

Utah Trauma Registry

eTraumaBase Data Abstraction Form-

Intermountain Injury Control Research Center, University of Utah
295 Chipeta Way, Salt Lake City, UT 84158-1289
Trauma Project Coordinator (801) 581-7373

Tracking Number: \_\_\_\_\_ Institute Number: \_\_\_\_\_
Injury Time: \_\_\_\_\_ NOT Injury Date: \_\_\_\_\_ NOT
Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Demographic

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ NOT
Age: \_\_\_\_\_
Age Units: Years Months Weeks Days NOT
Sex: Male Female Unknown
Race: White
Black or African American
Asian
American Indian
Native Hawaiian or Other Pacific Islander
Other Race not listed
Not Recorded/Not Known
Race Other: NA (No secondary race code listed)
White
Black or African American
Asian
American Indian
Native Hawaiian or Other Pacific Islander
Other Race not listed
Not Recorded/Not Known
Ethnicity: Hispanic or Latino
Not Hispanic or Latino
Not Applicable
Not Recorded/Not Known
Patient County: \_\_\_\_\_ Patient City: \_\_\_\_\_
Patient State: \_\_\_\_\_ Patient Zip Code: \_\_\_\_\_ NOT
Patient Country: \_\_\_\_\_
Alternate Home Status: Homeless
Undocumented Citizen
Migrant
Foreign Visitor NA NOT
Medical Record #: \_\_\_\_\_
SSN: \_\_\_\_\_ NOT

Event

Injury Country: \_\_\_\_\_ Injury County: \_\_\_\_\_
Injury City: \_\_\_\_\_ Injury State: \_\_\_\_\_
Injury Zip Code: \_\_\_\_\_ NA NOT
Injury Location: E \_\_\_\_\_ or Text: \_\_\_\_\_
Work Related Incident: No, patient was not working when trauma event occurred
Yes, patient was working when trauma event occurred NA NOT
Occupation: NA
Business & Financial Operations
Architecture & Engineering
Community & Social Services
Education, Training, Library
Healthcare Practitioners & Technical
Protective Services
Building & Grounds Cleaning & Maintenance
Sales Related
Farming, Fishing & Forestry
Installation, Maintenance & Repair
Transportation & Material Moving
Management
Computer & Mathematics
Life, Physical, Social Science
Legal Occupations
Arts, Design, Entertainment, Sports, Media
Healthcare Support
Food Preparation & Serving
Personal Care & Service
Industry Type: NA, not work related
Agriculture
Business & Professional Services
Construction
Finance, Insurance & Real Estate
Government
Health Information Services
Manufacturing
Mining
Recreation, Leisure & Hospitality
Retail Trade
Transportation & Public Utilities
Wholesale Trade
Other
NOT
Protective Devices: NA
No personal protection devices used

**Event—Continued**

- Airbag  
 Lap Belt/Unspecified Restraint  
 Shoulder Belt (Also select BELT for 3-pt Restraint)  
 Child Restraint  
 Flotation Device  
 Protective Eyewear  
 Helmet  
 Protective Padding/Clothing  
 Protective Padding Other (i.e shin guard)  
 Other Protective Device Not Listed  
 NOT

**Airbag Types:**  Airbag Not Deployed

- Airbag Deployed Front  
 Airbag Deployed Side  
 Airbag Deployed Other(knee,airbelt,curtain,etc.)  
 NA  
 NOT

**Child Restraint Type:**  Child Car Seat

- Infant Car Seat  
 Child Booster Seat  
 NA  
 NOT

**Injury Details:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Cause**

**Injury Cause Code:**

- Animal  
 Assault  
 Bicycle  
 Burn  
 Caught Between Objects  
 Diving  
 Explosion  
 Fall(from one level to another or Ground level)  
 Foreign Body  
 Gun Shot  
 Hanging

Farm/Heavy Equipment/Power Tools

Motorcycle Crash

Motor Vehicle Crash

Not Known

OTHER(not listed)

Other Vehicular (includes ATV-3-wheel or 4-wheel)

Pedestrian

Smoke Inhalation

**Trauma Type:**  Blunt (diffuse force)

Penetrating(point force)

Burn(Electrical, Thermal, Chemical)

**E Code:** \_\_\_\_\_

**E Code Description:** \_\_\_\_\_

**Co Morbid**

**Co-Morbidities:**

No Comorbidities

Other Comorbidity/Risk Type not listed

Alcoholism

Ascites within 30 days

Bleeding disorder

Currently receiving chemotherapy for cancer infarction

Congenital anomalies

Congestive heart Failure

Current smoker

Chronic renal failure

CVA/ Residual neurological deficit

Diabetes mellitus

Disseminated cancer

Advanced directive limiting care

Esophageal varices

Functionally dependent health status

History of angina within past 1 month

History of myocardial infarction

History of PVD

Hypertension requiring medication

**Co Morbid—Continued**

- Prematurity
- Obesity
- Respiratory disease
- Steroid use
- Cirrhosis
- Dementia
- Major Psychiatric Illness
- Drug Abuse or Dependence
- Pre-hospital Cardiac arrest with CPR
- Not Known/Recorded

**Pre-hospital Transport**

- EMS Agency:** \_\_\_\_\_  Other  NOT
- EMS Origin:**  Scene  Ref  Trans  Non Trans  NOT
- Trip Form Received:**  Yes  No  NOT  NA
- EMS Dispatch Time:** \_\_\_\_:\_\_\_\_  NOT
- EMS Dispatch Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  NOT
- EMS En Route Time:** \_\_\_\_:\_\_\_\_  NOT
- EMS En Route Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  NOT
- EMS Scene Arrival Time:** \_\_\_\_:\_\_\_\_  NOT
- EMS Scene Arrival Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  NOT
- EMS Scene Departure Time:** \_\_\_\_:\_\_\_\_  NOT
- EMS Scene Departure Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  NOT
- EMS Destination Arrival Time:** \_\_\_\_:\_\_\_\_  NOT
- EMS Destination Arrival Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  NOT
- EMS Destination:** \_\_\_\_\_  NOT

**Referring**

- Transfer from Referring:**  Not a transfer  Yes, this was a hospital transfer
- Transfer Mode Into Ref Hospital:**  NA  NOT
- Ground Ambulance
  - Fixed Wing Air
  - Helicopter
  - Law Enforcement (Non-EMS)
  - Commerical Transportation/Taxi
  - POV

**Referring Hospital Name:** \_\_\_\_\_  NOT

**Referring Admit Type:**  NA

- Admitted to OR as Inpatient
- ED Care only
- NOT

**Referring Arrival Time:** \_\_\_\_:\_\_\_\_  NOT  NA

**Referring Arrival Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  NOT  NA

**Referring Discharge Time:** \_\_\_\_:\_\_\_\_  NOT  NA

**Referring Discharge Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  NOT  NA

**Arrival/ED**

**Transport Mode To YOUR Hospital:**  AMB (Ground ambulance)

- FIX (Fixed wing air)
- HELI (Helicopter)
- LAW (Law enforcement, Non-EMS)
- COM (Commerical/taxi, Non-EMS)
- POV (Private vehicle, walk-in, bus, Non-EMS)
- NOT  NA

**Other Transport Modes <check all that apply>**  Ground ambulance

- Fixed wing air
- Helicopter
- Law enforcement(Non-EMS)
- Commerical/taxi(Non-EMS)
- POV (Private vehicle, walk-in, bus, Non-EMS)
- NOT  NA

**Hospital Arrival Time:** \_\_\_\_:\_\_\_\_  NOT  NA

**Hospital Arrival Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  NOT  NA

**ED Admit Time:** \_\_\_\_:\_\_\_\_  NOT  NA

**ED Admit Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  NOT  NA

**ED Discharge Time:** \_\_\_\_:\_\_\_\_  NOT  NA

**ED Discharge Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  NOT  NA

**ED Disposition Code:**  AMA (Against Medical Advice)

- FLOOR
- OR
- OBS
- ICU

**Arrival/ED—Continued**

- TELE
- HOME with SERVICES
- HOME without SERVICES
- Transferred to another hospital
- OTHER (Jail, Institutional Care, etc.)
- DOA (minimal or no resuscitation)
- DEATH in ED (other than failed resuscitation attempt)
- NA (Patient not seen in ED)
- NOT
- ED Transfer Destination Code:** \_\_\_\_\_  NOT  NA
- ED Transfer EMS:** \_\_\_\_\_  NOT  NA
- ED and Inpatient Transfer Reason:**  Insurance
- Specialty Care/Higher Level Care
- Resources Unavailable (Beds, Equipment, Staff, MD)
- Patient Request
- Lower Level Care
- NA
- NOT

**Inpatient**

- Hospital Admission Time:** \_\_\_\_:\_\_\_\_  UNK  NA
- Hospital Admit Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  UNK  NA
- Admit Service Code:**  Burn Service
- Other medical service not listed
- Neurosurgery
- Obstetrics
- Orthopedic Surgery
- Pediatric Service
- Psychiatric
- General Surgery or other surgical services not listed
- Trauma Service
- NA
- NOT
- Admit Type:**  Inpatient Admission through the ED
- Direct Admission
- Seen in ED then transferred by EMS
- Seen in ED then transferred by POV

**Inpatient Discharge Time:** \_\_\_\_:\_\_\_\_  UNK  NA  
**Inpatient Discharge Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  UNK  NA

**Inpatient Discharge Disposition:**  NA

- Hospice
- Short-term general hospital for inpatient care
- HOME(no services)
- HomeHealth
- Skilled Nursing Facility
- Rehabilitation Center
- Hospital Long Term Care Bed
- Intermediate Care Facility
- JAIL
- OTHER
- Death
- Left Against Medical Advice
- NOT

**Inpatient Transfer Destination Code:** \_\_\_\_\_  NOT  NA

**DC Transfer EMS:** \_\_\_\_\_  NOT  NA

**OUTCOME:**  ALIVE  DEAD

**TOTAL ICU LOS:** \_\_\_\_\_  NOT  NA

**VENT DAYS:** \_\_\_\_\_  NOT  NA

**Clinical**

**ETOH TESTED:**

- No (not tested)
- No(confirmed by test)
- Yes (confirmed by test– trace levels)
- Yes (confirmed by test [beyond legal limit])
- NA  NOT

**TOX TESTED:**

- No(not tested)
- No(confirmed by test)
- Yes (confirmed by test [Illegal Drug Use])
- Yes(confirmed by test [Prescription Drug Use])
- NA  NOT

**Payment**

- BCBS– Blue Cross BlueShield
- CHIP– Childrens Health Insurance Program
- COM– commercial
- GOVT– Government
- HMO– Health Maintenance Organization
- IHS– Indian Health Service
- LAW– Law Enforcement
- MCAID– Medicaid
- MCARE– Medicare
- NF– No Fault Automobile
- SELF– Self Pay
- WORK– Workers Comp
- OTHER– Other payment
- NA– Not Applicable

**Vital Table**

**REFERRING:**  NOT  NA

**Location:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Pulse Rate:** \_\_\_\_\_  NOT  NA

**Respiratory Rate:** \_\_\_\_\_  NOT  NA

**Respiratory Assistance:**  NO  YES  NA  NOT

**Systolic Blood Pressure:** \_\_\_\_\_  NOT  NA

**Eye Opening Response:** 1 2 3 4  NOT  NA

**Verbal Reponse:** 1 2 3 4 5  NOT  NA

**Motor Response:** 1 2 3 4 5 6  NOT  NA

**Glasgow Outcome Score Total:** \_\_\_\_\_  NOT  NA

**GCS Assessment Qualifier:**

- Not Applicable– No Qualifiers
- S Patient Chemically Sedated
- O Obstruction to the Patient’s Eye
- I Patient Intubated
- SI Patient chemically sedated and intubated
- SO Patient chemically sedated and obstruction to the eye
- SIO Patient chemically sedated, intubated, & obstruction to eye

IO Patient intubated and obstruction eye

NOT

**Oxygen Saturation:** \_\_\_\_\_  NOT  NA

**Supplemental Oxygen:** \_\_\_\_\_  NO  YES  NOT  NA

**Temperature(Celcius):** \_\_\_\_\_  NOT  NA

**FIRST SCENE:**  NOT  NA

**Location:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Pulse Rate:** \_\_\_\_\_  NOT  NA

**Respiratory Rate:** \_\_\_\_\_  NOT  NA

**Respiratory Assistance:**  NO  YES  NA  NOT

**Systolic Blood Pressure:** \_\_\_\_\_  NOT  NA

**Eye Opening Response:** 1 2 3 4  NOT  NA

**Verbal Reponse:** 1 2 3 4 5  NOT  NA

**Motor Response:** 1 2 3 4 5 6  NOT  NA

**Glasgow Outcome Score Total:** \_\_\_\_\_  NOT  NA

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- Not Applicable– No Qualifiers
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- I Patient Intubated
- SI Patient chemically sedated and intubated
- SO Patient chemically sedated and obstruction to the eye
- SIO Patient chemically sedated, intubated, & obstruction to eye
- IO Patient intubated and obstruction eye
- NOT

**Oxygen Saturation:** \_\_\_\_\_  NOT  NA

**Supplemental Oxygen:** \_\_\_\_\_  NO  YES  NOT  NA

**Temperature(Celcius):** \_\_\_\_\_  NOT  NA

**FIRST ED:**  NOT  NA

**Location:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Pulse Rate:** \_\_\_\_\_  NOT  NA

**Respiratory Rate:** \_\_\_\_\_  NOT  NA

**Vital Table—Continued**

**Respiratory Assistance:** NO YES NA NOT

**Systolic Blood Pressure:** \_\_\_\_\_ NOT NA

**Eye Opening Response:** 1 2 3 4 NOT NA

**Verbal Response:** 1 2 3 4 5 NOT NA

**Motor Response:** 1 2 3 4 5 6 NOT NA

**Glasgow Outcome Score Total:** \_\_\_\_\_ NOT NA

**GCS Assessment Qualifier:**

- Not Applicable– No Qualifiers
- S** Patient Chemically Sedated
- O** Obstruction to the Patient's Eye
- I** Patient Intubated
- SI** Patient chemically sedated and intubated
- SO** Patient chemically sedated and obstruction to the eye
- SIO** Patient chemically sedated, intubated, & obstruction to eye
- IO** Patient intubated and obstruction eye
- NOT**

**Oxygen Saturation:** \_\_\_\_\_ NOT NA

**Supplemental Oxygen:** \_\_\_\_\_ NO YES NOT NA

**Temperature(Celcius):** \_\_\_\_\_ NOT NA

**ICD-9-CM Diagnosis Data**

| <u>ICD-9-CM CODE</u> | <u>AIS CODE:</u> | <u>DIAGNOSIS</u><br>(Text Description) | <u>REGION</u> (Region of Injury)<br>ABD, ARM, CHEST, CS, EXT, FACE<br>HEAD, LEG, LS, NECK, SPINE, UNK | <u>AIS</u>   |
|----------------------|------------------|--|---|--|
| Code: _____          | _____            | _____                                  | _____   | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9 |
| Code: _____          | _____            | _____                                  | _____   | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9 |
| Code: _____          | _____            | _____                                  | _____   | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9 |
| Code: _____          | _____            | _____                                  | _____   | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9 |
| Code: _____          | _____            | _____                                  | _____   | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9 |
| Code: _____          | _____            | _____                                  | _____   | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9 |
| Code: _____          | _____            | _____                                  | _____   | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9 |
| Code: _____          | _____            | _____                                  | _____   | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9 |

**Procedure Data**

| CODE  | LOCATION | OR #  | ICD-9-CM  | RESULT<br>(Text Description) | PROCEDURE START TIME/DATE                 |
|-------|----------|-------|-----------|------------------------------|---|
| _____ | _____    | _____ | ____.____ | _____                        | (__:__)_/_/_ <input type="checkbox"/> NOT |
| _____ | _____    | _____ | ____.____ | _____                        | (__:__)_/_/_ <input type="checkbox"/> NOT |
| _____ | _____    | _____ | ____.____ | _____                        | (__:__)_/_/_ <input type="checkbox"/> NOT |
| _____ | _____    | _____ | ____.____ | _____                        | (__:__)_/_/_ <input type="checkbox"/> NOT |
| _____ | _____    | _____ | ____.____ | _____                        | (__:__)_/_/_ <input type="checkbox"/> NOT |
| _____ | _____    | _____ | ____.____ | _____                        | (__:__)_/_/_ <input type="checkbox"/> NOT |
| _____ | _____    | _____ | ____.____ | _____                        | (__:__)_/_/_ <input type="checkbox"/> NOT |
| _____ | _____    | _____ | ____.____ | _____                        | (__:__)_/_/_ <input type="checkbox"/> NOT |
| _____ | _____    | _____ | ____.____ | _____                        | (__:__)_/_/_ <input type="checkbox"/> NOT |
| _____ | _____    | _____ | ____.____ | _____                        | (__:__)_/_/_ <input type="checkbox"/> NOT |

**Complications**

- Not Applicable– No Complications
- NOT– Not Known/Not Recorded
- Acute Respiratory Distress Syndrome
- Acute kidney injury
- Catheter-Related Blood Stream Infection
- Cardiac Arrest with CPR
- Decubitus ulcer
- Deep surgical site infection
- Drug/ alcohol withdrawal syndrome
- Deep vein thrombosis/ thrombophlebitis
- Extremity compartment syndrome
- Graft/ prosthesis/ flap failure
- Unplanned return to the ICU
- Unplanned intubation
- Myocardial infarction
- Unplanned return to the OR
- Organ/ space surgical site infection
- Osteomyelitis
- Other Complication not listed
- Pulmonary embolism
- Pneumonia
- Severe Sepsis
- Stroke or CVA
- Superficial surgical site infection
- Urinary Tract Infection

- Not Applicable– No Complications
- NOT– Not Known/Not Recorded
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