFFICE	RESCUE	DAVIS
0606L	KAYSVILLE CITY FIRE	AMB_I	DAVIS
0607L	LAYTON CITY FIRE	AMB_I	DAVIS
0612L	CLINTON CITY FIRE	AMB_I	DAVIS
0617D	SYRACUSE CITY FIRE DEPT	QRU_B	DAVIS

0618L	SYRACUSE FIRE CLEARFIELD CITY CORP/ CLEARFIELD	AMB_I	DAVIS
0620L	CITY FD	AMB_I	DAVIS
0625L	DAVIS COUNTY SHERIFFS OFFICE	RESCUE	DAVIS
0628D	SUNSET FIRE DEPT	QRU_B	DAVIS
0630L	FARMINGTON CITY FIRE	AMB_I	DAVIS
0631L	LAYTON CITY FD/DAVIS CO SHERIFF'S	RESCUE	DAVIS
0634L	SOUTH DAVIS METRO FIRE AGENCY	AMB_I	DAVIS
0635L	SOUTH DAVIS METRO FIRE AGENCY	RESCUE	DAVIS
0701L	UINTAH BASIN MEDICAL CENTER	AMB_1	DUCHESNE
0714L	UINTAH BASIN MEDICAL CENTER	AMB_P	DUCHESNE
0715L	UINTAH BASIN MEDICAL CENTER	RESCUE	DUCHESNE
0801L	EMERY CO AMB SERVICE	AMB_I	EMERY
0901L	GARFIELD CO AMB	AMB_I	GARFIELD
1001L	GRAND CO EMS	AMB_I	GRAND
1005D	GRAND CO EMS	QRU_I	GRAND
1101L	IRON COUNTY AMB	AMB_I	IRON
1102L	IRON COUNTY/IRON COUNTY AMB	RESCUE	IRON
1201L	JUAB COUNTY AMB	AMB_I	JUAB
1204L	LEVAN TOWN AMB	AMB_I	JUAB
1301L	KANE COUNTY AMB	AMB_I	KANE
1401L	MILLARD COUNTY AMB	AMB_I	MILLARD
1403L	SCIPIO AMB SERVICE	AMB_I	MILLARD
1501L	MORGAN COUNTY AMB	AMB_I	MORGAN
1601L	PIUTE CO COUNTY AMB	AMB_I	PIUTE
1701L	RICH COUNTY AMB	AMB_I	RICH
1802L	UNIFIED FIRE AUTHORITY SALT LAKE	AMB_B	SALT_LAKE
<b>License</b>	<b>Agency</b>	<b>Level</b>	<b>County</b>
1803L	GOLD CROSS AMB, INC.	AMB_I	SALT_LAKE
1804L	SALT LAKE CITY FIRE RIVERTON CITY CORP/UNIFIED FIRE	RESCUE	SALT_LAKE
1807L	AUTH	AMB_B	SALT_LAKE
1808L	UNIFIED FIRE AUTHORITY SALT LAKE	RESCUE	SALT_LAKE
1809L	SANDY CITY FIRE	AMB_P	SALT_LAKE
1812L	GOLD CROSS/PARAMEDIC SERVICE	AMB_P	SALT_LAKE
1815D	SALT LAKE COUNTY SHERIFF S&R	QRU_I	SALT_LAKE
1821D	SOUTH SALT LAKE FIRE DEPT	QRU_I	SALT_LAKE
1822L	SOUTH SALT LAKE FIRE	RESCUE	SALT_LAKE
1823L	WVC FD/SALT LAKE COUNTY FD	RESCUE	SALT_LAKE
1826D	UTAH AIR NATIONAL GUARD	QRU_B	SALT_LAKE
1827D	MURRAY CITY FIRE	QRU_B	SALT_LAKE

1830L	MIDVALE CITY FIRE	RESCUE	SALT_LAKE
1831L	SOUTH JORDAN FIRE	AMB_B	SALT_LAKE
1836D	UNIFIED FIRE AUTHORITY SALT LAKE CITY FIRE RESCUE	QRU_B	SALT_LAKE
1840D	SERVICE	QRU_B	SALT_LAKE
1842L	WEST JORDAN FIRE	AMB_B	SALT_LAKE
1850D	UTAH STATE PRISON	QRU_I	SALT_LAKE
1852L	DRAPER CITY/UNIFIED FIRE AUTH	AMB_B	SALT_LAKE
1857L	MURRAY CITY FIRE	RESCUE	SALT_LAKE
1858L	SOUTH JORDAN FIRE	AMB_P	SALT_LAKE
1861L	WEST JORDAN FIRE	AMB_P	SALT_LAKE
1863L	MIDVALE CITY FIRE	AMB_P	SALT_LAKE
1864D	WEST VALLEY CITY FIRE WVC FIRE DEPT/SALT LAKE CO FIRE	QRU_B	SALT_LAKE
1865L	DEPT	AMB_P	SALT_LAKE
1866L	SOUTHWEST AMBULANCE	AMB_B	SALT_LAKE
1867D	SOUTH JORDAN FIRE AMB	QRU_I	SALT_LAKE
1867L	UNIFIED FIRE AUTHORITY AMB	AMB_P	SALT_LAKE
1868L	MURRAY CITY FIRE AMB	AMB_P	SALT_LAKE
1869L	BLUFFDALE FIRE AMB	AMB_P	SALT_LAKE
1904L	SAN JUAN EMS SERVICES/BLANDING	AMB_I	SAN_JUAN
1910L	SAN JUAN EMS	AMB_I	SAN_JUAN
1911D	SAN JUAN COUNTY S&R	QRU_I	SAN_JUAN
2001L	GUNNISON VALLEY AMB	AMB_I	SANPETE
2002L	NORTH SANPETE AMB SERVICE	AMB_I	SANPETE
2007L	EPHRAIM CITY/EPHRAIM AMB ASSN	AMB_I	SANPETE
2008L	MANTI AMB ASSN	AMB_I	SANPETE
<b>License</b>	<b>Agency</b>	<b>Level</b>	<b>County</b>
2101L	SEVIER COUNTY AMB	AMB_I	SEVIER
2104L	CANYON FUEL COMPANY SUFCO, LLC	AMB_B	SEVIER
2202L	SOUTH SUMMIT AMB	AMB_I	SUMMIT
2203L	SUMMIT COUNTY/PARK CITY FD	AMB_I	SUMMIT
2213D	PARK CITY FIRE SERVICE	QRU_B	SUMMIT
2220L	PARK CITY FIRE SERVICE DIST	RESCUE	SUMMIT
2221L	SUMMIT COUNTY/PARK CITY FD	AMB_I	SUMMIT
2301L	WENDOVER AMB	AMB_I	TOOELE
2302L	TOOELE HOSP MTN WEST AMB	AMB_I	TOOELE
2310D	STOCKTON FIRE DEPT NORTH TOOELE CO FIRE SERVICE	QRU_B	TOOELE
2315D	DISTRICT	QRU_I	TOOELE
2318D	WENDOVER FIRST RESPONDERS	QRU_B	TOOELE

2320L	AMBULANCE SERVICES OF TOOEELE DESERET GENERATION & TRANSMISSION	QRU_P	TOOELE
2402L	UTE TRIBE AMB SERVICE	AMB_B	UINTAH
2403L	GOLD CROSS AMB EASTERN UTAH DIVISION	AMB_I	UINTAH
2404L	VERNAL POLICE DEPT	QRU_B	UINTAH
2412D	UINTAH COUNTY SHERIFF'S DEPT	QRU_B	UINTAH
2413D	AMERICAN FORK AMB	AMB_I	UTAH
2501L	LEHI FIRE/EMS	AMB_I	UTAH
2502L	PAYSON AMB ASSN	AMB_I	UTAH
2503L	PLEASANT GROVE AMB	AMB_I	UTAH
2504L	PROVO FD/PARAMEDIC	AMB_P	UTAH
2505L	OREM DEPT OF PUBLIC SAFETY	AMB_P	UTAH
2506L	SPRINGVILLE AMB	AMB_I	UTAH
2508L	SPANISH FORK AMB	AMB_I	UTAH
2509L	GOLD CROSS SERVICE INC./UTAH COUNTY	AMB_I	UTAH
2510L	SANTAQUIN CITY AMB	AMB_I	UTAH
2512L	SALEM CITY CORP	AMB_I	UTAH
2517L	MAPLETON AMB/MAPLETON CITY CORP	AMB_I	UTAH
2518L	LONE PEAK PUBLIC SAFETY DIST	AMB_I	UTAH
2519L	EAGLE MOUNTAIN FD	AMB_I	UTAH
2522L	UTAH COUNTY SHERIFF S&R	QRU_I	UTAH
2526D	ELK RIDGE FIRE DEPT	QRU_B	UTAH
2531D	BRIGHAM YOUNG UNIVERSITY	QRU_B	UTAH
2532D			
<b>License</b>	<b>Agency</b>	<b>Level</b>	<b>County</b>
2535L	LONE PEAK PUBLIC SAFETY DIST	RESCUE	UTAH
2537L	NORTH FORK FD	AMB_I	UTAH
2538L	PLEASANT GROVE AMB	RESCUE	UTAH
2539L	SARATOGA SPRINGS FIRE/EMS	AMB_I	UTAH
2540L	AMERICAN FORK AMB	RESCUE	UTAH
2601L	WASATCH COUNTY AMB	AMB_IA	WASATCH
2701L	ENTERPRISE AMB SERVICE	AMB_I	WASHINGTON
2702L	DIXIE AMB SERVICE, INC.	AMB_I	WASHINGTON
2703L	HURRICANE FIRE & RESCUE	AMB_I	WASHINGTON
2704L	DIXIE AMB SERVICE, INC.	AMB_P	WASHINGTON
2711D	SANTA CLARA FIRE DEPT	QRU_I	WASHINGTON
2720L	HILLDALE CITY/HILDALE FD	AMB_P	WASHINGTON
2721L	DIXIE AMB SERVICE	RESCUE	WASHINGTON

2722L	HURRICANE CITY CORP/HURRICANE FIRE & RESCUE	AMB_P	WASHINGTON
2725D	ST GEORGE CITY FIRE DEPT	QRU_B	WASHINGTON
2729L	LEEDS AREA SPECIAL SERVICE DIST	AMB_I	WASHINGTON
2732D	ENTERPRISE AMB SERVICE	QRU_I	WASHINGTON
2734D	WASHINGTON CITY FIRE DEPT IVINS CITY PUBLIC SAFETY	QRU_B	WASHINGTON
2737L	AMBULANCE	AMB_I	WASHINGTON
2801L	WAYNE COUNTY AMB	AMB_I	WAYNE
2902L	ROY FIRE AND RESCUE DEPT	AMB_B	WEBER
2903L	WEBER FIRE DIST/OGDEN CITY CORP	AMB_P	WEBER
2907D	WASHINGTON TERRACE FIRE DEPT WEBER COUNTY CORP OGDEN CITY	QRU_B	WEBER
2915L	CORP WEBER COUNTY CORP PARAMEDIC	RESCUE	WEBER
2916L	ROY	RESCUE	WEBER
2917L	OGDEN CITY CORP	AMB_P	WEBER
2919L	NORTH VIEW FIRE AGENCY	AMB_I	WEBER
2920L	OGDEN CITY AMB	AMB_IV	WEBER
2921D	PLAIN CITY FIRE DEPT WEBER COUNTY CORP ROY CITY	QRU_B	WEBER
2924L	CORP	AMB_P	WEBER
2926L	WEBER FIRE DIST	AMB_B	WEBER
2927D	WEBER FIRE DIST	QRU_I	WEBER
2931D	RIVERDALE FIRE SERVICES	QRU_I	WEBER
2932D	WEBER COUNTY SHERIFF	QRU_B	WEBER
2933L	SOUTH OGDEN FIRE	AMB_I	WEBER
<b>License</b>	<b>Agency</b>	<b>Level</b>	<b>County</b>
3000L	UNSPECIFIED UTAH EMS AGENCY	NA	UT
3001L	AIR MED - U.U.M.C.	AIR	SALT_LAKE
3002L	IHC LIFE FLIGHT CLASSIC AIR CARE INC. DBA CLASSIC	AIR	SALT_LAKE
3003L	LIFE GUARD	AIR	DAVIS
3004L	EAGLE AIR MED CORP	AIR	SAN_JUAN
3005L	ST. MARYS AIR LIFE/ST. MARYS HOSP	AIR	CO
3006L	LIFE GUARD INTERNATIONAL, INC.	AIR	NV
3007L	AIR AMB SPECIALISTS, INC.	AIR	CO
3008L	MED FLIGHT AIR	AIR	NM
3009L	SAN JUAN REGIONAL AIR CARE AIR METHODS/MERCY AIR SERVICES	AIR	NM
3010L	INC.	AIR	NV



3011L	TRISTATE CARE FLIGHT, LLC.	AIR	AZ
3999L	Obsolete or Changed EMS Agency	OTHER	OTHER
NA	NOT APPLICABLE	NA	NA
NOT	Not Recorded/Not Known	NOT	NOT
OTHER	Other Utah EMS Agency	OTHER	OTHER
0203L	BOX ELDER COUNTY AMB (2009- use 0225L)	AMB_B	BOX_ELDER
0301L	(OLD 2005: WAS LOGAN CITY. USE 0332L)	AMB_I	CACHE
0310L	(OLD 2005: WAS LOGAN CITY. USE 0333L)	AMB_P	CACHE
0408L	(OLD 2005: WAS CANYON FUELSKYLINE MINES. NO NEW CODE)	AMB_B	
0601L	(OLD 2005. WAS S. DAVIS. USE 0634L)	AMB_B	DAVIS
0602L	(OLD 2005. WAS BOUNTIFUL FD. USE 0634L)	AMB_I	DAVIS
0604L	(OLD 2005. WAS DAVIS CO SHERIFF AMB. USE 0625L)	AMB_B	DAVIS
0616L	(OLD 2005. WAS DAVIS CO SHERIFF. USE 0625L)	AMB_I	DAVIS
0629D	CHEVRON REFINERY EMS (2009 – Expired)	QRU_B	DAVIS
0905L	(OLD 2004. WAS CLASSIC AIR GUARD. USE 3003L)	AIR	
1004L	(OLD 2004. WAS ST MARYS AIR. USE 3005L)	AIR	
1801L	(OLD 2003)	AMB_B	SALT_LAKE
1806L	(OLD 2003)	AMB_B	SALT_LAKE
1810L	(OLD 2004. WAS AIR MED. USE 3001L)	AIR	SALT_LAKE
1813L	(OLD 2004. WAS LIFE FLIGHT. USE 3002L)	AIR	SALT_LAKE
1814D	SOLITUDE SKI PATROL (2009 – Expired)	QRU_B	SALT_LAKE
<b>License</b>	<b>Agency</b>	<b>Level</b>	<b>County</b>
1829D	MIDVALE CITY FIRE DEPT (UT2009 Obsolete)	QRU_B	SALT_LAKE
1862L	MIDVALE CITY FD (Obsolete 2006 - Use 1863L)	AMB_B	SALT_LAKE
1862L	(OLD 2006: WAS MIDVALE CITY FD. USE 1863L)	AMB_B	SALT_LAKE
1901L	SAN JUAN EMS MONTICELLO (Obsolete 2006 - Use 1910L)	AMB_B	SAN_JUAN
1901L	(OLD 2006: WAS SAN JUAN EMS. USE 1910L)	AMB_B	SAN_JUAN
1905L	(OLD 2003)	AMB_B	SAN_JUAN
1906L	(OLD 2003)	AMB_B	SAN_JUAN

1908L	(OLD 2004. WAS SAN JUAN AIR. USE 3009L (OLD 2004. WAS EAGLE AIR MED. USE 3004L)	AMB_B	SAN_JUAN
1909L		AIR	SAN_JUAN
2004L	(OLD 2003)	AMB_B	SANPETE
2005L	(OLD 2003)	AMB_B	SANPETE
2201L	(OLD 2003)	AMB_I	SUMMIT
2410D	NAPLES POLICE DEPT (2009 – Expired) (OLD 2004. WAS AIR RESPONSE NORTH. USE 3007L)	QRU_B	UINTAH
2415L	NORTH FORK FIRE DEPT (2009 – Use 2537L)	AIR	CO
2520D		QRU_B	UTAH
2536L	EAGLE MOUNTAIN FD (UT2009 Obsolete)	RESCUE	UTAH
2707L	(OLD 2003)	AMB_I	WASHINGTON
2727L	(OLD 2004. WAS AIR REACT. USE 3006L) (OLD 2004. WAS MERCY AIR. NO NEW CODE)	AIR	NV
2728L	(OLD 2004. WAS FLIGHT FOR LIFE. NO NEW CODE)	AIR	NV
2730L	ROCKVILLE/SPRINGDALE (2009 – Use 2735L)	AIR	NV
2731L	IVINS CITY FIRE DEPT (UT2009 Obsolete- Use 2737L)	AMB_P	WASHINGTON
2733D		QRU_B	WASHINGTON
2901L	(OLD 2003)	AMB_B	WEBER
2925D	WEBER FIRE DISTRICT (2009 – Use 2927D)	QRU_B	WEBER
2927L	(OLD 2004. WAS MED FLIGHT. USE 3008L)	AIR	WEBER
2930L	SOUTH OGDEN FD (IV - Obsolete 2007 - Use 2933L)	AMB_IV	WEBER
UNK	UNKNOWN (2009 – Obsolete)	UNK	UNK



## Appendix C: Country Codes

<b>Code</b>	<b>Country</b>	<b>Code</b>	<b>Country</b>
US	United States	HR	Croatia
MX	Mexico	CU	Cuba
CA	Canada	CY	Cyprus
AF	Afghanistan	EZ	Czech Republic
AL	Albania	DA	Denmark
AG	Algeria	DJ	Djibouti
AN	Andorra	DO	Dominica
AO	Angola	DR	Dominican Republic
AC	Antigua and Barbuda	TT	East Timor
AR	Argentina	EC	Ecuador
AM	Armenia	EG	Egypt
AS	Australia	ES	El Salvador
AU	Austria	EK	Equatorial Guinea
AJ	Azerbaijan	ER	Eritrea
BF	Bahamas	EN	Estonia
BA	Bahrain	ET	Ethiopia
BG	Bangladesh	FJ	Fiji
BB	Barbados	FI	Finland
BO	Belarus	FR	France
BE	Belgium	GB	Gabon
BH	Belize	GA	Gambia, The
BN	Benin	GG	Georgia
BT	Bhutan	GM	Germany
BL	Bolivia	GH	Ghana
BK	Bosnia and Herzegovina	GR	Greece
BC	Botswana	GJ	Grenada
BR	Brazil	GT	Guatemala
BX	Brunei	GV	Guinea
BU	Bulgaria	PU	Guinea-Bissau
UV	Burkina Faso	GY	Guyana
BM	Burma	HA	Haiti
BY	Burundi	VT	Holy See
CB	Cambodia	HO	Honduras
CM	Cameroon	HU	Hungary
CV	Cape Verde	IC	Iceland
CT	Central African Republic	IN	India
CD	Chad	ID	Indonesia
CI	Chile	IR	Iran
CH	China	IZ	Iraq
CO	Colombia	EI	Ireland
CN	Comoros	IS	Israel
CF	Congo (Brazzaville)	IT	Italy

<b>Code</b>	<b>Country</b>	<b>Code</b>	<b>Country</b>
CG	Congo (Kinshasa)	JM	Jamaica
CS	Costa Rica	JA	Japan
IV	Cote d'Ivoire	JO	Jordan
KZ	Kazakhstan	PM	Panama
KE	Kenya	PP	Papua New Guinea
KR	Kiribati	PA	Paraguay
KN	Korea, North	PE	Peru
KS	Korea, South	RP	Philippines
KU	Kuwait	PL	Poland
KG	Kyrgyzstan	PO	Portugal
LA	Laos	QA	Qatar
LG	Latvia	RO	Romania
LE	Lebanon	RS	Russia
LT	Lesotho	RW	Rwanda
LI	Liberia	SC	Saint Kitts and Nevis
LY	Libya	ST	Saint Lucia
LS	Liechtenstein	VC	Saint Vincent and the Grenadines
LH	Lithuania	WS	Samoa
LU	Luxembourg	SM	San Marino
MK	Macedonia	TP	São Tomé and Príncipe
MA	Madagascar	SA	Saudi Arabia
MI	Malawi	RB	Serbia
MY	Malaysia	SE	Seychelles
MV	Maldives	SL	Sierra Leone
ML	Mali	SN	Singapore
MT	Malta	LO	Slovakia
RM	Marshall Islands	SI	Slovenia
MR	Mauritania	BP	Solomon Islands
MP	Mauritius	SO	Somalia
FM	Micronesia	SF	South Africa
MD	Moldova	SP	Spain
MN	Monaco	CE	Sri Lanka
MG	Mongolia	SU	Sudan
MJ	Montenegro	NS	Suriname
MO	Morocco	WZ	Swaziland
MZ	Mozambique	SW	Sweden
WA	Namibia	SZ	Switzerland
NR	Nauru	SY	Syria
NP	Nepal	TI	Tajikistan
NL	Netherlands	TW	Taiwan
NZ	New Zealand	TZ	Tanzania
NU	Nicaragua	TH	Thailand

<b>Code</b>	<b>Country</b>	<b>Code</b>	<b>Country</b>
NG	Niger	TO	Togo
NI	Nigeria	TN	Tonga
NO	Norway	TS	Tunisia
MU	Oman	TU	Turkey
PK	Pakistan	TX	Turkmenistan
PS	Palau	TV	Tuvalu
UG	Uganda	VM	Vietnam
UP	Ukraine	YM	Yemen
AE	United Arab Emirates	ZA	Zambia
UK	United Kingdom	ZI	Zimbabwe
UY	Uruguay	NA	Not Applicable
UZ	Uzbekistan	NOT	Not Recorded/Not Known
NH	Vanuatu		
VE	Venezuela		



## **Appendix D: Utah Counties, Cities and Zip Codes**



<b>County Code</b>	<b>Description / (FIPS)</b>	<b>Cities</b>	<b>Zip Code</b>		
BEAVER	Beaver (49001)	Adamsville	84713		
		Beaver	84713		
		Burbank	84751		
		Cove Fort	84713		
		Greenville	84731		
		Manderfield	84713		
		Milford	84751		
		Minersville	84752		
		North Creek	84713		
		BOX_ELDER	Box Elder (49003)	Axtell	84621
				Bear River City	84301
				Beaverdam	84306
				Beeton	84309
				Bothwell	84337
Brigham City	84302				
Bushnell	84302				
Collinstonn	84306				
Corinne	84307				
Crystal Springs	84314				
Deweyville	84309				
Elwood	84337				
Etna	84313				
Fielding	84311				
Garland	84312				
Grouse Creek	84313				
Honeyville	84314				
Howell	84316				
Madsen	84314				
Mantua	84324				
Park Valley	84329				
Penrose	84337				
Perry	84302				
Plymouth	84330				
Portage	84331				
Promontory	84307				
Riverside	84334				
Rosette	84329				
Snowville	84336				
Thatcher	84337				
Tremonton	84337				
Willard	84340				



<b>County Code</b>	<b>Description / (FIPS)</b>	<b>Cities</b>	<b>Zip Code</b>
CACHE	Cache (49007)	Amalga	84335
		Avon	84319
		Benson	84335
		Brigham City	84304
		Cache Junction	84304
		Clarkston	84305
		College Ward	84321
		Cornish	84308
		Cove	84320
		Hyde Park	84318
		Hyrum	84319
		Lewiston	84320
		Logan	84321
		Mendon	84325
		Millville	84326
		Newton	84327
		Nibley	84321
		North Logan	84321
		Paradise	84328
		Petersboro	84325
		Providence	84332
		Richmond	84333
		River Heights	84321
		Smithfield	84335
		Trenton	84338
		Utah State	84322
		University	
Wellsville	84339		
CARBON	Carbon (49007)	Carbonville	84501
		Castle Gate	84526
		Columbia	84501
		East Carbon	84520
		East Wellington	84542
		Helper	84526
		Hiawatha	84527
		Kenilworth	84529
		Martin	84526
		Price	84501
		Scotfield	84501
		Spring Glen	84526
		Standardville	84526

<b>County Code</b>	<b>Description / (FIPS)</b>	<b>Cities</b>	<b>Zip Code</b>		
CARBON	Carbon (49007)	Sunnyside	84539		
		Wellington	84542		
		Woodside	84501		
DAGGETT	Daggett (49009)	Dutch John	84023		
		Green Lake	84046		
		Greendale	84023		
		Manila	84046		
		DAVIS	Davis (49011)	Anchorage	84015
				Arsenal	84015
				Bountiful	84087, 84010, 84011
				Centerville	84014
				Clearfield	84015
				Clinton	84015
East Layton	84040				
Farmington	84025				
Fruit Heights	84037				
Hill A.F.B.	84056				
DUCHESNE	Duchesne (49013)	Kaysville	84037		
		Layton	84040, 84075, 84041		
		North Salt Lake	84054		
		Sunset	84015		
		Syracuse	84075		
		Val Verda	84010		
		West Kaysville	84037		
		West Layton	84041		
		West Point	84015		
		Woods Cross	84087		
		Arcadia	84012		
		Altamont	84001, 84002		
		Bluebell	84007		
		Boneta	84001		
		Bridgeland	84012		
		Cedarview	84066		
		Defas Park	84031		
		Duchesne	84021		
		Fruitland	84027		
Hanna	84031				
Ioka	84066				
Leeton	84066				
Monarch	84066				
Mountain Home	84051				

<b>County Code</b>	<b>Description / (FIPS)</b>	<b>Cities</b>	<b>Zip Code</b>		
DUCHESNE	Duchesne (49013)	Myton	84052		
		Neola	84053		
		Roosevelt	84066		
		Tabiona	84072		
		Talmage	84073		
		Upalco	84007		
EMERY	Emery (49015)	Castle Dale	84513		
		Clawson	84516		
		Cleveland	84518		
		Elmo	84521		
		Emery	84522		
		Ferron	84523		
		Green River	84525		
		Huntington	84528		
		Lawrence	84528		
		Molen	84523		
		Moore	84523		
		Orangeville	84537		
		GARFIELD	Garfield (49017)	Angle	84712
				Antimony	84712
Boulder	84716				
Bryce	84764				
Bryce Canyon	84761				
Cannonville	84718				
Escalante	84726				
Henrieville	84736				
Panguitch	84759				
Spry	84759				
Tropic	84716				
GRAND	Grand (49019)			Arches	84532
				Canyonlands	84532
				Castleton	84532
		Cisco	84515		
		Moab	84532		
		Natural Bridges	84532		
		Thompson	84540		
		IRON	Iron (49021)	Beryl	84714
Beryl Junction	84714				
Brian Head	84719				
Cedar Breaks	84720				
Cedar City	84720				



<b>County Code</b>	<b>Description / (FIPS)</b>	<b>Cities</b>	<b>Zip Code</b>		
IRON	Iron (49021)	Enoch	84720		
		Kanarraville	84742		
		Lund	84720		
		Modena	84753		
		Newcastle	84756		
		Paragonah	84760		
		Parowan	84761		
		Pinto	84756		
		Summit	84772		
		Uvada	84753		
		JUAB	Juab (49023)	Eureka	84628
				Levan	84639
				Mona	84645
Nephi	84648				
Starr	84645				
KANE	Kane (49025)			Alton	84710
		Big Water	84741		
		Duck Creek	84762		
		Village			
		Glen Canyon	84741		
		Glendale	84729		
		Hatch	84735		
		Kanab	84741		
		Mount Carmel	84755		
		Orderville	84758		
		MILLARD	Millard (49027)	Abraham	84635
				Delta	84624
				Deseret	84624
Eskdale	84728				
Fillmore	84631				
Flowell	84631				
Garrison	84728				
Hinckley	84635				
Holden	84636				
Lanosh	84637				
Leamington	84638				
Lynndyl	84640				
Meadow	84644				
Oak City	84649				
Oasis	84650				
Scipio	84656				

<b>County Code</b>	<b>Description / (FIPS)</b>	<b>Cities</b>	<b>Zip Code</b>
MILLARD	Millard (49027)	Sugarville	84624
		Sutherland	84624
		Woodrow	84624
MORGAN	Morgan (49029)	Como Springs	84050
		Croydon	84018
		Devils Slide	84050
		Enterprise	84050
		Littleton	84050
		Milton	84050
		Morgan	84050
		Mountain Green	84050
		Peterson	84050
		Porterville	84050
		Richville	84050
		Stoddard	84050
PIUTE	Piute (49031)	Circleville	84723
		Greenwich	84732
		Junction	84740
		Kingston	84743
		Marysvale	84750
		Richfield	84732
		Garden City	84028
RICH	Rich (49033)	Laketown	84038
		Meadowville	84038
		Pickleville	84028
		Randolph	84064
		Round Valley	84038
		Swan Creek	84028
		Woodruff	84086
		Alta	84092
		Atwood	84107
		Belmont Heights	84070, 84092
SALT_LAKE	Salt Lake (49035)	Bennion	84118
		Bingham	84006
		Canyon	
		Bluffdale	84065
		Brighton	84121
		Burton	84115
		Butlerville	84121
		Camp Williams	84065
		Cooperton	84006



<b>County Code</b>	<b>Description / (FIPS)</b>	<b>Cities</b>	<b>Zip Code</b>
SALT_LAKE	Salt Lake (49035)	Cottonwood	84121
		Cottonwood Heights	84117
		Cottonwood Meadows	84117
		Crescent	84092, 84070
		Cushing	84047
		Draper	84020
		Eastwood Hills	84106
		Emigration Canyon	84108
		Fairgrounds	84116
		Foothill	84108
		Fort Douglas	84113
		Granger	84119
		Granger Hunter	84119
		Granite	84070, 84092
		Granite Park	84106
		Greenfield	84117
		Herriman	84065
		Holladay	84124, 84117
		Hunter	84120
		Kearns	84118
		Key Bank	84189
		Knudsen Corner	84121
		Magna	84044
		Midvale	84047
		Millcreek	84109
		Mount Olympus	84117
		Murray	84107, 84123
		Northwest	84116
		Pallas	84107
		Park Terrace	84106
		Pioneer	84111
		Pleasant Green	84044
		Redwood	84119
		Riverton	84065
Roper	84115		
Rose Park	84116		



<b>County Code</b>	<b>Description / (FIPS)</b>	<b>Cities</b>	<b>Zip Code</b>		
SALT_LAKE	Salt Lake (49035)	Salt Lake City	84100, 84101, 84102, 84103, 84104, 84105, 84106, 84107, 84108, 84109, 84111, 84112, 84113, 84114, 84115, 84116, 84117, 84118, 84119, 84120, 84121, 84123, 84124, 84133, 84138, 84144, 84180		
		Salt Lake Community College	84190		
		Sandy	84092, 84093, 84070, 84094		
		Sherwood Park	84092, 84070		
		Silver Fork	84121		
		Snowbird	84092		
		South Jordan	84065		
		South Salt Lake	84115		
		Sugarhouse	84105, 84106		
		Taylorsville	84119, 84123		
		Union	84047		
		University Medical Center	84132		
		West Jordan	84088, 84084		
		West Valley	84199, 84120		
		White City	84092, 84070		
		SANPETE	Sanpete (49037)	Birdseye	84629
				Centerfield	84622
				Chester	84623
				Ephraim	84627
				Fairview	84629
Fayette	84630				
Fountain Green	84632				
Gunnison	84634				
Indianola	84629				
Manti	84642				
Mayfield	84643				
Milburn	84629				
Moroni	84646				
Mount Pleasant	84647				
Oak Creek	84629				



<b>County Code</b>	<b>Description / (FIPS)</b>	<b>Cities</b>	<b>Zip Code</b>
SANPETE	Sanpete (49037)	Spring City	84662
		Sterling	84665
		Thistle	84629
SAN_JUAN	San Juan (49039)	Wales	84667
		Aneth	84510
		Blanding	84511
		Bluff	84512
		Bullfrog	84533
		Eastland	84535
		Township	
		Halls Crossing	84533
		Hite	84533
		La Sal	84530
		Lake Powell	84533
		Mexican Hat	84531
		Montezuma	84534
		Creek	
		Monticello	84535
Monument	84536		
SEVIER	Sevier (49041)	Valley	
		Ticaboo	84533
		Annabelle	84711
		Aurora	84620
		Austin	84754
		Bowery Haven	84701
		Central Valley	84754
		Burrville	84701
		Elsinore	84724
		Fish Lake	84701
		Gooseberry	84654
		Joseph	84739
		Koosharem	84744
		Monroe	84754
		Redmond	84652
SUMMIT	Summit (49043)	Richfield	84701
		Salina	84654
		Sevier	84766
		Sigurd	84657
		Venice	84701
		Coalville	84017
		Echo	84024



<b>County Code</b>	<b>Description / (FIPS)</b>	<b>Cities</b>	<b>Zip Code</b>		
SUMMIT	Summit (49043)	Francis	84036		
		Henefer	84033		
		Hoytsville	84017		
		Jeremy Ranch	84098		
		Kamas	84036		
		Kimball Junction	84098		
		Marion	84036		
		Oakley	84055		
		Park City	84060, 84068, 84098		
		Peoa	84061		
		Pine Cliff	84017		
		Pinebrook	84098		
		Snyderville	84098		
		Summit Park	84098		
		Upton	84017		
		Wanship	84017		
		Woodland	84036		
		TOOELE	Tooele (49045)	Bauer	84071
				Burmester	84029
				Clover	84069
Dugway	84022				
Erda	84074				
Faust	84080				
Grantsville	84029				
Ibapah	84034				
Lake Point	84074				
Lincoln	84074				
Marblehead	84029				
Ophir	84071				
Partoun	84083				
Rowley	84029				
Rush Valley	84069				
Saint John	84069				
Skull Valley	84029				
Stansbury Park	84074				
Stockton	84071				
Terra	84022				
Tooele	84074				
Tooele Army Depot	84074				
Trout Creek	84083				



<b>County Code</b>	<b>Description / (FIPS)</b>	<b>Cities</b>	<b>Zip Code</b>		
TOOELE	Tooele (49045)	Vernon	84080		
		Wendover	84083		
UINTAH	Uintah (49047)	Bonanza	84008		
		Bottle Hollow	84026		
		Dry Fork	84078		
		Fort Duchesne	84026		
		Gusher	84030		
		Jensen	84035		
		Lapoint	84039		
		Maeser	84078		
		Naples	84078		
		Ouray	84026		
		Randlett	84063		
		Tridell	84076		
		Vernal	84008, 84078		
		Whiterocks	84085		
		UTAH	Utah County (49049)	Alpine	84004
				American Fork	84003
Benjamin	84660				
Bonnie	84057, 84058				
Brigham Young	84602				
University					
Bunker	84057, 84058				
Cedar Hills	84062				
Cedar Valley	84013				
Clyde	84057				
Colton	84601				
Covered Bridge	84660				
Edgemont	84601				
Elberta	84626				
Elk Ridge	84651				
Fairfield	84013				
Genola	84655				
Gilluly	84601				
Goshen	84633				
Hardy Beet	84062				
Spur					
Highland	84003				
Lake Shore	84660				
Lakeview	84601				
Lehi	84043				



<b>County Code</b>	<b>Description / (FIPS)</b>	<b>Cities</b>	<b>Zip Code</b>		
UTAH	Utah County (49049)	Leland	84660		
		Lindon	84042		
		Mapleton	84662		
		Olmstead	84601		
		Orem	84057, 84058, 84097		
		Palmyra	84660		
		Payson	84651		
		Pleasant Grove	84062		
		Provo	84601, 84602, 84604, 84606		
		Provo Canyon	84604		
		Provo Junction	84601		
		Salem	84653		
		Salem Hills	84660		
		Santaquin	84655		
		Saratoga	84043		
		Smoot	84601		
		Soldier Summit	84601		
		Spanish Fork	84660		
		Spring Lake	84651		
		Springdell	84601		
		Springville	84663		
		Sundance	84604		
		Timpanogos	84003		
		University	84601		
		Vineyard	84058, 84604		
		Vivian Park	84601		
		Wicks	84601		
		Wildwood	84601		
		Woodland Hills	84653		
		WASATCH	Wasatch (49051)	Center Creek	84032
				Charleston	84032
				Daniels	84032
Heber	84032				
Mayflower	84032				
Midway	84049				
Wallsburg	84082				
WASHINGTON	Washington (49053)			Apple Valley	84737
		Big Valley	84741		
		Brookside	84782		



<b>County Code</b>	<b>Description / (FIPS)</b>	<b>Cities</b>	<b>Zip Code</b>
WASHINGTON	Washington (49053)	Cedar City	84782, 84783, 84722
		Central	84722
		Dammeron	84783
		Enterprise	84725
		Gunlock	84733
		Harrisburg	84770
		Junction	
		Hildale	84784
		Hurricane	84737
		Ivins	84738
		La Verkin	84745
		Leeds	84746
		Middleton	84770
		New Harmony	84757
		Pine Valley	84722
		Pintura	84720
		Rockville	84763
		Santa Clara	84765
		Springdale	84767
		St. George	84770
		Toquerville	84774
		Veyo	84782
		Virgin	84779
		Washington	84780
		Zion National	84767
		Park	
WAYNE	Wayne (49055)	Bicknell	84715
		Caineville	84775
		Capitol Reef	84775
		Fremont	84747
		Fruita	84775
		Grover	84773
		Hanksville	84734
		Loa	84747
		Lyman	84749
		Teasdale	84773
WAYNE	Wayne (49055)	Torrey	84775
WEBER	Weber (49057)	Ben Lomond	84404
		Defense Depot	84407
		Eden	84310
		Farr West	84404
		Gorder	84403



<b>County Code</b>	<b>Description / (FIPS)</b>	<b>Cities</b>	<b>Zip Code</b>
WEBER	Weber (49057)	Harrisville	84404
		Harrisville	84401
		Heights	
		Hermitage	84404
		Hooper	84315
		Hot Springs	84404
		Huntsville	84317
		Kannessville	84315
		Liberty	84310
		Marriott	84404
		North Ogden	84404
		Ogden	84403, 84405, 84414, 84409, 84400, 84401, 84000
		Plain City	84404
		Pleasant View	84404
		Riverdale	84405
		Roy	84067
		Slaterville	84404
		South Ogden	84403
		South Weber	84403
		Taylor	84401
		Uintah	84403
		Warren	84404
		Washington Terrace	84405, 84403
		Weber State College	84408
		West Warren	84404
		West Weber	84401
		Wilson	84401



## **Other State/County Codes**

<b><i>State Code</i></b>	<b><i>Description / (FIPS)</i></b>
AZ	Arizona
CO	Colorado
ID	Idaho
MT	Montana
NM	New Mexico
NV	Nevada
WY	Wyoming

## **Appendix E: Injury Severity Scale Scoring**

## **Injury Severity Scale Scoring**

The Injury Severity Score (ISS) is an anatomical scoring system that provides an overall score for patients with multiple injuries. Each injury is assigned an Abbreviated Injury Score (AIS) and is allocated to one of six body regions (Head, Face, Chest, Abdomen, Extremities, or External). Only the highest AIS scores in each body region are used. The 3 most severely injured body regions have their AIS score squared and added together to produce the ISS score.

An example of the ISS calculation is shown below:

<b>Region</b>	<b>Injury Description</b>	<b>AIS</b>	<b>Square Top Three</b>
<b>Head &amp; Neck</b>	Cerebral Contusion	3	9
<b>Face</b>	No Injury	0	
<b>Chest</b>	Flail Chest	4	16
<b>Abdomen</b>	Minor Contusion of Liver	2	
	Complex Rupture Spleen	5	25
<b>Extremities</b>	Fractured femur	3	
<b>External</b>	No Injury	0	
<b>Injury Severity Score:</b>			<b>50</b>

The ISS score takes values from 0 to 75. If an injury is assigned an AIS of 6 (maximal injury), the ISS score is automatically assigned to 75. The ISS score is virtually the only anatomical scoring system in use and correlates linearly with mortality, morbidity, hospital stay and other measures of severity.

## Calculating Trauma Injury Severity Score

The Trauma Injury Severity Score (TRISS) determines the probability of survival (Ps) of a patient from the ISS and RTS using the following formula:

$$Ps = 1 / (1 + e^{-b})$$

Where 'b' is calculated from:

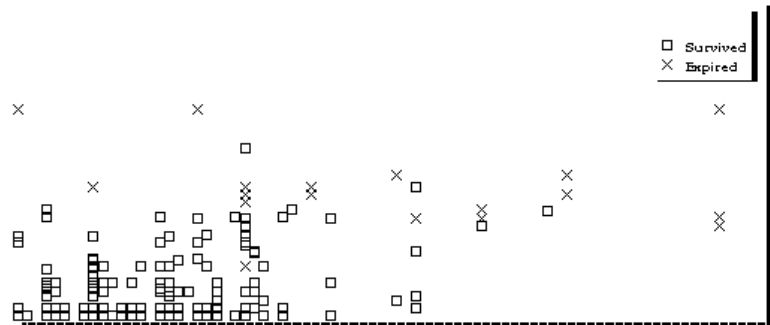
$$b = b0 + b1(RTS) + b2(ISS) + b3(AgeIndex)$$

The coefficients b0 - b3 are derived from multiple regression analysis of the Major Trauma Outcome Study (MTOS) database. Age Index is 0 if the patient is below 54 years of age or 1 if 55 years and over. b0 to b3 are coefficients which are different for blunt and penetrating trauma. If the patient is less than 15, the blunt index for b3 (Age) is used regardless of mechanism.

<b>Coefficient</b>	<b>Blunt</b>	<b>Penetrating</b>
<b>b0</b>	-0.4499	-2.5355
<b>b1</b>	0.8085	0.9934
<b>b2</b>	-0.0835	-0.0651
<b>b3</b>	-1.7430	-1.1360

### Sample TRISS Graph without Isobars from CDM Traumabase®

Boyd CR, Tolson MA, Copes WS: "Evaluating Trauma Care: The TRISS Method", J Trauma 27:370-378;1987



## **Appendix F: Abbreviated Injury Scale Scoring**

## **Calculating Abbreviated Injury Scale Score**

The Abbreviated Injury Scale (AIS) is an anatomical scoring system first introduced in 1969 for use by crash investigators in assessing impact injury. Since this time it has been revised and updated against survival so that it now provides a reasonably accurate way of ranking the severity of injury. The latest incarnation of the AIS is the 2005 revision. A scaling committee of the Association for the Advancement of Automotive Medicine monitors and provides a manual to be consulted when scoring the AIS.

Injuries are scored 1 to 6, with 1 being minor and 6 being a maximal injury. This represents the 'threat to life' associated with an injury and is not meant to represent a comprehensive measure of severity. The AIS is not an interval scale, in that the difference between AIS1 and AIS2 is not the same as that between AIS4 and AIS5.

<b>AIS</b>	<b>Injury Severity</b>
1	Minor injury
2	Moderate injury
3	Serious injury, not life threatening
4	Severe injury, life threatening, but survival probable
5	Critical injury, survival uncertain
6	Maximum injury, untreatable and virtually not survivable

## **Appendix G: Revised Trauma Score**

## Calculating Revised Trauma Score

The Revised Trauma Score (RTS) is a physiological scoring system, with high inter-rater reliability and demonstrated accuracy in predicting death. It is scored from the first set of data obtained on the patient, and consists of the Glasgow Coma Score, Systolic Blood Pressure, and Respiratory Rate.

Respiratory Rate (RR)	Systolic Blood Pressure (SBP)	Glasgow Coma Score (GCS)	Score
10-29/Minute	>89 mmHg	13-15	4
>29/Minute	76-89 mmHg	9-12	3
6-9/Minute	50-75 mmHg	6-8	2
1-5/Minute	1-49 mmHg	4-5	1
0	No Pulse	3	0

$$\text{RTS} = 0.9368 \text{ GCS} + 0.7326 \text{ SBP} + 0.2908 \text{ RR}$$

Values for the RTS are in the range 0 to 7.8408. The RTS is heavily weighted towards the Glasgow Coma Score to compensate for major head injury without multi-system injury or major physiological changes.



## **Appendix H: Data Dictionary Revision History**

## Data Dictionary Revision History

Release Number: 3.0.1  
 Date of Release: April 25, 2005  
 Changes Made:

Exclusion Criteria, page 3: Clarified the Cause e-code for ground level fall. Old: any E-code beginning with 885. New: only the e-code 885.9 is used.

D1. page 50: TRANS Definition change. Old: Primary method of transport into your hospital. New: Final method of transport into your hospital, unless patient arrived by fixed wing air. In that case, enter FIX.

D2. page 51: TRANSPORT\_AGENCY\_CODE data entry format changed. Old: Enter all transporting agencies sequentially, first to last. New: Enter the final transport, the one that brought the patient to your hospital, on the first row of data entry. All other EMS agencies can be entered on subsequent rows.

Release Number: 3.2  
 Date of Release: February 2, 2007  
 Changes Made:

DC\_DISPOSITION\_CODE: Added EOL for Hospice or End of Life DC Unit  
 DC\_DESTINATION\_CODE: Added 046 for End of Life Care / Hospice at Your Facility  
 DC\_DESTINATION\_CODE: Added 047 for End of Life Care / Hospice at Another Facility or Home  
 Change of AGENCY Number for Ogden:  
 2930L South Ogden FD – AMB IV is now obsolete  
 2933L South Ogden FD – AMB I is the new code to use

Appendix B pages 140-144: EMS Agencies updated, obsolete EMS Agency codes also listed.

Release Number 4.1  
 Date of Release: January , 2009  
 Changes Made:

Code	Type	Name	County	2009 Notes
0225L	AMB_I	BOX ELDER COUNTY AMB	BOX_ELDER	NEW for 2009
0515D	QRU_I	CACHE COUNTY EMS	CACHE	NEW for 2009
1866L	AMB_B	SOUTHWEST AMBULANCE	SALT_LAKE	NEW for 2009
1867D	QRU_I	SOUTH JORDAN FD	SALT_LAKE	NEW for 2009
1867L	AMB_P	UNIFIED FIRE AUTHORITY	SALT_LAKE	NEW for 2009
1868L	AMB_P	MURRAY CITY FIRE	SALT_LAKE	NEW for 2009
1869L	AMB_P	BLUFFDATE FD	SALT_LAKE	NEW for 2009
2320L	QRU_P	AMB SERVICES OF TOOEELE	TOOELE	NEW for 2009



Code	Type	Name	County	2009 Notes
2539L	AMB_I	SARATOGA SPRINGS FIRE	UTAH	NEW for 2009
2540L	RESCUE	AMERICAN FORK AMB	UTAH	NEW for 2009
2735L	AMB_I	ROCKVILLE/SPRINGDALE	WASHINGTON	NEW for 2009
2737L	AMB_I	IVINS CITY PUBLIC SAFETY	WASHINGTON	NEW for 2009
2927D	QRU_I	WEBER FIRE DISTRICT	WEBER	NEW for 2009
2933L	AMB_I	SOUTH OGDEN FD	WEBER	NEW for 2009
0203L	AMB_B	BOX ELDER COUNTY AMB	BOX_ELDER	Obsolete 2009
0629D	QRU_B	CHEVRON REFINERY EMS	DAVIS	Obsolete 2009
1814D	QRU_B	SOLITUDE SKI PATROL	SALT_LAKE	Obsolete 2009
1829D	QRU_B	MIDVALE CITY FIRE DEPT	SALT_LAKE	Obsolete 2009
2410D	QRU_B	NAPLES POLICE DEPT	UINTAH	Obsolete 2009
2520D	QRU_B	NORTH FORK FIRE DEPT	UTAH	Obsolete 2009
2536L	RESCUE	EAGLE MOUNTAIN FD	UTAH	Obsolete 2009
2731L	AMB_P	ROCKVILLE/SPRINGDALE	WASHINGTON	Obsolete 2009
2733D	QRU_B	IVINS CITY FIRE DEPT	WASHINGTON	Obsolete 2009
2925D	QRU_B	WEBER FIRE DISTRICT	WEBER	Obsolete 2009

Release Number 4.1.1  
 Date of Release: September, 2009  
 Changes Made:

Pattern for field TOX\_TEST corrected. **Old/New** Choices:

Wrong	Corrected	NTDS Code	Description.....
N	N	1	No (not suspected)
NC	NC	2	No (confirmed by test)
<b>YT</b>	<b>YP</b>	3	<b>Yes (confirmed by test - [prescription drugs])</b>
<b>YC</b>	<b>YI</b>	4	<b>Yes (confirmed by test [illegal drug use])</b>
NA	NA	NA	Not Applicable
NOT	NOT	NOT	Not Recorded / Not Known
UNK	UNK	NOT	Unknown

Release Number 5.0  
 Date of Release: January, 2010  
 Changes Made:

- Inclusion Criteria: Add “for the traumatic injury” to the transferred out statement.
- LOS, ICU LOS and VENTDAYS LOS: Add an explanation of a ‘partial day’ consisting of less than 24 hours, NOT the ‘midnight begins a new day’ method.

- EDITS: New edits added for EMS Time Sequences. Plus, all edits have been renamed for naming consistency.
- AGENCIES: New and Obsolete EMS Agencies for 2010:
  - NEW:
  - OBSOLETE: None
- COUNTIES: Garfield – Changed Zip Codes:
  - Panguitch: 84759
  - Bryce : 84761
- Dictionary Fields:
  - New symbolic fields for the first occurrence of Transport\_Agency\_Code, Transport\_Origin, Notify\_Date/Time, Date/Time\_Out, Arrival\_Date/Time, Departure\_Date/Time, and Destination\_Arrival\_Date/Time.

Release Number 5.1 Date of Release: April, 2011 Changes Made:
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- Inclusion Criteria: Add “for the traumatic injury” to the admitted to your hospital statement.
- COMP\_TYPE (Complications): New, Changed, and Inactivated Complications based on NTDS2011 Data Dictionary:

State Code	Description	Active	NTDS	Change
NA	Not Applicable - NO COMPLICATIONS		NA	Modified
OTHER	Other Complication not listed		1	New
UTI	Urinary Tract Infection		27	New
CATH	Catheter-Related Blood Stream Infection		28	New
OSTEO	Osteomyelitis		29	New
OR	Unplanned return to the OR		30	New
ICU	Unplanned return to the ICU		31	New
SEVSEP	Severe Sepsis		32	New
ABD	Abdominal fascia left open (Retired UT2011)	N	1	Retired
ACS	Abdominal compartment syndrome (Retired UT2011)	N	1	Retired
BASE	Base deficit (Retired UT2011)	N	1	Retired
BLEED	Bleeding (Retired UT2011)	N	1	Retired
COAG	Coagulopathy (Retired UT2011)	N	1	Retired
COMA	Coma (Retired UT2011)	N	1	Retired
ICP	Intracranial pressure (Retired UT2011)	N	1	Retired
SEPSIS	Systemic sepsis (Retired UT2011)	N	1	Retired
WOUND	Wound disruption (Retired UT2011)	N	1	Retired
NONE	Not Applicable - NO COMPLICATIONS (Retired UT2011)	N	NA	Retired

•CoMorbidity (RISK\_TYPE):

State Code	Description	Active	NTDS	Change
NA	No Comorbidities		NA	Modified
OTHER	Other Comorbidity/Risk Type not listed		1	New
CIRRHOSIS	Cirrhosis		25	New
NONE	No Utah/NTDS Co-morbidities Present	N	NA	Retired

• AGENCIES: NEW and RETIRED:

Code	Name	County	Active
0101	Beaver Ambulance Service	BEAVER	Y
0102	Milford Valley Ambulance Service	BEAVER	Y
0201	Brigham City Ambulance	BOX_ELDER	Y
0202	Tremonton Fire Department & Ambulance	BOX_ELDER	Y
0203	Box Elder County Ambulance	BOX_ELDER	Y
0205	Plymouth Fire Department	BOX_ELDER	Y
0210	ATK Launch Systems	BOX_ELDER	Y
0214	Willard First Responders	BOX_ELDER	Y

0216	Honeyville Fire Department	BOX_ELDER	Y
0222	Curlew Ambulance Service	BOX_ELDER	Y
0223	Fielding Fire Department	BOX_ELDER	Y
0224	Thatcher-Penrose Fire Department	BOX_ELDER	Y
0302	Hyrum First Responders	CACHE	Y
0303	Lewiston First Responders	CACHE	Y
0304	Newton First Responders	CACHE	Y
0305	Paradise First Responders	CACHE	Y

0306	Wellsville First Responders	CACHE	Y
0307	Smithfield Fire and Rescue	CACHE	Y
0313	Mendon Fire Department	CACHE	Y
0316	Richmond Fire Department	CACHE	Y
0315	Cache County Sheriff's Office	CACHE	Y
0317	North Logan Fire and Rescue	CACHE	Y
0320	Millville & Nibley First Responders	CACHE	Y
0321	Trenton Town Fire & Rescue	CACHE	Y
0325	Clarkston Fire & Rescue Department	CACHE	Y
0332	Cache County EMS Authority	CACHE	Y
0401	Sunnyside Ambulance Service	CARBON	Y
0402	Carbon County Ambulance	CARBON	Y
0406	Helper Fire Department	CARBON	Y
0501	Daggett County EMS	DAGGETT	Y
0502	Dagget County Sheriff's Office	DAGGETT	Y
0603	Davis County Sheriff's Office	DAVIS	Y
0606	Kaysville City Fire Department	DAVIS	Y
0607	Layton City Fire Department	DAVIS	Y
0612	Clinton City Fire Department	DAVIS	Y
0617	Syracuse City Fire Department	DAVIS	Y
0620	North Davis Fire District	DAVIS	Y
0628	Sunset City Fire Department	DAVIS	Y
0630	Farmington City Fire Department	DAVIS	Y
0634	South Davis Metro Fire Agency	DAVIS	Y
0701	Uintah Basin Medical Center	DUCHESNE	Y
0801	Emery County Ambulance	EMERY	Y
0901	Garfield County Ambulance	GARFIELD	Y

1001	Grand County Emergency Medical Services	GRAND	Y
1101	Iron County Ambulance Service	IRON	Y
1201	Juab County Emergency Medical Services	JUAB	Y
1204	Levan Town Ambulance	JUAB	Y
1301	Kane County Ambulance	KANE	Y
1401	Millard County Ambulance	MILLARD	Y
1403	Scipio Ambulance	MILLARD	Y
1501	Morgan County Ambulance	MORGAN	Y
1601	Piute County Ambulance	PIUTE	Y
1701	Rich County Ambulance	RICH	Y
1802	Unified Fire Authority	SALT_LAKE	Y
1803	Gold Cross Ambulance	SALT_LAKE	Y
1804	Salt Lake City Fire Department	SALT_LAKE	Y
1809	Sandy City Fire Department	SALT_LAKE	Y
1815	Salt Lake County Sheriff's Search & Rescue Service	SALT_LAKE	Y
1821	South Salt Lake Fire Department	SALT_LAKE	Y
1823	West Valley City Fire Department	SALT_LAKE	Y
1826	Utah Air National Guard Fire Department	SALT_LAKE	Y
1827	Murray City Fire Department	SALT_LAKE	Y
1830	Midvale City Fire Department	SALT_LAKE	Y
1831	South Jordan Fire Department	SALT_LAKE	Y
1842	West Jordan Fire Department	SALT_LAKE	Y
1850	Utah State Prison	SALT_LAKE	Y
1869	Bluffdale Fire Department	SALT_LAKE	Y
1904	San Juan County EMS	SAN_JUAN	Y
1911	San Juan County Search & Rescue	SAN_JUAN	Y
2001	Gunnison Valley Hospital Ambulance	SANPETE	Y

2002	North Sanpete Ambulance	SANPETE	Y
2007	Ephraim Ambulance Association	SANPETE	Y
2008	Manti Ambulance Association	SANPETE	Y
2101	Sevier County Ambulance	SEVIER	Y
2104	Canyon Fuel Company, LLC (Sufco Mine)	SEVIER	Y
2202	South Summit Ambulance Service	SUMMIT	Y
2203	Park City Fire District/Summit Co.	SUMMIT	Y
2301	Wendover Ambulance	TOOELE	Y
2302	Ambulance Services of Tooele, LLC	TOOELE	Y
2310	Stockton Fire Department	TOOELE	Y
2315	North Tooele County Fire Service District	TOOELE	Y
2318	Wendover First Responders	TOOELE	Y
2306	Grantsville Volunteer Fire Department	TOOELE	Y
2402	Deseret Generation & Transmission	UINTAH	Y
2403	Ute Tribe Ambulance Service	UINTAH	Y
2404	Gold Cross Services, Inc. Eastern Division	UINTAH	Y
2501	American Fork City	UTAH	Y
2502	Lehi Fire/Emergency Medical Services	UTAH	Y
2503	Payson City Ambulance	UTAH	Y
2504	Pleasant Grove Emergency Medical Services	UTAH	Y
2505	Provo City Fire Department	UTAH	Y
2506	Orem Department of Public Safety	UTAH	Y
2508	Springville City Ambulance	UTAH	Y
2509	Spanish Fork Ambulance	UTAH	Y
2512	Santaquin City Ambulance	UTAH	Y
2517	Salem Emergency Medical Association	UTAH	Y
2518	Mapleton Ambulance	UTAH	Y
2519	Lone Peak Public Safety District	UTAH	Y
2520	North Fork Fire Department	UTAH	Y
2522	Eagle Mountain Fire Department	UTAH	Y
2526	Utah County Sheriff Search & Rescue Service	UTAH	Y

2531	Elk Ridge City Fire Department	UTAH	Y
2532	Brigham Young University	UTAH	Y
2539	Saratoga Springs Fire and Ambulance	UTAH	Y
2601	Wasatch County Emergency Medical Services	WASATCH	Y
2701	Enterprise Ambulance Service	WASHINGTON	Y
2703	Hurricane Valley Fire Special Services District	WASHINGTON	Y
2711	Santa Clara Fire Department	WASHINGTON	Y
2712	Dixie Regional Medical Center	WASHINGTON	Y
2720	Hildale Fire Department	WASHINGTON	Y
2721	Dixie Ambulance Service	WASHINGTON	Y
2725	St. George City Fire Department	WASHINGTON	Y
2729	Leeds Area Special Service District	WASHINGTON	Y
2731	Rockville/Springdale Fire Protection District	WASHINGTON	Y
2733	Ivins City Public Safety	WASHINGTON	Y
2734	Washington DPS Fire Division	WASHINGTON	Y
2801	Wayne County Ambulance	WAYNE	Y
2902	Roy City Fire and Rescue Department	WEBER	Y
2903	Ogden City Ambulance	WEBER	Y
2907	Washington Terrace Fire Department	WEBER	Y
2919	North View Fire Agency	WEBER	Y
2921	Plain City Fire Department	WEBER	Y
2925	Weber Fire District	WEBER	Y
2930	South Ogden City Fire Department	WEBER	Y
2931	Riverdale Fire Services	WEBER	Y
2932	Weber County Sheriff	WEBER	Y
3000	Unspecified Utah EMS Agency	UT	Y
3001	Airmed/University of Utah Medical Center	SALT_LAKE	Y
3002	Intermountain Life Flight	SALT_LAKE	Y
3003	Classic Air Care Inc. DBA Classic Life Guard	DAVIS	Y
3004	Eagle Air Med Corporation	SAN_JUAN	Y
3005	St. Mary's Careflight	CO	Y
3006	Life Guard International	NV	Y
3007	Air Ambulance Specialists, Inc.	CO	Y
3009	San Juan Regional Medical Center/Air Care	NM	Y
3010	Air Methods/Mercy Air Service, Inc.	NV	Y
3011	Tristate Care Flight, LLC	AZ	Y
3012	Coast to Coast Air Ambulance, LLC	UT	Y
3999	Obsolete or Changed EMS Agency		Y
NA	NOT APPLICABLE	NA	Y
NOT	Not Recorded/Not Known		Y

OTHER	Other - Out of State EMS Agency	OTHER	Y
<b>INACTIVE 2011</b>			
0101L	BEAVER AMB	BEAVER	N
0102L	MILFORD VALLEY AMB	BEAVER	N
0201L	BRIGHAM CITY AMB	BOX_ELDER	N
0202L	TREMONTON FD AMB	BOX_ELDER	N
0205L	PLYMOUTH FD AMB	BOX_ELDER	N
0210L	ATK THIOKOL FD	BOX_ELDER	N
0214D	WILLARD FIRST RESPONDERS	BOX_ELDER	N
0216D	HONEYVILLE FIRE DEPT	BOX_ELDER	N
0222L	CURLEW AMB SERVICE	BOX_ELDER	N
0223D	FIELDING FIRST RESPONDERS	BOX_ELDER	N
0224D	THATCHER-PENROSE FIRE DEPT	BOX_ELDER	N
0225L	BOX ELDER COUNTY AMB (2011: Use 0203)	BOX_ELDER	N
0302D	HYRUM FIRST RESPONDERS	CACHE	N
0303D	LEWISTON FIRST RESPONDERS	CACHE	N
0304D	NEWTON FIRST RESPONDERS	CACHE	N
0305D	PARADISE FIRST RESPONDERS	CACHE	N
0306D	WELLSVILLE FIRST RESPONDERS	CACHE	N
0307D	SMITHFIELD FIRE AND RESCUE	CACHE	N
0313D	MENDON FIRE DEPT	CACHE	N
0315D	CACHE COUNTY S&R	CACHE	N
0316D	RICHMOND FIRE DEPT	CACHE	N
0317D	NORTH LOGAN FIRE & RESCUE	CACHE	N
0320D	MILLVILLE & NIBLEY FIRST RESPONDERS	CACHE	N
0321D	TRENTON TOWN FIRE AND RESCUE	CACHE	N
0332L	CACHE COUNTY EMS AUTH	CACHE	N
0333L	CACHE COUNTY EMS AUTH (2011: Use 0332)	CACHE	N
0334L	CACHE COUNTY EMS AUTH (2011: Use 0332)	CACHE	N
0335L	CACHE COUNTY SHERIFF'S OFFICE (2011: Use 0315)	CACHE	N
0401L	SUNNYSIDE AMB SERVICE	CARBON	N
0402L	CARBON COUNTY AMB	CARBON	N
0406D	HELPER FIRE DEPT	CARBON	N
0501L	DAGGETT COUNTY AMB	DAGGETT	N
0502D	DAGGETT COUNTY SHERIFF'S OFFICE	DAGGETT	N
0603L	DAVIS COUNTY SHERIFFS OFFICE	DAVIS	N
0606L	KAYSVILLE CITY FIRE	DAVIS	N
0607L	LAYTON CITY FD	DAVIS	N
0612L	CLINTON CITY FIRE	DAVIS	N
0617D	SYRACUSE CITY FIRE DEPT	DAVIS	N

0618L	SYRACUSE FD (2011: Use 0617)	DAVIS	N
0620L	NORTH DAVIS FIRE DISTRICT	DAVIS	N
0625L	DAVIS COUNTY SHERIFFS OFFICE (2011: Use 0603)	DAVIS	N
0628D	SUNSET FIRE DEPT	DAVIS	N
0630L	FARMINGTON CITY FD	DAVIS	N
0631L	LAYTON CITY FD (2011: Use 0607)	DAVIS	N
0634L	SOUTH DAVIS METRO FIRE AGENCY	DAVIS	N
0635L	SOUTH DAVIS METRO FIRE AGENCY (2011: Use 0634)	DAVIS	N
0701L	UINTAH BASIN MEDICAL CENTER	DUCHESNE	N
0714L	UINTAH BASIN MEDICAL CENTER (2011: Use 0701)	DUCHESNE	N
0715L	UINTAH BASIN MEDICAL CENTER (2011: Use 0701)	DUCHESNE	N
0801L	EMERY CO AMB SERVICE	EMERY	N
0901L	GARFIELD CO AMB	GARFIELD	N
1001L	GRAND CO EMS	GRAND	N
1005D	GRAND CO EMS (2011: Use 1001)	GRAND	N
1101L	IRON COUNTY AMB	IRON	N
1102L	IRON COUNTY/IRON COUNTY AMB (2011: Use 1101)	IRON	N
1201L	JUAB COUNTY AMB	JUAB	N
1204L	LEVAN TOWN AMB	JUAB	N
1301L	KANE COUNTY AMB	KANE	N
1401L	MILLARD COUNTY AMB	MILLARD	N
1403L	SCIPIO AMB SERVICE	MILLARD	N
1501L	MORGAN COUNTY AMB	MORGAN	N
1601L	PIUTE CO COUNTY AMB	PIUTE	N
1701L	RICH COUNTY AMB	RICH	N
1802L	UNIFIED FIRE AUTHORITY SALT LAKE	SALT_LAKE	N
1803L	GOLD CROSS AMB, INC.	SALT_LAKE	N
1804L	SALT LAKE CITY FD	SALT_LAKE	N
1807L	RIVERTON CITY CORP/UNIFIED FIRE AUTH (2011: Use 1802)	SALT_LAKE	N
1808L	UNIFIED FIRE AUTHORITY SALT LAKE (2011: Use 1802)	SALT_LAKE	N
1809L	SANDY CITY FD	SALT_LAKE	N
1812L	GOLD CROSS/PARAMEDIC SERVICE (2011: Use 1803)	SALT_LAKE	N
1815D	SALT LAKE COUNTY SHERIFF S&R	SALT_LAKE	N
1820L	SOUTH SALT LAKE FIRE (2011: Use 1821)	SALT_LAKE	N
1821D	SOUTH SALT LAKE FIRE DEPT	SALT_LAKE	N
1822L	SOUTH SALT LAKE FD (2011: Use 1821)	SALT_LAKE	N
1823L	WEST VALLEY CITY FD	SALT_LAKE	N
1826D	UTAH AIR NATIONAL GUARD	SALT_LAKE	N
1827D	MURRAY CITY FIRE	SALT_LAKE	N
1830L	MIDVALE CITY FD	SALT_LAKE	N

1831L	SOUTH JORDAN FD	SALT_LAKE	N
1836D	UNIFIED FIRE AUTHORITY (2011: Use 1802)	SALT_LAKE	N
1840D	SALT LAKE CITY FIRE RESCUE SERVICE (2011: Use 1804)	SALT_LAKE	N
1842L	WEST JORDAN FD	SALT_LAKE	N
1850D	UTAH STATE PRISON	SALT_LAKE	N
1852L	DRAPER CITY/UNIFIED FIRE AUTH (2011: Use 1802)	SALT_LAKE	N
1857L	MURRAY CITY FD (2011: Use 1827)	SALT_LAKE	N
1858L	SOUTH JORDAN FD (2011: Use 1831)	SALT_LAKE	N
1861L	WEST JORDAN FD (2011: Use 1842)	SALT_LAKE	N
1863L	MIDVALE CITY FD (2011: Use 1830)	SALT_LAKE	N
1864D	WEST VALLEY CITY FIRE (2011: Use 1823)	SALT_LAKE	N
1865L	WVC FIRE DEPARTMENT/SALT LAKE COUNTY FIRE DEPT (2011: Use 1823)	SALT_LAKE	N
1866L	SOUTHWEST AMBULANCE	SALT_LAKE	N
1867D	SOUTH JORDAN FIRE (2011: Use 1831)	SALT_LAKE	N
1867L	UNIFIED FIRE AUTHORITY (2011: Use 1802)	SALT_LAKE	N
1868L	MURRAY CITY FIRE (2011: Use 1827)	SALT_LAKE	N
1869L	BLUFFDALE FIRE DEPT	SALT_LAKE	N
1904L	SAN JUAN EMS SERVICES/BLANDING	SAN_JUAN	N
1910L	SAN JUAN EMS (2011: Use 1904)	SAN_JUAN	N
1911D	SAN JUAN COUNTY S&R	SAN_JUAN	N
2001L	GUNNISON VALLEY AMB	SANPETE	N
2002L	NORTH SANPETE AMB SERVICE	SANPETE	N
2007L	EPHRAIM CITY/EPHRAIM AMB ASSN	SANPETE	N
2008L	MANTI AMB ASSN	SANPETE	N
2101L	SEVIER COUNTY AMB	SEVIER	N
2104L	CANYON FUEL COMPANY SUFCO, LLC	SEVIER	N
2202L	SOUTH SUMMIT AMB	SUMMIT	N
2203L	SUMMIT COUNTY/PARK CITY FD	SUMMIT	N
2213D	PARK CITY FIRE SERVICE (2011: Use 2203)	SUMMIT	N
2220L	PARK CITY FIRE SERVICE DIST (2011: Use 2203)	SUMMIT	N
2221L	SUMMIT COUNTY/PARK CITY FD (2011: Use 2203)	SUMMIT	N
2301L	WENDOVER AMB	TOOELE	N
2302L	AMBULANCE SERVICES OF TOOELE (2011: Use 2302)	TOOELE	N
2310D	STOCKTON FIRE DEPT	TOOELE	N
2315D	NORTH TOOELE CO FIRE SERVICE DISTRICT	TOOELE	N
2318D	WENDOVER FIRST RESPONDERS	TOOELE	N
2320L	TOOELE HOSP CORP MOUNTAIN WEST PARAMEDIC RESCUE (2011: Use 2302)	TOOELE	N
2402L	DESERET GENERATION & TRANSMISSION	UINTAH	N
2403L	UTE TRIBE AMB SERVICE	UINTAH	N

2404L	GOLD CROSS AMB EASTERN UTAH DIVISION	UINTAH	N
2412D	VERNAL POLICE DEPT	UINTAH	N
2413D	UINTAH COUNTY SHERIFF'S DEPT	UINTAH	N
2501L	AMERICAN FORK AMB	UTAH	N
2502L	LEHI FIRE/EMS	UTAH	N
2503L	PAYSON AMB ASSN	UTAH	N
2504L	PLEASANT GROVE AMB	UTAH	N
2505L	PROVO FD/PARAMEDIC	UTAH	N
2506L	OREM DEPT OF PUBLIC SAFETY	UTAH	N
2508L	SPRINGVILLE AMB	UTAH	N
2509L	SPANISH FORK AMB	UTAH	N
2510L	GOLD CROSS SERVICE INC./UTAH COUNTY (2011: Use 1803)	UTAH	N
2512L	SANTAQUIN CITY AMB	UTAH	N
2517L	SALEM CITY CORP	UTAH	N
2518L	MAPLETON AMB/MAPLETON CITY CORP	UTAH	N
2519L	LONE PEAK PUBLIC SAFETY DIST	UTAH	N
2522L	EAGLE MOUNTAIN FD	UTAH	N
2526D	UTAH COUNTY SHERIFF S&R	UTAH	N
2531D	ELK RIDGE FIRE DEPT	UTAH	N
2532D	BRIGHAM YOUNG UNIVERSITY	UTAH	N
2535L	LONE PEAK PUBLIC SAFETY DIST (2011: Use 2519)	UTAH	N
2536L	EAGLE MOUNTAIN FD (2011: Use 2522)	UTAH	N
2537L	NORTH FORK FD (2011: Use 2520)	UTAH	N
2538L	PLEASANT GROVE AMB (2011: Use 2504)	UTAH	N
2539L	SARATOGA SPRINGS FIRE/EMS	UTAH	N
2540L	AMERICAN FORK AMB (2011: Use 2501)	UTAH	N
2550L	LEHI FIRE/EMS (2011: Use 2502)	UTAH	N
2601L	WASATCH COUNTY AMB	WASATCH	N
2701L	ENTERPRISE AMB SERVICE	WASHINGTON	N
2702L	DIXIE AMB SERVICE, INC. (2011: Use 2721)	WASHINGTON	N
2703L	HURRICANE FIRE & RESCUE	WASHINGTON	N
2704L	DIXIE AMB SERVICE, INC. (2011: Use 2721)	WASHINGTON	N
2711D	SANTA CLARA FIRE DEPT	WASHINGTON	N
2720L	HILLDALE CITY/HILDALE FD	WASHINGTON	N
2721L	DIXIE AMB SERVICE	WASHINGTON	N
2722L	HURRICANE CITY CORP/HURRICANE FIRE & RESCUE (2011: Use 2703)	WASHINGTON	N
2725D	ST GEORGE CITY FIRE DEPT	WASHINGTON	N
2729L	LEEDS AREA SPECIAL SERVICE DIST	WASHINGTON	N
2732D	ENTERPRISE AMB SERVICE (2011: Use 2701)	WASHINGTON	N
2734D	WASHINGTON CITY FIRE DEPT	WASHINGTON	N

2735L	ROCKVILLE/SPRINGDALE FIRE (2011: Use 2731)	WASHINGTON	N
2737L	IVINS CITY PUBLIC SAFETY AMBULANCE (2011: Use 2733)	WASHINGTON	N
2801L	WAYNE COUNTY AMB	WAYNE	N
2902L	ROY FIRE AND RESCUE DEPT	WEBER	N
2903L	WEBER FIRE DIST/OGDEN CITY CORP	WEBER	N
2907D	WASHINGTON TERRACE FIRE DEPT	WEBER	N
2915L	WEBER COUNTY CORP OGDEN CITY CORP (2011: Use 2903)	WEBER	N
2916L	WEBER COUNTY CORP PARAMEDIC ROY (2011: Use 2902)	WEBER	N
2917L	OGDEN CITY CORP (2011: Use 2903)	WEBER	N
2919L	NORTH VIEW FIRE AGENCY	WEBER	N
2920L	OGDEN CITY AMB (2011: Use 2903)	WEBER	N
2921D	PLAIN CITY FIRE DEPT	WEBER	N
2924L	WEBER COUNTY CORP ROY CITY CORP (2011: Use 2902)	WEBER	N
2925D	WEBER FIRE DISTRICT	WEBER	N
2926L	WEBER FIRE DIST (2011: Use 2925)	WEBER	N
2927D	WEBER FIRE DISTRICT (UT2009- Replaces 2925D) (2011: Use 2925)	WEBER	N
2931D	RIVERDALE FIRE SERVICES	WEBER	N
2932D	WEBER COUNTY SHERIFF	WEBER	N
2933L	SOUTH OGDEN FD (2011: Use 2930)	WEBER	N
2934L	RIVERDALE FD (2011: Use 2931)	WEBER	N
3000L	UNSPECIFIED UTAH EMS AGENCY	UT	N
3001L	AIR MED - U.U.M.C.	SALT_LAKE	N
3002L	IHC LIFE FLIGHT	SALT_LAKE	N
3003L	CLASSIC AIR CARE INC. DBA CLASSIC LIFE GUARD	DAVIS	N
3004L	EAGLE AIR MED CORP	SAN_JUAN	N
3005L	ST. MARYS AIR LIFE/ST. MARYS HOSP	CO	N
3006L	LIFE GUARD INTERNATIONAL, INC.	NV	N
3007L	AIR AMB SPECIALISTS, INC.	CO	N
3008L	MED FLIGHT AIR	NM	N
3009L	SAN JUAN REGIONAL AIR CARE	NM	N
3010L	AIR METHODS/MERCY AIR SERVICES INC.	NV	N
3011L	TRISTATE CARE FLIGHT, LLC.	AZ	N
3012L	COAST TO COAST AIR AMBULANCE	UT	N
3999L	Obsolete or Changed EMS Agency		N



## **Appendix I: National Trauma Data Standard Change Log**

- 11/23/2009 **Version number changed from 1.2.5 to 2010 Admissions.**
- 11/23/2009 Moved 2<sup>nd</sup> and 3<sup>rd</sup> bullet “If zip code is...” from under ‘Uses’ to under ‘Additional Information’ for field Patient’s home ZIP Code.
- 11/23/2009 Added the text “Value should be based upon assessment before administration of supplemental oxygen.” under ‘Additional Information’ for the field Initial Field Oxygen Saturation.
- 11/23/2009 Added the text “If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g. chart indicates: "patient withdraws from a painful stimulus", a Motor GCS of 4 may be recorded, IF there is no other contradicting documentation.” to the fields Initial Field GCS – Eye, Initial Field GCS – Verbal, Initial Field GCS – Motor, Initial Field GCS – Total, Initial ED/Hospital GCS – Eye, Initial ED/Hospital GCS – Verbal, Initial ED/Hospital GCS – Motor and Initial ED/Hospital GCS – Total.
- 11/23/2009 Added the text “If a patient does not have a numeric GCS recorded, but with documentation related to their level of consciousness such as "AAOx3", "awake alert and oriented", or "patient with normal mental status", interpret this as GCS of 15 IF there is no other contraindicating documentation.” under ‘Additional Information’ for the field Initial ED/Hospital GCS – Total.
- 11/23/2009 Removed third bullet “Dead on Arrival is defined as...” under ‘Additional Information’ for field ED Death.
- 11/23/2009 Added the text “Non-invasive means of ventilatory support (CPAP or BIPAP) should not be considered in the calculation of ventilator days,” under ‘Additional Information’ for the field Total Ventilator Days.
- 11/23/2009 Appendix 1: Auto Calculated Variables Based upon Existing Data Elements.: Added introductory text.
- 11/23/2009 Appendix 1: Removed text for item 1 ‘FIPS code (location code)’.
- 11/23/2009 Appendix 1: Modified text under item 6 ‘Overall GCS – EMS score (both adult and pediatric)’.
- 11/23/2009 Appendix 1: Removed text for items 9 ‘Revised Trauma Score – EMS (both adult and pediatric)’ and 10 ‘Revised Trauma Score – ED/Hospital (both adult and pediatric)’.
- 11/23/2009 Appendix 3: Moderate changes to the ‘Introduction’ text including updated list of level 2 flags and increased use of the term ‘flag’ instead of ‘error’.

- 11/23/2009 Appendix 3 “Edit Checks for the National Trauma Data Standard Data Elements”: Rule IDs 0603, 0606, 0607, 0608, 0609, 0610, 0611, 0612, 1102, 1702, 1704, 4401, 4702, 4704, 4802, 4804, 5002, 5005, 5102, 5103, 5402, 5502, 5602, 5702, 5703, 5802, 6102, 6104, 6202, 6204 and 7902 upgraded to level 2 flags.
- 11/23/2009 Appendix 3 “Edit Checks for the National Trauma Data Standard Data Elements”: Rule IDs 0605, 4703, 4803 and 5003 upgraded to level 3 flags.
- 11/23/2009 Appendix 3 “Edit Checks for the National Trauma Data Standard Data Elements”: Added new rule IDs 0613, 1103, 4405, 4515, 6105 and 7908.
- 11/23/2009 Appendix 3 “Edit Checks for the National Trauma Data Standard Data Elements”: Modified the text for rule IDs 0603, 0613, 0612 and 5702.
- 11/23/2009 Appendix 5: Glossary of Terms: Removed text for ‘Dead on arrival’.
- 11/23/2009 Added Appendix 6 “NTDS Data Dictionary Revision Cycle”.
- 11/23/2009 Minor text changes throughout the Data Dictionary to reflect consistent use of correct ED capitalization.