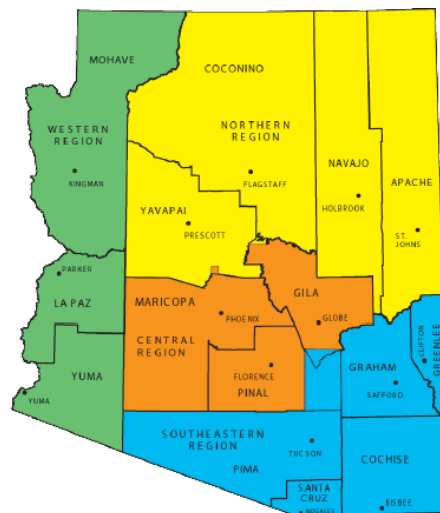# Data Dictionary

The Arizona State Trauma Registry (ASTR)

Full Data Set

Mission: To use and provide data in the communication of process improvement, best practices, and advances in patient care to all.

ARIZONA STATE TRAUMA REGISTRY (ASTR)
2008-Forward DATA DICTIONARY
<u>FULL</u> Data Set
Version 2.9
Last updated January 25, 2024

Required Data items/ format specification for designated Level I, Level II, and Level III Trauma Centers

*Level IV Trauma Centers, Non-Designated hospitals and ALS base hospitals have the option of submitting the full or reduced data set

Effective for ED/Hospital Arrival Dates January 1, 2008 - forward
Supplement with database information from vendor specifications. Please refer to the Appendices and Index at the end of this document for more information on ASTR.

ASTR Database Information / Limitations:

Only patients meeting the ASTR Trauma Patient Inclusion Definition are included in the ASTR database. ASTR inclusion criteria were changed in 2008, 2012 and back to 2008 criteria for 2013 and forward. The criteria are published on the ASTR website.

The ASTR database does not contain all fatal and non-fatal injury events within Arizona. Injured patients are NOT captured in the ASTR database if they:

1. Died at the scene and were not transferred to a trauma center,
2. Were treated only at a non-reporting hospital, or
3. Patient did not meet the ASTR trauma patient inclusion criteria.

A limited number of Arizona hospitals submit data to ASTR, but all designated trauma centers report data to ASTR. The list of reporting facilities is on the ASTR website:

Designated Level I, Level II, and Level III Trauma Centers are required to submit to ADHS the full data set as outlined in this data dictionary.

Level IV Trauma Centers, Non-Designated Hospitals, and ALS Base Hospitals may collect the full data set, but do have the option of submitting a reduced data set.

Duplicate records may exist in the ASTR database for patients who transferred from one reporting hospital to another during the course of their injury management.

Many required data element definitions and drop down menus were changed for 2008. It is important to account for these changes when comparing trauma registry data from multiple years.

This dictionary pertains to records with ED/Hospital Arrival Dates 2008-Forward. A separate ASTR data dictionary exists for records with ED/Hospital Arrival Dates 2005-2007.

For questions regarding the ASTR database (including what quality checks have been run on the data received), please contact the ASTR Trauma Registry Manager at 480-601-4615.

For more information on the Arizona State Trauma Registry, please go to the ASTR website:
http://www.azdhs.gov/preparedness/emergency-medical-services-trauma-system/index.php#data-quality-assurance-astr

Definitions (for this document):

Data elements shaded in gray are ASTR-only database fields and are NOT required for submission by reporting hospitals.

Data Element = Name of ASTR required data element. Please use data element name when submitting an ASTR data request. To assist users with reporting on multiple years of data, a text box was added (below data element description) to document ASTR data changes. Differences between the 2005-2007 and 2008 ASTR data dictionary are documented to assist users with reporting. Changes from reporting years 2008 forward are also documented in this area.

Table Name = ASTR Oracle table name in which the data element values are stored (Note: If a Care Phase applies, it will be listed in parenthesis after table name. See Care Phase info below.)
**Note on ASTR Trauma One® Oracle tables: In the ASTR Oracle database, "ACCTNO" is the common key field and the MAINDATA table is the primary table. The "ACCTNO" field is auto-generated by the ASTR Trauma One database.

Carephase = Reporting constraints exist for data elements that are stored with the same table and field name (Example: Vital sign data from different data entry pages require a carephase). Attention to carephase constraint is only needed if using NON-Trauma One software to report on data. The Trauma One reporting module already accounts for carephase.

Field Name = Field name as stored in ASTR database. *Database field names may not correspond to the type of data being recorded - refer to data element description instead.

Copy Field = this information is important for both Trauma One & non-Trauma One reporting methods. For some data elements, multi-copy data is stored in the same data field. User must select which data values (1st, 2nd, etc.) that the report should query to get the intended results. Not all fields are copy fields, but it is important to pay attention to the ones that are. If a number is listed under Copy Field, the number indicates which copy should be selected to report on that specific data element.

Copy Field Example 1: Method of payment is stored as a copy field. The first and second methods of payment are stored in order in the same location of the database. If you want to report only the primary method of payment, you must indicate to report software that you want FIRST value. Otherwise, your report will contain both primary and secondary payer information.

<u>Copy Field Example 2</u>: When querying data fields for First and Second Referring fields, you must indicate to the software if you want 1st or 2nd. Otherwise, your report will contain both.

Field Type = Indicates whether the data value requires a Character, Numeric, Date, Time or Memo type of data entry response.

Field Width = the maximum amount of characters or numbers (including spaces and punctuation) that the database will accept for that specific data field.

NTDS refers to the National Trauma Data Standard, the format specifications for submission of data to the National Trauma Data Bank (NTDB). For more info: http://www.ntdsdictionary.org/

NTDS Data Element # = National data element number in the corresponding NTDS Data Dictionary. If no NTDS # is listed, that element is not a national requirement.

Pick list? (Yes/No) = Indicates whether there is an ASTR required pick list (drop-down menu) associated with the data element.

Data Value = Indicates the actual data values (short text) stored in database for reporting. Data values submitted to ASTR must match the state-required pick list values and must be UPPERCASE.

Primary/Sub pick list Descriptions = Long text description of the pick list values, as users view them on the data entry screen. When mapping data for interfacing, use the data values (short text). When the registrar selects a long text description from the data entry screen, the corresponding short text data value is stored in the database for reporting purposes. "Single pick list entry" indicates that the user may select only one data value from the list. "Multiple entry pick list" indicates that the user may select more than one value from the list.

Definition = Brief definition of the data element, including important data entry instructions for registrars entering the trauma data.

Comments = Contains additional information about the data element, including acceptable Null Values.

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DEMOGRAPHICS SECTION

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_01: Account Number

DEFINITION:
Unique account number generated by the database for each record.
In the ASTR database, this is referred to as the Lancet Account No. or Patient Account No.

COMMENTS (including when null values are appropriate):
**ASTR Reporting note: ACCTNO is the common key field in the ASTR Oracle tables. MAINDATA is the primary table. Automatically generated by system. ASTR Account Number will not be the same number in reporting hospital databases. A "State Unique ID" field was created to help ASTR and hospitals communicate regarding specific records (see below).

ASTR TABLE NAME (CARE PHASE): MAINDATA
ASTR DATABASE FIELD NAME (system only)*: ACCTNO
FIELD TYPE: Numeric   FIELD WIDTH: 9   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: N

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_02: Registration Number

DEFINITION:
Unique number assigned by your hospital for this specific episode of care.

COMMENTS (including when null values are appropriate):
May also be referred to in hospital billing as "Patient Control Number", "Patient Account Number" or "Patient Encounter Number". It is the unique number for this hospital visit. For linking purposes, this number should match what your facility submits to HDD. Do not add leading zeros or trailing zeros unless they are an official part of your hospital numbering system. Not Documented and Not Applicable should not be used.

ASTR TABLE NAME (CARE PHASE): MAINDATA
ASTR DATABASE FIELD NAME (system only)*: EMRNUM
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: N

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_03: Medical Record Number

DEFINITION:
Hospital record number through which the patient's hospital medical history can be retrieved.

COMMENTS (including when null values are appropriate):
May also be referred to as the "Patient Health Record Number". Number is unique for the patient, but not unique for this hospital visit. For linking purposes, this number should match what your facility submits to HDD. Do not add leading or trailing zeros unless they are an official part of your hospital numbering system. Not Documented and Not Applicable should not be used.

ASTR TABLE NAME (CARE PHASE): MAINDATA
ASTR DATABASE FIELD NAME (system only)*: MEDRECNUM
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: N

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_04: ED/Hospital Arrival Date*

DEFINITION:
First recorded arrival date into the emergency department of your facility. If patient did not enter your hospital through the ED (e.g., direct admit), enter the date of first contact with the patient for this injury event. This field is found on both the ASTR Demographic and ED/Trauma page. Editing either field should update the other. Format is MMDDYYYY.

COMMENTS (including when null values are appropriate):
- *Determines the case date range for data submission and for ASTR data reporting. Valid entry is required for all records.
- System will auto calculate Patient Age from entry of ED/Hospital Arrival Date and Date of Birth.
- Not Documented and Not Applicable should not be used. Field should not be left blank.

ASTR TABLE NAME (CARE PHASE): TRA
ASTR DATABASE FIELD NAME (system only)*: TR_ENT_DT
FIELD TYPE: Date   FIELD WIDTH: 8   COPY FIELD:
NTDS Data Element #: ED_01   PICK-LIST?: N

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

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_05: Hospital Admission Date

DEFINITION:
Date of inpatient admission at your facility. Format is MMDDYYYY.

COMMENTS (including when null values are appropriate):
- Field is used to calculate Hospital Admission LOS.
- Not Documented should not be used.
- Not Applicable should be used if patient was not admitted as an inpatient to your facility.

ASTR TABLE NAME (CARE PHASE): MAINDATA
ASTR DATABASE FIELD NAME (system only)*: ADMDATE
FIELD TYPE: Date   FIELD WIDTH: 8   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: N

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_06: Admission Status at Reporting Facility

DEFINITION:
Admission status of the patient at your facility. (This field indicates to ASTR whether the patient had ED care, inpatient care or both.) Single entry pick list. The Pick list Data Value (short text) is what is stored in the database.

COMMENTS (including when null values are appropriate):
- 2008 Change: New Field.
- Not Documented and Not Applicable should not be used.
- If patient was not admitted, enter one of the ED choices from pick list. If patient left AMA before admission, select "Seen in your ED and released."

Pick list Data Values	Pick list Descriptions (Long Text)
ED_ADMIT	Admitted through ED at your hospital
DIR_ADMIT	Direct Admit at your hospital
ED_TRANSFR	Seen in your ED then transferred out by EMS
ED_RELEASE	Seen in your ED and released (or refer priv. vehicle)
ED_DEATH	DOA or Died in ED

ASTR TABLE NAME (CARE PHASE): STAT2008
ASTR DATABASE FIELD NAME (system only)*: INP_STATUS
FIELD TYPE: Character   FIELD WIDTH: 10   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_07: Patient Last Name

DEFINITION:
Patient's last name as it appears in medical record.

COMMENTS (including when null values are appropriate):
Not Documented may be used. Not Applicable should not be used.

ASTR TABLE NAME (CARE PHASE): MAINDATA
ASTR DATABASE FIELD NAME (system only)*: LASTNAME
FIELD TYPE: Character   FIELD WIDTH: 25   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: N

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_08: Patient First Name

DEFINITION:
Patient's first name as it appears in medical record.

COMMENTS (including when null values are appropriate):
- Not Documented may be used. Not Applicable should not be used.

ASTR TABLE NAME (CARE PHASE): MAINDATA
ASTR DATABASE FIELD NAME (system only)*: FIRSTNAME
FIELD TYPE: Character   FIELD WIDTH: 12   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: N

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_09: Patient Middle Initial

DEFINITION:
Patient's middle initial as it appears in medical record.

COMMENTS (including when null values are appropriate):
  • Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): MAINDATA
ASTR DATABASE FIELD NAME (system only)*: MIDINIT
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: N

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_10: Social Security Number

DEFINITION:
Patient's Social Security Number as it appears in medical record.

COMMENTS (including when null values are appropriate):
* Not Documented should be used when patient has a SSN, but number is unknown.
* Not Applicable should be used if patient does not have a SSN.

ASTR TABLE NAME (CARE PHASE): PERHIST
ASTR DATABASE FIELD NAME (system only)*: PT_SSN
FIELD TYPE: Character   FIELD WIDTH: 11   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: N

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_11: Patient Date of Birth

DEFINITION:
The patient's date of birth (DOB). Format is MMDDYYYY

COMMENTS (including when null values are appropriate):
- System will auto calculate Patient Age from entry of DOB and ED/Hospital Arrival Date.
- If DOB is unknown, enter Not Documented for DOB and then enter an estimated age for patient.
- Not Applicable should not be used.

ASTR TABLE NAME (CARE PHASE): PERHIST
ASTR DATABASE FIELD NAME (system only)*: BIRTHDAY
FIELD TYPE: Date   FIELD WIDTH: 8   COPY FIELD:
NTDS Data Element #: D_07   PICK-LIST?: N

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

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_12: Patient Age

DEFINITION:
The patient's age upon arrival at your facility. If DOB is unknown, enter best approximation of age. Valid values are 1-120.

COMMENTS (including when null values are appropriate):
- 2008 changes: Patient Age now auto calculated using ED/Hospital Arrival Date, not Admit Date. Updated instructions for 2008: Not Documented and Not Applicable will not be accepted - enter best approximation of age if DOB is unknown.
- Registrar note: System will auto calculate patient Age and Age Units when ED/Hospital Arrival Date and DOB are entered. If Age is entered in months, days or hours, the user may need to manually enter the age and units.
- If patient age is less than 1 day, enter Age in "Hours";
- If patient age is greater than or equal to 1 day but less than 1 month, enter Age in "Days";
- If patient age is greater than or equal to 1 month but less than 1 year, enter Age in "Months";
- If age is 13 - 23 months, you may enter the age in months or as 1 year;
- Age 2 or older must be entered in "Years".

ASTR TABLE NAME (CARE PHASE): PERHIST
ASTR DATABASE FIELD NAME (system only)*: AGE
FIELD TYPE: Numeric   FIELD WIDTH: 3   COPY FIELD:
NTDS Data Element #: D_08   PICK-LIST?: N

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

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_13: Units of Age

DEFINITION:
The units used to document the patient's age (Years, Months, Days or Hours).

COMMENTS (including when null values are appropriate):
- 2016 change: Pick list updated – Added minutes
- 2008 change: Pick list updated. YE, ME, DE removed from list. Added H (Hours).
- Registrar note: If patient age is less than one day, enter Age in "Hours"; if less than one hour, enter age in minutes;
- If patient age is greater than or equal to 1 day but less than 1 month, enter Age in "Days";
- If patient age is greater than or equal to 1 month but less than 1 year, enter Age in "Months";
- If age is 13 - 23 months, you may enter the age in months or as 1 year;
- Age 2 or older must be entered in "Years".
- Not Documented and Not Applicable should not be used.

Pick list Data Values	Pick list Descriptions (Long Text)
Y	Years
M	Months
D	Days
H	Hours
I	Minutes (new 2016)

ASTR TABLE NAME (CARE PHASE): PERHIST
ASTR DATABASE FIELD NAME (system only)*: AGE_UNIT
FIELD TYPE: Character   FIELD WIDTH: 2   COPY FIELD:
NTDS Data Element #: D_09   PICK-LIST?: Y

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

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_14: Age (Years)

DEFINITION:
The patient's age, converted by ASTR database into an Age (Years) value for reporting purposes.

COMMENTS (including when null values are appropriate):
- ASTR system only. Automatically populated by ASTR database at import. Age of patient is calculated by using Date of Birth and ED/Hospital Arrival Date.
- If "Age" is less than 12 months, less than 365 days, or entered in hours, "Age (Years)" will populate as 0.
- If "Age Units" is entered as months and "Age" is greater than 12, Age (Years) will be calculated as the closest age with no rounding.

Example of Age (Years) calculation:
- If patient age is 5 Hours, Age (Years) = 0;
- If patient age is 11 Months, Age (Years) = 0;
- If patient age is 19 Months, Age (Years) = 1;
- If patient age is entered in Years, Age (Years) will be equal to the age entered.

ASTR TABLE NAME (CARE PHASE): PERHIST
ASTR DATABASE FIELD NAME (system only)*: MONTH_INC
FIELD TYPE: Numeric   FIELD WIDTH: 5   COPY FIELD:
NTDS Data Element #:   PICK-LIST:

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_15: Gender

DEFINITION:
The patient's gender. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 change: Pick list updated. U (unknown) removed from list.
- Not Documented may be used if gender is unknown or unable to be determined.
- Not Applicable should not be used.
- Patients who have undergone reassignment should be coded using the current assignment.

Pick list Data Values	Pick list Descriptions (Long Text)
M	Male
F	Female
N	Non-Binary

ASTR TABLE NAME (CARE PHASE): PERHIST
ASTR DATABASE FIELD NAME (system only)*: SEX
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD:
NTDS Data Element #: D_12   PICK-LIST?: Y

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

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_16: Race (Primary)

DEFINITION:
The patient's primary race. Per NTDS, up to 2 races can be reported per patient. This field refers to patient's primary reported race.

COMMENTS (including when null values are appropriate):
- 2008 changes: Pick list updated. UNKNOWN removed from list. Secondary race added as a separate field.
- Per NTDS, patient race should be based upon self-report or as identified by a family member.
- Note: Hispanic/Latino refers to patient ethnicity and is captured in a separate field.
- Not Documented may be used if race is not recorded or unknown.
- Not Applicable should not be used.

Pick list Data Values	Pick list Descriptions (Long Text)
WHITE	White
BLACK	Black or African American
AMER IND/ALASKA	American Indian or Alaska Native
HAWAII/PACIFIC	Native Hawaiian or Other Pacific Islander
ASIAN	Asian
OTHER	Other Race

ASTR TABLE NAME (CARE PHASE): PERHIST
ASTR DATABASE FIELD NAME (system only)*: RACE
FIELD TYPE: Character   FIELD WIDTH: 16   COPY FIELD:
NTDS Data Element #: D_10   PICK-LIST?: Y

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

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_17 Race: (Secondary)

DEFINITION:
Secondary race information for patients that are reported to be more than one race.

COMMENTS (including when null values are appropriate):
- 2008 change: New field.
- Per NTDS, up to 2 races can be reported per patient. This field captures any secondary race information reported by patient or family member.
- Not Documented should be used if secondary race information is not recorded or unknown.
- Not Applicable should be used if patient is only of one race.

Pick list Data Values	Pick list Descriptions (Long Text)
WHITE	White
BLACK	Black or African American
AMER IND/ALASKA	American Indian or Alaska Native
HAWAII/PACIFIC	Native Hawaiian or Other Pacific Islander
ASIAN	Asian
OTHER	Other Race

ASTR TABLE NAME (CARE PHASE): PERHIST
ASTR DATABASE FIELD NAME (system only)*: EMPLY_TYPE
FIELD TYPE: Character   FIELD WIDTH: 20   COPY FIELD:
NTDS Data Element #: D_10   PICK-LIST?: Y

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

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_18: Ethnicity

DEFINITION:
The patient's ethnicity. Identifies a patient of a Hispanic or Latino ethnic group. A person of Hispanic ethnicity may be of any race. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 change: Pick list updated. U (unknown) removed from list
- Patient ethnicity should be based upon self-report or identified by a family member.
- "Not Hispanic or Latino" should be selected if patient is not Hispanic.
- Not Documented may be used if patient's ethnic origin is not recorded or unknown.
- Not Applicable should not be used.

Pick list Data Values	Pick list Descriptions (Long Text)
H	Hispanic or Latino
N	Not Hispanic or Latino

ASTR TABLE NAME (CARE PHASE): PERHIST
ASTR DATABASE FIELD NAME (system only)*: ELGBL_ALIN
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD:
NTDS Data Element #: D_11   PICK-LIST?: Y

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

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_19: Street Address of Residence

DEFINITION:
Street address of patient's primary residence. Submission of this data field is optional.

COMMENTS (including when null values are appropriate):
- 2008 change: New field (OPTIONAL)
- ASTR preference is to enter actual street address for the patient's residence. If only the mailing information is available, enter the PO Box.
- If patient is homeless, enter HOMELESS.
- Suggested abbreviations: North = N; South = S; West = W; East = E; Street = ST; Apartment = APT; Avenue = AVE; Road = RD; Drive = DR; Circle = CIR; Boulevard = BLVD; Suite = STE; Highway = HWY
- Not Documented may be used.
- Not Applicable should not be used.

ASTR TABLE NAME (CARE PHASE): PERHIST
ASTR DATABASE FIELD NAME (system only)*: PT_STREET
FIELD TYPE: Character   FIELD WIDTH: 40   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: N

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_20: Alternate Home Residence (if no ZIP)

DEFINITION:
Documentation of the type of patient without a home ZIP code. (Per NTDS, only complete this field if zip code is Not Applicable.). Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2016 change: Pick list updated – Foreign Visitor retired;
- 2008 change: New field
- Reporting Note: This field does not capture every homeless patient, undocumented citizen, migrant or foreign visitor. Patients who report a zip code to the hospital will not be counted, even if they might be homeless or undocumented. O
- Not Documented may be used if no residence information is available for this patient.
- Not Applicable should NOT be used if patient has a valid home ZIP code.

Pick list Data Values	Pick list Descriptions (Long Text)
1	Homeless
2	Undocumented Citizen
3	Migrant Worker
~~4~~	~~Foreign Visitor~~ (retired 2016)
For definitions of these pick list choices, please refer to the NTDS Data Dictionary, Glossary of Terms: http://www.ntdsdictionary.org/	

ASTR TABLE NAME (CARE PHASE): STAT2008
ASTR DATABASE FIELD NAME (system only)*: PT_STREET
FIELD TYPE: Character   FIELD WIDTH: 25   COPY FIELD:
NTDS Data Element #: D_06   PICK-LIST?: Y

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

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_21: ZIP Code of Residence

DEFINITION:
The patient's home ZIP code of primary residence. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2016 change: Updated to accept universal zip/postal codes.
- 2008 change: Lancet ZIP updates.
- Use the Standard U.S. ZIP code list for valid values. Registrar should make attempts (using EMS documentation and internet resources) to identify ZIP code.
- Not Documented may be used if ZIP code cannot be determined.
- Not Applicable should only be used if patient is homeless. For *NA zip codes, please submit a value for the NTDS field "Alternate Home Residence".

ASTR TABLE NAME (CARE PHASE): PERHIST
ASTR DATABASE FIELD NAME (system only)*: PT_ZIP
FIELD TYPE: Character   FIELD WIDTH: 6   COPY FIELD:
NTDS Data Element #: D_01   PICK-LIST?: Y

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

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_22: "+4" ZIP Code extension (of Residence)

DEFINITION:
4 digit extension for the patient's home ZIP code (OPTIONAL).

COMMENTS (including when null values are appropriate):
- 2008 change: New field (OPTIONAL)
- Use the Standard U.S. ZIP code 4 digit extensions.
- Not Documented and Not Applicable may be used. Field may be left blank.

ASTR TABLE NAME (CARE PHASE): PERHIST
ASTR DATABASE FIELD NAME (system only)*: PER_ZIPPLS
FIELD TYPE: Character   FIELD WIDTH: 4   COPY FIELD:
NTDS Data Element #: D_01 (2) Optional   PICK-LIST?: Y

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

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_23: City of Residence

DEFINITION:
The patient's primary city (or township or village) of residence. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 change: Pick list updated. UNKNOWN removed from list
- Automatically populated when ZIP code is entered. Make sure the database populates the correct city, as some zip codes represent multiple cities.
- Cities not on the pick list or outside the U.S. may be manually entered. Please be careful to enter correct spelling.
- Not Documented may be used.
- Not Applicable should not be used.

ASTR TABLE NAME (CARE PHASE): PERHIST
ASTR DATABASE FIELD NAME (system only)*: PT_CITY
FIELD TYPE: Character   FIELD WIDTH: 30   COPY FIELD:
NTDS Data Element #: D_05   PICK-LIST?: Y

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

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_24: County of Residence

DEFINITION:
The patient's primary county of residence. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 changes: Pick list updated. UNKNOWN and OTHER removed from list. OTHER US and OOC added to list.
- Automatically populated when ZIP code is entered.
- Only valid entries from pick list should be entered or auto filled. If patient resides outside of AZ, select either "Other U.S. County (not AZ)" or "Outside of U.S"
- If county is outside of the U.S., select "Outside of U.S." from pick list.
- Not Documented may be used.
- Not Applicable should not be used.

Pick list Data Values	Pick list Descriptions (Long Text)
APACHE	Apache
COCHISE	Cochise
COCONINO	Coconino
GILA	Gila
GRAHAM	Graham
GREENLEE	Greenlee
LA PAZ	La Paz
MARICOPA	Maricopa
MOHAVE	Mohave
NAVAJO	Navajo
PIMA	Pima
PINAL	Pinal
SANTA CRUZ	Santa Cruz
YAVAPAI	Yavapai
YUMA	Yuma
OTHER US	Other U.S. County (Not Arizona)
OOC	Outside of U.S.

ASTR TABLE NAME (CARE PHASE): PERHIST
ASTR DATABASE FIELD NAME (system only)*: PT_COUNTY
FIELD TYPE: Character   FIELD WIDTH: 9   COPY FIELD:
NTDS Data Element #: D_04   PICK-LIST?: Y

Data Source Hierarchy

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

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

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_25: State of Residence

DEFINITION:
The patient's primary state of residence (or territory, province, District of Columbia). Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 change: Pick list updated. *U (unknown) removed from list.
- Automatically populated when valid ZIP code is entered. If State is outside of U.S., select "Other - Out of Country" from pick list.
- Not Documented may be used.
- Not Applicable should not be used.

ASTR TABLE NAME (CARE PHASE): PERHIST
ASTR DATABASE FIELD NAME (system only)*: PT_ STATE
FIELD TYPE: Character   FIELD WIDTH: 3   COPY FIELD:
NTDS Data Element #: D_03   PICK-LIST?: Y

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

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_26: Country of Residence

DEFINITION:
The patient's primary country of residence. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 change: The 2005-2007 three digit country codes were removed and replaced with ISO 3166 two digit values (ex: USA changed to US). Unknown option is no longer on list - use *ND.
- Automatically populated when valid ZIP code is entered.
- Not Documented may be used.
- Not Applicable should not be used.

ASTR TABLE NAME (CARE PHASE): PERHIST
ASTR DATABASE FIELD NAME (system only)*: PT_ CNTRY
FIELD TYPE: Character   FIELD WIDTH: 3   COPY FIELD:
NTDS Data Element #: D_02   PICK-LIST?: Y

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

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_27: Co-Morbid Conditions (Pre-Existing Factors)

DEFINITION:
Pre-existing co-morbid factors present before patient arrival at your ED/hospital. Multiple entry pick list. User may select up to 5 conditions.

COMMENTS (including when null values are appropriate):
- 2023 Changes: Prematurity and Congenital Anomalies must be and can only be "Not Applicable" for patients ≥15 years-of-age.
- 2023 Changes: Alcohol Use Disorder, COPD, Peripheral Artery Disease, and Substance Use Disorder can only be "Not Applicable" for patients <15 years-of-age.
- 2019 Changes: Co-morbid Conditions: NTDB has renamed these to Pre-existing conditions and is collecting each one as a separate data element. ASTR will continue to call these Co-morbid Conditions as they are identified in the Trauma Rules and collect them in the same picklist format. The values will be mapped to their corresponding NTDB data elements.
- 2016 Changes: Change Alcoholism to 'Alcohol Use Disorder'; diagnoses for Co-Morbid Conditions are now coded as ICD-10;
- 2015 Changes: Retired Ascites within 30 days, Esophageal varices, Obesity, and Pre-hospital cardiac arrest with resuscitative efforts by healthcare provider. Added Attention deficit/hyperactivity disorder (ADD/ADHD).
- 2008 changes: The 2005-2007 pick list options were removed from list. Implemented new NTDS co-morbidity list in Jan 2008 with new system codes (data values). When querying multiple years of data, pay attention to old and new data values!
- 2009 change1: NO_NTDS was removed from pick list for 2009 data entry. OTHER was added to list in 2009. Note: In 2008, user was instructed to enter NO_NTDS if patient had no co-morbidities OR if patient only had co-morbidities not on the pick list. For 2009, user was instructed to enter OTHER when patient had other co-morbidities not on pick list. If patient did not have any co-morbidities at all, user was instructed to enter Not Applicable (*NA).
- 2009 change2: Added PREGNANCY back to state co-morbidity list. Note: PREGNANCY was not a pick list option for 2008 data. This pick list option was previously removed, per NTDS, on Jan. 1, 2008. However, TRUG decided this option is important so the choice was added back on Jan 1, 2009.
- 2011 change: Per national changes, added CIRRHOSIS to list for ED/Hospital Arrival Dates 1/1/2011 forward.
- 2012 changes: Per national changes, added DEMENTIA, DRUGABUSE, PSYCH AND PREHOSPCARDIAC to list for ED/Hospital Arrival Dates 1/1/2012 forward.

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

- 2013 changes: Per national changes, the following text changes were made to display text: 1) "History of angina within past 1 month" was updated to "History of angina within 30 days", 2) "Pre-hospital cardiac arrest with CPR" was updated to "Pre-hospital cardiac arrest with resuscitative efforts by healthcare provider" and 3) "History of revascularization / amputation for PVD" was updated to "History of PVD". Reporting codes were not changed.
- Pick list based on NTDS list. If your hospital needs to collect other co-morbidities, please do so in a separate co-morbidity field. Definitions of co-morbidities can be found on NTDB website.
- Not Documented may be used if it is unknown whether patient has any of the conditions on this pick list.
- Not Applicable (*NA) should be used if patient had no co-morbidities at all.

Pick list Data Values	Pick list Descriptions (Long Text)
ALCOHOLISM	Alcohol use disorder (2016 forward)
~~ANGINA~~	~~History of angina within 30 days (Retired 2017)~~
~~ANGINAP~~	~~Angina Pectoris (Retired 2023)~~
ANTICOAG	Anticoagulant Therapy (Added 2017)
~~ASCITES~~	~~Ascites within 30 days (Retired 2015)~~
	Attention deficit disorder/ Attention deficit hyperactivity disorder (2015 forward)
BIRTHDEF	Congenital Anomalies
BIPOLAR	Bipolar I/II Disorder (Added 2023)
BLDDISORD	Bleeding disorder
CHEMO	Currently receiving chemotherapy for cancer
CHF	Congestive heart failure
CIRRHOSIS	Cirrhosis (2011 forward)
CVA	Cerebrovascular Accident (CVA)
DEMENTIA	Dementia (2012 forward)
DIABETES	Diabetes mellitus
DIALYSIS	Chronic renal failure
DISSCANCER	Disseminated cancer
DNR	Advanced directive limiting care (DNR)
~~DRUGABUSE~~	~~Drug use disorder (2012 – 2016)~~
~~ESOPHVAR~~	~~Esophageal varices (Retired 2015)~~
FUNCTDEP	Functionally dependent health status
HYPERTENS	Hypertension
~~IMPAIRSENS~~	~~Impaired sensorium (2008-2011 only)~~
DEPRESS	Major Depressive Disorder (Added 2023)
~~MENTAL~~	~~Mental Personality Disorder (Added 2017) (Retired 2023)~~
MI	Myocardial Infarction (2017 forward)
~~MYOCARDINF~~	~~History of myocardial infarction within past 6 months Retired 2017)~~

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

~~NO_NTDS~~	~~No NTDS co-morbidities are present (2008 only)~~
~~OBESITY~~	~~Obesity (Retired 2015)~~
OTHER	OTHER CO-MORBIDITIES EXIST- not on this list (2009 forward)
OTHERPERS	Other mental/personality disorders (Added 2023)
PAD	Peripheral Arterial Disease (2017 forward)
PREGNANCY	Pregnancy (2009 forward)
~~PREHOSPCARDIAC~~	~~Pre-hospital cardiac arrest with resuscitative efforts by healthcare provider (Retired 2015)~~
PREMATURE	Prematurity
PSYCH	Major psychiatric illness (2012 - 2016)
~~PVDREVASC~~	~~History of PVD (Retired 2017)~~
RESPDIS	Chronic Obstructive Pulmonary Disease (COPD)
SCHIZOAF	Schizoaffective Disorder (Added 2023)
SCHIZOFR	Schizophrenia (Added 2023)
SMOKER	Current smoker
STEROID	Steroid use
SUBSTANCE	Substance Use Disorder

ASTR TABLE NAME (CARE PHASE): PRECONDS
ASTR DATABASE FIELD NAME (system only)*: PRE_HIST
FIELD TYPE: Character   FIELD WIDTH: 22   COPY FIELD:
NTDS Data Element #: DG01   PICK-LIST?: Y

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

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_28: Co-Morbid Conditions (Text Only)

DEFINITION:
Corresponding text for the pre-existing co-morbid conditions entered above.

COMMENTS (including when null values are appropriate):
- Auto filled from co-morbid conditions codes selected above.
- For data entry view only. Do not use this field for reporting.

ASTR TABLE NAME (CARE PHASE): PRECONDS
ASTR DATABASE FIELD NAME (system only)*: PH_TEXT
FIELD TYPE: Character   FIELD WIDTH: 50   COPY FIELD:
NTDS Data Element #:   PICK-LIST:

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_29: State Unique ID

DEFINITION:
Unique record identifier in ASTR and hospital systems. Auto-generated by system as the reporting facility "Site ID" plus "Account Number" from the reporting facility database. No manual entry required.

COMMENTS (including when null values are appropriate):
- 2008 changes: Flagstaff switched from Collector to Trauma One software for 2008. Their State Unique ID data prior to 2008 starts with COL-TFLG. 2008 forward starts with TFLG.
- For facilities submitting a reduced data set, this will be the Site ID plus unique registration number.
- Record identifier used in communication between ASTR and reporting hospitals regarding specific trauma records.

ASTR TABLE NAME (CARE PHASE): MAINDATA
ASTR DATABASE FIELD NAME (system only)*: FULLNAME
FIELD TYPE: Character   FIELD WIDTH: 50   COPY FIELD:
NTDS Data Element #:   PICK-LIST:

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_30: Reporting Facility Site ID

DEFINITION:
Unique system code identifying the facility submitting the record to ASTR.
No manual entry required.

COMMENTS (including when null values are appropriate):
- Automatically generated by system.

ASTR TABLE NAME (CARE PHASE): MAINDATA
ASTR DATABASE FIELD NAME (system only)*: ENTRYMODE
FIELD TYPE: Character   FIELD WIDTH: 8   COPY FIELD:
NTDS Data Element #:   PICK-LIST: Y

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_31: Reporting Facility Trauma Designation Level

DEFINITION:
Trauma center designation level for the facility submitting the record.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- Based on hospital's designation status at the time of the record's ED/Hospital Arrival Date.
- Automatically populated for state reporting purposes.

Pick list Data Values	Pick list Descriptions (Long Text)
LEVEL I	Level I
LEVEL II	Level II
LEVEL III	Level III
LEVEL III-PROV	Provisional Level III
LEVEL IV-FULL	Level IV – Full Data Set
LEVEL IV-PART	Level IV -Reduced Data Set
NONDESIG-FULL	Non-Designated -Full Data Set
NONDESIG-PART	Non-Designated -Reduced Data Set

ASTR TABLE NAME (CARE PHASE): STAT2008
ASTR DATABASE FIELD NAME (system only)*: TRACENTER
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD:
NTDS Data Element #:   PICK-LIST: Y

DEMOGRAPHIC SECTION - "DEMOGRAPHICS"

Data Element D1_32: Reporting Facility ADHS Number (License Code)

DEFINITION:
ASTR assigned number for the facility submitting the record. This number correlates to the facility ID used in the Hospital Discharge Database. This field will be used for ADHS linking purposes.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- If a reporting hospital does not have a MED #, the hospital's code from the ASTR Hospital pick list will be populated into this field.
- Automatically populated for State reporting purposes.

ASTR TABLE NAME (CARE PHASE): STAT2008
ASTR DATABASE FIELD NAME (system only)*: LIC_CODE
FIELD TYPE: Character   FIELD WIDTH: 10   COPY FIELD:
NTDS Data Element #:   PICK-LIST: Y

Data Element D1_33: Reporting Facility Zip Code

DEFINITION:
Zip code of reporting facility.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- Automatically populated for State reporting purposes.

ASTR TABLE NAME (CARE PHASE): STAT2008
ASTR DATABASE FIELD NAME (system only)*: FAC_ZIP
FIELD TYPE: Character   FIELD WIDTH: COPY FIELD:
NTDS Data Element #:   PICK-LIST: Y

INJURY SECTION

INJURY SECTION - "AZ-INJURY"

Data Element I2_01: Injury Incident Date

DEFINITION:
The date that the injury event occurred. Injury event date/time estimates should be based upon report by patient, witness, family, or health care provider.

COMMENTS (including when null values are appropriate):
- Not Documented may be used, but this information is important for reporting. Please make every attempt to obtain this information.
- Not Applicable should not be used.

ASTR TABLE NAME (CARE PHASE): FLDDETAI
ASTR DATABASE FIELD NAME (system only)*: FL_ENT_DT
FIELD TYPE: Date   FIELD WIDTH: 8   COPY FIELD:
NTDS Data Element #: I_01   PICK-LIST?: N

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

INJURY SECTION - "AZ-INJURY"

Data Element I2_02: Injury Incident Time

DEFINITION:
The time that the injury event occurred. Format is HH:MM - Military time.

COMMENTS (including when null values are appropriate):
- Time fields should be entered in AZ Mountain Standard Time (MST).
- Injury event date/time estimates should be based upon report by patient, witness, family, or health care provider. Per NTDS, other proxy measures (e.g., 911 call times) should not be used.
- Not Documented may be used, but this information is important for reporting. Please make every attempt to obtain a valid estimate.
- Not Applicable should not be used.

ASTR TABLE NAME (CARE PHASE): FLDDETAI
ASTR DATABASE FIELD NAME (system only)*: FL_ENT_TM
FIELD TYPE: Time   FIELD WIDTH: 6   COPY FIELD:
NTDS Data Element #: I_02   PICK-LIST?: N

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

INJURY SECTION - "AZ-INJURY"

Data Element I2_03: Actual versus Estimated Injury Time?

DEFINITION:
Indicates whether the injury incident time represents an actual or estimated time. Single entry pick list.

COMMENTS (including when null values are appropriate):
- Not Documented may be used.
- Not Applicable should not be used.

Pick list Data Values	Pick list Descriptions (Long Text)
A	Actual Time of Injury
E	Estimated Time of Injury

ASTR TABLE NAME (CARE PHASE): INJDETS
ASTR DATABASE FIELD NAME (system only)*: INJ_ST_TYP
FIELD TYPE: Character   FIELD WIDTH: 2   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

INJURY SECTION - "AZ-INJURY"

RETIRED: Data Element I2_04: ICD-9 Place of Occurrence External Cause Code

DEFINITION:
The ICD-9 place of occurrence external cause code (E849.X) used to describe the place/location where the injury event occurred. Single entry pick list.

COMMENTS (including when null values are appropriate):
- RETIRED 2016;
- 2009 change: Pick list option 7 "Residential institution" was expanded (7A-7E) to identify the type of residential institution.
- The ICD-9 place of occurrence external cause code describes the place where the event occurred, not the patient's activity at the time of the event.
- Do not use "Unspecified place" (E849.9) if the place of occurrence is not stated. "Unspecified place" means the location is stated, but that location does not fit into any of the choices listed in the ICD-9-CM coding manual. Refer to ICD-9-CM coding manual for more details.
- Not Documented should be used if the injury location is unknown.
- Not Applicable should not be used.

Pick list Data Values	Pick list Descriptions (Long Text)
0	Home
1	Farm
2	Mine and quarry
3	Industrial places and premises
4	Place for recreation or sport
5	Street and highway
6	Public building
7	Residential institution
7A	Acute care hospital (2009 and Later)
7B	Jail / Prison / Correctional Facility (2009 and Later)
7C	Nursing home (2009 and Later)
7D	Psychiatric facility (inpatient) (2009 and Later)
7E	Other residential institution not listed (2009 and Later)
8	Other specified places
9	Unspecified place

ASTR TABLE NAME (CARE PHASE): INJDETS
ASTR DATABASE FIELD NAME (system only)*: SITE_CLASS
FIELD TYPE: Character   FIELD WIDTH: 2   COPY FIELD:
NTDS Data Element #: I_07   PICK-LIST?: Y

INJURY SECTION - "AZ-INJURY"

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

INJURY SECTION - "AZ-INJURY"

Data Element I2_04a: ICD-10 Place of Occurrence External Cause Code

DEFINITION:

The ICD-10 place of occurrence external cause code (Y92.XXX) used to describe the place/location where the injury event occurred. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2016 new field
- The ICD-10 place of occurrence external cause code describes the place where the event occurred, not the patient's activity at the time of the event.
- Do not use "Unspecified" place if the place of occurrence is not stated. "Unspecified place" means the location is stated, but that location does not fit into any of the choices listed in the ICD-10-CM coding manual. Refer to ICD-10-CM coding manual for more details.
- Not Documented should be used if the injury location is unknown.
- Not Applicable should not be used.

Field Values
- Relevant ICD-10-CM code value for injury event

ASTR TABLE NAME (CARE PHASE): INJDETS
ASTR DATABASE FIELD NAME (system only)*:
FIELD TYPE: Character   FIELD WIDTH: COPY FIELD:
NTDS Data Element #: I_07   PICK-LIST?: Y

Data Source Hierarchy
1. EMS Run Sheet
2. Triage Form / Trauma Flow Sheet
3. ED Nurses' Notes
4. History and Physical
5. Progress Notes

Data Element I2_05: Street Location of Injury Incident

DEFINITION:
The street address/location where the injury incident occurred (best approximation).

COMMENTS (including when null values are appropriate):
- 2009 change: Additional data entry instructions and examples are provided. This field is very important for reporting. To facilitate geocoding, the first preference is to submit a full street address. Second preference would be the intersection.
- Enter the full street address using the abbreviations provided below. Example1: 123 N 19TH AVE APT 12; Example2: 1234 S 8TH ST
- Please use the following abbreviations (with no punctuation): North = N, South = S, West = W, East = E, Street = ST, Apartment = APT, Avenue = AVE, Road = RD, Drive = DR, Circle = CIR, Boulevard = BLVD, Suite = STE, Highway = HWY, Milepost = MP; State Route = SR, Loop = LOOP;
- If you are entering a location name plus an address, first enter the street address, followed by the location name in parentheses. Example1: 26700 S HWY 85 (ASPC LEWIS).
- If you are entering a place name without an address, enter the place name in parentheses.   Example1: (LAKE POWELL); Example2: (SUPERSTITION MOUNTAINS)
- If only the intersection is known, please enter intersection using the & sign. Example1: 7TH ST & MCDOWELL; Example2: 19TH AVE & VAN BUREN;
- If only the milepost is known, please enter the highway, followed by the milepost (abbreviate as MP) Example1: I-10 E MP 145; Example2: HWY 89 MP 470;
- Not Documented may be used if an approximation or place name cannot be determined. Registrar should make attempts to obtain this information.
- Not Applicable should not be used.

ASTR TABLE NAME (CARE PHASE): INJDETS
ASTR DATABASE FIELD NAME (system only)*: INJ_STR1
FIELD TYPE: Character   FIELD WIDTH: 40   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: N

INJURY SECTION - "AZ-INJURY"

Data Element I2_06: ZIP Code of Injury Incident Location

DEFINITION:
The ZIP code of the injury incident location. Single-entry pick list. Use Standard U.S. ZIP code list - valid area zip codes that can be mapped.

COMMENTS (including when null values are appropriate):
- 2008 change: Lancet ZIP updates.
- This field is very important for reporting. Registrar should make attempts (using EMS documentation and internet resources) to identify an injury ZIP code.
- Not Documented may be used if ZIP code cannot be determined.
- Not Applicable should only be used if the incident occurred outside of the U.S.

ASTR TABLE NAME (CARE PHASE): INJDETS
ASTR DATABASE FIELD NAME (system only)*: INJ_ZIP
FIELD TYPE: Character   FIELD WIDTH: 6   COPY FIELD:
NTDS Data Element #: I_09   PICK-LIST?: Y

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

INJURY SECTION - "AZ-INJURY"

Data Element I2_07: "+4" ZIP Code extension (of Injury)

DEFINITION:
4-digit extension for the injury location ZIP code. (OPTIONAL).   Use
Standard U.S. ZIP code 4 digit extensions.

COMMENTS (including when null values are appropriate):
- 2008 change: New field (OPTIONAL)
- NTDS requests submission of 5-digit or 9-digit ZIP code. Submission of the 4-digit ZIP extension is optional.
- Not Documented and Not Applicable may be used.
- Field may be left blank.

ASTR TABLE NAME (CARE PHASE): INJDETS
ASTR DATABASE FIELD NAME (system only)*: INJ_ZIPPLS
FIELD TYPE: Character   FIELD WIDTH: 4   COPY FIELD:
NTDS Data Element #: I_09 (2) - optional   PICK-LIST?: N

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

INJURY SECTION - "AZ-INJURY"

Data Element I2_08: City of Injury Incident Location

DEFINITION:
The city or township where the patient was found or to which the EMS unit responded (or best approximation). Single-entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 change: Pick list updated. UNKNOWN removed from list.
- Automatically populated when ZIP code is entered. Make sure the database populates the correct city, as some zip codes represent multiple cities.
- Cities not on the pick list or outside of the U.S. may be manually entered. Please be careful to enter correct spelling.
- This field is important for reporting and registrar should make attempts to obtain best city approximation, even if exact address is unknown.
- Not Documented may be used in rare instances when an approximation cannot be determined.
- Not Applicable should not be used.

ASTR TABLE NAME (CARE PHASE): INJDETS
ASTR DATABASE FIELD NAME (system only)*: INJ_CITY
FIELD TYPE: Character   FIELD WIDTH: 30   COPY FIELD:
NTDS Data Element #: I_13   PICK-LIST?: Y

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

INJURY SECTION - "AZ-INJURY"

Data Element I2_09: County of Injury Incident Location

DEFINITION:
The county where the patient was found or to which the EMS unit responded (or best approximation). Single-entry pick list. Automatically populated when ZIP code is entered.

COMMENTS (including when null values are appropriate):
- 2008 changes: Picklist updated. UNKNOWN and OTHER removed from list. OTHER US and OOC added to list.
- Only valid entries from pick list should be entered or auto filled.
- If patient resides outside of AZ, select either "Other U.S. County (not AZ)" or "Outside of U.S."
- Even if the exact address is unknown, every attempt should be made to obtain the county where the injury event occurred.
- Not Documented may be used only in rare instances where injury county cannot be determined.
- Not Applicable should not be used.

Pick list Data Values	Pick list Descriptions (Long Text)
APACHE	Apache
COCHISE	Cochise
COCONINO	Coconino
GILA	Gila
GRAHAM	Graham
GREENLEE	Greenlee
LA PAZ	La Paz
MARICOPA	Maricopa
MOHAVE	Mohave
NAVAJO	Navajo
PIMA	Pima
PINAL	Pinal
SANTA CRUZ	Santa Cruz
YAVAPAI	Yavapai
YUMA	Yuma
OTHER US	Other U.S. County (Not Arizona)
OOC	Outside of U.S.

ASTR TABLE NAME (CARE PHASE): INJDETS
ASTR DATABASE FIELD NAME (system only)*: INJ_CNTY
FIELD TYPE: Character   FIELD WIDTH: 9   COPY FIELD:
NTDS Data Element #: I_12   PICK-LIST?: Y

INJURY SECTION - "AZ-INJURY"

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

INJURY SECTION - "AZ-INJURY"

Data Element I2_10: State of Injury Incident Location

DEFINITION:
The state, territory or province where the patient was found or to which the EMS unit responded (or best approximation).   Single-entry pick list. Automatically populated when ZIP code is entered.

COMMENTS (including when null values are appropriate):
- 2008 changes: Picklist updated. U (Unknown) removed from list.
- Even if the exact address is unknown, every attempt should be made to obtain the state where the injury event occurred.
- If State is outside of U.S., select "Other - Out of Country" from picklist.
- Not Documented may be used only in rare instances where injury state cannot be determined.
- Not Applicable should not be used.

ASTR TABLE NAME (CARE PHASE): INJDETS
ASTR DATABASE FIELD NAME (system only)*: INJ_STATE
FIELD TYPE: Character   FIELD WIDTH: 3   COPY FIELD:
NTDS Data Element #: I_11   PICK-LIST?: Y

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

INJURY SECTION - "AZ-INJURY"

Data Element I2_11: Country of Injury Incident Location

DEFINITION:
The country where the patient was found or to which the EMS unit responded (or best approximation). Single-entry pick list. US automatically populates as country code when valid ZIP is entered.

COMMENTS (including when null values are appropriate):
- 2008 changes: Picklist updated. U (Unknown) removed from list.
- Even if the exact address is unknown, every attempt should be made to obtain the state where the injury event occurred.
- If State is outside of U.S., select "Other - Out of Country" from picklist.
- Not Documented may be used only in rare instances where injury state cannot be determined.
- Not Applicable should not be used.

ASTR TABLE NAME (CARE PHASE): PERHIST
ASTR DATABASE FIELD NAME (system only)*: BORN_CNTRY
FIELD TYPE: Character   FIELD WIDTH: 3   COPY FIELD:
NTDS Data Element #: I_10   PICK-LIST?: Y

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

INJURY SECTION - "AZ-INJURY"

Data Element I2_12: Trauma Type

DEFINITION:
Broad categorization of the patient's primary trauma injury type. Single entry picklist. Select the category related to the patient's primary injury.

COMMENTS (including when null values are appropriate):
- 2008 changes: Picklist updated. U (Unknown) removed from list.
- Not Documented may be used if patient injuries are unknown or not recorded.
- Not Applicable may be used if patient meets the State patient inclusion criteria but no injuries are detected.

Pick list Data Values	Pick list Descriptions (Long Text)
B	Blunt
P	Penetrating
N	Burn

ASTR TABLE NAME (CARE PHASE): INJDETS
ASTR DATABASE FIELD NAME (system only)*: INJ_CLASS
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

INJURY SECTION - "AZ-INJURY"

RETIRED: Data Element I2_13: ICD-9 Primary External Cause Code

DEFINITION:
Primary external cause code used to describe the mechanism (or external factor) that caused the injury event. External cause codes are used to report on the mechanism/cause and manner/intent of the injury event.   The primary external cause code should describe the main injury event or circumstance responsible for patient's hospital care. Single-entry pick list.

COMMENTS (including when null values are appropriate):
- RETIRED 2016;
- E849 place of occurrence/location external cause codes and Adverse Effects external cause codes should NOT be entered in this field.
- Valid ICD-9-CM injury codes. Submit to ASTR as an E + 3 digit number, followed by decimal and 4th digit as required. All codes must contain an E and a decimal. Examples: E916. or E813.0.
- Activity external cause codes should not be entered in this field. Activity codes are captured in another ASTR data field.
- Not Documented may be used only in rare instances. Every attempt should be made to identify at least one external cause code for the injury event.
- Not Applicable should not be used.

ASTR TABLE NAME (CARE PHASE): GENMECH
ASTR DATABASE FIELD NAME (system only)*: ECODE_ICD9
FIELD TYPE: Character   FIELD WIDTH: 6   COPY FIELD: 1
NTDS Data Element #: I_06   PICK-LIST?: Y

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

INJURY SECTION - "AZ-INJURY"

Data Element I2_13a: ICD-10 Primary External Cause Code

DEFINITION:
Primary external cause code used to describe the mechanism (or external factor) that caused the injury event. External cause codes are used to report on the mechanism/cause and manner/intent of the injury event. The primary external cause code should describe the main injury event or circumstance responsible for patient's hospital care. Single-entry pick list.

COMMENTS (including when null values are appropriate):
- 2016 change: New field
- Y92.X place of occurrence/location external cause codes and Adverse Effects external cause codes should NOT be entered in this field.
- Valid ICD-10-CM injury codes: T07 – T88 Initial Encounter or V00 – Y38 Initial Encounter.
- Activity external cause codes (Y93) should not be entered in this field. Activity codes are captured in another ASTR data field.
- Not Documented may be used only in rare instances. Every attempt should be made to identify at least one external cause code for the injury event.
- Not Applicable should not be used.

ASTR TABLE NAME (CARE PHASE): GENMECH
ASTR DATABASE FIELD NAME (system only)*: ECODE_ICD9
FIELD TYPE: Character   FIELD WIDTH: 6   COPY FIELD: 1
NTDS Data Element #: I_06   PICK-LIST?: Y

Data Source Hierarchy
1. EMS Run Sheet
2. Triage Form / Trauma Flow Sheet
3. ED Nurses' Notes
4. History and Physical
5. Progress Notes

RETIRED: Data Element I2_14: CDC Mechanism/ Cause Category for Primary ICD-9 External Cause Code

DEFINITION:
CDC mechanism of injury category code for the primary ICD-9 external cause code. Field populated based on CDC E-code matrix. MOI = Mechanism of Injury.
http://www.cdc.gov/injury/wisqars/ecode_matrix.html

COMMENTS (including when null values are appropriate):
- RETIRED 2016;
- 2008 change: New field
- ASTR system only. Automatically populated by ASTR database for state reporting purposes.

CUT-PIERCE
DROWNING-SUBMERSION
FALL
FIREARM
FIRE-FLAME
HOT_OBJECT-SUBSTANCE
MACHINERY
MV_TRAFFIC-MOTORCYCLIST
MV_TRAFFIC-OCCUPANT
MV_TRAFFIC-OTHER
MV_TRAFFIC-PEDALCYCLIST
MV_TRAFFIC-PEDESTRIAN
MV_TRAFFIC-UNSPECIFIED
NATURAL-BITES_STINGS
NATURAL-ENVIRONMENTAL
OTHER-SPECIFIED-CLASSIFIED
OTHER-SPECIFIED-NOT-CLASSIFIED
OVEREXERTION
PEDALCYCLIST-OTHER
PEDESTRIAN-OTHER
POISONING
STRUCK-BY-AGAINST
SUFFOCATION
TRANSPORT-OTHER
UNSPECIFIED
*ADVERSE-EFFECTS

ASTR TABLE NAME (CARE PHASE): GENMECH
ASTR DATABASE FIELD NAME (system only)*: CDC_MOI
FIELD TYPE: Character   FIELD WIDTH: 30   COPY FIELD: 1
NTDS Data Element #:   PICK-LIST?: Y

INJURY SECTION - "AZ-INJURY"

Data Element I2_14a: CDC Mechanism/ Cause Category for Primary ICD-10 External Cause Code

DEFINITION:
CDC mechanism of injury category code for the primary ICD-10 external cause code. Field populated based on CDC matrix. MOI = Mechanism of Injury.

COMMENTS (including when null values are appropriate):
- 2016 change: New field
- ASTR system only. Automatically populated by ASTR database for state reporting purposes.

ASTR TABLE NAME (CARE PHASE): GENMECH
ASTR DATABASE FIELD NAME (system only)*: CDC_MOI
FIELD TYPE: Character   FIELD WIDTH: 30   COPY FIELD: 1
NTDS Data Element #:   PICK-LIST?: Y

RETIRED: Data Element I2_15: CDC Intent/ Manner Category for Primary ICD-9 External Cause Code

DEFINITION:
CDC intent category code for the primary ICD-9 external cause code. Field populated based on CDC matrix:
http://www.cdc.gov/injury/wisqars/ecode_matrix.html

COMMENTS (including when null values are appropriate):
- RETIRED 2016;
- 2008 change: New field
- ASTR system only. Automatically populated by ASTR database for state reporting purposes.

UNINTENTIONAL
SELF-INFLICTED
ASSAULT
UNDETERMINED
OTHER
*NA (ADV. EFFECTS)

ASTR TABLE NAME (CARE PHASE): GENMECH
ASTR DATABASE FIELD NAME (system only)*: CDC_INT
FIELD TYPE: Character   FIELD WIDTH: 30   COPY FIELD: 1
NTDS Data Element #:   PICK-LIST?: Y

INJURY SECTION - "AZ-INJURY"

Data Element I2_15a: CDC Intent/ Manner Category for Primary ICD-10 External Cause Code

DEFINITION:
CDC intent category code for the primary ICD-10 external cause code.
Field populated based on CDC matrix:
ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/injury/sascodes/icd10_external.xls

COMMENTS (including when null values are appropriate):
- 2016 change: New field
- ASTR system only. Automatically populated by ASTR database for state reporting purposes.

ASTR TABLE NAME (CARE PHASE): GENMECH
ASTR DATABASE FIELD NAME (system only)*: CDC_INT
FIELD TYPE: Character   FIELD WIDTH: 30   COPY FIELD: 1
NTDS Data Element #:   PICK-LIST?: Y

RETIRED: Data Element I2_16: ICD-9 Additional External Cause Code

DEFINITION:
Additional external cause code used to describe injury event (e.g., a mass casualty event or other external cause.) External cause codes are used to report on the mechanism/cause and the manner/intent of the injury event. Single-entry pick list.

COMMENTS (including when null values are appropriate):
- RETIRED 2016;
- E849 place of occurrence/location external cause codes and Adverse Effects external cause codes should NOT be entered in this field.
- Refer to NTDB Appendix 3: Glossary of Terms for multiple cause coding hierarchy.
- Valid ICD-9-CM injury codes. Submit to ASTR as an E + 3 digit number, followed by decimal and 4th digit as required. All codes must contain an E and a decimal. Examples: E916. or E813.0.
- Activity external cause codes should not be entered in this field. Activity codes are captured in another ASTR data field.
- Not Documented may be used.
- Not Applicable should be used if primary external cause code is sufficient in describing the mechanism and intent of the injury event.

ASTR TABLE NAME (CARE PHASE): GENMECH
ASTR DATABASE FIELD NAME (system only)*: ECODE_ICD9
FIELD TYPE: Character   FIELD WIDTH: 6   COPY FIELD: 2
NTDS Data Element #: I_08   PICK-LIST?: Y

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

INJURY SECTION - "AZ-INJURY"

Data Element I2_16a: ICD-10 Additional External Cause Code

DEFINITION:
Additional external cause code used to describe injury event (e.g., a mass casualty event or other external cause.) External cause codes are used to report on the mechanism/cause and the manner/intent of the injury event. Single-entry pick list.

COMMENTS (including when null values are appropriate):
- 2016 change: New field
- Y92.X place of occurrence/location external cause codes and Adverse Effects external cause codes should NOT be entered in this field.
- Refer to NTDB Appendix 3: Glossary of Terms for multiple cause coding hierarchy.
- Valid ICD-10-CM injury codes: T07 – T88 Initial Encounter or V00 – Y38 Initial Encounter.
- Activity external cause codes (Y93) should not be entered in this field. Activity codes are captured in another ASTR data field.
- Not Documented may be used.
- Not Applicable should be used if primary external cause code is sufficient in describing the mechanism and intent of the injury event.

ASTR TABLE NAME (CARE PHASE): GENMECH
ASTR DATABASE FIELD NAME (system only)*: ECODE_ICD9
FIELD TYPE: Character   FIELD WIDTH: 6   COPY FIELD: 2
NTDS Data Element #: I_08   PICK-LIST?: Y

Data Source Hierarchy
1. EMS Run Sheet
2. Triage Form / Trauma Flow Sheet
3. ED Nurses' Notes
4. History and Physical
5. Progress Notes

INJURY SECTION - "AZ-INJURY"

Data Element I2_17: CDC Mechanism/ Cause Category for Additional ICD-9 External Cause Code

DEFINITION:
CDC mechanism of injury category code for the additional external cause code. Field populated based on CDC E-code matrix. MOI = Mechanism of Injury. http://www.cdc.gov/injury/wisqars/ecode_matrix.html

COMMENTS (including when null values are appropriate):
- RETIRED 2016;
- 2008 change: New field
- ASTR system only. Automatically populated by ASTR database for state reporting purposes.
- For data values, please refer to the values listed above under CDC Mechanism/Cause Category for Primary E-code.

ASTR TABLE NAME (CARE PHASE): GENMECH
ASTR DATABASE FIELD NAME (system only)*: CDC_MOI
FIELD TYPE: Character   FIELD WIDTH: 30   COPY FIELD: 2
NTDS Data Element #:   PICK-LIST?: Y

INJURY SECTION - "AZ-INJURY"

Data Element I2_17a: CDC Mechanism/ Cause Category for Additional ICD-10 External Cause Code

DEFINITION:
CDC mechanism of injury category code for the additional external cause code. Field populated based on CDC E-code matrix. MOI = Mechanism of Injury.

COMMENTS (including when null values are appropriate):
- 2016 change: New field
- ASTR system only. Automatically populated by ASTR database for state reporting purposes.
- For data values, please refer to the values listed above under ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/injury/sascodes/icd10_external.xls

ASTR TABLE NAME (CARE PHASE): GENMECH
ASTR DATABASE FIELD NAME (system only)*: CDC_MOI
FIELD TYPE: Character   FIELD WIDTH: 30   COPY FIELD: 2
NTDS Data Element #:   PICK-LIST?: Y

INJURY SECTION - "AZ-INJURY"

Data Element I2_18: CDC Intent/ Manner Category for Additional External Cause Code

DEFINITION:
CDC intent category code for the additional external cause code. Field populated based on CDC E-code matrix:
ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/injury/sascodes/icd10_external.xls

COMMENTS (including when null values are appropriate):
- RETIRED 2016;
- 2008 change: New field
- ASTR system only. Automatically populated by ASTR database for state reporting purposes.

ASTR TABLE NAME (CARE PHASE): GENMECH
ASTR DATABASE FIELD NAME (system only)*: CDC_INT
FIELD TYPE: Character   FIELD WIDTH: 30   COPY FIELD: 2
NTDS Data Element #:   PICK-LIST?: Y

Data Element I2_18a: CDC Intent/ Manner Category for Additional External Cause Code

DEFINITION:
CDC intent category code for the additional external cause code. Field populated based on CDC matrix.

COMMENTS (including when null values are appropriate):
- 2016 change: New field
- ASTR system only. Automatically populated by ASTR database for state reporting purposes.

ASTR TABLE NAME (CARE PHASE): GENMECH
ASTR DATABASE FIELD NAME (system only)*: CDC_INT
FIELD TYPE: Character   FIELD WIDTH: 30   COPY FIELD: 2
NTDS Data Element #:   PICK-LIST?: Y

INJURY SECTION - "AZ-INJURY"

Retired: Data Element I2_19: Activity E-code (ICD-9-CM)

DEFINITION:
The Activity E-code (E001-E030) identifies the activity the individual was engaged in that resulted in an injury or health condition.

COMMENTS (including when null values are appropriate):
- RETIRED 2016;
- 2011 change: New field
- Activity E-codes are supplemental codes that provide additional reporting information about the activity at time of injury event. They are in addition to Primary E-code, Secondary E-code and E849 location code.
- External Cause Status codes (E000 military vs civilian vs volunteer) should NOT be entered in this field.
- Not Documented should not be used; use E030 "UNSPECIFIED ACTIVITY".
- Not Applicable should be used when coding a motor vehicle event or other injury event that does not apply to a code in the activity list.

ASTR TABLE NAME (CARE PHASE): GENMECH
ASTR DATABASE FIELD NAME (system only)*: E_ACTIVITY
FIELD TYPE: Character   FIELD WIDTH: 6   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

INJURY SECTION - "AZ-INJURY"

Data Element I2_19a: Activity Code (ICD-10-CM)

DEFINITION:
The Activity Code (Y93) identifies the activity the individual was engaged in that resulted in an injury or health condition.

COMMENTS (including when null values are appropriate):
- 2016 change: New field
- Activity Codes are supplemental codes that provide additional reporting information about the activity at time of injury event. They are in addition to Primary E-code, Secondary E-code and Y92 location code.
- External Cause Status codes should NOT be entered in this field.
- Not Documented should not be used.
- Not Applicable should be used when coding a motor vehicle event or other injury event that does not apply to a code in the activity list.

ASTR TABLE NAME (CARE PHASE): GENMECH
ASTR DATABASE FIELD NAME (system only)*: E_ACTIVITY
FIELD TYPE: Character   FIELD WIDTH: 6   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

INJURY SECTION - "AZ-INJURY"

Data Element I2_20: Injury Event Details

DEFINITION:
Text narrative field used to document the cause and circumstances of the injury event. This field will be used to supplement the E-code data, as there are instances where E-codes do not provide enough detail. This field may also be used for QA checks on the E-codes submitted. Please provide a description of the injury incident, with enough information so that ASTR staff could select the appropriate E-code based on the text narrative.

COMMENTS (including when null values are appropriate):
- 2009 change: New ASTR required field
- If patient was injured while occupying a motor vehicle, please indicate the vehicle type and whether patient was the driver or passenger. Include any other important information, including type of crash, extrication information, etc.
- If patient was injured by a weapon or object, please document the type of object. Include information regarding the intent of the injury event: unintentional, assault, self-inflicted or undetermined intent.
- If injury event was sports-related, please include the type of sport and how the injury was sustained.
- This narrative field is meant to capture details regarding the injury event and the cause of injury. Demographic information, diagnoses, and protective device details are not captured in this field.
- Not Documented should not be used. At least some basic injury event information should be available from the pre-hospital, referring hospital or reporting hospital records.
- Not Applicable should not be used. All patients would have been involved in some type of injury event in order to be considered a trauma patient.

ASTR TABLE NAME (CARE PHASE): NARRATIV
ASTR DATABASE FIELD NAME (system only)*: ETIOLOGY
FIELD TYPE: Memo (E)   FIELD WIDTH: 0   COPY FIELD:
NTDS Data Element #:   PICK-LIST?:

INJURY SECTION - "AZ-INJURY"

Data Element I2_21: Protective Devices

DEFINITION:
Protective devices (safety equipment) in use or worn by this patient at the time of the injury event. Use may be reported or observed. It is very important that registrar enter all that apply. Multiple entry pick list (max 10).

COMMENTS (including when null values are appropriate):
- If documented that a "Child Restraint (booster seat or child/infant car seat)" was used or worn, but not properly fastened, either on the child or in the car, select "None".
- For patients with EMS run sheets documented only as "Restrained" (and not further specified), select "Lap Belt". If documentation indicates a "3 point restraint", select both LAP BELT and SHOULDER BELT.
- NONE means that protective devices were not in use (or patient was not wearing) any type of protective device at the time of injury event.
- If an airbag was present, do not select None + Airbag Present. (The airbag was a protective device in use at time of injury event, even if it did not deploy.)
- If a child restraint was used, the specific type of restraint should be entered in the Child Specific Restraint Details field.
- If an Airbag was present during a motor vehicle crash, the deployment details should be entered in the Airbag Deployment Details field.
- "Other" means the patient used other protection devices not on this picklist.
- Not Documented should be used if it is unknown whether patient used any protective devices.
- Not Applicable should not be used. Instead, select "None" from picklist.

Pick list Data Values	Pick list Descriptions (Long Text)
NONE	None
LAP BELT	Lap Belt
SHOULDER BELT	Shoulder Belt
CHILD RESTRAINT	Child Restraint (booster seat, child or infant car seat)
HELMET	Helmet (e.g., bicycle, skiing, motorcycle)
AIRBAG	Airbag Present
PERSONAL FLOATA	Personal Floatation Device
EYE PROTECTION	Eye Protection
PROTECTIVE CLOT	Protective Clothing (e.g., padded leather pants)

PROTECTIVE NON-	Protective Non-Clothing Gear (e.g., shin guard)
OTHER	Other

ASTR TABLE NAME (CARE PHASE): PROTECT
ASTR DATABASE FIELD NAME (system only)*: PROTECTIVE
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD:
NTDS Data Element #: I_14   PICK-LIST?: Y

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

INJURY SECTION - "AZ-INJURY"

Data Element I2_22: Child Specific Restraint Details

DEFINITION:
Protective child restraint device used by this patient at the time of injury.
Use may be reported or observed. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- Not Documented may be used if type is unspecified.
- Not Applicable should be used if child restraint was not used or if the injury event did not involve a motor vehicle.

Pick list Data Values	Pick list Descriptions (Long Text)
CHILD_CARSEAT	Child Car Seat
INFANT_CARSEAT	Infant Car Seat
BOOSTER_SEAT	Child Booster Seat

ASTR TABLE NAME (CARE PHASE): STAT2008
ASTR DATABASE FIELD NAME (system only)*: CHILDREST
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD:
NTDS Data Element #: I_15   PICK-LIST?: Y

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

INJURY SECTION - "AZ-INJURY"

Data Element I2_23: Airbag Deployment Details

DEFINITION:
Indication of airbag deployment during a motor vehicle crash, if an airbag was present. Deployment may be reported or observed. Multiple entry pick list. Select all types of airbag deployment that apply.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- "Airbag Not Deployed" should be selected if an airbag was known to be present and did not deploy.
- If an airbag deployed, but registrar is unable to determine which airbag, select "Airbag Deployed, Type Unspecified". This option is to merge to NTDB as "Airbag Deployed Front".
- Not Documented may be used if no information is available on airbag deployment.
- Not Applicable should be used if the vehicle did not have an airbag present or if the injury event did not involve a motor vehicle.

Pick list Data Values	Pick list Descriptions (Long Text)
NO_DEPLOY	Airbag Not Deployed
FRONT_DEPLOY	Airbag Deployed Front
SIDE_DEPLOY	Airbag Deployed Side
OTHER_DEPLOY	Airbag Deployed Other (knee, air belt, curtain, etc.)
UNSPECIF_DEPLOY	Airbag Deployed, Type Unspecified

ASTR TABLE NAME (CARE PHASE): RES (FLD)
ASTR DATABASE FIELD NAME (system only)*: RESISTNCE
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD:
NTDS Data Element #: I_16   PICK-LIST?: Y

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

Data Element I2_24: Position in Vehicle / Vehicle Type

DEFINITION:
Patient location in vehicle (or type of vehicle in use) at the time of injury incident. (This field is meant to provide more specific vehicle information than can sometimes be obtained from the E-code.) Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 changes: Entirely new pick list adopted for 2008. Pick list was expanded and all system codes are different from the 2005-2007 list, even if long text appears similar. When querying multiple years of data, pay attention to the old and new codes.
- 2009 changes: The data element title was changed from "Patient Position in Vehicle" to "Position in Vehicle / Vehicle Type". Items new to the pick list for 2009 are listed in bold. In 2008, WATERCRAFT_OCCUPANT and AIRCRAFT_OCCUPANT were individual pick list choices. For 2009, these codes were removed from data entry and expanded into sub-pick lists to identify type. ATV_RIDER is found on the 2008 and 2009 lists, but the other off-road vehicle choices are new for 2009. Also added RAILWAY_OCCUPANT as a new choice for 2009.
- Refer to all pick list choices before making selection. Pick list has been expanded to supplement E-code reporting.
- Not Documented may be used if type of vehicle cannot be determined.
- Not Applicable should be used if patient was not riding in or upon a vehicle at the time of injury event.

Pick list Data Values	Pick list Descriptions (Long Text)
Rider of off-road vehicle (street and non-street use):	
ATV_RIDER	ATV/Quad (3 or more low press. tires/straddle seat/handlebar)
RHINO_UTV	Rhino, Side by Side, UTV (steering wheel/non-straddle seats) (2009 forward)
DUNEBUG_SANDRAIL	Dune Buggy or Sand Rail (designed for sand or beach use) (2009 forward)
DIRTBIKE	Dirt Bike, Trail Motorcycle (2 wheel, designed for off-road) (2009 forward)
GOLF_CART	Golf Cart (2009 forward)
GO_KART	Go-Kart (2009 forward)
SNOWMOBILE	Snowmobile (2009 forward)
OTHER_OFF-RD	Other all-terrain vehicle
Driver of Motor Vehicle (auto/truck/van) - not motorcycle:	
FRONT_SEAT_MV	Front Seat Passenger

INJURY SECTION - "AZ-INJURY"

BACK_SEAT_MV	Back Seat Passenger (anyone inside except front seat)
BACK_PICKUP	Back of Pickup Truck
UNSPECIFIED_MV	Position in Motor Vehicle Not Specified
OTHER_MV_PASSENGER	Other Passenger (hanging onto vehicle/riding on top of/etc.)
DRIVER_MOTORCYCLE	Motorcycle Driver
PASSENGER_MOTORCYCLE	Motorcycle Passenger
BICYCLE_RIDER	Bicyclist (non-motorized)
FARM_CONSTR_INDUSTR	Riding on Farm, Construction or Industrial Equipment
EMERG_VEH_OCCUPANT	Emergency Vehicle Driver/Passenger (ambulance, fire, police)
BUS_OCCUPANT	Bus Occupant
LIGHT_RAIL_OCCUPANT	Light Rail Occupant
RAILWAY_OCCUPANT	Railway / Train Occupant (NOT light rail) (2009 forward)
Watercraft / Boat Occupant:	
MOTOR_BOAT	Motorboat Occupant (2009 forward)
NONMOTORIZED_BOAT	Non-motorized Boat Occupant (sail, paddle, row) (2009 forward)
PERSONAL_WATERC	Rider of Jet Ski / Sea-Doo / Waverunner / Personal WC (2009 forward)
SEMI_DRIVER	Semi-Truck Driver (Added 2023)
SEMI_PASS	Semi-Truck Passenger (Added 2023)
UNSPECIFIED_WATERC	Unspecified Watercraft/Boat (2009 forward)
WATERCRAFT_OCCUPANT	Watercraft / Boat Occupant (2008 list)
Aircraft Occupant:	
FIXED_WING	Fixed Wing Aircraft (2009 forward)
ROTOR_WING	Rotor Wing Aircraft – Helicopter (2009 forward)
NON_MOTOR_AIRC	Non-motor Aircraft (balloon, glider, parachute) (2009 forward)
UNSPECIFIED_AIRC	Unspecified Aircraft (2009 forward)
AIRCRAFT_OCCUPANT	Aircraft Occupant (2008 list)
MILITARY_VEH_OCCUPANT	Military Vehicle Occupant
OTHER_OCCUPANT	Other Vehicle Occupant - not listed above

ASTR TABLE NAME (CARE PHASE): INJMECH
ASTR DATABASE FIELD NAME (system only)*: INJ_WHERE
FIELD TYPE: Character   FIELD WIDTH: 30   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

INJURY SECTION - "AZ-INJURY"

INJURY SECTION - "AZ-INJURY"

Data Element I2_25: Safety Equipment Issues

DEFINITION:
Text field allowing documentation of any issues related to the safety equipment used. Free text field.

COMMENTS (including when null values are appropriate):
- Examples: SHOULDER BELT BROKE or CHILD SEAT EJECTED FROM VEHICLE.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): INJDETS
ASTR DATABASE FIELD NAME (system only)*: DESCRIPTIO
FIELD TYPE: Character   FIELD WIDTH: 40   COPY FIELD:
NTDS Data Element #:   PICK-LIST?:

INJURY SECTION - "AZ-INJURY"

Data Element I2_26: Work-Related?

DEFINITION:
Indication of whether the injury occurred during paid employment. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 change: Pick list updated. U (unknown) removed from list.
- Not Documented may be used.
- "No" from the pick list should be used instead of Not Applicable.

Pick list Data Values	Pick list Descriptions (Long Text)
Y	Yes
N	No

ASTR TABLE NAME (CARE PHASE): INJDETS
ASTR DATABASE FIELD NAME (system only)*: JOB_RELTD
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD:
NTDS Data Element #: I_03   PICK-LIST?: Y

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

INJURY SECTION - "AZ-INJURY"

Data Element I2_27: Patient's Occupational Industry

DEFINITION:
The occupational industry associated with the patient's work environment, if injury event was work related. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 change: New field. This field is only required by NTDS if injury event was work related.
- Not Documented may be used.
- Not Applicable should be used if the injury incident was not work related.

Pick list Data Values	Pick list Descriptions (Long Text)
1	Finance, Insurance, and Real Estate
2	Manufacturing
3	Retail Trade
4	Transportation and Public Utilities
5	Agriculture, Forestry, Fishing
6	Professional and Business Services
7	Education and Health Services
8	Construction
9	Government
10	Natural Resources and Mining
11	Information Services
12	Wholesale Trade
13	Leisure and Hospitality
14	Other Services

ASTR TABLE NAME (CARE PHASE): INJDETS
ASTR DATABASE FIELD NAME (system only)*: JOB_INDTRY
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD:
NTDS Data Element #: I_04   PICK-LIST?: Y

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

INJURY SECTION - "AZ-INJURY"

Data Element I2_28: Patient's Occupation

DEFINITION:
The patient's occupation, if injury event was work related. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 change: New field. This field is only required by NTDS if injury event was work related.
- Not Documented may be used.
- Not Applicable should be used if the injury incident was not work related.

Pick list Data Values	Pick list Descriptions (Long Text)
1	Business and Financial Operations Occupations
2	Architecture and Engineering Occupations
3	Community and Social Services Occupations
4	Education, Training, and Library Occupations
5	Healthcare Practitioners and Technical Occupations
6	Protective Service Occupations
7	Building and Grounds Cleaning and Maintenance
8	Sales and Related Occupations
9	Farming, Fishing, and Forestry Occupations
10	Installation, Maintenance, and Repair Occupations
11	Transportation and Material Moving Occupations
12	Management Occupations
13	Computer and Mathematical Occupations
14	Life, Physical, and Social Science Occupations
15	Legal Occupations

16	Arts, Design, Entertainment, Sports, and Media
17	Healthcare Support Occupations
18	Food Preparation and Serving Related
19	Personal Care and Service Occupations
20	Office and Administrative Support Occupations
21	Construction and Extraction Occupations
22	Production Occupations
23	Military Specific Occupations

ASTR TABLE NAME (CARE PHASE): INJDETS
ASTR DATABASE FIELD NAME (system only)*: JOB_EMP
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD:
NTDS Data Element #: I_05   PICK-LIST?: Y

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

INJURY SECTION - "AZ-INJURY"

Data Element I2_29: Report of Physical Abuse

DEFINITION:
A report of suspected physical abuse was made to law enforcement and/or protective services.

COMMENTS (including when null values are appropriate):
- 2020 change: NTDS no longer collecting.
- 2014 change: New field.
- This includes, but is not limited to, a report of child, elder, spouse or intimate partner physical abuse.
- Not Documented may be used.
- Not Applicable should not be used.

Pick list Data Values	Pick list Descriptions (Long Text)
1	Yes
2	No

ASTR TABLE NAME (CARE PHASE): INJDETS
ASTR DATABASE FIELD NAME (system only)*: ABUSE_REP
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy
1. EMS Run Sheet
2. ED Records
3. H and P
4. Nursing Notes
5. Case Manager / Social Services' Notes
6. Physician Discharge Summary

INJURY SECTION - "AZ-INJURY"

Data Element I2_30: Investigation of Physical Abuse

DEFINITION:
An investigation by law enforcement and/or protective services was initiated because of the suspected physical abuse.

COMMENTS (including when null values are appropriate):
- 2020 change: NTDS no longer collecting.
- 2014 change: New field.
- This includes, but is not limited to, a report of child, elder, spouse or intimate partner physical abuse.
- Only complete when Report of Physical Abuse is Yes.
- Not Documented may be used.
- The null value "Not Applicable" should be used for patients where Report of Physical Abuse is No.

Pick list Data Values	Pick list Descriptions (Long Text)
1	Yes
2	No

ASTR TABLE NAME (CARE PHASE): INJDETS
ASTR DATABASE FIELD NAME (system only)*: ABUSE_INV
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy
1. EMS Run Sheet
2. ED Records
3. Case Manager / Social Services' Notes
4. H and P
5. Nursing Notes
6. Physician Discharge Summary

Data Element I2_31: Caregiver at Discharge

DEFINITION:
The patient was discharged to a caregiver different than the caregiver at admission due to suspected physical abuse.

COMMENTS (including when null values are appropriate):
- 2020 change: NTDS no longer collecting.
- 2014 change: New field.
- Only complete when Report of Physical Abuse is Yes.
- Only complete for minors as determined by state/local definition, excluding emancipated minors.
- Not Documented may be used.
- The null value "Not Applicable" should be used for patients where Report of Physical Abuse is No or where older than the state/local age definition of a minor. "Not Applicable" cannot be used when Report of Physical Abuse is Yes.

Pick list Data Values	Pick list Descriptions (Long Text)
1	Yes
2	No

ASTR TABLE NAME (CARE PHASE): INJDETS
ASTR DATABASE FIELD NAME (system only)*: CARE_GIVE
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy
1. Case Manager / Social Services' Notes
2. Physician Discharge Summary
3. Nursing Notes
4. Progress Notes

PRE-HOSPITAL SECTION

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_01: System Access (Inclusion Criteria)

DEFINITION:
Indicates which inclusion criteria this patient met to be included in the ASTR registry as a trauma patient. This multiple entry pick list will be used to assess the ASTR inclusion criteria. It is very important registrar enter all criteria that apply.

COMMENTS (including when null values are appropriate):
- 2008 changes: Entirely new pick list adopted for 2008. Old System Access data is stored in a different database location (see 2005-2007 ASTR Data Dictionary).
- 2009 changes: Long text values updated. Added clarification that pick list items refer to the reporting hospital ("your facility"). Added INTERF_TRNSFR to the 2009 pick list after clarification of the ASTR inclusion criteria.
- 2012 changes: The inter-facility transfer inclusion criteria code was changed to INTERF_TRNSFR2012 for 2012 records. Short text (system code) and long text changes were made to match 2012 Inclusion Criteria changes, as per TEPI advisory committee recommendation. Only Level III and IV hospitals are required in 2012 to submit the ASTR injury transfers by EMS that did NOT meet other inclusion criteria.
- 2013 changes: Per TEPI advisory committee, the 2008-2011 inter-facility criteria were reinstated for records with ED/Hospital Arrival Dates 1/1/2013 forward. Inter-facility transfer code for 2013 was changed back to INTERF_TRNSFR.
- A patient may meet one, two, three or all four of the inclusion criteria on this pick list.
- Not Documented and Not Applicable should not be used. Every patient in the ASTR registry should meet at least one of the inclusion criteria.

Pick list Data Values	Pick list Descriptions (Long Text)
EMS_TRIAGE	Triaged from Scene to your facility per EMS Trauma Protocol
INTERF_TRNSFR	Acute care injury transfer in or out of your facility by EMS
ACTIVATION	Trauma Team Activation at your facility
~~ICD9_REVIEW~~	~~Admission or Death and met ASTR Inclusion Diagnosis Codes (ICD-9) (Retired 2016)~~
ICD10_REVIEW	Admission or Death and met ASTR Inclusion Diagnosis Codes (ICD-10)

ASTR TABLE NAME (CARE PHASE): PHYSEXAM (FLD)
ASTR DATABASE FIELD NAME (system only)*: PE_ABDN
FIELD TYPE: Character   FIELD WIDTH: 20   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_02: Triage Criteria

DEFINITION:
Indicates the CDC triage criteria that apply to this patient and injury event, per EMS run sheet(s) for patients transported via EMS from the injury scene. Multiple entry pick list. Select all that apply.

COMMENTS (including when null values are appropriate):
- 2023 changes:
  - Picklist option information must be included in EMS runsheet.
  - Field Values must be determined by the EMS provider and must not be assigned by the index hospital.
  - Consistent with NEMSIS v3.
- 2008 changes: Entirely new pick list adopted for 2008 to match new ACS guidelines. Pick list adapted from ACS "Green Book" triage guidelines. Nearly every system code is now different from the 2005-2007 list, even if the long text appears similar. When querying multiple years of data, pay attention to the old and new codes.
- "High-risk crash: Intrusion > 12 in. occup site >18 in. other" refers to an intrusion greater than 12 inches in the occupant site or an intrusion greater than 18 inches in any site.
- Not Documented should be used if no triage criteria are documented.
- Not Applicable should be used if patient was not treated by an EMS pre-hospital provider.

Pick list Data Values	Pick list Descriptions (Long Text)
Vitals Signs / Level of Consciousness:	
GCS < 14	Glasgow Coma Scale <=13
SBP < 90	Systolic Blood Pressure, mm Hg <90
RESP RATE < 10 OR > 29	Respiratory Rate /min - <10 or >29 - <20 infant under 1 yr
>65 SBP<110	For adults > 65, SBP < 110
Anatomy of Injury:	
~~PENETRATING_HEAD~~	~~Penetrating injuries to head (retired 2018)~~
~~PENETRATING_NECK~~	~~Penetrating injuries to neck (retired 2018)~~
~~PENETRATING_TORSO~~	~~Penetrating injuries to torso (retired 2018)~~
~~PENETRATING_EXTREMITY~~	~~Penetrating injuries to extremities proximal to elbow & knee (retired 2018)~~
PENETRATING INJURY	Penetrating injuries to head neck torso or extremities (added 2018)
FLAIL CHEST	Flail Chest
>=2 PROX LBONE FRACTURE	Two or more proximal long-bone fractures
CRUSH_DEGLV_MANGLED	Crush, de-gloved, or mangled extremity
AMPUT PROX WRIST/ANKLE	Amputation proximal to wrist and ankle

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

PELVIC FRACTURES	Pelvic fractures
OPEN OR DEPR SKULL FRACT	Open or depressed skull fracture
PARALYSIS	Paralysis
Mechanism of Injury / High Energy Impact:	
ADULT FALL > 20 FEET	Falls - Adult: >20 feet (1 story = 10 ft)
CHILD FALL >2-3 PT HEIGHT	Falls - Child: Falls >10 ft or 2-3 times the height of the child
CRASH INTRUSION	High-risk crash: Intrusion >12 in. occup site >18 in. other
EJECTION FROM AUTO	High-risk crash: Ejection (partial or complete) from auto
DEATH SAME PASGR COMPART	High-risk crash: Death in same passenger compartment
VEH TELEMETRY RISK	High-risk crash: Per vehicle telemetry data
~~OTHER HIGH RISK CRASH~~	~~High-risk crash: Other criteria NOT listed (retired 2019)~~
~~AUTO PEDESTRIAN~~	~~Auto v. pedestrian - thrown, run over or sign. >20mph impact (retired 2018)~~
~~AUTO BICYCLE~~	~~Auto v. bicyclist - thrown, run over or sign. >20mph impact (retired 2018)~~
AUTO BICYCLE PEDESTRIAN	Auto v. pedestrian/bicyclist thrown, run over, or with significant (>20 mph) impact (added 2018)
MOTORCYCLE >20 MPH	Motorcycle crash >20 mph
Special Patient or System Considerations:	
~~AGE >55 YRS~~	~~Age: Older adults - >55 years old (retired 2019)~~
~~CHILDREN~~	~~Age: Children (retired 2019)~~
ANTICOAG & BLEED DISORD	Anticoagulation and bleeding disorders
BURNS ONLY	Burns without other trauma mechanism (triage to burn center)
BURNS TRAUMA	Burns with trauma mechanism (triage to trauma center)
~~TIME SENS EXT INJ~~	~~Time sensitive extremity injury (retired 2018)~~
~~ENDSTAGE RENAL~~	~~End-stage renal disease requiring dialysis (retired 2018)~~
PREGNANCY >20 WEEKS	Pregnancy >20 weeks
EMS JUDGMENT	EMS provider judgment
~~OTHER EMS PROTOCOL~~	~~Other EMS Protocol not on ACS Field Triage Decision Scheme (retired 2019)~~

ASTR TABLE NAME (CARE PHASE): TRICRIT
ASTR DATABASE FIELD NAME (system only)*: TRIAGE_CRT
FIELD TYPE: Character   FIELD WIDTH: 25   COPY FIELD:
NTDS Data Element #: P18 and P19   PICK-LIST?: Y

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Source Hierarchy
1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_03: Transport Type

DEFINITION:
Identifies which type of transport/EMS care is being documented. Each pre-hospital care/transport should have a separate entry, and only one leg will refer to the transport of the patient directly into your facility. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 changes: New field. Major changes in data entry for pre-hospital care and legs of transport.
- 2009 changes: Pick list updated. Added FIRST_RESP 'First Responder Care (non-transport)'. When entering first responder care (non-transporter), select 'First Responder Care' from pick list.
- All records must have one (and only one) entry pertaining to the patient's arrival into your facility, even if there was no pre-hospital EMS involvement or run sheet is unavailable.
- One per leg of transport or EMS care. Enter pre-hospital care in order of occurrence. The first leg of EMS care should refer to the EMS care received at the injury scene. When there are multiple legs of care/transport, the last entry will always apply to the arrival of patient into your facility.
- Transports OUT of your facility are not captured in the pre-hospital section.
- "Arrival/transp of patient INTO YOUR FACILITY" will indicate to system which pre-hospital row to export to NTDB.
- Not Documented and Not Applicable should not be used. Every leg of transport must have a Transport Type entered.

Pick list Data Values	Pick list Descriptions (Long Text)
INTO_REPT_HOSP	Arrival/transport of pt INTO YOUR FACILITY (EMS & non-EMS)
FIRST_RESP	First Responder Care (non-transport)
OTHER	Any other prehospital care or transport

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)
ASTR DATABASE FIELD NAME (system only)*: TPT_TYPE
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy
1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_04: Transport Mode(s)

DEFINITION:
Identifies the modes of transport used to deliver the patient to the referring and/or reporting hospitals. Field allows for entry of both EMS and non-EMS transport modes. Single entry pick list. One per leg of transport. Enter legs of transport in order of occurrence.

COMMENTS (including when null values are appropriate):
- 2008 changes: New field
- Each pre-hospital leg of transport should have a corresponding mode of transport entered. All modes of transport before patient arrived at your facility should be documented as separate legs of transport.
- All pre-hospital transport modes are exported to NTDB.
- Not Documented may be used if pre-hospital transport mode is unknown.
- Not Applicable should only be used if you are documenting first responder care (non-transport).

Pick list Data Values	Pick list Descriptions (Long Text)
GRND_AMB	Ground Ambulance
HELIC_AMB	Helicopter Ambulance
FIXED_WING_AMB	Fixed-wing Ambulance
POV_WALK-IN	Private/Public Vehicle/Walk-in
POLICE	Police
OTHER	Other

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)
ASTR DATABASE FIELD NAME (system only)*: TRANS_MODE
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD: Multi
NTDS Data Element #: P_07 & P_08   PICK-LIST?: Y

Data Source Hierarchy
1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_05: Transported From (ORIGIN)

DEFINITION:
The origin (location the patient was transported or came from) immediately before arrival at the hospital or EMS Destination. This field applies to all patients, both EMS and non-EMS transports. Single entry pick list. One per leg of transport. Enter legs of transport in order of occurrence.

COMMENTS (including when null values are appropriate):
- 2008 changes: New field
- 2009 changes: To eliminate data entry confusion, NURS_HM and JAIL_PRISO were removed from this pick list and converted to pick list option INJ_SCENE "From Injury Scene". The Nursing Home or Jail/Prison information will be captured in the E849 Injury Location pick list.
- Each pre-hospital leg of transport should have a separate origin documented. Typically only one leg of transport will pertain to the transport of the patient from the Injury Scene.
- If patient was injured at home and was transported from home, select "From Injury Scene".
- The only time you will select "From Home but Home was NOT the injury scene" is if patient was NOT injured at home, went home before going to the hospital, and then was taken from home to the hospital.
- Not Documented should be used if patient's origin is unknown.
- Not Applicable should be used if you are documenting non-transport first responder care. (Because there was no patient transport, this field would not apply.)

Pick list Data Values	Pick list Descriptions (Long Text)
INJ_SCENE	From Injury Scene
REFER_FAC	From Referring Hospital
CLINIC_OFF	From Clinic/Doctor Office
URGENT_CAR	From Urgent Care Center
EMS_REND	From EMS Rendezvous Point
HOME	From Home but Home was NOT the injury scene
OTHER	From Other Location (NOT injury scene)

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)
ASTR DATABASE FIELD NAME (system only)*: ORIGIN
FIELD TYPE: Character   FIELD WIDTH: 10   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy: 1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_06: Transported From (HOSPITAL)

DEFINITION:
The name of the facility where the patient was transferred from (if the patient was transferred from a referring hospital). Single entry pick list. One per leg of transport. Enter legs of transport in order of occurrence.

COMMENTS (including when null values are appropriate):
- 2008 changes: Pick list updated. Non-acute care facilities were removed from pick list. URG0001, UNS0012, and EMS0001 were added to list. Many of the system codes are different from the 2005-2007 list, even if the long text appears similar. When querying multiple years of data, pay attention to the old and new codes.
- If you know that patient came from another hospital, but the hospital name is unknown, select "Unspecified Acute Care Hospital" from list.
- Not Documented should be used only if patient's pre-hospital history is unknown.
- Not Applicable should be used if this leg of transport does not pertain to the transport of the patient from another acute care referring hospital.

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)
ASTR DATABASE FIELD NAME (system only)*: BYP_HOSP
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy
1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_07: EMS Agency Code (Prehospital)

DEFINITION:
The system code for the EMS agency that provided first responder care or provided transport of the patient to the hospital or rendezvous site. Single entry pick list. One per leg of transport. Enter legs of transport in order of occurrence

COMMENTS (including when null values are appropriate):
- 2023 changes: Picklist updated. The First Responder and Transport dropdown options were combined into one list labeled "Ground Transport". Now there are three options when you open the picklist: Air transport, Ground Transport, and No EMS Care. For agencies that may provide first responder or transport care, you will specify which it is on the "Transport Type" data element.
- 2008 changes: Pick list updated. All system codes are different from the 2005-2007 list, even if long text appears similar. When querying multiple years of data, pay attention to the old and new codes. Other changes were made in data entry of pre-hospital care and legs of transport. An auto-fill for NO_EMS_CARE was added to databases.
- If "No EMS Care" is selected from the pick list, the system will auto-fill Not Applicable (null value) entries into the remaining pre-hospital date/time and vital sign fields for this leg of pre-hospital care/transport.

The main pick list is shown below:

Pick list Data Values	Pick list Descriptions (Long Text)
NO_EMS_CARE	No EMS Care
GROUND_TRANSPT	Ground Transporter
AIR_TRANSPT	Air Transporter

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)
ASTR DATABASE FIELD NAME (system only)*: TRANS_AGNT
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: Y

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_08: EMS Agency Name (Text Only)

DEFINITION:
Corresponding text name of the pre-hospital EMS agency code selected.

COMMENTS (including when null values are appropriate):
- Auto-filled from agency code selected above
- .For data entry view only. Do not use this field for reporting.

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)
ASTR DATABASE FIELD NAME (system only)*: TRAN_AGNCY
FIELD TYPE: Character   FIELD WIDTH: 40   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: N

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_09: Run Sheet Available?

DEFINITION:
Indicates if pre-hospital EMS Run Sheet is available and complete for hospital data abstraction. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 changes: Pick list updated. Y (Yes) was replaced with C (Received and COMPLETE) and I (Yes - Received but INCOMPLETE).
- "Yes - Received but INCOMPLETE" means the EMS run sheet does not contain enough information for the registrar to complete all ASTR pre-hospital required data elements.
- Not Documented should not be used.
- Not Applicable should be used if there was no EMS agency involvement, thus no run sheet expected.

Pick list Data Values	Pick list Descriptions (Long Text)
C	Yes - Received and COMPLETE
I	Yes - Received but INCOMPLETE
N	No - Not received from EMS provider

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)
ASTR DATABASE FIELD NAME (system only)*: CARRY_PT
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: Y

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_10: Run Sheet Date

DEFINITION:
Date of pre-hospital Run Sheet. Format mmddyyyy

COMMENTS (including when null values are appropriate):
- Not Documented may be used if date of run sheet cannot be determined.
- Not Applicable should be used if there was no EMS agency involvement, thus no run sheet expected.

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)
ASTR DATABASE FIELD NAME (system only)*: RS_DATE
FIELD TYPE: Date   FIELD WIDTH: 8   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_11: Run Sheet Number

DEFINITION:
EMS pre-hospital Run Sheet number (PCR#).

COMMENTS (including when null values are appropriate):
- 2008 change: New field added as optional.
- 2009 change: This field is now REQUIRED. (Necessary for ASTR linkage purposes.)
- Not Documented may be used if run sheet number cannot be determined.
- Not Applicable should be used if there was no EMS agency involvement, thus no run sheet expected.

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)height
ASTR DATABASE FIELD NAME (system only)*: RS_NUM
FIELD TYPE: Character   FIELD WIDTH: 10   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
   1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_12: Date EMS Provider Notified by Dispatch

DEFINITION:
Date that EMS (Emergency Medical Services) unit was notified by dispatch.
Format mmddyyyy.

COMMENTS (including when null values are appropriate):
- For the EMS leg of transport from the scene of injury to your hospital, this will be the date EMS was dispatched to the injury scene.
- For the EMS leg transport from the referring hospital to your hospital, this will be the date EMS was dispatched to the referring facility.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)
ASTR DATABASE FIELD NAME (system only)*: CALL_DATE
FIELD TYPE: Date   FIELD WIDTH: 8   COPY FIELD: Multi
NTDS Data Element #: P_01   PICK-LIST?: N

Data Source Hierarchy:
  1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_13: Time EMS Provider Notified by Dispatch

DEFINITION:
Time that EMS (Emergency Medical Services) unit was notified by dispatch.
Format hhmm military time.

COMMENTS (including when null values are appropriate):
- For the EMS leg of transport from the scene of injury to your hospital, this will be the time EMS was dispatched to the injury scene.
- For the EMS leg of transport from the referring hospital to your hospital, this will be the time EMS was dispatched to the referring facility.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)
ASTR DATABASE FIELD NAME (system only)*: CALL_TIME
FIELD TYPE: Time   FIELD WIDTH: 6   COPY FIELD: Multi
NTDS Data Element #: P_02   PICK-LIST?: N

Data Source Hierarchy:
   1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_14: Date EMS Provider Left for Scene

DEFINITION:
Date that EMS provider left for the scene. This is the time the vehicle started moving. Format mmddyyyy.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- Scene typically refers to the injury incident scene, but "Scene" may also refer to the Referring Hospital or EMS rendezvous point.
- For the EMS leg of transport from the scene of injury to your hospital, this will be the date EMS left for the injury scene.
- For the EMS leg transport from the referring hospital to your hospital, this will be the date EMS left for the referring facility.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)
ASTR DATABASE FIELD NAME (system only)*: LFORSCN_DT
FIELD TYPE: Date   FIELD WIDTH: 8   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
   1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_15: Time EMS Provider Left for Scene

DEFINITION:
Time that EMS left for the scene (or rendezvous point or referring facility).
This is the time the vehicle started moving. Format hhmm military time.

COMMENTS (including when null values are appropriate):
- Scene typically refers to the injury incident scene, but "Scene" may also refer to the Referring Hospital or EMS rendezvous point.
- For the EMS leg of transport from the scene of injury to your hospital, this will be the time EMS left for the injury scene.
- For the EMS leg of transport from the referring hospital to your hospital, this will be the time EMS left for the referring facility.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)
ASTR DATABASE FIELD NAME (system only)*: DEPRT_TIME
FIELD TYPE: Time   FIELD WIDTH: 6   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
   1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_16: Date EMS Provider Arrived on Scene

DEFINITION:
Date that EMS arrived on the scene (or rendezvous point or referring facility). This is the time the vehicle stopped moving. Format mmddyyyy.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- For the EMS leg of transport from the scene of injury to your hospital, this will be the date EMS arrived at the injury scene.
- For the EMS leg of transport from the referring hospital to your hospital, this will be the date EMS arrived at the referring facility.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)
ASTR DATABASE FIELD NAME (system only)*: ASCENE_DT
FIELD TYPE: Date   FIELD WIDTH: 8   COPY FIELD: Multi
NTDS Data Element #: P_03   PICK-LIST?: N

Data Source Hierarchy:
   1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_17: Time EMS Provider Arrived on Scene

DEFINITION:
Time that EMS arrived on the scene (or rendezvous point or referring facility). This is the time the vehicle stopped moving. Format hhmm military time.

COMMENTS (including when null values are appropriate):
- For the EMS leg of transport from the scene of injury to your hospital, this will be the time EMS arrived at the injury scene.
- For the EMS leg of transport from the referring hospital to your hospital, this will be the time EMS arrived at the referring facility.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)
ASTR DATABASE FIELD NAME (system only)*: ARRIV_TIME
FIELD TYPE: Time   FIELD WIDTH: 6   COPY FIELD: Multi
NTDS Data Element #: P_04   PICK-LIST?: N

Data Source Hierarchy:
   1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_18: Date of EMS Patient Contact

DEFINITION:
Date that EMS provider first established contact with the patient. Format mmddyyyy.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- For the EMS leg of transport from the scene of injury to your hospital, this will be the date EMS established contact with the patient at the injury scene.
- For the EMS leg of transport from the referring hospital to your hospital, this will be the date EMS established contact with the patient at the referring facility.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)
ASTR DATABASE FIELD NAME (system only)*: PCONT_DT
FIELD TYPE: Date   FIELD WIDTH: 8   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_19: Time of EMS Patient Contact

DEFINITION:
Time that EMS provider first established contact with the patient. Format hhmm, military time.

COMMENTS (including when null values are appropriate):
- For the EMS leg of transport from the scene of injury to your hospital, this will be the time EMS established contact with the patient at the injury scene.
- For the EMS leg of transport from the referring hospital to your hospital, this will be the time EMS established contact with the patient at the referring facility.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)
ASTR DATABASE FIELD NAME (system only)*: BSCNT_TIME
FIELD TYPE: Time   FIELD WIDTH: 6   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
   1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_20: Date EMS Departed Scene

DEFINITION:
Date that EMS provider left the scene (or rendezvous point or referring facility). This is the time the vehicle started moving. Format mmddyyyy.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- For the EMS leg of transport from the scene of injury to your hospital, this will be the date EMS left the injury scene.
- For the EMS leg of transport from the referring hospital to your hospital, this will be the date EMS left the referring facility.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)
ASTR DATABASE FIELD NAME (system only)*: LSCENE_DT
FIELD TYPE: Date   FIELD WIDTH: 8   COPY FIELD: Multi
NTDS Data Element #: P_05   PICK-LIST?: N

Data Source Hierarchy:
   1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_21: Time EMS Departed Scene

DEFINITION:
Time that EMS provider left the scene (or rendezvous point or referring
facility). This is the time the vehicle started moving. Format hhmm,
military time.

COMMENTS (including when null values are appropriate):
- For the EMS leg of transport from the scene of injury to your hospital,
  this will be the time EMS left the injury scene.
- For the EMS leg of transport from the referring hospital to your
  hospital, this will be the time EMS left the referring facility.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)
ASTR DATABASE FIELD NAME (system only)*: EXIT_TIME
FIELD TYPE: Time   FIELD WIDTH: 6   COPY FIELD: Multi
NTDS Data Element #: P_06   PICK-LIST?: N

Data Source Hierarchy:
   1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_22: Date of Arrival at EMS Destination

DEFINITION:
Date that EMS provider arrived at the trip destination. Destination may be an EMS rendezvous point, referring hospital or arrival at the reporting hospital. Format mmddyyyy.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- For the EMS leg of transport from the scene of injury to your hospital, this will be the date EMS arrived at your hospital.
- For the EMS leg of transport from the referring hospital to your hospital, this will be the date EMS arrived at your facility.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)
ASTR DATABASE FIELD NAME (system only)*: DEST_DATE
FIELD TYPE: Date   FIELD WIDTH: 8   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
  1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_23: Time of Arrival at EMS Destination

DEFINITION:
Time that EMS provider arrived at the trip destination. Destination may be an EMS rendezvous point, referring hospital or arrival at reporting hospital. Format hhmm, military time.

COMMENTS (including when null values are appropriate):
- For the EMS leg of transport from the scene of injury to your hospital, this will be the time EMS arrived at your hospital.
- For the EMS leg of transport from the referring hospital to your hospital, this will be the time EMS arrived at the your hospital.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)
ASTR DATABASE FIELD NAME (system only)*: DEST_TIME
FIELD TYPE: Time   FIELD WIDTH: 6   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
  1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_24: EMS Destination

DEFINITION:
The location or facility where the EMS provider arrived with the patient.
Depending on the leg of transport being entered, the EMS Destination may
be a rendezvous point, referring hospital or the reporting hospital.

COMMENTS (including when null values are appropriate):
- 2008 changes: Pick list updated. Non-acute care facilities were removed from pick list. URG0001, UNS0012, and EMS0001 were added to list. Many of the system codes are different from the 2005-2007 list, even if the long text appears similar. When querying multiple years of data, pay attention to the old and new codes.
- For the EMS leg of transport from the scene of injury to your hospital, the destination will be your hospital.
- For the EMS leg of transport from the referring hospital to your hospital, the destination will be your hospital.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)
ASTR DATABASE FIELD NAME (system only)*: ACT_DEST
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy:
  1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_25: EMS Agency Response Time (minutes)

DEFINITION:
Elapsed time from Date/Time EMS Notified by Dispatch to Date/Time EMS Arrived on Scene (in minutes).

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- Reporting note: Calculated separately for each leg of transport. "Scene" typically refers to the injury incident scene, but "Scene" may also refer to the Referring Hospital or EMS rendezvous point.
- Automatically calculated by system when dispatch and scene arrival times are entered. This field will be blank if EMS dates/times are not available for calculation.

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)
ASTR DATABASE FIELD NAME (system only)*: RESP_TM
FIELD TYPE: Numeric   FIELD WIDTH: 5   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
   1. EMS Run Sheet

Data Element P3_26: EMS Agency Scene Time (minutes)

DEFINITION:
Elapsed time from Date/Time EMS Arrived at Scene to Date/Time EMS Departed Scene (in minutes).

COMMENTS (including when null values are appropriate):
- Reporting note: Calculated separately for each leg of transport. "Scene" typically refers to the injury incident scene, but "Scene" may also refer to the Referring Hospital or EMS rendezvous point.
- Automatically calculated by system when scene arrival and scene departure times are entered. This field will be blank if EMS dates/times are not available for calculation.

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)
ASTR DATABASE FIELD NAME (system only)*: SCENE_TM
FIELD TYPE: Numeric   FIELD WIDTH: 5   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
   1. EMS Run Sheet

Data Element P3_27: Transport Time - EMS Agency Scene to Destination (minutes)

DEFINITION:
Elapsed time from Date/Time EMS Departed Scene to EMS Date/Time of Arrival at Destination (in minutes).

COMMENTS (including when null values are appropriate):
- Reporting note: Calculated separately for each leg of transport. "Scene" typically refers to the injury incident scene, but "Scene" may also refer to the Referring Hospital or EMS rendezvous point.
- Automatically calculated by system when scene departure and destination arrival times are entered. This field will be blank if EMS dates/times are not available for calculation.

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)
ASTR DATABASE FIELD NAME (system only)*: TRANSP_TM
FIELD TYPE: Numeric   FIELD WIDTH: 5   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: N

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_28: EMS Agency Total Time (minutes)

DEFINITION:
Elapsed time from Date/Time EMS Notified by Dispatch to Date/Time of Arrival at EMS Destination (in minutes).

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- Reporting note: Calculated separately for each leg of transport. "Scene" typically refers to the injury incident scene, but "Scene" may also refer to the Referring Hospital or EMS rendezvous point.
- Automatically calculated by system when dispatch and destination times are entered. This field will be blank if EMS dates/times are not available for calculation.

ASTR TABLE NAME (CARE PHASE): TRANSPRT (FLD)
ASTR DATABASE FIELD NAME (system only)*: TOTAL_TM
FIELD TYPE: Numeric   FIELD WIDTH: 5   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: N

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_29: Date of Measurement of Field Vital Signs

DEFINITION:
The date vital signs were measured in the pre-hospital setting. Format mmddyyyy.

COMMENTS (including when null values are appropriate):
- 2009 change: Data entry of pre-hospital vitals were changed for ED/Hospital Arrival Dates 1/1/09 forward. Vitals are now entered per EMS leg of care. 2008 vital signs are stored in a different database table than 2009 forward, so the reporting variables are different.
- First recorded pre-hospital vital signs are required. Submission of other pre-hospital vital signs is optional. NTDS export requires the first recorded injury scene vitals (unassisted).
- Only one set of vitals can be entered per run sheet. If an EMS agency documented multiple vitals on one run sheet, enter the earliest (first recorded) vitals.
- Not Documented should be used if vital signs are not recorded on the EMS Run Sheet.
- Not Applicable should be used if patient was not treated by an EMS pre-hospital provider.

ASTR TABLE NAME (CARE PHASE): 2009: TRANSPRT (FLD); 2008: VITALS (FLD)
ASTR DATABASE FIELD NAME (system only)*: 2009: VDT; 2008 DT;
FIELD TYPE: Date   FIELD WIDTH: 8   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
  1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_30: Time of Measurement of Field Vital Signs

DEFINITION:
The time vital signs were measured in the pre-hospital setting. Format hhmm, military time.

COMMENTS (including when null values are appropriate):
- 2009 change: Data entry of pre-hospital vitals were changed for ED/Hospital Arrival Dates 1/1/09 forward. Vitals are now entered per EMS leg of care. 2008 vital signs are stored in a different database table than 2009 forward, so the reporting variables are different.
- First recorded pre-hospital vital signs are required. Submission of other pre-hospital vital signs is optional.
- Not Documented should be used if vital signs are not recorded on EMS Run Sheet.
- Not Applicable should be used if patient was not treated by an EMS pre-hospital provider.

ASTR TABLE NAME (CARE PHASE): 2009: TRANSPRT (FLD); 2008: VITALS (FLD)
ASTR DATABASE FIELD NAME (system only)*: 2009: VTIME; 2008 TIME;
FIELD TYPE: Time   FIELD WIDTH: 6   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
  1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_31: Field Pulse Rate

DEFINITION:
Pulse measured in the pre-hospital setting (palpated or auscultated), expressed as a number per minute. Values 0-299 or null values

COMMENTS (including when null values are appropriate):
- 2008 changes: New field
- 2009 change: Data entry of pre-hospital vitals were changed for ED/Hospital Arrival Dates 1/1/09 forward. Vitals are now entered per EMS leg of care. 2008 vital signs are stored in a different database table than 2009 forward, so the reporting variables are different.
- First recorded pre-hospital vital signs are required. Submission of other pre-hospital vital signs is optional.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): 2009: TRANSPRT (FLD); 2008: VITALS (FLD)
ASTR DATABASE FIELD NAME (system only)*: 2009: VHR; 2008 HR;
FIELD TYPE: Numeric   FIELD WIDTH: 3   COPY FIELD: Multi
NTDS Data Element #: P_10   PICK-LIST?: N

Data Source Hierarchy:
1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_32: Field Respiratory Rate

DEFINITION:
Respiratory rate measured in the pre-hospital setting (expressed as a number per minute).

COMMENTS (including when null values are appropriate):
- 2009 change: Data entry of pre-hospital vitals were changed for ED/Hospital Arrival Dates 1/1/09 forward. Vitals are now entered per EMS leg of care. 2008 vital signs are stored in a different database table than 2009 forward, so the reporting variables are different.
- First recorded pre-hospital vital signs are required. Submission of other pre-hospital vital signs is optional. For NTDS export, only send unassisted respiratory rate at the scene of injury.
- Not Documented means that the respiratory rate cannot be determined from available documentation.
- Not Applicable should be used if patient was not treated by a prehospital provider.

ASTR TABLE NAME (CARE PHASE): 2009: TRANSPRT (FLD); 2008: VITALS (FLD)
ASTR DATABASE FIELD NAME (system only)*: 2009: VRESP_RATE; 2008 RESP_RATE;
FIELD TYPE: Numeric   FIELD WIDTH: 3   COPY FIELD: Multi
NTDS Data Element #: P_11   PICK-LIST?: N

Data Source Hierarchy:
1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_33: Field Oxygen Saturation

DEFINITION:
Oxygen saturation measured in the pre-hospital setting (expressed as a percentage). Values 0-100 or null values.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- 2009 changes: Data entry of pre-hospital vitals were changed for ED/Hospital Arrival Dates 1/1/09 forward. Vitals are now entered per EMS leg of care. 2008 vital signs are stored in a different database table than 2009 forward, so the reporting variables are different.
- First recorded pre-hospital vital signs are required. Submission of other pre-hospital vital signs is optional.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): 2009: TRANSPRT (FLD); 2008: VITALS (FLD)
ASTR DATABASE FIELD NAME (system only)*: 2009: VPULSE_OX; 2008 PULSE_OX;
FIELD TYPE: Numeric   FIELD WIDTH: 3   COPY FIELD: Multi
NTDS Data Element #: P_12   PICK-LIST?: N

Data Source Hierarchy:
   1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_34: Intubation Status at Time of Field Vitals

DEFINITION:
Indicates if patient was intubated prior to collection of the pre-hospital vital signs being documented. Intubation before GCS and RR can result in inefficient data for these values. Single entry picklist.

COMMENTS (including when null values are appropriate):
- 2008 change: Pick list updated. U (unknown) removed from list.
- 2009 changes: Data entry of pre-hospital vitals were changed for ED/Hospital Arrival Dates 1/1/09 forward. Vitals are now entered per EMS leg of care. 2008 vital signs are stored in a different database table than 2009 forward, so the reporting variables are different.
- First recorded pre-hospital vital signs are required. Submission of other pre-hospital vital signs is optional.
- Not Documented and Not Applicable may be used.

Pick list Data Values	Pick list Descriptions (Long Text)
Y	Yes
N	No

ASTR TABLE NAME (CARE PHASE): 2009: TRANSPRT (FLD); 2008: VITALS (FLD)
ASTR DATABASE FIELD NAME (system only)*: 2009: VINTUBATED; 2008 INTUBATED;
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy:
1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_35: Field Systolic Blood Pressure

DEFINITION:
Systolic blood pressure measured in the pre-hospital setting. Values 0-300 or null values.

COMMENTS (including when null values are appropriate):
- 2009 changes: Data entry of prehospital vitals were changed for ED/Hospital Arrival Dates 1/1/09 forward. Vitals are now entered per EMS leg of care. 2008 vital signs are stored in a different database table than 2009 forward, so the reporting variables are different.
- First recorded pre-hospital vital signs are required. Submission of other pre-hospital vital signs is optional.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): 2009: TRANSPRT (FLD); 2008: VITALS (FLD)
ASTR DATABASE FIELD NAME (system only)*: 2009: VSBP; 2008 SBP;
FIELD TYPE: Numeric   FIELD WIDTH: 3   COPY FIELD: Multi
NTDS Data Element #: P_09   PICK-LIST?: N

Data Source Hierarchy:
1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_36: Field GCS - Eye Opening

DEFINITION:
Glasgow Coma Score (Eye) measured in the pre-hospital setting. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2009 changes: Data entry of pre-hospital vitals were changed for ED/Hospital Arrival Dates 1/1/09 forward. Vitals are now entered per EMS leg of care. 2008 vital signs are stored in a different database table than 2009 forward, so the reporting variables are different.
- NTDB note on GCS data entry: 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. the chart indicates: "patient withdraws from a painful stimulus," a Motor GCS of 4 may be recorded, IF there is no other contradicting documentation. For GCS Total, if a patient does not have a numeric GCS recorded, but there is 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 not other contradicting documentation.
- Adult and pediatric scales are the same for GCS eye opening.
- Not Documented and Not Applicable may be used.

Pick list Data Values	Pick list Descriptions (Long Text)
1	1 No eye movement when assessed
2	2 Opens eyes in response to painful stimulation
3	3 Opens eyes in response to verbal stimulation
4	4 Opens eyes spontaneously

ASTR TABLE NAME (CARE PHASE): 2009: TRANSPRT (FLD); 2008: VITALS (FLD)
ASTR DATABASE FIELD NAME (system only)*: 2009: VEO; 2008 EO;
FIELD TYPE: Numeric   FIELD WIDTH: 1   COPY FIELD: Multi
NTDS Data Element #: P_13   PICK-LIST?: Y

Data Source Hierarchy:
1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_37: Field GCS - Verbal Response

DEFINITION:
Glasgow Coma Score (Verbal) measured in the pre-hospital setting. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2009 changes: Data entry of pre-hospital vitals were changed for ED/Hospital Arrival Dates 1/1/09 forward. Vitals are now entered per EMS leg of care. 2008 vital signs are stored in a different database table than 2009 forward, so the reporting variables are different.
- NTDB note on GCS data entry: 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. the chart indicates: "patient withdraws from a painful stimulus," a Motor GCS of 4 may be recorded, IF there is no other contradicting documentation. For GCS Total, if a patient does not have a numeric GCS recorded, but there is 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 not other contradicting documentation.
- NTDB Note: If patient is intubated then the GCS Verbal score is equal to 1.
- "Pediatric (<=2 yrs)" scale is listed for data entry assistance. Data values are stored with the same codes.
- Not Documented and Not Applicable may be used.

Pick list Data Values	Pick list Descriptions (Long Text)
1	1 No verbal response
2	2 Incomprehensible sounds
3	3 Inappropriate words
4	4 Confused
5	5 Oriented
Pediatric <= 2 yrs	
1	1 No vocal response
2	2 Inconsolable, agitated
3	3 Inconsistently consolable, moaning
4	4 Cries but is consolable, inappropriate interactions
5	5 Smiles, oriented to sounds, follows objects, interacts

ASTR TABLE NAME (CARE PHASE): 2009: TRANSPRT (FLD); 2008: VITALS (FLD)
ASTR DATABASE FIELD NAME (system only)*: 2009: VVR; 2008 VR;
FIELD TYPE: Numeric   FIELD WIDTH: 1   COPY FIELD: Multi
NTDS Data Element #: P_14   PICK-LIST?: Y

Data Source Hierarchy:
  1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_38: Field GCS - Motor Response

DEFINITION:
Glasgow Coma Score (Motor) measured in the pre-hospital setting. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2009 changes: Data entry of pre-hospital vitals were changed for ED/Hospital Arrival Dates 1/1/09 forward. Vitals are now entered per EMS leg of care. 2008 vital signs are stored in a different database table than 2009 forward, so the reporting variables are different.
- NTDB note on GCS data entry: 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. the chart indicates: "patient withdraws from a painful stimulus," a Motor GCS of 4 may be recorded, IF there is no other contradicting documentation. For GCS Total, if a patient does not have a numeric GCS recorded, but there is 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 not other contradicting documentation.
- "Pediatric (<=2 yrs)" scale is listed for data entry assistance. Data values are stored with the same codes.
- Not Documented and Not Applicable may be used.

Pick list Data Values	Pick list Descriptions (Long Text)
1	1 No motor response
2	2 Extension to pain
3	3 Flexion to pain
4	4 Withdrawal from pain
5	5 Localizing pain
6	6 Obeys commands
Pediatric <= 2 yrs	
1	1 No motor response
2	2 Extension to pain
3	3 Flexion to pain
4	4 Withdrawal from pain
5	5 Localizing pain
6	6 Appropriate response to stimulation

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

ASTR TABLE NAME (CARE PHASE): 2009: TRANSPRT (FLD); 2008: VITALS (FLD)
ASTR DATABASE FIELD NAME (system only)*: 2009: VMR; 2008 MR;
FIELD TYPE: Numeric   FIELD WIDTH: 1   COPY FIELD: Multi
NTDS Data Element #: P_15   PICK-LIST?: Y

Data Source Hierarchy:
   1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_39: Field GCS - Total

DEFINITION:
Glasgow Coma Score (total) measured in the pre-hospital setting. GCS measures basic neurological functions of eye-opening, verbal response, and motor response. Value range = 3 (worst) - 15 (best).

COMMENTS (including when null values are appropriate):
- 2009 changes: Data entry of pre-hospital vitals were changed for ED/Hospital Arrival Dates 1/1/09 forward. Vitals are now entered per EMS leg of care. 2008 vital signs are stored in a different database table than 2009 forward, so the reporting variables are different.
- Auto-calculated when EO, VR, and MR are entered.
- NTDB note on GCS data entry: 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. the chart indicates: "patient withdraws from a painful stimulus," a Motor GCS of 4 may be recorded, IF there is no other contradicting documentation. For GCS Total, if a patient does not have a numeric GCS recorded, but there is 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 contradicting documentation.
- First recorded pre-hospital vital signs are required. Submission of other pre-hospital vital signs is optional.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): 2009: TRANSPRT (FLD); 2008: VITALS (FLD)
ASTR DATABASE FIELD NAME (system only)*: 2009: VGCS; 2008 GCS;
FIELD TYPE: Numeric   FIELD WIDTH: 2   COPY FIELD: Multi
NTDS Data Element #: P_16   PICK-LIST?: N

Data Source Hierarchy:
1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_40: Field Paralytic Agent in Effect

DEFINITION:
Describes paralytic/sedative agents in effect before pre-hospital GCS was assessed. Prior administration can result in inefficient data for GCS. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 Change: Pick list updated. U (unknown) removed from list.
- 2009 change: Data entry of pre-hospital vitals were changed for ED/Hospital Arrival Dates 1/1/09 forward. Vitals are now entered per EMS leg of care. 2008 vital signs are stored in a different database table than 2009 forward, so the reporting variables are different.
- First recorded pre-hospital vital signs are required. Submission of other pre-hospital vital signs is optional.
- Not Documented and Not Applicable may be used.

Pick list Data Values	Pick list Descriptions (Long Text)
P	Paralytic
S	Sedated
X	Sedated and Paralytic
N	No Paralytic or Sedative Agents

ASTR TABLE NAME (CARE PHASE): 2009: TRANSPRT (FLD); 2008: VITALS (FLD)
ASTR DATABASE FIELD NAME (system only)*: 2009: VPAR_AGENT; 2008 PAR_AGENT;
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy:
  1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_41: Field Revised Trauma Score

DEFINITION:
Patient's pre-hospital Revised Trauma Score. Auto-calculated when pre-hospital SBP, RR, and GCS are entered. Field RTS could be affected by inefficient data for RR or GCS. Weighted RTS only. Constraint values 0-7.85 or null values.

COMMENTS (including when null values are appropriate):
- 2009 change: Data entry of pre-hospital vitals were changed for ED/Hospital Arrival Dates 1/1/09 forward. Vitals are now entered per EMS leg of care. 2008 vital signs are stored in a different database table than 2009 forward, so the reporting variables are different.
- Note: System calculates a weighted RTS based on vital signs entered. Field providers may document a non-weighted RTS on the run sheet, but only the weighted RTS should be entered for this field. Max value possible for a weighted RTS is 7.8408.
- First recorded pre-hospital vital signs are required. Submission of other pre-hospital vital signs is optional.
- Not Documented means that patient was treated by an EMS provider, but a required value for the RTS calculation is unknown.
- Not Applicable should be used if patient was not treated by a pre-hospital provider.

ASTR TABLE NAME (CARE PHASE): 2009: TRANSPRT (FLD); 2008: VITALS (FLD)
ASTR DATABASE FIELD NAME (system only)*: 2009: VRTS; 2008 RTS;
FIELD TYPE: Numeric   FIELD WIDTH: 7.2   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
  1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_42: Field Airway Management Details

DEFINITION:
All airway management procedures performed by EMS providers at the scene of injury or during EMS transport to the first hospital for treatment. Multiple entry pick list. Select all that apply.

COMMENTS (including when null values are appropriate):
- 2008 Changes: Pick list updated. UNK and NA removed from pick list.
- 2009 changes: Pick list updated. PULSEOX, ETDLAD and LMA added to pick list. EOA removed from pick list. EOA/Combitube data converted to ETDLAD/Combitube.
- Rapid Sequence Induction (RSI) = protocols using pharmacologic agents to aid in establishing advanced airway support.
- Per TRUG decision, registrar should document ALL airway management attempts, both successful and unsuccessful. Intubation and oxygen administration will be implied when the registrar selects "RSI - Intubation Attempt Successful" (RSISUC).
- "Not performed per documentation" from pick list should be used if patient had EMS care at the scene and run sheet indicates that no pre-hospital airway management was performed.
- Not Documented should be used if scene airway management is unknown or documentation is inadequate.
- Not Applicable should be used if patient did not receive care at the injury scene from an EMS provider.

Pick list Data Values	Pick list Descriptions (Long Text)
OXYG	Oxygen administration or nasal canula only
RSISUC	RSI - Intubation Attempt Successful
RSIUNS	RSI - Intubation Attempt Unsuccessful
OETT	Oral ETT - Intubation Successful
NETT	Nasal ETT - Intubation Successful
INTUNS	Not RSI - Intubation Unsuccessful
BMV	Bag valve mask (BVM / BMV)
PULSEOX	Pulse Oximetry
ETDLAD	ETDLAD / Combitube
LMA	Laryngeal Mask Airway (LMA)
CAPN	Capnography
AUTOV	Autoventilator
ORAL	Oral pharyngeal airway (OPA)
NASO	Nasopharyngeal airway (NPA)
CRIC	Cricothyrotomy
TRACH	Tracheostomy

NOT	No airway management performed by EMS, per documentation

ASTR TABLE NAME (CARE PHASE): OTHFACT
ASTR DATABASE FIELD NAME (system only)*: OTH_FACTOR
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy:
1. EMS Run Sheet

PRE-HOSPITAL TRANSPORT SECTION - "PREHOSPITAL"

Data Element P3_43: Pre-hospital Cardiac Arrest

DEFINITION:
Indication of whether patient experienced cardiac arrest prior to
ED/Hospital arrival. Y/N picklist.

COMMENTS (including when null values are appropriate):
- 2015 Changes: New Field.
- A patient who experienced a sudden cessation of cardiac activity. The patient was unresponsive with no normal breathing and no signs of circulation.
- The event must have occurred outside of the reporting hospital, prior to admission at the center in which the registry is maintained. Pre-hospital cardiac arrest could occur at a transferring institution.
- Any component of basic and/or advanced cardiac life support must have been initiated by a health care provider.
- Field cannot be blank
- Field cannot be Not Applicable

Pick list Data Values	Pick list Descriptions (Long Text)
Y	Yes
N	No

ASTR TABLE NAME (CARE PHASE):
ASTR DATABASE FIELD NAME (system only)*:
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD: N
NTDS Data Element #: P20   PICK-LIST?: Y

Data Source Hierarchy:
1. EMS Run Sheet
2. Nursing Notes/Flow Sheet
3. History and Physical
4. Transfer Notes

REFERRING HOSPITAL SECTION

REFERRING (TRANSFERRING) HOSPITAL SECTION - "REFERRAL"

- Referring Hospital data fields were entered very differently for ED Arrival years 2007 and earlier. Users must be very careful when comparing referral data across years.

- "Referring Hospital" refers only to acute care facilities in which patient received care PRIOR TO arrival at YOUR hospital. Admission at referring facility is not required.

- For 2008 data, the First Referring Hospital will denote the acute care hospital that transferred the patient TO YOUR FACILITY, not always the first hospital to care for patient.

- For 2008 data, the Second Referring Hospital will denote any other acute care hospital that treated the patient before arrival at the First Referring Hospital.

- Inter-facility transfers OUT OF YOUR FACILITY are NOT captured in this section.

- For 2008 Referring Hospital data entry - unless otherwise specified – "Not Documented" means that the requested information is unknown or not recorded.

- For 2008 Referring Hospital data entry - unless otherwise specified – "Not Applicable" means the patient was NOT treated by a referring hospital before your hospital.

- All time fields should be entered in AZ Mountain Standard Time (MST).

- Entering the Inter-facility Transfer field as "No" will auto-fill Not Applicable (null values) into all remaining referring facility fields.

REFERRING (TRANSFERRING) HOSPITAL SECTION - "REFERRAL"

Data Element R4_01: Inter-facility Transfer?

DEFINITION:
Was this patient transferred to your facility from another acute care facility by EMS transport? Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 change: New field and auto-fill.
- Includes EMS transports to your hospital from IHS clinics, urgent care facilities, and other outlying facilities **if providing emergency care services and stabilization**. Patients transferred from a private doctor's office, stand-alone ambulatory surgery center, or delivered to your hospital by a non-EMS transport are not considered an inter-facility transfer.
- Select "No, not transferred..." if your hospital was the first acute care hospital to care for this patient for this injury event.
- Not Documented may be used.
- Entries of code "N" into this field will auto-fill Not Applicable (null value) entries for all remaining Referring Hospital and Referring vital sign fields. Not Applicable should not be used.

Pick list Data Values	Pick list Descriptions (Long Text)
Y	Yes
N	No

ASTR TABLE NAME (CARE PHASE): STAT2008;
ASTR DATABASE FIELD NAME (system only)*:A_TRFR;
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD: Multi
NTDS Data Element #: P_17   PICK-LIST?: Y

Data Source Hierarchy:
1. Referring Facility Records
2. EMS Run Sheet

REFERRING (TRANSFERRING) HOSPITAL SECTION - "REFERRAL"

Data Element R4_02: Date of Arrival at First Referring Hospital

DEFINITION:
Patient's arrival date at the First Referring Hospital. The First Referring Hospital is the acute care hospital that transferred the patient to your hospital for care. Format mmddyyyy.

COMMENTS (including when null values are appropriate):
- 2008 change: Definition was changed to clarify which destination facility should be entered first.
- Not Documented may be used.
- Not Applicable should be used if the patient was NOT treated by an acute care hospital before arrival at your hospital.

ASTR TABLE NAME (CARE PHASE): TRANSFER;
ASTR DATABASE FIELD NAME (system only)*: ENT_DATE;
FIELD TYPE: Date   FIELD WIDTH: 8   COPY FIELD: 1
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
1. Referring Facility Records
2. EMS Run Sheet

REFERRING (TRANSFERRING) HOSPITAL SECTION - "REFERRAL"

Data Element R4_03: Time of Arrival at First Referring Hospital

DEFINITION:
Patient's arrival time at the First Referring Hospital. The First Referring Hospital is the acute care hospital that transferred the patient to your hospital for care. Format hhmm, military time.

COMMENTS (including when null values are appropriate):
- 2008 change: Definition was changed to clarify which destination facility should be entered first.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): TRANSFER;
ASTR DATABASE FIELD NAME (system only)*: ENT_TIME;
FIELD TYPE: Time   FIELD WIDTH: 6   COPY FIELD: 1
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
1. Referring Facility Records
2. EMS Run Sheet

REFERRING (TRANSFERRING) HOSPITAL SECTION - "REFERRAL"

Data Element R4_04: Date of Transfer (Exit) from First Referring Hospital

DEFINITION:
Date of exit/transfer from the First Referring Hospital to your hospital.
Format mmddyyyy.

COMMENTS (including when null values are appropriate):
- 2008 change: Definition was changed to clarify which destination facility should be entered first.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): TRANSFER;
ASTR DATABASE FIELD NAME (system only)*: EXIT_DATE;
FIELD TYPE: Date   FIELD WIDTH: 8   COPY FIELD: 1
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
1. EMS Run Sheet
2. Referring Facility Records

REFERRING (TRANSFERRING) HOSPITAL SECTION - "REFERRAL"

Data Element R4_05: Time of Transfer (Exit) from First Referring Hospital

DEFINITION:
Time of exit/transfer from the first referring facility to your hospital.
Format hhmm, military time.

COMMENTS (including when null values are appropriate):
- 2008 change: Definition was changed to clarify which destination facility should be entered first.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): TRANSFER;
ASTR DATABASE FIELD NAME (system only)*: EXIT_TIME;
FIELD TYPE: Time   FIELD WIDTH: 6   COPY FIELD: 1
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
1. Referring Facility Records
2. EMS Run Sheet

REFERRING (TRANSFERRING) HOSPITAL SECTION - "REFERRAL"

Data Element R4_06: First Transferring Hospital

DEFINITION:
The First Referring Hospital that transferred the patient to your hospital.

COMMENTS (including when null values are appropriate):
- 2008 change: Definition was changed to clarify which destination facility should be entered first. Pick list updated. Non-acute care facilities were removed from pick list. Many of the system codes are different from the 2005-2007 list, even if the long text appears similar. When querying multiple years of data, pay attention to the old and new codes.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): TRANSFER;
ASTR DATABASE FIELD NAME (system only)*: REF_HOSP;
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD: 1
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy:
1. Referring Facility Records
2. EMS Run Sheet

REFERRING (TRANSFERRING) HOSPITAL SECTION - "REFERRAL"

Data Element R4_07: Length of Stay (Hrs) in First Referring Hospital

DEFINITION:
Total number of hours of patient stay in the First Referring Hospital.
Calculated in Hours, with rounding.

COMMENTS (including when null values are appropriate):
- 2008 change: Definition was changed to clarify which destination facility should be entered first. Calculation of LOS (Hrs) was changed to ensure consistency between hospitals.
- Any stay less than 1 hour rounds up to 1 hour. After that, the system rounds up to the next hour after 30 minutes.
- Automatically calculated as date difference between Date/Time of Arrival and Date/Time of Transfer. If only an estimated time is available, registrar should enter estimate.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): TRANSFER;
ASTR DATABASE FIELD NAME (system only)*: LOS;
FIELD TYPE: Numeric   FIELD WIDTH: 4   COPY FIELD: 1
NTDS Data Element #:   PICK-LIST?: N

REFERRING (TRANSFERRING) HOSPITAL SECTION - "REFERRAL"

Data Element R4_08: Length of Stay (minutes) in First Referring Hospital

DEFINITION:
Total number of minutes of patient stay in the First Referring Hospital.
Calculated in Minutes, no rounding.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- Automatically calculated as the difference between Date/Time of 1st Referring Hospital Arrival and the Date/Time of 1st Referring Hospital Exit.
- ASTR system only. Automatically populated by ASTR database for State reporting purposes.

ASTR TABLE NAME (CARE PHASE): TRANSFER;
ASTR DATABASE FIELD NAME (system only)*: LOS_MIN;
FIELD TYPE: Numeric   FIELD WIDTH: 8   COPY FIELD: 1
NTDS Data Element #:   PICK-LIST?: N

REFERRING (TRANSFERRING) HOSPITAL SECTION - "REFERRAL"

Data Element R4_09: Destination Facility (after transfer from 1st Referring)

DEFINITION:
The name of the facility the patient was transferred to. When entering First Referring Hospital information, the destination will be YOUR hospital.

COMMENTS (including when null values are appropriate):
- 2008 change: Definition was changed to clarify which destination facility should be entered first. Pick list updated. Non-acute care facilities were removed from pick list. Many of the system codes are different from the 2005-2007 list, even if the long text appears similar. When querying multiple years of data, pay attention to the old and new codes.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): TRANSPRT (REF);
ASTR DATABASE FIELD NAME (system only)*: ACT_DEST;
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD: 1
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
1. Referring Facility Records
2. EMS Run Sheet

REFERRING (TRANSFERRING) HOSPITAL SECTION - "REFERRAL"

Data Element R4_10: Date of Arrival at Second Referring Hospital

DEFINITION:
Patient's arrival date at the Second Referring Hospital. The Second Referring Hospital is any acute care hospital that treated the patient before arrival at the First Referring Hospital. This will NOT be the hospital that transferred the patient to your facility. Format mmddyyyy.

COMMENTS (including when null values are appropriate):
- 2008 change: Definition was changed to clarify which destination facility should be entered second. Added auto-fill.
- Not Documented may be used.
- Not Applicable should be used if patient was NOT treated at a Second Referring Hospital. Entering data for a Second Referring Facility indicates that this patient had 2 inter-facility transfers before arriving at your hospital.
- Entry of Not Applicable (null value) into this field will auto-fill Not Applicable entries for the remaining second referring facility fields and for the 2nd referring vital signs.

ASTR TABLE NAME (CARE PHASE): TRANSFER;
ASTR DATABASE FIELD NAME (system only)*: ENT_DATE;
FIELD TYPE: Date   FIELD WIDTH: 8   COPY FIELD: 2
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
1. Referring Facility Records
2. EMS Run Sheet

REFERRING (TRANSFERRING) HOSPITAL SECTION - "REFERRAL"

Data Element R4_11: Time of Arrival at Second Referring Hospital

DEFINITION:
Patient's arrival time at the Second Referring Hospital. The Second Referring Hospital is any acute care hospital that treated the patient before arrival at the First Referring Hospital. Format hhmm, military time.

COMMENTS (including when null values are appropriate):
- 2008 change: Definition was changed to clarify which destination facility should be entered second.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): TRANSFER;
ASTR DATABASE FIELD NAME (system only)*: ENT_TIME;
FIELD TYPE: Time   FIELD WIDTH: 6   COPY FIELD: 2
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
1. Referring Facility Records
2. EMS Run Sheet

REFERRING (TRANSFERRING) HOSPITAL SECTION - "REFERRAL"

Data Element R4_12: Date of Transfer (Exit) from Second Referring Hospital

DEFINITION:
Date of exit/transfer from the Second Referring Hospital to the First Referring Hospital. Format mmddyyyy.

COMMENTS (including when null values are appropriate):
- 2008 change: Definition was changed to clarify which destination facility should be entered second.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): TRANSFER;
ASTR DATABASE FIELD NAME (system only)*: EXIT_DATE;
FIELD TYPE: Date   FIELD WIDTH: 8   COPY FIELD: 2
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
1. EMS Run Sheet
2. Referring Facility Records

REFERRING (TRANSFERRING) HOSPITAL SECTION - "REFERRAL"

Data Element R4_13: Time of Transfer (Exit) from Second Referring Hospital

DEFINITION:
Time of exit/transfer from the Second Referring Hospital to the First Referring Hospital. Format hhmm, military time.

COMMENTS (including when null values are appropriate):
- 2008 change: Definition was changed to clarify which destination facility should be entered second.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): TRANSFER;
ASTR DATABASE FIELD NAME (system only)*: EXIT_TIME;
FIELD TYPE: Time   FIELD WIDTH: 6   COPY FIELD: 2
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
1. EMS Run Sheet
2. Referring Facility Records

REFERRING (TRANSFERRING) HOSPITAL SECTION - "REFERRAL"

Data Element R4_14: Second Transferring Hospital

DEFINITION:
The Second Referring Facility that transferred the patient to the First Referring Hospital. The Second Referring Hospital is any acute care hospital that treated the patient before arrival at the First Referring Hospital.

COMMENTS (including when null values are appropriate):
- 2008 change: Definition was changed to clarify which destination facility should be entered second.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): TRANSFER;
ASTR DATABASE FIELD NAME (system only)*: REF_HOSP;
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD: 2
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
1. Referring Facility Records
2. EMS Run Sheet

REFERRING (TRANSFERRING) HOSPITAL SECTION - "REFERRAL"

Data Element R4_15: Length of Stay (Hrs) in Second Referring Hospital

DEFINITION:
Total number of hours of patient stay in the Second Referring Hospital.
Calculated in Hours, with rounding.

COMMENTS (including when null values are appropriate):
- 2008 change: Definition was changed to clarify which destination facility should be entered second.
- Any stay less than 1 hour should round up to 1 hour. After that, the system should round up to the next hour after 30 minutes.
- Automatically calculated as date difference between Date/Time of Arrival and Date/Time of Transfer. If only an estimated time is available, registrar should enter estimate.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): TRANSFER;
ASTR DATABASE FIELD NAME (system only)*: LOS;
FIELD TYPE: Numeric   FIELD WIDTH: 4   COPY FIELD: 2
NTDS Data Element #:   PICK-LIST?: N

REFERRING (TRANSFERRING) HOSPITAL SECTION - "REFERRAL"

Data Element R4_16: Length of Stay (minutes) in Second Referring Hospital

DEFINITION:
Length of Stay (minutes) in Second Referring Hospital. Calculated in Minutes, no rounding.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- Automatically calculated as the difference between Date/Time of 2nd Referring Facility Arrival and the Date/Time of 2nd Referring Facility Exit.
- ASTR system only. Added for state reporting purposes. Automatically populated by ASTR database for State reporting purposes.

ASTR TABLE NAME (CARE PHASE): TRANSFER;
ASTR DATABASE FIELD NAME (system only)*: LOS_MIN;
FIELD TYPE: Numeric   FIELD WIDTH: 8   COPY FIELD: 2
NTDS Data Element #:   PICK-LIST?: N

REFERRING (TRANSFERRING) HOSPITAL SECTION - "REFERRAL"

Data Element R4_17: Destination Facility (after transfer from 2nd Referring)

DEFINITION:
The name of the facility that the patient was transferred to. When entering Second Referring Hospital information, the destination will be the First Referring Hospital, NOT your hospital.

COMMENTS (including when null values are appropriate):
- 2008 changes: Definition was changed to clarify which destination facility should be entered second. Pick list updated. Non-acute care facilities were removed from pick list. Many of the system codes are different from the 2005-2007 list, even if the long text appears similar. When querying multiple years of data, pay attention to the old and new codes.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): TRANSPRT (REF);
ASTR DATABASE FIELD NAME (system only)*: ACT_DEST;
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD: 2
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy:
1. Referring Facility Records
2. EMS Run Sheet

REFERRING (TRANSFERRING) HOSPITAL SECTION - "REFERRAL"

Data Element R4_18: Vital Sign Designation (If recorded at 1st or 2nd Referring Facility)

DEFINITION:
Identifies at which referring facility the vital signs were collected. First Referring Hospital is the acute care hospital that transferred the patient TO YOUR FACILITY. Second Referring Hospital is another acute care hospital that treated the patient before arrival at the First Referring Hospital. Single entry pick list.

COMMENTS (including when null values are appropriate):
- Maximum of 2 sets of referring vital signs can be submitted to ASTR. Submit only the first recorded vitals from each facility.
- Not Documented and Not Applicable may be used.

Pick list Data Values	Pick list Descriptions (Long Text)
1	First Referring Hospital Vital Signs
2	Second Referring Hospital Vital Signs

ASTR TABLE NAME (CARE PHASE): VITALS (REF);
ASTR DATABASE FIELD NAME (system only)*: VS_DESIGN;
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD: 1 or 2
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy:
1. Referring Facility Records
2. EMS Run Sheet

REFERRING (TRANSFERRING) HOSPITAL SECTION - "REFERRAL"

Data Element R4_19: Initial Glasgow Coma Score Total in Referring Hospital 1 or 2

DEFINITION:
Patient's first recorded Glasgow Coma Score total in the first or second referring hospital.

COMMENTS (including when null values are appropriate):
- Value range = 3 (worst) - 15 (best)
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): VITALS (REF);
ASTR DATABASE FIELD NAME (system only)*: GCS;
FIELD TYPE: Numeric   FIELD WIDTH: 2   COPY FIELD: 1 or 2
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
1. Referring Facility Records
2. EMS Run Sheet

REFERRING (TRANSFERRING) HOSPITAL SECTION - "REFERRAL"

Data Element R4_20: Initial Systolic Blood Pressure in Referring Hospital 1 or 2

DEFINITION:
Patient's first recorded systolic blood pressure in the first or second referring hospital.

COMMENTS (including when null values are appropriate):
- Values 0-300 or null values
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): VITALS (REF);
ASTR DATABASE FIELD NAME (system only)*: SBP;
FIELD TYPE: Numeric   FIELD WIDTH: 3   COPY FIELD: 1 or 2
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
1. Referring Facility Records
2. EMS Run Sheet

REFERRING (TRANSFERRING) HOSPITAL SECTION - "REFERRAL"

Data Element R4_21: Initial Respiratory Rate in Referring Hospital 1 or 2

DEFINITION:
Patient's first recorded respiratory rate in the first or second referring hospital.

COMMENTS (including when null values are appropriate):
- Values 0-99 or null values
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): VITALS (REF);
ASTR DATABASE FIELD NAME (system only)*: RESP_RATE;
FIELD TYPE: Numeric   FIELD WIDTH: 3   COPY FIELD: 1 or 2
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
1. Referring Facility Records
2. EMS Run Sheet

REFERRING (TRANSFERRING) HOSPITAL SECTION - "REFERRAL"

Data Element R4_22: Initial Revised Trauma Score in Referring Hospital 1 or 2

DEFINITION:
Patient's initial Revised Trauma Score in the first or second referring hospital. Auto-calculated when referring hospital SBP, RR and GCS are entered.

COMMENTS (including when null values are appropriate):
- Weighted RTS only. Constraint values 0-7.85 or null values.
- Reporting note: Referring Facility RTS could be affected by inefficient data for RR and GCS.
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): VITALS (REF);
ASTR DATABASE FIELD NAME (system only)*: RTS;
FIELD TYPE: Numeric   FIELD WIDTH: 7.2   COPY FIELD: 1 or 2
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
   3. Referring Facility Records
   1. EMS Run Sheet

ED / TRAUMA SECTION

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_01: ED/Hospital Arrival Date

DEFINITION:
First recorded arrival date into your emergency department (or hospital) for this injury event. This field is found on both the Demographic and ED/Trauma page. Editing either field should update the other. Format mmddyyyy.

COMMENTS (including when null values are appropriate):
- If patient did not enter your hospital through the ED (e.g., direct admit), enter the date of first contact with the patient for this injury event.
- Determines the case date range for data submission and date range for ASTR data reporting. Valid entry required for all records.
- Field is used to calculate Patient Age, ED LOS and Total Hospital LOS.
- Not Documented and Not Applicable should not be used. Field should not be left blank.

ASTR TABLE NAME (CARE PHASE): TRA;
ASTR DATABASE FIELD NAME (system only)*: TR_ENT_DT;
FIELD TYPE: Date   FIELD WIDTH: 8   COPY FIELD:
NTDS Data Element #: ED_01   PICK-LIST?: N

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

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_02: ED/Hospital Arrival Time

DEFINITION:
First recorded arrival time into your emergency department (or hospital) for this injury event. Format hhmm, military time.

COMMENTS (including when null values are appropriate):
- If patient did not enter your hospital through the ED (e.g., direct admit), enter the time of first contact with the patient for this injury event.
- Field is used to calculate ED LOS and Total Hospital LOS.
- Time fields should be entered in AZ Mountain Standard Time (MST).
- Not Documented and Not Applicable should not be used. Field should not be left blank.

ASTR TABLE NAME (CARE PHASE): TRA;
ASTR DATABASE FIELD NAME (system only)*: TR_ENT_TM;
FIELD TYPE: Time   FIELD WIDTH: 6   COPY FIELD:
NTDS Data Element #: ED_02   PICK-LIST?: N

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

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_03: ED Exit Date

DEFINITION:
Date that patient physically left your emergency department or died in your ED. An actual change in level of care (i.e., transfer to an ICU transitional unit) is considered an ED Exit. Format mmddyyyy.

COMMENTS (including when null values are appropriate):
- If patient died in the ED, the date and time of ED exit is the time the patient was pronounced by the physician.
- Field is used to calculate ED LOS. (Also used to calculate Total Hospital LOS if patient was not admitted.)
- Not Documented should not be used.
- Not Applicable should be used if the patient was not treated in your hospital ED.

ASTR TABLE NAME (CARE PHASE): TRA;
ASTR DATABASE FIELD NAME (system only)*: TR_EXIT_DT;
FIELD TYPE: Date   FIELD WIDTH: 8   COPY FIELD:
NTDS Data Element #: Does not map to NTDB   PICK-LIST?: N

Data Source Hierarchy
1. Hospital Discharge Summary
2. Billing Sheet / Medical Records Coding Summary Sheet
3. Physician's Progress Notes

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_04: ED Exit Time

DEFINITION:
Time that patient physically left your emergency department or died in your ED. Format hhmm, military time.

COMMENTS (including when null values are appropriate):
- If patient died in the ED, the date and time of ED exit is the time the patient was pronounced by the physician.
- Field is used to calculate ED LOS. (Also used to calculate Total Hospital LOS if patient was not admitted).
- Time fields should be entered in AZ Mountain Standard Time (MST).
- Not Documented should not be used.
- Not Applicable should be used if the patient was not treated in your hospital ED.

ASTR TABLE NAME (CARE PHASE): TRA;
ASTR DATABASE FIELD NAME (system only)*: TR_EXIT_ TM;
FIELD TYPE: Time   FIELD WIDTH: 6   COPY FIELD:
NTDS Data Element #: Does not map to NTDB   PICK-LIST?: N

Data Source Hierarchy
1. Hospital Discharge Summary
2. Billing Sheet / Medical Records Coding Summary Sheet
3. Physician's Progress Notes

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_05: Length of Stay (Hrs) in ED

DEFINITION:
The numbers of hours the patient was in the emergency department of your hospital. Automatically calculated as Date/Time of ED Exit minus Date/Time of ED Arrival.

COMMENTS (including when null values are appropriate):
- 2008 change: New calculation instructions to ensure consistency between hospitals.
- Not Documented should be used if patient was treated in your ED, but LOS is unknown. This option should be used only in rare instances.
- Not Applicable should be used if the patient was not treated in your hospital ED.

ASTR TABLE NAME (CARE PHASE): TRA;
ASTR DATABASE FIELD NAME (system only)*: TR_LOS;
FIELD TYPE: Numeric   FIELD WIDTH: 4   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy
1. Hospital Discharge Summary
2. Billing Sheet / Medical Records Coding Summary Sheet
3. Physician's Progress Notes

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_06: Length of Stay (minutes) in ED

DEFINITION:
Total number of minutes of patient stay in the emergency department of your hospital. Automatically calculated as difference between Date/Time of ED Arrival and Date/Time of ED Exit.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- ASTR system only. Automatically populated by ASTR database for State reporting purposes.
- Calculated in Minutes, no rounding.

ASTR TABLE NAME (CARE PHASE): STAT2008;
ASTR DATABASE FIELD NAME (system only)*: EDLOSMIN;
FIELD TYPE: Numeric   FIELD WIDTH: 6   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: N

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_07: Complete Trauma Team Arrival Time

DEFINITION:
Time when all activated trauma team members arrived (if the trauma team was activated at your hospital).

COMMENTS (including when null values are appropriate):
- Time fields should be entered in AZ Mountain Standard Time (MST).
- Not Documented may be used if the trauma team arrival time is unknown.
- Not Applicable should be used if a trauma team was not activated for this patient at your hospital.

ASTR TABLE NAME (CARE PHASE): TRMTEAM;
ASTR DATABASE FIELD NAME (system only)*: ACT_TIME;
FIELD TYPE: Time   FIELD WIDTH: 6   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy
1. Hospital Discharge Summary
2. Billing Sheet / Medical Records Coding Summary Sheet
3. Physician's Progress Notes

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_08: Signs of Life

DEFINITION:
Indication of whether patient arrived at ED/Hospital with signs of life.

COMMENTS (including when null values are appropriate):
- 2020 change: NTDS no longer collecting.
- 2011 change: New field for 2011 ED/Hospital Arrival Dates forward.
- A patient with no signs of life is defined as having none of the following: organized EKG activity, pupillary responses, spontaneous respiratory attempts or movement, and unassisted blood pressure. This usually implies the patient was brought to the ED with CPR in progress.
- Signs of Life (yes or no) refers to whether patient arrived with or without signs of life, as documented during an unassisted assessment of the patient's vitals.
- Per NTDB, PEA alone DOES count as arrived with signs of life.
- Not Documented may be used in rare instances, but this type of information should be available at your hospital.
- Not Applicable should not be used. Field should be completed for ALL patients, whether they arrived through the ED or were a direct admit.

Pick list Data Values	Pick list Descriptions (Long Text)
Y	Arrived with signs of life
N	Arrived with NO signs of life

ASTR TABLE NAME (CARE PHASE): EMERG;
ASTR DATABASE FIELD NAME (system only)*: SIGNSLIFE;
FIELD TYPE: Time   FIELD WIDTH: 6   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy
1. Triage Form / Trauma Flow Sheet
2. Physician's Progress Notes
3. ED Nurses' Notes

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_09: ED Discharge Disposition

DEFINITION:
The disposition of the patient at the time of discharge from your ED. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2011 changes: Per national changes, the 2008-2010 three ED Death choices were retired. For 2011 forward, there is one ED DEATH option.
- Pick list differentiates between discharge "Home without services" and "Home with services". "Home with services" indicates the patient required MEDICAL services in order to discharge home (ex: home health care, outpatient physical, occupational or speech therapy, etc.) "Home with services" does not refer to social services, such as bus passes or shelter information.
- Field includes the NTDS 2008-2010 "ED Death" categories in an ED Disposition sub pick list.
- The NTDS purpose of this field is to "roughly characterize functional status at hospital discharge". If location is not on this list, select the option that most closely represents the level of medical support the patient required.
- Patients treated in accordance with "Do Not Resuscitate" (DNR) order should be coded under "Died in ED (other than failed resuscitation attempt)". Patients with DNR status should also be coded with the DNR co-morbid condition.
- DOA (2008-2011) means patient was declared dead on arrival with minimal or no resuscitation attempt and no invasive procedures were attempted.
- Further clarification of DOA: Arrival at the hospital with no signs of life, but with pre-hospital CPR as indicated below:
  - o Age greater than 12 years and:
    1. Blunt trauma, more than 5 minutes pre-hospital CPR, or;
    2. Penetrating head/neck/abdomen trauma, more than 5 minutes pre-hospital CPR, or;
    3. Penetrating chest trauma, more than 15 minutes pre-hospital CPR.
  - o Age less than or equal to12 years and:
    1. Blunt trauma, more than 15 minutes pre-hospital CPR, or;
    2. Penetrating trauma, more than 15 minutes pre-hospital CPR;
  - o "No response 15 mins" refers to resuscitation activities in the reporting hospital.
- Not Documented may be used in rare instances, but attempts should be made to identify ED disposition.

ED/TRAUMA SECTION - "AZ-TRAUMA"

- Not Applicable should be used if the patient was never seen in your ED (ex: direct admit).

- If the ED disposition entered does NOT indicate an acute care transfer, the system should auto-fill Not Applicable (null value) for ED Discharge Destination Hospital, ED Discharge Destination Transport Agency, and ED Transfer Reason.

Pick list Data Values	Pick list Descriptions (Long Text)
FLOOR	Floor bed (general admission, non-specialty unit bed)
HOME NO SE	Home without services
ICU	Intensive Care Unit (ICU)
OR	Operating Room
TELE STEPD	Telemetry/step-down unit (less acuity than ICU)
TRANSFER	Transferred to another hospital
OBSERVE	Observation Unit (unit that provides<24 hour stays)
ED DEATH	Deceased/expired (2011 data forward)
2008-2010 ED death options:	
ED DOA	Declared dead on arrival w/ minimal/no resuscitation attempt
DEATH RESU	Death after failed resuscitation attempt-no response 15 mins
DIED IN ED	Died in ED (other than failed resuscitation attempt)
LEFT AMA	Left against medical advice
HOME SERVI	Home with services
OTHER	Other (jail, institutional care, mental health, etc.)

ASTR TABLE NAME (CARE PHASE): TRA;
ASTR DATABASE FIELD NAME (system only)*: TR_DISPO;
FIELD TYPE: Character   FIELD WIDTH: 10   COPY FIELD:
NTDS Data Element #: ED_20   PICK-LIST?: Y

Data Source Hierarchy
1. Discharge Sheet
2. Nursing Progress Notes
3. Social Worker Notes

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_10: ED Discharge Destination Hospital

DEFINITION:
The name of the acute care hospital that your facility transferred this patient to, after patient received care in your ED. Patient must be transferred by EMS to an acute care hospital for this field to be applicable. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- Not Documented should be used if the discharge destination hospital cannot be determined.
- Not Applicable should be used if this patient was not transferred from your ED to another acute care hospital. (See auto-fill note under ED Discharge Disposition.)

ASTR TABLE NAME (CARE PHASE): STAT2008;
ASTR DATABASE FIELD NAME (system only)*: ED_HDEST;
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy:
   1. Discharge Sheet

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_11: ED Discharge Transport Agency

DEFINITION:
The system code for the EMS agency that transported the patient from your ED to another acute care hospital. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- Not Documented should be used if the discharge destination hospital cannot be determined.
- Not Applicable should be used if this patient was not transferred from your ED to another acute care hospital. (See auto-fill note under ED Discharge Disposition.)

Pick list Data Values	Pick list Descriptions (Long Text)
NO_EMS_CARE	No EMS Care
EMS_TRANSPORT	EMS Transporter (Because this field refers to an EMS transport, user should only select an option from the EMS Transporter sub pick list.)
EMS_NON_TRANSPT	EMS 1st Response Non-Transport

ASTR TABLE NAME (CARE PHASE): STAT2008;
ASTR DATABASE FIELD NAME (system only)*: ED_AGENCY;
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy:
  1. Discharge Sheet

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_12: ED Transfer Reason

DEFINITION:
The reason your facility transferred this patient from your ED to another acute care hospital. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- Not Documented should be used if the ED transfer reason cannot be determined.
- Not Applicable should be used if this patient was not transferred from your ED to another acute care hospital. (See auto-fill note under ED Discharge Disposition.)

Pick list Data Values	Pick list Descriptions (Long Text)
HIGHER_CARE	Higher Level of Care/Specialty Care
BURN_UNIT	Transfer to Burn Unit
INSURANCE	Insurance Reason
RESOURCES	Resources Unavailable
PATIENT_RQST	Patient Request
LOWER_CARE	Lower Level of Care
OTHER	Other

ASTR TABLE NAME (CARE PHASE): STAT2008;
ASTR DATABASE FIELD NAME (system only)*: ED_REASON;
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy:
1. Discharge Sheet

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_13: Transfer Delays

DEFINITION:
Documentation of factors which caused a delay in patient transfer out to higher level of care. Multiple entry pick list. Select all that apply.

COMMENTS (including when null values are appropriate):
- 2023 change: "Bed availability" added as picklist option.
- 2013 change: New field for Level III and IV Trauma Centers.
- This field is submitted by Level III and Level IV Trauma Centers.
- Not Documented should be used if the transfer delay cannot be determined.
- Not Applicable should be used if patient was not transferred or if patient was transferred out and there was NO delay.

Pick list Data Values	Pick list Descriptions (Long Text)
WEATHER DELAY	Delays due to bad weather (can't fly, road closures, etc.)
AIR EMS AVAILABILITY	Air EMS Availability
GROUND EMS AVAILABILITY	Ground EMS Availability
RECEIVING FACILITY	Difficulty locating a receiving facility to accept patient
DIAGNOSIS/TREATMENT	Waiting on diagnosis or treatment before transfer
PATIENT STATUS	Patient's medical status delaying transfer
HOSPITAL EQUIPMENT	Hospital equipment problems (phone lines, lab, CT, etc.)
OTHER DELAY	Any other type of delay
BED AVAILABILTY	Waiting to secure a bed at the confirmed receiving facility.

ASTR TABLE NAME (CARE PHASE): STAT2013;
ASTR DATABASE FIELD NAME (system only)*: TXFRDELAY;
FIELD TYPE: Character   FIELD WIDTH: 20   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy:
1. Discharge Sheet

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_14: ED/Hospital Initial Pulse Rate

DEFINITION:
First recorded pulse rate in your ED/hospital (palpated or auscultated), expressed as a number per minute. First recorded vitals should be within 30 minutes or less of ED/hospital arrival. Values 0-299 or null values.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- Please note that first recorded hospital vitals do not need to be from the same assessment.
- If patient was a direct admit, enter the first vital signs that were collected at your hospital.
- Not Documented should be used if vital sign values are unknown, not recorded.
- Not Applicable should be used if the requested vital sign was not collected at your facility.

ASTR TABLE NAME (CARE PHASE): VITALS (TRA);
ASTR DATABASE FIELD NAME (system only)*: HR;
FIELD TYPE: Numeric   FIELD WIDTH: 3   COPY FIELD:
NTDS Data Element #: ED_04   PICK-LIST?: N

Data Source Hierarchy:
1. Triage Form / Trauma Flow Sheet
2. ED Record
3. Nurses notes

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_15: ED/Hospital Initial Respiratory Rate

DEFINITION:
First recorded respiratory rate in your ED/hospital (expressed as a number per minute). First recorded RR may be entered as assisted or unassisted. First recorded vitals should be within 30 minutes or less of ED/hospital arrival. Values 0-99 or null values.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- Please note that first recorded hospital vitals do not need to be from the same assessment.
- If patient was a direct admit, enter the first vital signs that were collected at your hospital.
- Not Documented should be used if vital sign values are unknown, not recorded.
- Not Applicable should be used if the requested vital sign was not collected at your facility.

ASTR TABLE NAME (CARE PHASE): VITALS (TRA);
ASTR DATABASE FIELD NAME (system only)*: RESP_RATE;
FIELD TYPE: Numeric   FIELD WIDTH: 3   COPY FIELD:
NTDS Data Element #: ED_06   PICK-LIST?: N

Data Source Hierarchy:
1. Triage Form / Trauma Flow Sheet
2. ED Record
3. Nurses notes

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_16: ED/Hospital Initial Respiratory Assistance

DEFINITION:
Determination of respiratory assistance associated with the ED/Hospital Initial Respiratory Rate. Assistance is defined as mechanical and/or external support of respiration. First recorded vitals should be within 30 minutes or less of ED/hospital arrival. Single entry picklist.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- Not Documented and Not Applicable may be used.

Pick list Data Values	Pick list Descriptions (Long Text)
1	Unassisted Respiratory Rate
2	Assisted Respiratory Rate

ASTR TABLE NAME (CARE PHASE): VITALS (TRA);
ASTR DATABASE FIELD NAME (system only)*: RESP_ASST;
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD:
NTDS Data Element #: ED_07   PICK-LIST?: Y

Data Source Hierarchy:
1. Triage Form / Trauma Flow Sheet
2. ED Record
3. Nurses notes

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_17: ED/Hospital Initial Oxygen Saturation

DEFINITION:
First recorded oxygen saturation in the ED/hospital (expressed as a percentage). First recorded vitals should be within 30 minutes or less of ED/hospital arrival. Values 0-100 or null values

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- Please note that first recorded hospital vitals do not need to be from the same assessment.
- If patient was a direct admit, enter the first vital signs that were collected at your hospital.
- Not Documented should be used if vital sign values are unknown, not recorded.
- Not Applicable should be used if the requested vital sign was not collected at your facility.

ASTR TABLE NAME (CARE PHASE): VITALS (TRA);
ASTR DATABASE FIELD NAME (system only)*: PULSE_OX;
FIELD TYPE: Numeric   FIELD WIDTH: 3   COPY FIELD:
NTDS Data Element #: ED_08   PICK-LIST?: N

Data Source Hierarchy:
1. Triage Form / Trauma Flow Sheet
2. ED Record
3. Nurses notes

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_18: ED/Hospital Initial Supplemental Oxygen

DEFINITION:
Determination of the presence of supplemental oxygen during assessment of ED/Hospital initial oxygen saturation level. First recorded vitals should be within 30 minutes or less of ED/hospital arrival. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- Not Documented and Not Applicable may be used.

Pick list Data Values	Pick list Descriptions (Long Text)
1	No Supplemental Oxygen
2	Supplemental Oxygen

ASTR TABLE NAME (CARE PHASE): VITALS (TRA);
ASTR DATABASE FIELD NAME (system only)*: RESP_EXPS;
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD:
NTDS Data Element #: ED_09   PICK-LIST?: Y

Data Source Hierarchy:
1. Triage Form / Trauma Flow Sheet
2. ED Record
3. Nurses notes

Data Element ED5_19: ED/Hospital Initial Systolic Blood Pressure

DEFINITION:
Patient's first recorded systolic blood pressure taken in the ED/hospital.
First recorded vitals should be within 30 minutes or less of ED/hospital
arrival. Values 0-300 or null values

COMMENTS (including when null values are appropriate):
- Please note that first recorded hospital vitals do not need to be from the same assessment.
- If patient was a direct admit, enter the first vital signs that were collected at your hospital.
- Not Documented should be used if vital sign values are unknown, not recorded.
- Not Applicable should be used if the requested vital sign was not collected at your facility.

ASTR TABLE NAME (CARE PHASE): VITALS (TRA);
ASTR DATABASE FIELD NAME (system only)*: SBP;
FIELD TYPE: Numeric   FIELD WIDTH: 3   COPY FIELD:
NTDS Data Element #: ED_03   PICK-LIST?: N

Data Source Hierarchy:
1. Triage Form / Trauma Flow Sheet
2. ED Record
3. Nurses notes

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_20: ED/Hospital Initial Height

DEFINITION:
First recorded height upon ED/hospital arrival. Recorded only in centimeters. Values 0-244 cm or null values, up to 2 decimal places.

COMMENTS (including when null values are appropriate):
- 2013 change: New field
- Not Documented and Not Applicable may be used.
- 2015 change: Field will accept up to 2 decimal places.

ASTR TABLE NAME (CARE PHASE): VITALS (TRA);
ASTR DATABASE FIELD NAME (system only)*: HEIGHT;
FIELD TYPE: Numeric   FIELD WIDTH: 5   COPY FIELD:
NTDS Data Element #: ED_ 15   PICK-LIST?: N

Data Source Hierarchy:
1. Triage Form / Trauma Flow Sheet
2. ED Record
3. EMS Run Sheet
4. Nurses notes
5. Self-report
6. Family report

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_21: ED/Hospital Initial Weight

DEFINITION:
Measured or estimated baseline weight. Recorded only in kilograms. Values
0-907 kg or null values.

COMMENTS (including when null values are appropriate):
- 2013 change: New field
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): VITALS (TRA);
ASTR DATABASE FIELD NAME (system only)*: WEIGHT;
FIELD TYPE: Numeric   FIELD WIDTH: 3   COPY FIELD:
NTDS Data Element #: ED_ 16   PICK-LIST?: N

Data Source Hierarchy:
1. Triage Form / Trauma Flow Sheet
2. ED Record
3. EMS Run Sheet
4. Nurses notes
5. Self-report
6. Family report

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_22: ED/Hospital Initial GCS - Eye Opening

DEFINITION:
First recorded Glasgow Coma Score (Eye) in the ED/Hospital. First recorded vitals should be within 30 minutes or less of ED/hospital arrival. Single entry picklist.

COMMENTS (including when null values are appropriate):
- Please note that first recorded hospital vitals do not need to be from the same assessment.
- Adult and pediatric scales are the same for GCS eye opening.
- Not Documented may be used.
- NA should not be used.

Pick list Data Values	Pick list Descriptions (Long Text)
1	1 No eye movement when assessed
2	2 Opens eyes in response to painful stimulation
3	3 Opens eyes in response to verbal stimulation
4	4 Opens eyes spontaneously

ASTR TABLE NAME (CARE PHASE): VITALS (TRA);
ASTR DATABASE FIELD NAME (system only)*: EO;
FIELD TYPE: Numeric   FIELD WIDTH: 1   COPY FIELD:
NTDS Data Element #: ED_10   PICK-LIST?: Y

Data Source Hierarchy:
1. Triage Form / Trauma Flow Sheet
2. ED Record
3. Nurses notes

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_23: ED/Hospital Initial GCS - Verbal Response

DEFINITION:
First recorded Glasgow Coma Score (Verbal) in the ED/Hospital. First recorded vitals should be within 30 minutes or less of ED/hospital arrival. Single entry picklist.

COMMENTS (including when null values are appropriate):
- Please note that first recorded hospital vitals do not need to be from the same assessment.
- NTDB Note: If patient is intubated then the GCS Verbal score is equal to 1.
- A "Pediatric (<=2 yrs.)" scale is listed for data entry assistance. Data values are stored the same.
- Not Documented may be used.
- NA should not be used

Pick list Data Values	Pick list Descriptions (Long Text)
1	1 No verbal response
2	2 Incomprehensible sounds
3	3 Inappropriate words
4	4 Confused
5	5 Oriented
Pediatric <= 2 yrs.	
1	1 No vocal response
2	2 Inconsolable, agitated
3	3 Inconsistently consolable, moaning
4	4 Cries but is consolable, inappropriate interactions
5	5 Smiles, oriented to sounds, follows objects, interacts

ASTR TABLE NAME (CARE PHASE): VITALS (TRA);
ASTR DATABASE FIELD NAME (system only)*: VR;
FIELD TYPE: Numeric   FIELD WIDTH: 1   COPY FIELD:
NTDS Data Element #: ED_11   PICK-LIST?: Y

Data Source Hierarchy:
1. Triage Form / Trauma Flow Sheet
2. ED Record
3. Nurses notes

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_24: ED/Hospital Initial GCS - Motor Response

DEFINITION:
First recorded Glasgow Coma Score (Motor) in the ED/Hospital. First recorded vitals should be within 30 minutes or less of ED/hospital arrival. Single entry pick list.

COMMENTS (including when null values are appropriate):
- Please note that first recorded hospital vitals do not need to be from the same assessment.
- "Pediatric (<=2 yrs)" scale is listed for data entry assistance. Data values are stored with the same codes.
- Not Documented may be used.
- NA should not be used.

Pick list Data Values	Pick list Descriptions (Long Text)
1	1 No motor response
2	2 Extension to pain
3	3 Flexion to pain
4	4 Withdrawal from pain
5	5 Localizing pain
6	6 Obeys commands
Pediatric <= 2 yrs.	
1	1 No motor response
2	2 Extension to pain
3	3 Flexion to pain
4	4 Withdrawal from pain
5	5 Localizing pain
6	6 Appropriate response to stimulation

ASTR TABLE NAME (CARE PHASE): VITALS (TRA)
ASTR DATABASE FIELD NAME (system only)*: MR;
FIELD TYPE: Numeric   FIELD WIDTH: 1   COPY FIELD:
NTDS Data Element #: ED_12   PICK-LIST?: Y

Data Source Hierarchy:
1. Triage Form / Trauma Flow Sheet
2. ED Record
3. Nurses notes

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_25: ED/Hospital Initial GCS - Total

DEFINITION:
First recorded Glasgow Coma Score (total) in the ED/Hospital. GCS measures basic neurological functions of eye-opening, verbal response, and motor response. First recorded vitals should be within 30 minutes or less of ED/hospital arrival. Value range = 3 (worst) - 15 (best).

COMMENTS (including when null values are appropriate):
- Auto-calculated when EO, VR, and MR are entered.
- Please note that first recorded hospital vitals do not need to be from the same assessment.
- Not Documented may be used.
- NA should not be used.

ASTR TABLE NAME (CARE PHASE): VITALS (TRA)
ASTR DATABASE FIELD NAME (system only)*: GCS;
FIELD TYPE: Numeric   FIELD WIDTH: 2   COPY FIELD:
NTDS Data Element #: ED_13   PICK-LIST?: N

Data Source Hierarchy:
1. Triage Form / Trauma Flow Sheet
2. ED Record
3. Nurses notes

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_26: Intubation Status at Time of ED/Hospital Vitals

DEFINITION:
Indicates if patient was intubated prior to collection of the ED vital signs being documented. Intubation before GCS and RR can result in inefficient data for these values. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 change: Pick list updated. U (unknown) removed from list.
- Not Documented and Not Applicable may be used.

Pick list Data Values	Pick list Descriptions (Long Text)
Y	Yes
N	No

ASTR TABLE NAME (CARE PHASE): VITALS (TRA)
ASTR DATABASE FIELD NAME (system only)*: INTUBATED;
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy:
1. Triage Form / Trauma Flow Sheet
2. ED Record
3. Nurses notes

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_27: Paralytic Agent in Effect in ED/Hospital

DEFINITION:
Describes paralytic/sedative agents in effect before 1st recorded ED GCS was assessed. Prior administration can result in inefficient data for GCS. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 Change: Pick list updated. U (unknown) removed from list.
- Not Documented and Not Applicable may be used.

Pick list Data Values	Pick list Descriptions (Long Text)
P	Paralytic
S	Sedated
X	Sedated and Paralytic
N	No Paralytic or Sedative Agents

ASTR TABLE NAME (CARE PHASE): VITALS (TRA)
ASTR DATABASE FIELD NAME (system only)*: PAR_AGENT;
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy:
1. Triage Form / Trauma Flow Sheet
2. ED Record
3. Nurses notes

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_28: ED/Hospital Initial GCS Qualifiers

DEFINITION:
Documentation of factors potentially affecting the first assessment of GCS upon arrival in the ED/Hospital. First recorded vitals should be within 30 minutes or less of ED/hospital arrival. (GCS qualifier field for NTDB export) Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 Change: New field
- 2012 change: NTDB added new pick list values. This field has maximum 1 character width, so pick list was expanded using both letters A - H for new choices. Pick list titles (display only) were added for data entry purposes.
- Please note that first recorded hospital vitals do not need to be from the same assessment.
- 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 multiple factors are present affecting the GCS, be sure to select appropriate combination pick list choice.
- If an intubated patient has recently received an agent that results in neuromuscular blockade such that a motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurologic status and the chemical sedation modifier should be selected.
- Neuromuscular blockade is typically induced following the administration of agent like succinylcholine, mivacurium, rocuronium, (cis)atracurium, vecuronium, or pancuronium. While these are the most common agents, please review what might be typically used in your center so it can be identified in the medical record. Each of these agents has a slightly different duration of action, so their effect on the GCS depends on when they were given. For example, succinylcholine's effects last for only 5-10 minutes.
- Not Documented may be used.
- Not Applicable should be used if patient was not chemically sedated, intubated and did not have eye obstruction.

ED/TRAUMA SECTION - "AZ-TRAUMA"

2012 FORWARD PICK LIST CHOICES:	
Pick list Data Values	Pick list Descriptions (Long Text)
Pick list title: YES Intubation & NO Eye Obstruction:	
3	Intubated Only (NO Chemical Sedation or Paralytic Agent)
A	Intubated & Chemically Sedated & Paralytic Agent
4	Intubated & Chemically Sedated
B	Intubated & Paralytic Agent
Pick list title: NO Intubation & YES Sedation or Paralytic Agent:	
1	Chemically Sedated Only
C	Paralytic Agent Only
D	Chemically Sedated & Paralytic Agent
Picklist title: NO Intubation & YES Eye Obstruction:	
6	Intubated & Eye Obstruction
7	Intubated & Eye Obstruction & Sedated
G	Intubated & Eye Obstruction & Paralytics
H	Intubated & Eye Obstruction & Sedated & Paralytics

2008-2011 PICKLIST CHOICES:	
Pick list Data Values	Pick list Descriptions (Long Text)
1	Patient Chemically Sedated
2	Obstruction to the Patient's Eyes
3	Patient Intubated
4	Chemically Sedated & Intubated
5	Chemically Sedated & Obstruction to Eyes
6	Obstruction to Eyes & Intubated
7	Chem. Sedated & Obstruction to Eyes & Intubated

ASTR TABLE NAME (CARE PHASE): VITALS (TRA)
ASTR DATABASE FIELD NAME (system only)*: BP_MEASURE
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD:
NTDS Data Element #: ED_14   PICK-LIST?: Y

Data Source Hierarchy:
1. Triage Form / Trauma Flow Sheet
2. EMS Run Sheet
3. ED Record
4. Nurses notes

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_29: ED/Hospital Initial Temperature

DEFINITION:
First recorded temperature taken in your ED/hospital. First recorded vitals should be within 30 minutes or less of ED/hospital arrival.

COMMENTS (including when null values are appropriate):
- ASTR accepts temperature in Fahrenheit or Celsius. If temperature is entered in Fahrenheit, conversion to Celsius will be needed before export to NTDB.
- Please note that first recorded hospital vitals do not need to be from the same assessment.
- Not Documented means temperature was taken but value is unknown or not recorded.
- Not Applicable means no temperature was taken.

ASTR TABLE NAME (CARE PHASE): VITALS (TRA)
ASTR DATABASE FIELD NAME (system only)*: TEMP
FIELD TYPE: Numeric   FIELD WIDTH: 6.1   COPY FIELD:
NTDS Data Element #: ED_05   PICK-LIST?: N

Data Source Hierarchy:
1. Triage Form / Trauma Flow Sheet
2. ED Record
3. Nurses notes

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_30: Units of Temperature

DEFINITION:
The units used to document the patient's initial temperature. Single entry pick list.

COMMENTS (including when null values are appropriate):
- ASTR accepts temperature in Fahrenheit or Celsius. If temperature is entered in Fahrenheit, conversion to Celsius will be needed before export to NTDB.
- Not Documented means temperature was taken but value is unknown or not recorded.
- Not Applicable means no temperature was taken.

Pick list Data Values	Pick list Descriptions (Long Text)
F	Fahrenheit
C	Celsius

ASTR TABLE NAME (CARE PHASE): VITALS (TRA)
ASTR DATABASE FIELD NAME (system only)*: TEMP_UNITS
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy:
1. Triage Form / Trauma Flow Sheet
2. ED Record
3. Nurses notes

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_31: Temperature Route

DEFINITION:
The route used to measure the patient's initial temperature. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 change: Pick list updated. NOT DOCUMENTED removed from pick list. Null value Not Documented (*ND) to be used instead.
- 2009 change: Pick list updated. TEMPORAL was added to list.
- Not Documented means temperature was taken but value is unknown or not recorded.
- Not Applicable means no temperature was taken.

Pick list Data Values	Pick list Descriptions (Long Text)
ORAL	Oral
RECTAL	Rectal
AXILLARY	Axillary
TYMPANIC	Tympanic
FOLEY	Foley
TEMPORAL	Temporal Artery Sensor
OTHER	Other

ASTR TABLE NAME (CARE PHASE): VITALS (TRA)
ASTR DATABASE FIELD NAME (system only)*: TEMP_ LOC
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy:
1. Triage Form / Trauma Flow Sheet
2. ED Record
3. Nurses notes

ED/TRAUMA SECTION - "AZ-TRAUMA"

Data Element ED5_32: ED/Hospital Initial Revised Trauma Score

DEFINITION:
Patient's initial ED/Hospital Revised Trauma Score. Auto-calculated when ED/Hospital SBP, RR, and GCS are entered. Weighted RTS only. Constraint values 0-7.85 or null values.

COMMENTS (including when null values are appropriate):
- Not Documented and Not Applicable may be used.

ASTR TABLE NAME (CARE PHASE): VITALS (TRA)
ASTR DATABASE FIELD NAME (system only)*: RTS
FIELD TYPE: Numeric   FIELD WIDTH: 7.1   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: N

TOXICOLOGY FINDINGS SECTION

TOXICOLOGY FINDINGS SECTION - "AZ-TOXICOLOGY"

Data Element T6_01: Alcohol Use Indicator

DEFINITION:
Use of alcohol by the patient. A blood alcohol concentration (BAC) test was performed on the patient within 24 hours after first hospital encounter. Single entry pick list. Select most appropriate option.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- Alcohol testing may be documented at any facility (or setting) treating this patient event.
- Per NTDS, "Trace levels" is defined as any alcohol level below the legal limit of the testing state, but not zero. ASTR instructions: If lab result indicates alcohol value <10mg/dL or a result too low to specify a value, enter "No (confirmed by test)".
- "Beyond the legal limit" is defined by a BAC above the legal limit for the testing state. In AZ, the legal BAC limit is .08 (BAC >= 80 mg/dL). For patients under age 21, any conclusive level would be "beyond legal limit."
- Not Documented may be used if there is no documentation regarding alcohol testing.
- Not Applicable should not be used. "No, not suspected" should be used if patient was not suspected of alcohol use and no testing was performed.

Pick list Data Values	Pick list Descriptions (Long Text)
NOT_SUSPECTED	NO- not suspected
CONFIRMED_NONE	NO- confirmed by test
SUSPECTED	Suspected use, not tested
PT REPT_NO TEST	Patient reported use, not tested
BELOW_LEGAL_LMT	YES- confirmed by test, under legal limit (NTDB trace level)
ABOVE_LEGAL_LMT	YES- confirmed by test, beyond legal limit

ASTR TABLE NAME (CARE PHASE): STAT2008
ASTR DATABASE FIELD NAME (system only)*: A_INDICATE
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD:
NTDS Data Element #: ED_18   PICK-LIST?: Y

Data Source Hierarchy:
1. Triage Form / Trauma Flow Sheet
2. ED Record
3. EMS Run Sheet
4. Nurses notes   5. Self/Family report

TOXICOLOGY FINDINGS SECTION - "AZ-TOXICOLOGY"

Data Element T6_02: Blood Alcohol Content - mg/dL

DEFINITION:
Level of blood alcohol concentration (BAC) detected in the patient's blood (milligrams per deciliter, no decimals). Must be submitted as mg/dL (3 digit value, no decimal).

COMMENTS (including when null values are appropriate):
- If lab result indicates alcohol value <10mg/dL or a result too low to specify a value, enter 0 (zero).
- Blood alcohol concentration (BAC) may be documented at any facility (or setting) treating this patient event, including referring facility lab results. Only first recorded blood alcohol concentration (BAC) results within 24 hours after first hospital encounter.
- Not Documented may be used if there is no documentation in record regarding alcohol testing.
- Not Applicable should be used if patient's BAC was not tested.

ASTR TABLE NAME (CARE PHASE): VITALS (TRA)
ASTR DATABASE FIELD NAME (system only)*: ETOH_LEVEL;
FIELD TYPE: Numeric   FIELD WIDTH: 3   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: N

Data Source Hierarchy:
1. Triage Form / Trauma Flow Sheet
2. ED Record
3. Nurses notes

TOXICOLOGY FINDINGS SECTION - "AZ-TOXICOLOGY"

Data Element T6_03: Drug Use Indicator

DEFINITION:
Use of drugs by the patient (prescription and illegal). First recorded positive drug screen results within 24 hours after first hospital encounter (select all that apply). Single entry pick list, per software system design.

COMMENTS (including when null values are appropriate):
2018 clarification:
- 2018 definition clarified to match NTDB;
- 2008 changes: Entirely new pick list adopted to match NTDS list. Many system codes are different from the 2005-2007 list, even if long text appears similar. When querying multiple years of data, pay special attention to the old and new codes.
- Enter "Yes, confirmed legal AND illegal use drugs" if patient used both legal and illegal drugs.
- Field applies to drugs used by patient prior to, or at the time of injury. This field does NOT pertain to drugs given to patient by EMS provider or drugs given at your hospital.
- "Illegal use drug" includes the illegal use of prescription drugs. Registrar should carefully review chart for indication if prescription drug was being used legally. If this cannot be determined, registrar will select "legal use" for prescription drug.
- Drug use may be documented at any facility (or setting) treating this patient event.
- Not Documented may be used if there is no documentation in record regarding drug testing.
- Not Applicable should not be used. "No (not suspected)" should be used if patient was not tested for drugs.

Pick list Data Values	Pick list Descriptions (Long Text)
NOT_SUSPECTED	NO- not suspected
CONFIRMED_NO	NO- confirmed by test
SUSPECTED	Suspected use, not tested
YES_LEGAL_USE	YES- confirmed by test, legal use prescription drug
YES_ILLEGAL_USE	YES- confirmed illegal use drug or illegal use prescription
YES_LGL+ILLEGAL	YES- confirmed legal AND illegal use drugs

ASTR TABLE NAME (CARE PHASE): TRA
ASTR DATABASE FIELD NAME (system only)*: TR_UNCPROB
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD:

TOXICOLOGY FINDINGS SECTION - "AZ-TOXICOLOGY"

NTDS Data Element #: ED_17   PICK-LIST?: Y

Data Source Hierarchy:
1. Triage Form / Trauma Flow Sheet
2. ED Record
3. EMS Run Sheet
4. Nurses notes
5. Self/Family-report

TOXICOLOGY FINDINGS SECTION - "AZ-TOXICOLOGY"

Data Element T6_04: Toxicology Substances Found

DEFINITION:
Specific drugs used by patient. If drug screen was positive, select all substance(s) detected. Multiple entry pick list. Select all that apply.

COMMENTS (including when null values are appropriate):
- Field applies to drugs used by patient prior to, or at the time of injury. This field does NOT pertain to drugs given to patient by EMS provider or drugs given at your hospital.
- "Illegal use drug" includes the illegal use of prescription drugs. Registrar should carefully review chart for indication if prescription drug was being used legally. If this cannot be determined, registrar will select "legal use" for prescription drug.
- Drug use may be documented at any facility (or setting) treating this patient event.
- Noted 2023: we will follow the federal law and capture marijuana use (THC) as illegal drug use unless the person has a documented medical marijuana card; in which case it will be collected as legal prescription use.
- Not Documented may be used if there is no documentation in record regarding drug testing.
- Not Applicable should be used if patient's blood was not tested for drugs or if no drugs were found.

Pick list Data Values	Pick list Descriptions (Long Text)
AMPHETAMINE	Methamphetamine
BARBITURATES	Barbiturates
BENZODIAZEPINE	Benzodiazepine
COCAINE	Cocaine
ECSTASY	Ecstasy (2017 forward)
FENTANYL	Fentanyl
METHADONE	Methadone (2017 forward)
METHAMPHETAMINE	Methamphetamine (2017 forward)
OPIATE	Opiate
OXYCODONE	Oxycodone (2017 forward)
PHENCYCLIDINE	Phencyclidine
THC MARIJUANA	THC Marijuana
TRYCYCLIC	Trycyclic antidepressant (2017 forward)
OTHER	Other
NONE	None
NOT TESTED	Not Tested

TOXICOLOGY FINDINGS SECTION - "AZ-TOXICOLOGY"

ASTR TABLE NAME (CARE PHASE): TOXIANAL
ASTR DATABASE FIELD NAME (system only)*: SUBSTANCE
FIELD TYPE: Character   FIELD WIDTH: 20   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy:
1. Triage Form / Trauma Flow Sheet
2. ED Record
3. EMS Run Sheet
4. Nurses notes
5. Self/Family-report

DISCHARGE SECTION

DISCHARGE SECTION - "AZ-DISCHARGE"

Data Element D7_01: Final Outcome

DEFINITION:
Indicates whether patient was alive or deceased at the time of ED or inpatient discharge from your facility.

COMMENTS (including when null values are appropriate):
- 2008 change: Pick list updated. U (Unknown) removed from pick list.
- Not Documented may be used in rare instances, but every attempt should be made to determine patient outcome at discharge.
- Not Applicable should not be used. Outcome should be entered for all patients regardless of admission status.

Pick list Data Values	Pick list Descriptions (Long Text)
L	Lived
D	Died

ASTR TABLE NAME (CARE PHASE): POSTHOSP
ASTR DATABASE FIELD NAME (system only)*: FNL_OUTCM
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy:
1. Triage Form / Trauma Flow Sheet
2. ED Record
3. Nurses notes

DISCHARGE SECTION - "AZ-DISCHARGE"

Data Element D7_02: Total ICU Length of Stay

DEFINITION:
The total number of patient days in any Intensive Care Unit (ICU) -
including all episodes. Values 1 - 400 or null values. For zero, use *NA null
value.

COMMENTS (including when null values are appropriate):
- 2008 change: Added NTDS clarification regarding calculation of ICU
  LOS.
- Per NTDS, record in full day increments with any partial day listed as
  a full day. Total time spent in ICU should be calculated in hours and
  rounded to the next full day increment.
- Field 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. Refer to Appendix H1-A2 for example
  Total ICU calculations, per NTDB instructions.
- Only the total ICU value should be submitted to ASTR.
- Not Documented may be used.
- Not Applicable should be used if patient did not receive care in the
  ICU. Per NTDB, do not use 0 (zero).

ASTR TABLE NAME (CARE PHASE): ICU
ASTR DATABASE FIELD NAME (system only)*: LOS
FIELD TYPE: Numeric   FIELD WIDTH: 4   COPY FIELD:
NTDS Data Element #: O_01   PICK-LIST?: N

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

DISCHARGE SECTION - "AZ-DISCHARGE"

Data Element D7_03: Total Ventilator Days

DEFINITION:
The total number of patient days spent on a mechanical ventilator.
Includes all mechanical ventilation time, except mechanical ventilation
initiated solely for an OR procedure. Includes ED vent time but not vent
time for organ harvesting. Values 1 - 400 or null values. For zero, use *NA
null value.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- Per NTDS, record in full day increments with a partial day listed as a
  full day. Total time spent on ventilator should be calculated in hours
  and rounded to the next full day increment. Exclude time associated
  with OR procedures.
- Field allows for multiple stop and start dates and calculates with total
  days spent on a mechanical ventilator. If patient begins and ends
  mechanical ventilation on the same date, the total ventilator days is
  one day. Refer to Appendix H1-A2 for example Total Vent Day
  calculations, per NTDB instructions.
- Only the total ICU value should be submitted to ASTR.
- Not Documented may be used.
- Not Applicable should be used if patient did not receive any mechanical
  ventilation or if patient received ventilation solely for an OR procedure.
  Per NTDB, do not use 0 (zero).

ASTR TABLE NAME (CARE PHASE): STAT2008
ASTR DATABASE FIELD NAME (system only)*: A_VENTDAYS
FIELD TYPE: Numeric   FIELD WIDTH: 5   COPY FIELD:
NTDS Data Element #: O_02   PICK-LIST?: N

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

DISCHARGE SECTION - "AZ-DISCHARGE"

Data Element D7_04: Autopsy Identification Number

DEFINITION:
Identification number of autopsy (coroner/medical examiner number).

COMMENTS (including when null values are appropriate):
- Not Documented may be used if patient had autopsy but ID number is unknown.
- Not Applicable should be used if patient survived or if patient expired and did not have an autopsy performed.

ASTR TABLE NAME (CARE PHASE): MORTDETS
ASTR DATABASE FIELD NAME (system only)*: AUTOP_IDNO
FIELD TYPE: Character   FIELD WIDTH: 10   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: N

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

DISCHARGE SECTION - "AZ-DISCHARGE"

Data Element D7_05: Hospital (Inpatient) Discharge Date

DEFINITION:
The date the patient was discharged (as an inpatient) from your hospital.

COMMENTS (including when null values are appropriate):
- 2008 change: Entry of Not Applicable in this field will indicate to system that ED Exit date/time should be used in calculation of Total Hospital LOS.
- Field is used to calculate Admission LOS and Total Hospital LOS.
- Not Documented should not be used.
- Not Applicable should be used if patient was never admitted as an inpatient to your hospital.

ASTR TABLE NAME (CARE PHASE): POSTHOSP
ASTR DATABASE FIELD NAME (system only)*: PH_ENT_DT
FIELD TYPE: Date   FIELD WIDTH: 8   COPY FIELD:
NTDS Data Element #: Does not map to NTDB   PICK-LIST?: N

Data Source Hierarchy:
1. Hospital Record
2. ICU Nursing Flow Sheet
3. Billing Sheet / Medical Records Coding Summary Sheet
4. Physician Discharge Summary

DISCHARGE SECTION - "AZ-DISCHARGE"

Data Element D7_06: Hospital (Inpatient) Discharge Time

DEFINITION:
The time the patient was discharged (as an inpatient) from your hospital.
hhmm - Military time format

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- If patient died while admitted to your hospital, the date and time of discharge is the time the patient was pronounced by the physician.
- Time fields should be entered in AZ Mountain Standard Time (MST).
- Field is used to calculate Total Hospital LOS.
- Not Documented should not be used.
- Not Applicable should be used if patient was never admitted as an inpatient to your hospital.

ASTR TABLE NAME (CARE PHASE): POSTHOSP
ASTR DATABASE FIELD NAME (system only)*: PH_ENT_TM
FIELD TYPE: Time   FIELD WIDTH: 6   COPY FIELD:
NTDS Data Element #: Does not map to NTDB   PICK-LIST?: N

Data Source Hierarchy:
1. Hospital Record
2. Billing Sheet / Medical Records Coding Summary Sheet
3. Physician Discharge Summary

DISCHARGE SECTION - "AZ-DISCHARGE"

Data Element D7_07: Hospital Admission Length of Stay (Days)

DEFINITION:
The total number of days the patient was an inpatient at your facility.
Calculated in days.

COMMENTS (including when null values are appropriate):
- Automatically calculated as the date difference between Hospital Admission Date and Hospital (Inpatient) Discharge Date. Admission and discharge times are not used in this calculation. Admission time is not an ASTR required field.
- Note: Admission and Discharge on the same day equals LOS of one day. (Admit 1/1/08 and D/C 1/1/08 = 1 day / Admit 1/1/08 and D/C 1/2/08 = 1 day / Admit 1/1/08 and D/C 1/3/08 = 2 days, Admit 1/1/08 and D/C 1/4/08 = 3 days, etc.)
- Not Documented should not be used.
- Not Applicable should be used if patient was never admitted as an inpatient to your hospital.

ASTR TABLE NAME (CARE PHASE): MAINDATA
ASTR DATABASE FIELD NAME (system only)*: LOS
FIELD TYPE: Numeric   FIELD WIDTH: 4   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: N

DISCHARGE SECTION - "AZ-DISCHARGE"

Data Element D7_08: Total Hospital Length of Stay (ED + Admission)

DEFINITION:
The patient's total ED and hospital stay at your facility. Calculated in Days, up to 2 decimal places, no rounding. Auto-calculated by System.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- Calculation for admitted patients: If patient was admitted, the system will calculate Hospital (Inpatient) Discharge Date/Time minus ED/Hospital Arrival Date/Time.
- Calculation for ED only patients: If Hospital (Inpatient) Discharge Date is entered by the user as Not Applicable (null value), the system will use ED Exit Date/Time instead of Hospital Discharge Date/Time to calculate Total Hospital LOS.
- Not Documented and Not Applicable should not be used.

ASTR TABLE NAME (CARE PHASE): STAT2008
ASTR DATABASE FIELD NAME (system only)*: A_THOSPLOS
FIELD TYPE: Numeric   FIELD WIDTH: 9.2   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: N

DISCHARGE SECTION - "AZ-DISCHARGE"

Data Element D7_09: Hospital (Inpatient) Discharge Disposition

DEFINITION:
The disposition of the patient at discharge from your hospital (after an inpatient stay). Single entry pick list.

COMMENTS (including when null values are appropriate):
- If multiple orders were written, report the final disposition order.
- 2014 Change: Picklist items added per NTDB:
  - COURT/LAW - Discharge/Transfer to court/law enforcement
  - INPATIENT REHAB - Discharge/Transfer to Inpatient Rehab
  - LTCH - Discharge/Transfer to Long Term Care Hosp
  - PSYCHIATRIC - Discharge/Transfer to psychiatric hosp or unit
  - OTHER INSTITUTION - Discharge/Transfer to other institution
- 2013 change: Per national changes, "Left against medical advice" was updated to "Left against medical advice or discontinued care".
- The NTDS purpose of this field is to "roughly characterize functional status at hospital discharge". "Discharged home with no home services" refers to any non-medical facility that is patient's current place of residence. Prison, Child Protective Services, etc. are similar in the level of medical care that would be required at home. Discharge to any other medical facility, other than those on list, should be coded as "Discharged/ Transferred to another type of rehabilitation or long-term care facility".
- The ACUTE CARE option in AZ databases (Discharge/Transfer to another acute care hospital using EMS) should be mapped to NTDS option 1 (Discharged/Transferred to a short-term general hospital for inpatient care.)
- If disposition entered does NOT indicate an acute care transfer, the system should auto-fill Not Applicable (null value) for Hospital Discharge Destination Hospital, Hospital Discharge Destination Transport Agency, and Hospital Discharge Transfer Reason.
- Skilled Nursing Care is "daily nursing and rehabilitative care that is performed only by or under the supervision of skilled professional or technical personnel. Skilled care includes administering of medication, medical diagnosis and minor surgery.
- Intermediate care facility (ICF) is "a facility providing a level of medical care that is less than the degree of care and treatment that a hospital or SNF is designed to provide but greater than the level of room and board."
- Home Health Agency must be an organized home health service. This is a "a certified service approved to provide care received at home as part-time skilled nursing care, speech therapy, physical or occupational therapy or, part-time services of home health aides."

DISCHARGE SECTION - "AZ-DISCHARGE"

- Hospice is "an organization which is primarily designed to provide pain relief, symptom management and supportive services for the terminally ill and their families."
- Not Documented may be used in rare instances, but attempt should be made to identify disposition.
- Not Applicable should be used if patient was never admitted to your hospital.

Pick list Data Values	Pick list Descriptions (Long Text)
ACUTE CARE	Discharge/Transfer to another acute care hospital using EMS
INTERM CARE FACILITY	Discharge/Transfer to an Intermediate Care Facility
HOME HEALTH	Discharge/Transfer to home under care of Home Health Agency
LEFT AMA	Left against medical advice or discontinued care
EXPIRED	Deceased/Expired
HOME	Discharged to home or self-care (routine discharge)
DISCHARGED, SNF	Discharge/Transfer to Skilled Nursing Facility
HOSPICE	Discharge/Transfer to hospice care
COURT/LAW	Discharge/Transfer to court/law enforcement (2014 Forward)
INPATIENT REHAB	Discharge/Transfer to Inpatient Rehab (2014 Forward)
LTCH	Discharge/Transfer to Long Term Care Hosp (2014 Forward)
PSYCHIATRIC	Discharge/Transfer to psychiatric hosp or unit (2014 Forward
OTHER INSTITUTION	Discharge/Transfer to other institution (2014 Forward)

ASTR TABLE NAME (CARE PHASE): POSTHOSP
ASTR DATABASE FIELD NAME (system only)*: DSCHG_TO
FIELD TYPE: Character   FIELD WIDTH: 25   COPY FIELD:
NTDS Data Element #: O_05   PICK-LIST?: Y

DISCHARGE SECTION - "AZ-DISCHARGE"

Data Element D7_10: Hospital Discharge Destination Hospital

DEFINITION:
The name of the acute care hospital that your facility transferred this patient to, after patient received inpatient care at your facility. Patient must be transferred by EMS to an acute care hospital for this field to be applicable.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- Not Documented should be used if the discharge destination hospital cannot be determined.
- Not Applicable should be used if patient was not transferred from your hospital to another acute care hospital after inpatient care. (See auto-fill note under Hospital Discharge Disposition.)

ASTR TABLE NAME (CARE PHASE): STAT2008
ASTR DATABASE FIELD NAME (system only)*: A_HDESTH
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

DISCHARGE SECTION - "AZ-DISCHARGE"

Data Element D7_11: Hospital Discharge Transport Agency

DEFINITION:
The code for the EMS agency that transported the patient from your facility to another acute care hospital, after patient received inpatient care at your facility. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- Not Documented may be used if the name of the EMS transport agency is unknown.
- Not Applicable should be used if patient was not transferred from your hospital to another acute care hospital after inpatient care. (See auto-fill note under Hospital Discharge Disposition.)

Pick list Data Values	Pick list Descriptions (Long Text)
NO_EMS_CARE	No EMS Care
EMS_TRANSPORT	EMS Transporter (Because this field refers to an EMS transport, user should only select an option from the EMS Transporter sub pick list.)
EMS_NON_TRANSPT	EMS 1st Response Non-Transport

ASTR TABLE NAME (CARE PHASE): STAT2008
ASTR DATABASE FIELD NAME (system only)*: A_HTAGNT
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

DISCHARGE SECTION - "AZ-DISCHARGE"

Data Element D7_12: Hospital Discharge Transfer Reason

DEFINITION:
The reason your facility transferred this patient to another acute care hospital, after patient received inpatient care at your facility. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- Not Documented should be used if the transfer reason cannot be determined.
- Not Applicable should be used if patient was not transferred from your hospital to another acute care hospital after inpatient care. (See auto-fill note under Hospital Discharge Disposition.)

Pick list Data Values	Pick list Descriptions (Long Text)
HIGHER_CARE	Higher Level of Care/Specialty Care
BURN_UNIT	Transfer to Burn Unit
INSURANCE	Insurance Reason
RESOURCES	Resources Unavailable
PATIENT_RQST	Patient Request
LOWER_CARE	Lower Level of Care
OTHER	Other

ASTR TABLE NAME (CARE PHASE): STAT2008
ASTR DATABASE FIELD NAME (system only)*: A_HDREASON
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

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DISCHARGE SECTION - "AZ-DISCHARGE"

Data Element D7_13: State Patient?

DEFINITION:
"State Patient" field indicating whether patient meets inclusion criteria for export to ASTR.

COMMENTS (including when null values are appropriate):
- Hospitals may want to capture patients that do not meet ASTR criteria. This field allows hospitals to identify which records should not export to ASTR.
- System should auto-fill to Yes, but entry can be changed. Selection of "No" by user will indicate to system that this is not an ASTR patient.

Pick list Data Values	Pick list Descriptions (Long Text)
Y	Yes
N	No

ASTR TABLE NAME (CARE PHASE): MAINDATA
ASTR DATABASE FIELD NAME (system only)*: TCCODE
FIELD TYPE: Character   FIELD WIDTH: 3   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

DISCHARGE SECTION - "AZ-DISCHARGE"

Data Element D7_14: Location of ED/Hospital Procedures

DEFINITION:
The location at which each procedure was performed. Enter procedures performed in your hospital or in referring hospital. Pick list allows for selection of a corresponding location for each procedure performed.

COMMENTS (including when null values are appropriate):
- 2008 change: Pick list updated to clarify between referring and reporting hospital procedures. REF "Referring Facility" text was updated to "REFERRING FACILITY (any location)." OTH "Other" text was updated to "Other Location in Your Hospital".
- A valid location should be entered for each procedure performed on patient.
- All location categories except "REFERRING FACILITY" refer to locations within your hospital. For procedures performed anywhere in the Referring Facility, select REF "REFERRING FACILITY" from pick list.
- ASTR requests procedures performed in the reporting and referring hospitals. NTDB requests only reporting hospital procedures. At NTDB export, all procedures should be sent except those marked as REF "REFERRING FACILITY".
- Not Documented may be used.
- Not Applicable should be used if no procedures were performed.

Pick list Data Values   Pick list Descriptions (Long Text)

ED	ED
OR	OR
RAD	Radiology
IR	Interventional Radiology
ICU	ICU
SPU	Special Procedures Unit
MED	Medical Surgical / Floor
MSR	Minor Surgery Unit
CAT	Cath Lab
NUC	Nuclear Medicine
STE	Stepdown Unit
CAR	Cardio Diagnostics
BRN	Burn Unit
L&D	Labor & Delivery
PAC	PACU
OTH	Other Location in Your Hospital
REF	REFERRING FACILITY (any location)

DISCHARGE SECTION - "AZ-DISCHARGE"

ASTR TABLE NAME (CARE PHASE): SURG (TRA)
ASTR DATABASE FIELD NAME (system only)*: PHASE_COPY
FIELD TYPE: Character   FIELD WIDTH: 3   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy:
1. OR Nurses' Notes
2. Operative Reports
3. Anesthesia Record

DISCHARGE SECTION - "AZ-DISCHARGE"

Data Element D7_15: ED/Hospital Procedure Start Date

DEFINITION:
The date operative and/or essential procedures were performed. Format mmddyyyy.

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- Not Documented may be used.
- Not Applicable should be used if no procedures were performed on patient.

ASTR TABLE NAME (CARE PHASE): SURG (TRA)
ASTR DATABASE FIELD NAME (system only)*: DT
FIELD TYPE: Date   FIELD WIDTH: 8   COPY FIELD: Multi
NTDS Data Element #: HP_02   PICK-LIST?: N

Data Source Hierarchy:
4. OR Nurses' Notes
5. Operative Reports
6. Anesthesia Record

DISCHARGE SECTION - "AZ-DISCHARGE"

Data Element D7_16: ED/Hospital Procedure Start Time

DEFINITION:
The time operative and/or essential procedures were performed. hhmm - Military time format

COMMENTS (including when null values are appropriate):
- 2008 change: New field
- Procedure start time is defined as the time the incision was made (or the procedure started).
- Not Documented may be used.
- Not Applicable should be used if no procedures were performed.

ASTR TABLE NAME (CARE PHASE): SURG (TRA)
ASTR DATABASE FIELD NAME (system only)*: AN_ST_TME
FIELD TYPE: Time   FIELD WIDTH: 6   COPY FIELD: Multi
NTDS Data Element #: HP_03   PICK-LIST?: N

Data Source Hierarchy:
1. OR Nurses' Notes
2. Operative Reports
3. Anesthesia Record

DISCHARGE SECTION - "AZ-DISCHARGE"

Data Element D7_17: ED/Hospital Procedure Codes

DEFINITION:
Operative and/or essential procedures conducted during hospital stay.
Multiple entry pick list. Select all that apply. (NTDS max = 200)

COMMENTS (including when null values are appropriate):
- 2022 change: NTDB added plain radiography of whole body, Plain radiography of whole skeleton, and Plain radiography of infant whole body to the Diagnostic and Therapeutic Imaging section of procedures that need to be recorded.
- 2016 change: Use ICD-10 PCS for ED/Arrivals dates effective 1/1/2016 forward
- 2008 change: Added NTDS clarification regarding which procedures should be entered.
- 2011 change: NTDB provided a minimum list of what procedures are considered essential for trauma data entry. ASTR adopted this list for minimum state standards, per TRUG and TEPI.
- Operative and/or essential procedures are defined as those procedures performed in the OR, ED, or ICU that were essential to the diagnoses, stabilization or treatment of the patient's specific injuries.
- For 2011 and forward data, NTDB provided a list of the minimum hospital procedures required for data entry. Please refer to National Trauma Data Standard (NTDS) Data Dictionary for the current list of required procedures that must be entered. Hospitals may capture any additional procedures required by their institution.
- The required procedures list is the same for Referring and Reporting Hospital procedures. Use location REF for all procedures performed in a Referring Facility.
- "Repeated diagnostic procedures (e.g., repeated CT scan) should not be recorded - record only the first procedure." See required list for more information.
- Pre-hospital EMS procedures should <u>not</u> be entered into this field.
- Not Documented may be used.
- Not Applicable should be used if no procedures were performed.

ASTR TABLE NAME (CARE PHASE): SURG (TRA)
ASTR DATABASE FIELD NAME (system only)*: PROC_ICD9
FIELD TYPE: Character   FIELD WIDTH: 6   COPY FIELD: Multi
NTDS Data Element #: HP_01   PICK-LIST?: Y

Data Source Hierarchy
   1. Operative Reports
   2. ER and ICU Records

DISCHARGE SECTION - "AZ-DISCHARGE"

3. Trauma Flow Sheet
4. Anesthesia Record
5. Billing Sheet / Medical Records Coding Summary Sheet
6. Hospital Discharge Summary

DISCHARGE SECTION - "AZ-DISCHARGE"

Data Element D7_18: Hospital Complications

DEFINITION:
Any medical complication (based on NTDS required list) that occurred during the patient's stay at your hospital. Multiple entry pick list. Select all that apply.

COMMENTS (including when null values are appropriate):
- 2019 Changes: Complications: NTDB has renamed these to Hospital Events and is collecting each one as a separate data element. ASTR will continue to call these Complications as they are identified in the Trauma Rules and collect them in the same picklist format. The values will be mapped to their corresponding NTDB data elements.
- 2008 changes: Implemented new NTDS complication list. Many system codes (data values) were changed. When querying multiple years of data, pay attention to old and new codes. RENF, ARDS, CARA, COAG, MYCI, PNEU and PEMB were carried over from 2005-2007 list. All other codes are new or changed starting Jan 2008.
- 2009 changes: NO_NTDS was removed from pick list for 2009 data entry. OTHR was added to list in 2009. Note: In 2008, user was instructed to enter NO_NTDS if patient had no complications OR if patient only had complications not on the pick list. For 2009, user was instructed to enter OTHR when patient had other complications not on pick list. If patient had no complications at all, user was instructed to enter Not Applicable (*NA).
- 2011 changes: ASTR adopted the national NTDS changes to Complications list. CRBI, OSTM, SSEP, UICU, UROR and UNTI were added as new for 2011. ABCS, ABFA, BASE, BLEE, COAG, COMA, PRES, SEPS and WNDD were retired.
- 2012 changes: ASTR adopted the national NTDS changes to Complications list. "Acute renal failure" text updated to "Acute kidney injury / Acute renal failure". "Acute respiratory distress syndrome (ARDS)" text updated to "Acute lung injury/Acute respiratory distress syndrome (ARDS)". No code changes.
- 2013 change: Per national changes, the display text for "Cardiac Arrest with CPR" was revised to "Cardiac arrest with resuscitative efforts by healthcare provider". Reporting code was not changed.
- Pick list based on NTDS list. Patient may have other complication(s) not on this list. If your hospital wishes to collect additional complications, please do so in a separate field. Select "OTHER COMPLICATIONS EXIST- not on this list" (OTHR) if patient had complications but the complication(s) is not a choice from the NTDS list.

DISCHARGE SECTION - "AZ-DISCHARGE"

- Not Documented should be used if hospital complications are unknown or not recorded.
- Not Applicable (*NA) should be used if patient had no complications at all.

Pick list Data Values   Pick list Descriptions (Long Text)

CURRENT COMPLICATIONS LIST:	
RENF	Acute kidney injury / Acute renal failure
ALCO	Alcohol withdrawal syndrome (2017 forward)
ARDS	Acute respiratory distress syndrome (ARDS)
CAWC	Cardiac arrest with CPR
CAUT	Catheter-associated urinary tract infection (2016 forward)
CLAB	Central line-associated bloodstream infection(2016 forward)
~~CRBI~~	~~Catheter-Related Blood Stream Infection (retired 2016)~~
~~DECU~~	~~Decubitus ulcer (Retired 2017)~~
DELI	Delirium
DINF	Deep surgical site infection
~~DRUG~~	~~Drug or alcohol withdrawal syndrome (Retired 2017)~~
DVTT	Deep Vein Thrombosis (DVT)
~~EXCS~~	~~Extremity compartment syndrome (Retired 2022)~~
~~FAIL~~	~~Graft/prosthesis/flap failure (retired 2016)~~
MYCI	Myocardial infarction
INFE	Organ/space surgical site infection
OSTM	Osteomyelitis (2011 forward)
~~PNEU~~	~~Pneumonia (retired 2016)~~
PRUL	Pressure ulcer (2017 forward)
PEMB	Pulmonary embolism
SSEP	Severe sepsis (2011 forward)
SCVA	Stroke / CVA
SISS	Superficial Incisional Surgical Site Infection (2017 forward)
~~SINF~~	~~Superficial surgical site infection (Retired 2017)~~
UINT	Unplanned intubation
UICU	Unplanned admission to the ICU (2011 forward)
~~UROR~~	~~Unplanned return to the OR (2011 forward) retired 2020~~
UVOR	Unplanned Visit to the OR (2020 forward)
~~UNTI~~	~~Urinary Tract Infection (retired 2016)~~
VAPN	Ventilator-associated pneumonia (2016 forward)
OTHR	OTHER COMPLICATIONS EXIST- not on this list

RETIRED FOR 2011 FORWARD (only used in 2008-2010 data):	
ABCS	*Abdominal compartment syndrome*
ABFA	*Abdominal fascia left open*
BASE	*Base deficit*
BLEE	*Bleeding*
COAG	*Coagulopathy*
COMA	*Coma*
PRES	*Intracranial pressure*

SEPS	*Systemic sepsis*
WNDD	*Wound disruption*

COMPLICATIONS LIST FOR 2008-2010:	
NONE	No NTDS listed medical complications occurred
ABCS	Abdominal compartment syndrome
ABFA	Abdominal fascia left open
RENF	Acute renal failure
ARDS	Acute respiratory distress syndrome (ARDS)
BASE	Base deficit
BLEE	Bleeding
CAWC	Cardiac arrest with CPR
COAG	Coagulopathy
COMA	Coma
DECU	Decubitus ulcer
DINF	Deep surgical site infection
DRUG	Drug or alcohol withdrawal syndrome
DVTT	Deep Vein Thrombosis (DVT) / thrombophlebitis
EXCS	Extremity compartment syndrome
FAIL	Graft/prosthesis/flap failure
PRES	Intracranial pressure
MYCI	Myocardial infarction
INFE	Organ/space surgical site infection
PNEU	Pneumonia
PEMB	Pulmonary embolism
SCVA	Stroke / CVA
SINF	Superficial surgical site infection
SEPS	Systemic sepsis
UINT	Unplanned intubation
WNDD	Wound disruption
OTHR	OTHER COMPLICATIONS EXIST (not on this list)

ASTR TABLE NAME (CARE PHASE): NINJCOMP (TRA)
ASTR DATABASE FIELD NAME (system only)*: NINJ_NTDB
FIELD TYPE: Character   FIELD WIDTH: 4   COPY FIELD: Multi
NTDS Data Element #: Q_01   PICK-LIST?: Y

Data Element D7_19: Hospital Complications (Text Only)

DEFINITION:
Corresponding text for the hospital complication codes entered above.

COMMENTS (including when null values are appropriate):
* Auto-filled from complications codes selected above. For data entry view only. Do not use this field for reporting.

ASTR TABLE NAME (CARE PHASE): NINJCOMP (TRA)
ASTR DATABASE FIELD NAME (system only)*: DESCRPTIO
FIELD TYPE: Character   FIELD WIDTH: 55   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: N

INJURY DIAGNOSIS SECTION

INJURY DIAGNOSES SECTION - "AZ-DIAGNOSES"

RETIRED: Data Element I8_01: ICD-9-CM Injury Diagnosis Code(s)

DEFINITION:
ICD-9-CM final injury diagnoses related to all identified injuries (Also referred to as N-codes, nature of injury). Multiple entry pick list. Select all that apply. (NTDS = max 50). Refer to ICD-9-CM coding manual for more details.

COMMENTS (including when null values are appropriate):
- RETIRED 2016;
- Valid ICD-9-CM injury diagnosis codes. Submit to ASTR as a 3 digit number, followed by decimal, and 4th or 5th digit as required. If you double-click your selection from the pick list, the ICD-9-CM code will format properly and the system will generate the body region, severity value, and an ICD-9-CM Injury Severity Score based on injury diagnoses selected.
- Diagnosis codes 800.00-999.9 (do not enter E-codes in this field)
- ICD-9-CM and AIS 2005 codes do not need to be entered together line by line. Do not leave extra spaces or *NA values in the middle of the coding.
- Not Documented may be used.
- Not Applicable (*NA) should be entered on the first diagnosis line if the patient meets the ASTR patient inclusion criteria but no injuries are detected.

ASTR TABLE NAME (CARE PHASE): INJDIAG (TRA)
ASTR DATABASE FIELD NAME (system only)*: INJ_COMP
FIELD TYPE: Character   FIELD WIDTH: 6   COPY FIELD: Multi
NTDS Data Element #: DG_02   PICK-LIST?: Y

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

INJURY DIAGNOSES SECTION - "AZ-DIAGNOSES"

RETIRED: Data Element I8_02: Severity Value (for ICD diagnosis codes)

DEFINITION:
Corresponding AIS severity code that reflects the severity of the ICD-9-CM injury diagnosis entered.

COMMENTS (including when null values are appropriate):
- RETIRED 2016;
- One selection per diagnosis entered. Auto-generated by system after selecting a valid ICD-9-CM injury diagnosis from the pick list.
- AIS severity values include: 1 (minor), 2 (moderate), 3 (serious), 4 (severe), 5 (critical), 6 (maximum injury/virtually unsurvivable)
- Not Documented may be used.
- Not Applicable (*NA) should be entered on the <u>first</u> diagnosis line if the patient meets the ASTR patient inclusion criteria but no injuries are detected.

ASTR TABLE NAME (CARE PHASE): INJDIAG (TRA)
ASTR DATABASE FIELD NAME (system only)*: AIS
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: N

INJURY DIAGNOSES SECTION - "AZ-DIAGNOSES"

RETIRED: Data Element I8_03: Body Part Injured (for ICD diagnosis codes)

DEFINITION:
Corresponding body region for the ICD-9-CM injury diagnosis entered.

COMMENTS (including when null values are appropriate):
- RETIRED 2016;
- 2008 change: 2005-2007 data for this field was a mix of AIS and ICD-9-CM body region values. For 2008, this field will only reflect the body region values for ICD-9-CM diagnoses only. Starting January 2008, a separate body region, severity and ISS is calculated for ICD-9-CM and AIS 2005 codes.
- One selection per diagnosis entered. Auto-generated by system after selecting a valid ICD-9-CM injury diagnosis from the pick list.
- Body Part values include: 1 (head or neck), 2 (face), 3 (chest), 4 (Abdominal or pelvic contents), 5 (Extremities or pelvic girdle), 6 (external)
- Not Documented may be used.
- Not Applicable (*NA) should be entered on the <u>first</u> diagnosis line if the patient meets the ASTR patient inclusion criteria but no injuries are detected.

ASTR TABLE NAME (CARE PHASE): INJDIAG (TRA)
ASTR DATABASE FIELD NAME (system only)*: BODY_PART
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: Y

INJURY DIAGNOSES SECTION - "AZ-DIAGNOSES"

RETIRED: Data Element I8_04: Injury Severity Score (calculated based on ICD-9-CM Injury Diagnoses)

DEFINITION:
Injury Severity Score calculated based on the ICD-9-CM injury diagnoses entered. Overall scoring system for patients with multiple injuries. Value range = 1 to 75.

COMMENTS (including when null values are appropriate):
- RETIRED 2016;
- 2008 change: 2005-2007 data for this field was a mix of AIS-98 and ICD-9-CM ISS values. For 2008 forward, this field will only reflect the ISS values for ICD-9-CM diagnoses only. Starting January 2008, a separate body region, severity and ISS is calculated for ICD-9-CM and AIS 2005 codes.
- In most cases, system will generate the body region, severity value, and an Injury Severity Score based on the ICD-9-CM injury diagnosis codes entered.
- Reporting note: Hospitals have reported that some DOA patients have a low ISS score, even if the injuries were fatal. This happens in instances where no autopsy was completed and there is a lack of information regarding the patient's injury diagnoses.
- Not Documented may be used.
- Not Applicable (*NA) should be entered on the <u>first</u> diagnosis line if the patient meets the ASTR patient inclusion criteria but no injuries are detected.

ASTR TABLE NAME (CARE PHASE): MAINDATA
ASTR DATABASE FIELD NAME (system only)*: ISS
FIELD TYPE: Numeric   FIELD WIDTH: 2   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: N

INJURY DIAGNOSES SECTION - "AZ-DIAGNOSES"

RETIRED: Data Element I8_05: Probability of Survival (based on ICD9 diagnoses)

DEFINITION:
Estimated probability of survival, calculated using TRISS methodology and several required data elements.

COMMENTS (including when null values are appropriate):
- RETIRED 2016;
- 2008 change: In 2005-2007 data, the POS was calculated based on AIS-98 or ICD-9-CM codes. POS calculation January 1, 2008 forward will be based on ICD-9-CM diagnoses, as all reporting hospitals submit ICD-9 codes.
- Auto-calculated if valid entries are given for Trauma Type (Blunt or Penetrating), ISS (from ICD-9-CM injuries), RTS (in ED), and patient's Age.
- Not Documented may be used if any of the calculation variables are unknown or not recorded. Some databases may require the POS to be blank if necessary fields for calculation are unavailable.
- Not Applicable may be used if patient did not suffer a blunt or penetrating injury (calculation cannot be completed).

ASTR TABLE NAME (CARE PHASE): MAINDATA
ASTR DATABASE FIELD NAME (system only)*: PROB_SURV
FIELD TYPE: Numeric   FIELD WIDTH: 6.3   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: N

INJURY DIAGNOSES SECTION - "AZ-DIAGNOSES"

Data Element I8_06: AIS 2015 Six Digit Injury Identifier(s)

DEFINITION:
Six digit Injury identifier from the Association for the Advancement of Automotive Medicine's (AAAM) Abbreviated Injury Scale (AIS) 2005. These are also referred to as the AIS predot codes. Multiple entry pick list. Select all that apply. (NTDS = max 50). Refer to AAAM AIS 2005 manual for more details.

COMMENTS (including when null values are appropriate):
- 2023 change: New AIS 2015 field replaced AIS-05 codes in March of 2023.
- 2008 change: New AIS 2005 field replaced AIS-98 codes January 2008. Old AIS-98 data is stored in a separate database field location (refer to 2005-2007 data dictionary) and reporting note to the right.
- 6 digit AIS code is required for designated Level I Trauma Centers only.
- ICD-9-CM and AIS 2005 codes do not need to be entered together line by line. Do not leave extra spaces or *NA values in the middle of the coding.
- All records with 2008 ED Arrival Dates should be coded using the AIS 2005 coding system.
- Reporting Note: Depending on the date of pick list implementation for each hospital, the 2007 AIS data may contain codes from both the AIS 2005 and the AIS 98 versions. Codes 2008 forward should only contain AIS 2005. AAAM released some 2008 updates that were implemented in October 2008.
- Not Documented may be used.
- Not Applicable (*NA) should be entered on the first diagnosis line if the patient meets the ASTR patient inclusion criteria but no injuries are detected.

ASTR TABLE NAME (CARE PHASE): INJDIAG (TRA)
ASTR DATABASE FIELD NAME (system only)*: AIS5_CDE
FIELD TYPE: Character   FIELD WIDTH: 6   COPY FIELD: Multi
NTDS Data Element #: IS_01 (NTDS optional)   PICK-LIST?: Y

INJURY DIAGNOSES SECTION - "AZ-DIAGNOSES"

Data Element I8_07: Severity Value (for AIS injury codes)

DEFINITION:
Corresponding AIS severity code that reflects the severity of the AIS code entered. Values 1-6 and null values.

COMMENTS (including when null values are appropriate):
- 2023 change: AIS 2015 codes used to auto-generate as of March 2023.
- 2008 change: New field. Separate body region, severity and ISS calculated for ICD-9-CM and AIS 2005 codes.
- Severity values for AIS codes are required for designated Level I Trauma Centers only.
- One selection per AIS code. Auto-generated by system after entering valid AIS 2005 injury diagnoses.
- AIS severity values include: 1 (minor), 2 (moderate), 3 (serious), 4 (severe), 5 (critical), 6 (maximum injury/virtually unsurvivable)
- Not Documented may be used.
- Not Applicable (*NA) should be entered on the first diagnosis line if the patient meets the ASTR patient inclusion criteria but no injuries are detected.

ASTR TABLE NAME (CARE PHASE): INJDIAG (TRA)
ASTR DATABASE FIELD NAME (system only)*: AIS_SEV
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD: Multi
NTDS Data Element #: IS_02 (NTDS optional)   PICK-LIST?: N

INJURY DIAGNOSES SECTION - "AZ-DIAGNOSES"

Data Element I8_08: Body Part Injured (for AIS injury codes)

DEFINITION:
Corresponding body region for the AIS 2015 predot code entered. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2023 change: AIS 2015 codes used to auto-generate as of March 2023.
- 2008 change: New field. Separate body region, severity and ISS calculated for ICD-9-CM and AIS 2005 codes.
- Body regions for AIS codes are required for designated Level I Trauma Centers only.
- One selection per AIS code. Auto-generated by system after entering valid AIS 2005 injury diagnoses.
- Body Part values include: 1 (head or neck), 2 (face), 3 (chest), 4 (Abdominal or pelvic contents), 5 (Extremities or pelvic girdle), 6 (external)
- For more information on ISS body regions, refer to the current National Trauma Data Standard (NTDS) Data Dictionary.
- Not Documented may be used.
- Not Applicable (*NA) should be entered on the first diagnosis line if the patient meets the ASTR patient inclusion criteria but no injuries are detected.

ASTR TABLE NAME (CARE PHASE): INJDIAG (TRA)
ASTR DATABASE FIELD NAME (system only)*: AIS_BODY
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD: Multi
NTDS Data Element #: Does not map to NTDB   PICK-LIST?: Y

INJURY DIAGNOSES SECTION - "AZ-DIAGNOSES"

Data Element I8_09: AIS Version

DEFINITION:
The software (and version) used to calculate Abbreviated Injury Scale (AIS) severity codes.

COMMENTS (including when null values are appropriate):
- 2008 change: New NTDS field for Level I Trauma Centers ONLY.
- NTDB export field only. NOT found in ASTR system. ASTR requires Level I Trauma Centers to submit the AIS 2005 full code.
- NTDS standards request the AIS version used, when AIS codes are submitted to NTDB. The corresponding value for the AIS 2005 code on the NTDS AIS Version pick list would be the #6 option.

ASTR TABLE NAME (CARE PHASE): N/A
ASTR DATABASE FIELD NAME (system only)*: N/A
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD:
NTDS Data Element #: DG_04   PICK-LIST?: N

INJURY DIAGNOSES SECTION - "AZ-DIAGNOSES"

Data Element I8_10: Injury Severity Score (calculated based on AIS 2015 injury identifiers)

DEFINITION:
Injury Severity Score calculated based on the AIS 2015 injury identifiers entered. Overall scoring system for patients with multiple injuries. Value range = 1 to 75.

COMMENTS (including when null values are appropriate):
- 2023 change: AIS 2015 codes used to auto-generate ISS scores as of March 2023.
- 2008 change: New field. Separate body region, severity and ISS calculated for ICD-9-CM and AIS 2005 codes.
- ISS scores for AIS codes are required for designated Level I Trauma Centers only.
- In most cases, system will generate the body region, severity value, and an Injury Severity Score based on the AIS 2005 predot codes entered.
- Reporting note: Hospitals have reported that some DOA patients have a low ISS score, even if the injuries were fatal. This happens in instances where no autopsy was completed and there is a lack of information regarding the patient's injury diagnoses.
- Not Documented may be used.
- Not Applicable (*NA) should be entered on the first diagnosis line if the patient meets the State patient inclusion criteria but no injuries are detected.

ASTR TABLE NAME (CARE PHASE): STAT2008
ASTR DATABASE FIELD NAME (system only)*: AIS_ISS
FIELD TYPE: Numeric   FIELD WIDTH: 3   COPY FIELD:
NTDS Data Element #: Does not map to NTDB   PICK-LIST?: N

INJURY DIAGNOSES SECTION - "AZ-DIAGNOSES"

Data Element I8_11: ICD-10-CM Injury Diagnosis Code(s)

DEFINITION:
ICD-10-CM final injury diagnoses related to all identified injuries (Also referred to as N-codes, nature of injury). Multiple entry pick list. Select all that apply. (NTDS = max 50). Refer to ICD-10-CM coding manual for more details.

COMMENTS (including when null values are appropriate):
- 2016 Change: New field.
- Valid ICD-10-CM injury diagnosis codes. If you double-click your selection from the pick list, the ICD-10-CM code will format properly and the system will generate the body region, severity value, and an Injury Severity Score based on injury diagnoses selected.
- Diagnosis codes ICD-10-CM (injury diagnosis code) within categories: S00 through S99 with 7th character modifiers of A, B, or C ONLY. (Injuries to specific body parts –initial encounter)
- T07 (unspecified multiple injuries)
- T14 (injury of unspecified body region)
- T20 through T28 with 7th character modifier of A ONLY (burns by specific body parts –
- initial encounter)
- T30 through T32 (burn by TBSA percentages)
- T79.A1 through T79.A9 with 7th character modifier of A ONLY (Traumatic Compartment
- Syndrome –initial encounter):
- ICD-10-CM and AIS 2005 codes do not need to be entered together line by line. Do not leave extra spaces or *NA values in the middle of the coding.
- Not Documented may be used.
- Not Applicable (*NA) should be entered on the <u>first</u> diagnosis line if the patient meets the ASTR patient inclusion criteria but no injuries are detected.

ASTR TABLE NAME (CARE PHASE): INJDIAG (TRA)
ASTR DATABASE FIELD NAME (system only)*: INJ_ICD10
FIELD TYPE: Character   FIELD WIDTH: 7   COPY FIELD: Multi
NTDS Data Element #: DG_02   PICK-LIST?: Y

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

INJURY DIAGNOSES SECTION - "AZ-DIAGNOSES"

Data Element I8_12: Severity Value (for ICD-10-CM diagnosis codes)

DEFINITION:
Corresponding AIS severity code that reflects the severity of the ICD-10-CM injury diagnosis entered.

COMMENTS (including when null values are appropriate):
- 2016 Change: New Field
- One selection per diagnosis entered. Auto-generated by system after selecting a valid ICD-10-CM injury diagnosis from the pick list.
- AIS severity values include: 1 (minor), 2 (moderate), 3 (serious), 4 (severe), 5 (critical), 6 (maximum injury/virtually unsurvivable)
- Not Documented may be used.
- Not Applicable (*NA) should be entered on the <u>first</u> diagnosis line if the patient meets the ASTR patient inclusion criteria but no injuries are detected.

ASTR TABLE NAME (CARE PHASE): INJDIAG (TRA)
ASTR DATABASE FIELD NAME (system only)*: AIS_ICD10
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: N

INJURY DIAGNOSES SECTION - "AZ-DIAGNOSES"

Data Element I8_13: Body Part Injured (for ICD-10-CM diagnosis codes)

DEFINITION:
Corresponding body region for the ICD-10-CM injury diagnosis entered.

COMMENTS (including when null values are appropriate):
- 2016 change: New Field.
- One selection per diagnosis entered. Auto-generated by system after selecting a valid ICD-10-CM injury diagnosis from the pick list.
- Body Part values include: 1 (head or neck), 2 (face), 3 (chest), 4 (Abdominal or pelvic contents), 5 (Extremities or pelvic girdle), 6 (external)
- Not Documented may be used.
- Not Applicable (*NA) should be entered on the first diagnosis line if the patient meets the ASTR patient inclusion criteria but no injuries are detected.

ASTR TABLE NAME (CARE PHASE): INJDIAG (TRA)
ASTR DATABASE FIELD NAME (system only)*: BP_ICD10
FIELD TYPE: Character   FIELD WIDTH: 1   COPY FIELD: Multi
NTDS Data Element #:   PICK-LIST?: Y

INJURY DIAGNOSES SECTION - "AZ-DIAGNOSES"

Data Element I8_04: Injury Severity Score (calculated based on ICD-10-CM Injury Diagnoses)

DEFINITION:
Injury Severity Score calculated based on the ICD-10-CM injury diagnoses entered. Overall scoring system for patients with multiple injuries. Value range = 1 to 75.

COMMENTS (including when null values are appropriate):
- **2016 change**: New Field
- In most cases, system will generate the body region, severity value, and an Injury Severity Score based on the ICD-10-CM injury diagnosis codes entered.
- Not Documented may be used.
- Not Applicable (*NA) should be entered on the first diagnosis line if the patient meets the ASTR patient inclusion criteria but no injuries are detected.

ASTR TABLE NAME (CARE PHASE): MAINDATA
ASTR DATABASE FIELD NAME (system only)*: ISS
FIELD TYPE: Numeric   FIELD WIDTH: 2   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: N

FINANCIAL SECTION

FINANCIAL SECTION - "FINANCIAL"

Data Element F9_01: Primary Method of Payment

DEFINITION:
Primary source of payment to the hospital for this visit. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 changes: Entirely new pick list was adapted to match NTDS list. Many system codes are different from the 2005-2007 list, even if the long text appears similar. Codes in bold are new or revised in 2008 (examples: SELF-PAY in 2007 is now SELF PAY in 2008, Medicaid and AHCCCS were combined in 2008). When querying multiple years of data, pay special attention to the old and new codes.
- Arizona's AHCCCS Medicaid program should be coded under "Medicaid (includes AHCCCS)." IHS should be coded under "Other Government". Auto Insurance should be coded under "Private/Commercial Insurance" unless patient had coverage under an out of state No Fault Auto plan. Arizona is not a No Fault Auto state so this option should not be selected frequently.
- Not Documented should be used if method of payment for this visit is unknown.
- Not Applicable should not be used. If patient does not have insurance and was billed, select "Self Pay". If patient was not billed, select "Not Billed (for any reason)."

Pick list Data Values	Pick list Descriptions (Long Text)
MEDICAID/AHCCCS	Medicaid (includes AHCCCS)
NOT BILLED	Not Billed (for any reason)
SELF PAY	Self Pay
PRIV-COMMERCIAL	Private/Commercial Insurance
~~NO FAULT AUTO~~	~~No Fault Automobile (Retired 2015)~~
MEDICARE	Medicare
OTHER GOVT	Other Government
WORKERS COMP	Workers Compensation
~~BCBS~~	~~Blue Cross/Blue Shield (Retired 2015)~~
OTHER	Other

ASTR TABLE NAME (CARE PHASE): HOSPREV
ASTR DATABASE FIELD NAME (system only)*: PAYOR
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD: 1
NTDS Data Element #: F_01   PICK-LIST?: Y

Data Source Hierarchy
   1. Billing Sheet / Medical Records Coding Summary Sheet

FINANCIAL SECTION - "FINANCIAL"

2. Hospital Admission Form

FINANCIAL SECTION - "FINANCIAL"

Data Element F9_02: Secondary Method of Payment

DEFINITION:
Secondary source of payment to the hospital for this visit. This field only applies if patient had two forms of payment for this visit. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2008 changes: Entirely new pick list was adapted to match NTDS list. Many system codes are different from the 2005-2007 list, even if the long text appears similar. Codes in bold are new or revised in 2008 (examples: SELF-PAY in 2007 is now SELF PAY in 2008, Medicaid and AHCCCS were combined in 2008). When querying multiple years of data, pay special attention to the old and new codes.
- Arizona's AHCCCS Medicaid program should be coded under "Medicaid (includes AHCCCS)." IHS should be coded under "Other Government". Auto Insurance should be coded under "Private/Commercial Insurance" unless patient had coverage under an out of state No Fault Auto plan. Arizona is not a No Fault Auto state so this option should not be selected frequently.
- Not Documented should be used if method of payment for this visit is unknown.
- Not Applicable should be used if patient did not have a secondary form of payment for this visit.

Pick list Data Values	Pick list Descriptions (Long Text)
MEDICAID/AHCCCS	Medicaid (includes AHCCCS)
NOT BILLED	Not Billed (for any reason)
SELF PAY	Self Pay
PRIV-COMMERCIAL	Private/Commercial Insurance
~~NO FAULT AUTO~~	~~No Fault Automobile (retired 2015)~~
MEDICARE	Medicare
OTHER GOVT	Other Government
WORKERS COMP	Workers Compensation
~~BCBS~~	~~Blue Cross/Blue Shield (retired 2015)~~
OTHER	Other

ASTR TABLE NAME (CARE PHASE): HOSPREV
ASTR DATABASE FIELD NAME (system only)*: PAYOR
FIELD TYPE: Character   FIELD WIDTH: 15   COPY FIELD: 2
NTDS Data Element #:   PICK-LIST?: Y

Data Source Hierarchy
1. Billing Sheet / Medical Records Coding Summary Sheet

FINANCIAL SECTION - "FINANCIAL"

2. Hospital Admission Form

Data Element F9_03: Total Hospital Charges

DEFINITION:
Final amount (in whole dollars) billed for this visit. Submitted as nearest whole dollar, no decimal.

COMMENTS (including when null values are appropriate):
- 2008 change: Updated data export instructions.
- Financial data is to be exported twice for each record, similar to the way other updates are sent to ASTR. The initial data should be sent on the record's regular quarterly due date. All updates should then be included with the next quarterly submission.
- Not Documented may be used if hospital charges for this visit cannot be obtained. Required data element. Not Documented for most records will not be accepted from designated trauma centers.
- If patient was not billed for this visit, enter 0. Not Applicable should not be used.

ASTR TABLE NAME (CARE PHASE): FINANCE
ASTR DATABASE FIELD NAME (system only)*: T_HOS_CHRG
FIELD TYPE: Numeric   FIELD WIDTH: 12   COPY FIELD:
NTDS Data Element #:   PICK-LIST?:

Data Source Hierarchy
   1. Billing Sheet / Medical Records Coding Summary Sheet

Data Element F9_04: Total Reimbursements

DEFINITION:
Amount (in whole dollars) collected by hospital for this visit. Submitted as nearest whole dollar, no decimal.

COMMENTS (including when null values are appropriate):
- 2008 change: Updated data export instructions.
- Financial data is to be exported twice for each record, similar to the way other updates are sent to ASTR. The initial data should be sent on the record's regular quarterly due date. All updates should then be included with the next quarterly submission.
- Not Documented may be used if reimbursements for this visit cannot be obtained. Required data element. Not Documented for most records will not be accepted from designated trauma centers.
- If no reimbursement was received for this visit, enter 0. Not Applicable should not be used.

ASTR TABLE NAME (CARE PHASE): FINANCE
ASTR DATABASE FIELD NAME (system only)*: T_HOSP_RECP
FIELD TYPE: Numeric   FIELD WIDTH: 12   COPY FIELD:
NTDS Data Element #:   PICK-LIST?:

OUTCOME SECTION – "OUTCOMES"

OUTCOME SECTION

OUTCOME SECTION – "OUTCOMES"

Data Element O10_01: Rehab Admission Date

DEFINITION:
Patient's admission date at an inpatient Rehabilitation Hospital or Unit. Format mmddyyyy.

COMMENTS (including when null values are appropriate):
- 2015 change: New Field.
- Not Documented may be used. Optional data element.

ASTR TABLE NAME (CARE PHASE): OUTCOME
ASTR DATABASE FIELD NAME (system only)*: REHAB_DATE
FIELD TYPE: DATE   FIELD WIDTH: 8   COPY FIELD:
NTDS Data Element #:   PICK-LIST?:

OUTCOME SECTION – "OUTCOMES"

Data Element O10_02: Rehab Discharge Date

DEFINITION:
Patient's Discharge date from an inpatient Rehabilitation Hospital or Unit. Format mmddyyyy.

COMMENTS (including when null values are appropriate):
- 2015 change: New Field.
- Not Documented may be used. Optional data element.

ASTR TABLE NAME (CARE PHASE): OUTCOME
ASTR DATABASE FIELD NAME (system only)*: REHAB_DDATE
FIELD TYPE: DATE   FIELD WIDTH: 8   COPY FIELD:
NTDS Data Element #:   PICK-LIST?:

OUTCOME SECTION – "OUTCOMES"

Data Element O10_03: Rehab Discharge Disposition

DEFINITION:
Patient's Discharge destination from a Rehabilitation Hospital or Unit. Single entry pick list.

COMMENTS (including when null values are appropriate):
- 2015 change: New Field.
- Not Documented may be used. Optional data element.

Pick list Data Values	Pick list Descriptions (Long Text)
CAH	Critical Access Hospital
DIED	Died
HOME	Home (Pvt home/apt., board/care, asst living, group, trans)
HOME WITH	Home under care of organized health service org
HOSPICE FAC	Hospice - Facility
HOSPICE HOME	Hospice - Home
INPAT PSYCH	Inpatient Psychiatric
INPAT REHAB	Inpatient Rehabilitation
INTER	Intermediate Care
LTCH	Long-term Care Hospital
MNF	Medicaid Nursing Facility
OTHER	Not Listed
SHORT	Short-term General Hospital
SNF	Skilled Nursing Facility
SWING BED	Swing Bed

ASTR TABLE NAME (CARE PHASE): OUTCOME
ASTR DATABASE FIELD NAME (system only)*: REH_DISP
FIELD TYPE: Character   FIELD WIDTH: COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

OUTCOME SECTION – "OUTCOMES"

Data Element O10_04 – O10_21: Functional Independence Measure (FIM) Scores

DEFINITION:
Patient's FIM scores at Admission (1st Row) and at Discharge (2nd Row). Single entry picklist.

COMMENTS (including when null values are appropriate):
- 2015 change: New Fields. There are 6 FIM score categories: SELF CARE, SPHINCTER CONTROL, MOBILITY - TRANSFER, LOCOMOTION, COMMUNICATION, SOCIAL COGNITION;
- Not Documented may be used. Optional data elements.

FIM Score categories and elements	
SELF CARE	LOCOMOTION
Eating	Walk/Wheelchair
Grooming	Stair
Bathing	COMMUNICATION
Dressing – Upper	Comprehension
Dressing – Lower	Expression
Toileting	SOCIAL COGNITION
SPHINCTER CONTROL	Social Interaction
Bladder	Problem Solving
Bowel	Memory
MOBILITY - TRANSFER	
Bed/Wheelchair	
Toilet	
Tub/Shower	

Pick list Data Values	Pick list Descriptions (Long Text)
7	Complete Independence
6	Modified Independence
5	Supervision
4	Minimal Assistance
3	Moderate Assistance
2	Maximal Assistance
1	Total Assistance
0	Activity Does Not Occur

ASTR TABLE NAME (CARE PHASE): OUTCOME
ASTR DATABASE FIELD NAME (system only)*:

OUTCOME SECTION – "OUTCOMES"

FIELD TYPE: Numeric   FIELD WIDTH: 1   COPY FIELD:
NTDS Data Element #:   PICK-LIST?: Y

Appendix A2 - Copy of ASTR Trauma Data Submission Guidelines

Records of patients meeting the ASTR Trauma Patient Inclusion Definition must be submitted to the Arizona State Trauma Registry within 90 days of the close of the quarter, according to the following schedule:

Reporting Quarter	ED/Hospital Arrival Dates	ASTR Data Due Date
Quarter One	January 1 – March 31	July 1 of the same year
Quarter Two	April 1 – June 30	October 1 of the same year
Quarter Three	July 1 – September 30	January 2 of the following year
Quarter Four	October 1 – December 31	April 1 of the following year

Trauma data must be submitted in a format authorized by the Arizona Department of Health Services and must include valid entries in all State required fields. All data must be accompanied by a Trauma Data Quarterly Submission Form.

In order to receive updates on previous quarters, please submit the previous quarter's data with the current quarter. The final submission should include the previous quarter's records and any other quarter's records for the current year that have been added or changed. If you are unsure, submit all 4 quarters.

The following are acceptable electronic media formats for data submission:

- The data file may be transferred to the state Trauma Data Administrator using ADHS-approved secure file transfer protocol (sftp). The data submission form may be sent by regular email or sftp.

- The data file may be transferred to the state Trauma Data Administrator using ADHS-approved secure email. The data submission form may be sent by regular or secure email.

- Hospitals entering data directly into the state Web Registry should email a completed data submission form to the state Trauma Data Administrator on or before each quarterly due date to indicate that the data entry was completed and the total number of records entered for that quarter.

For questions regarding the Arizona State Trauma Registry, please contact the Arizona State Trauma Data Administrator.

For more information on Arizona statutes and rules that pertain to the trauma registry, please refer to A.R.S. Title 36, Chapter 21.1 and A.A.C. Title 9, Chapter 25.

G – Data Dictionary Change Log

Revisions to the final version (v. 1.1) of the 2008 data dictionary after its official release on 2/6/08:

Change Notes:
- "Typing change only" indicates that a data dictionary error was identified and corrected;
- "SYSTEM CHANGE" indicates that an actual change was made to state and hospital databases;
- "Data Entry Clarification" indicates that additional information was added to clarify questions regarding the data entry process;

Revision 1 - 2/15/08 - Data Dictionary version number was updated from 1.1 to 1.2 to reflect the following changes:

- "Alcohol Use Indicator" (ED/Trauma - Toxicology)
- Typing change only: System code "NOT SUSPECTED" updated to "NOT_SUSPECTED"
- Typing change only: System code "CONFIRMED NO" updated to "CONFIRMED_NONE"
- Typing change only: System code "SUSPECT_NO TEST" updated to "SUSPECTED"
- SYSTEM CHANGE: System code "TRACE LEVELS" was changed to "BELOW_LEGAL_LMT" (Jan-Feb data already entered will be updated)
- Typing change only: System code "ABOVE LEGAL LMT" updated to "ABOVE_LEGAL_LMT"
- "Drug Use Indicator" (ED/Trauma - Toxicology)
- Typing change only: System code "NONE" updated to "NOT_SUSPECTED"
- Typing change only: System code for "NO- confirmed by test" was listed as "SUSPECTED" but should be "CONFIRMED_NO"
- SYSTEM CHANGE: Added new pick list choice 2/15/08: "SUSPECTED / Suspected use, not tested"
- SYSTEM CHANGE: System code "YES_PRESCRPTN" was changed to "YES_LEGAL_USE" (Jan-Feb data already entered will be updated)
- Typing change only: System code "YES_BOTH" updated to "YES_LGL+ILLEGAL"

Revision 2 - 4/8/08 - Data Dictionary version number was updated from 1.2 to 1.3 to reflect the following changes:

"Co-morbid Conditions" (Demographics):
- Data entry clarification: Updated note: Definitions of co-morbidities can be found in Appendix H (Glossary of NTDS Terms) of this dictionary or in the NTDS Data Dictionary v. 1.2.1.

"Protective Devices" (Injury):
- Data entry clarification: Added note: For patients with EMS run sheets documented only as "Restrained" (but not further specified), select "Lap Belt"

"Airbag Deployment Details" (Injury):
- Data entry clarification: Old text: Indication of airbag deployment during a motor vehicle crash. Added to definition: "…, if an airbag was present"

- Data entry clarification: Added note: "Airbag Not Deployed" should be selected if an airbag was known to be present and did not deploy

"Triage Criteria" (Pre-hospital):
- Data entry clarification: Data Element Definition change, per TRUG request. Old definition: "Indicates the triage criteria used by any pre-hospital EMS provider to identify that this patient required care in a trauma center." New definition: Indicates the ACS triage criteria that apply to this patient and injury event, per available EMS and hospital documentation
- Deleted text at end of sentence: Not Documented should be used if no triage criteria are documented on the EMS Run Sheet

"Transport Type" (Pre-hospital)
- Data entry clarification: Added additional wording to end of sentence: All records must have one entry pertaining to the patient's arrival into your facility even if there was no pre-hospital EMS involvement or run sheet is unavailable

"EMS Agency" (Pre-hospital)
- Data entry clarification: Added note: If agency is both the first responder and the transporter, select from the EMS Transporter pick list.

"Run Sheet Available?" (Pre-hospital)
- Data entry clarification: Added note: "Yes - Received but INCOMPLETE" means the EMS run sheet does not contain enough information for the registrar to complete all ASTR pre-hospital required data elements.

"Initial Field Respiratory Rate" (Pre-hospital Vitals)
- Data entry clarifications: Old definition did not specify if an assisted respiratory rate may be entered. NTDS clarified that only unassisted rate should be entered. New definition: First recorded unassisted respiratory rate in the prehospital setting (expressed as a number per minute)
- Updated note: Not Documented means that an unassisted rate cannot be determined from available documentation
- Updated note: Not Applicable should be used if patient was not treated by a pre-hospital provider

"Intubation Status at Time of Field Vitals" (Pre-hospital Vitals)
- Data entry clarification: Definition updated. Added note: Intubation before 1st Field GCS and RR can result in inefficient data for these values.

"Field Revised Trauma Score" (Prehospital Vitals)
- Data entry clarifications: Added reporting note: Field RTS could be affected by inefficient data for GCS
- Updated note: Not Documented means that patient was treated by an EMS provider, but a required value for the RTS calculation is unknown
- Updated note: Not Applicable should be used if patient was not treated by a pre-hospital provider

"Inter-facility Transfer?" (Referring)
- Data entry clarification: Added note: Includes EMS transports to your hospital from IHS clinics and other outlying facilities providing emergency care services and stabilization

"Initial Revised Trauma Score in Referring Hospital" (Referring)
- Data entry clarification: Added reporting note: Referring Facility RTS could be affected by inefficient data for RR and GCS

"ED Discharge Disposition" (ED/Trauma)
- Data entry clarifications:

- o Added NTDS note: Patients treated in accordance with "Do Not Resuscitate" (DNR) order should be coded under "Died in ED (other than failed resuscitation attempt)"
- o Added note: NTDS definition of "Dead on Arrival" can be found in Appendix H (Glossary of NTDS Terms) at the end of ASTR dictionary
- o Added NTDS note: "No response 15 mins" refers to resuscitation activities in the reporting hospital

"ED/Hospital Initial Respiratory Rate" (ED/Trauma)
- Data entry clarification: Added note: First recorded RR may be entered as assisted or unassisted

"ED/Hospital Initial Respiratory Assistance" (ED/Trauma)
- Data entry clarification: Added NTDS definition: Assistance is defined as mechanical and/or external support of respiration.

"Intubation Status at Time of ED/Hospital Vitals" (ED/Trauma)
- Data entry clarification: Definition updated. Added note: Intubation before the 1st ED/Hospital GCS and RR can result in inefficient data for these values.

"Revised Trauma Score (ED/Hospital)" (ED/Trauma)
- Data entry clarification: Added reporting note: ED/Hospital RTS may be calculated using an assisted or unassisted respiratory rate (as indicated in the Respiratory Assistance field). RTS could be affected by inefficient data for RR and GCS.

"Alcohol Use Indicator" (ED/Trauma - Toxicology)
- Data entry clarification: Added note: For patients under age 21, any conclusive level would be "beyond legal limit."

"Total Ventilator Days" (Discharge)
- Data entry clarification: Added note: Includes all mechanical ventilation time, except mechanical ventilation initiated solely for an OR procedure. Includes ED vent time but not vent time for organ harvesting.
- Text update: Not Applicable should be used if patient did not receive any mechanical ventilation or if patient received ventilation solely for an OR procedure.

"Hospital Complications" (Discharge)
- Data entry clarification: Updated note: Definitions of complications can be found in Appendix H (Glossary of NTDS Terms) of this dictionary or in the NTDS Data Dictionary v. 1.2.1.

"Primary Method of Payment" (Financial)
- Data entry clarification: Added more detail to notes: Arizona's AHCCCS Medicaid program should be coded under "Medicaid." IHS should be coded under "Other Government". Auto Insurance should be coded under "Private/Commercial Insurance" unless patient had coverage under an out of state No Fault Auto plan. Arizona is not a No Fault Auto state so this option should not be selected frequently. (Pick list changes 2008.)

"Secondary Method of Payment" (Financial)
- Data entry clarification: Added note to definition: This field only applies if patient had two forms of payment for this visit.
- Also added more detail to notes: Arizona's AHCCCS Medicaid program should be coded under "Medicaid." IHS should be coded under "Other Government". Auto Insurance should be coded under "Private/Commercial Insurance" unless patient had coverage under an out of state No Fault Auto plan. Arizona is not a No Fault Auto state so this option should not be selected frequently. (Pick list changes 2008.)

Appendix A - Facility Codes in ASTR database
- SYSTEM CHANGE: Facility code for Flagstaff Medical Center was changed from 13169 to TFLG, per request of vendor. Vendor will convert all runstaff records in ASTR database to new code. Reporting will be unaffected.

Appendix H
- "Glossary of NTDS Terms" was added with definitions of NTDS Co-morbidities, NTDS Hospital Complications, and other NTDS terms.

Appendix I
- "ASTR Trauma Patient Inclusion Definition" was added to ASTR Data Dictionary.

Appendix J
- "ASTR 2008 Required Data Elements" list was added to ASTR data dictionary.

Appendix K
- "INDEX" was added to ASTR data dictionary.

Revision 3 - 12/30/08 - Data Dictionary version number was updated from 1.3 to 1.4 to reflect the following changes:

Cover Page
- The title "2008 DATA DICTIONARY" was updated to "2008-2009 DATA DICTIONARY".
- Effective date range January 1, 2008 - December 31, 2008 was changed to January 1, 2008 to December 31, 2009.
- 2008 and 2009 change notes were updated throughout the document to assist users relying on the data dictionary for reporting
  - "Registration Number" (Demographics)
    - Updated data entry instructions requesting same format as submitted to ADHS HDD. This is to aid in linking ASTR data.
  - "Medical Record Number" (Demographics)
    - Updated data entry instructions requesting same format as submitted to HDD. This is to aid in linking ASTR data.
  - "Street Address of Residence" (Demographics)
    - Added a list of suggested abbreviations for entering address data.
  - "Alternate Home Residence" (Demographics)
    - Added additional NTDS data entry information. NTDS definitions of pick list items were added to Appendix H.
  - "Co-morbid Conditions" (Demographics)
    - NO_NTDS is no longer an option for 2009 data entry (NO_NTDS was on state pick list from 1/1/08 - 12/31/08)
    - OTHER was added to list January 2009. Note: In 2008, user was instructed to enter NO_NTDS if user had no co-morbidities OR if patient only had co-morbidities not on the pick list. For 2009, user was instructed to enter OTHER when patient had other co-morbidities not on pick list. If patient did not have any co-morbidities at all, user was instructed to enter Not Applicable (*NA).
    - Added PREGNANCY back to state co-morbidity list. This pick list option was previously removed, per NTDS list, on Jan. 1, 2008. However, TRUG decided this option is necessary so the choice was added back on Jan 1, 2009. Note: PREGNANCY was not a pick list option for 2008 data.
  - "Injury Location ICD-9-CM E-code (E849)" (Injury)

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- For January 2009, option 7 "Residential Institution" was expanded with a sub-pick list to document the type of residential institution where injury occurred. 7A - 7E are new to the pick list and supplement the E849 list.
- "Street Location of Injury Incident" (Injury)
    - Added additional data entry instructions (format, abbreviations, etc.) to facilitate geocoding of the trauma data.
- "Injury Event Details" (Injury)
    - Added this as a new field for 2009 with data entry instructions regarding what should be captured in this field.
- "Patient Position in Vehicle" (Injury)
    - Data element description name changed from "Patient Position in Vehicle" to "Position in Vehicle / Vehicle Type".
- A new sub-pick list was added titled "Rider of off-road vehicle (street and non-street use)"
    - ATV_RIDER was moved under the "Rider of off-road…" pick list;
- New off-road codes for 2009: RHINO_UTV, DUNEBUG_SANDRAIL, DIRTBIKE, GOLF_CART, GO_KART, SNOWMOBILE, OTHER_OFF-RD;
- RAILWAY_OCCUPANT was added as a new pick list choice for 2009
- WATERCRAFT_OCCUPANT was expanded into a sub pick list to identify the type of watercraft.
    - Note: In 2008, only WATERCRAFT_OCCUPANT was available to describe water vehicles.
- New watercraft codes for 2009: MOTOR_BOAT, NONMOTORIZED_BOAT, PERSONAL_WATERC, UNSPECIFIED_WATERC;
- AIRCRAFT_OCCUPANT was expanded into a sub pick list to identify the type of aircraft.
    - Note: In 2008, only AIRCRAFT_OCCUPANT was available to describe air vehicles.
- New aircraft codes for 2009: FIXED_WING, ROTOR_WING, NON_MOTOR_AIRC, UNSPECIFIED_AIRC
- "System Access (Inclusion Criteria)" (Pre-hospital)
    - Added INTERF_TRNSFR "Acute care injury transfer in or out of your facility by EMS" to 2009 pick list, per inclusion criteria update.
- The following long text (data entry descriptions) was also updated to clarify data entry questions. (These changes do NOT affect reporting.)
    - Data entry screen update: "Triaged from Scene to Trauma Ctr/ED per EMS Trauma Protocol" was changed to "Triaged from Scene to your facility per EMS Trauma Protocol"
    - Data entry screen update: "Trauma Team Activation" was changed to "Trauma Team Activation at your facility"
- "Triage Criteria" (Pre-hospital) - Data Dictionary typing corrections only. Hospital databases already had this information for 2008:
    - Short text for "Falls - Adult: >20 feet (1 story=10 ft.)" corrected to "ADULT FALL > 20 FEET".
    - Short text for "Amputation proximal to wrist and ankle" corrected to "AMPUT PROX WRIST/ANKLE".
    - Short text for "Crush, degloved, or mangled extremity" corrected to "CRUSH_DEGLV_MANGLED".
- "Transport Type" (Pre-hospital)
    - Added FIRST_RESP to pick list as new option for 2009.

- o "Transported From (Origin)" (Pre-hospital)
  - Having "From Nursing Home" and "From Jail or Prison" on the pick list with "Injury Scene" was causing confusion in data entry. NURS_HM and JAIL_PRISO were removed from the pick list and data will be converted to data value INJ_SCENE. The nursing home and jail/prison information will now be captured in the Injury Location E849 picklist field.
  - Added data entry clarification: The only time you will select "From Home but Home was NOT the injury scene" is if patient was NOT injured at home, went home before going to the hospital, and then was transferred from home to the hospital.
- o "Transported From (Hospital)" (Pre-hospital)
  - Added data entry clarification: If you know that patient came from another hospital, but the hospital name is unknown, select "Unspecified Acute Care Hospital" from list.
- o "EMS Agency" (Pre-hospital)
  - Added new EMS air agency to pick list: TAB016 Trauma Flight, Inc.
- o "Run Sheet Number" (Pre-hospital)
  - Field was changed from optional to required, as it is necessary for ASTR data linkage.
- o Pre-hospital Run Sheet Data (Pre-hospital)
  - Added data clarification notes to the EMS date and time fields. "Scene" may also refer to referring hospital or EMS rendezvous point depending upon which EMS leg of care is being entered. Notes added to help data entry users understand these fields.
- o Pre-hospital Vital Signs (Pre-hospital)
  - 2008 data dictionary used to request only the first recorded vital signs. However, some hospitals are capturing more than one set of vital signs. Data dictionary was updated to require first recorded but allow optional submission of other vital signs.
- o Notes were added regarding NTDS data export.
- o "Initial Field Respiratory Rate" (Pre-hospital)
  - Constraint values were updated, per NTDS, from 0-59 to 0-99.
- o "Field Airway Management" (Pre-hospital)
  - Pick list updated. PULSEOX, ETDLAD and LMA added to pick list. EOA removed from pick list. EOA/Combitube 2008 data will be converted to ETDLAD/Combitube so EOA was removed from list.
- o "Referring Hospital Respiratory Rate" (Referring Facility)
  - Respiratory Rate constraint values were updated, per NTDS, from 0-59 to 0-99.
- o "ED Exit Date/Time" (ED/Trauma)
  - Added data entry clarification note reminding registrars that if a patient dies in the ED, the exit date/time is when the patient was pronounced.
- o "ED Disposition" (ED/Trauma)
  - Added NTDS definitions and data entry instructions to clarify several of the pick list choices.
- o "ED/Hospital Respiratory Rate" (ED/Trauma)
  - Respiratory Rate constraint values were updated, per NTDS, from 0-59 to 0-99.
- o "Temperature Route" (ED/Trauma)

- Added TEMPORAL "Temporal Artery Sensor" as new pick list choice, per hospital request.
- "Blood Alcohol Content" (Toxicology)
  - Added data entry clarification that only one BAC value is submitted to ASTR. Instructed registrars to submit the first recorded alcohol results (the blood draw closest to the time of injury).
- "Hospital Discharge Date/Time" (Discharge)
  - Added data entry clarification note reminding registrars that if patient dies after admission, the discharge date/time is when the patient was pronounced.
- "Hospital Discharge Disposition" (Discharge)
  - Added NTDS definitions and data entry instructions to clarify several of the pick list choices.
- "Complications" (Discharge)
  - NO_NTDS is no longer an option for 2009 data entry (NO_NTDS was on state pick list from 1/1/08 - 12/31/08)
  - OTHER was added to list January 2009. Note: In 2008, user was instructed to enter NO_NTDS if user had no complications OR if patient only had complications not on the pick list. For 2009, user was instructed to enter OTHER when patient had other complications not on pick list. If patient did not have any complications at all, user was instructed to enter Not Applicable (*NA).
- "State Patient?" (Discharge)
  - Moved this field to the discharge section of the dictionary, as this is where the field is located on the data entry screen.
- "ICD-9-CM Diagnoses" (Diagnosis)
  - Following the NTDS data entry instructions, ASTR removed the note indicating that diagnosis codes must be entered in order of severity. Added data entry note clarifying entry of ICD-9-CM and AIS 2005 codes: ICD-9-CM and AIS 2005 codes do not need to be entered together line by line. Do not leave extra spaces or *NA values in the middle of the coding.
- AIS 2005 Six Digit Injury Identifier(s) (Diagnosis)
  - Added data entry note clarifying entry of ICD-9-CM and AIS 2005 codes: ICD-9-CM and AIS 2005 codes do not need to be entered together line by line. Do not leave extra spaces or *NA values in the middle of the coding.
- "Primary Method of Payment" (Financial)
  - Typing change (correction): The short text for "Private/Commercial Insurance" was changed to "PRIV-COMMERCIAL". This short text change was already made with the AZ 2008 database changes, but this change was not reflected in the data dictionary.
  - Updated the data entry screen and long text for "Medicaid" to say "Medicaid (includes AHCCCS)". Will not change reporting, only assists registrars with correct data entry. System code "MEDICAID/AHCCCS" remains the same.
- "Secondary Method of Payment" (Financial)
  - Typing change (correction): The short text for "Private/Commercial Insurance" was changed to "PRIV-COMMERCIAL". This short text change was already made with

the AZ 2008 database changes, but this change was not reflected in the data dictionary.

- Updated the data entry screen and long text for "Medicaid" to say "Medicaid (includes AHCCCS)". Will not change reporting, only assists registrars with correct data entry. System code "MEDICAID/AHCCCS" remains the same.

o Appendix F - "Hospital List"
- Data Dictionary typing corrections only. Hospital databases already had this information for 2008: Short text for "Unspecified Acute Care Hospital" corrected to "UNS0012". Short text for "Urgent Care Facility (EMS transfer only)" corrected to "URG0001". Other hospital codes already matched HDD list. Any previous MED3242 data in the system will be converted to MED0195 so this change will not affect data reporting.

o Removed MED0226 (Mesa General) - Hospital closed
o Added new hospital MED3795 Arizona Regional Medical Center
o Appendix I - "ASTR Inclusion Criteria"
- Inclusion Criteria 1B was added to the inclusion criteria, after Bureau of EMS & Trauma System (BEMSTS) clarification of the criteria on 11-19-08.

Revision 4 - 8/3/09 - Data Dictionary version number was updated to 1.5 to reflect the following minor changes:

o Database schema changes:
- In March 2009, the software vendor made changes to the database schema so that all reporting hospitals and the state system would have identical schema. Revised schema names were applied to all years of trauma data. Any changes to table names, care phases or fields names were updated in the 2008-2009 and 2005-2007 ASTR data dictionaries and field, table and care phase names in the Oracle data should be the same for all years of trauma data.

o NTDS national data element numbers:
• A few of the national data element numbers were changed in the updated NTDS Data Dictionary version 1.2.5. These changes were made to the ASTR Data Dictionary and do not affect ASTR data entry or reporting.

o "Age" / "Age Units" (Demographics):
- Data entry instructions for Age Units were not being followed by several trauma centers. Many centers were entering an age value using months for children between 12 and 23 months. Because this was consistent across several hospitals, the ASTR data dictionary instructions were changed to allow 13-23 months as a valid Age/Age Units entry.

o New data entry instructions (changes highlighted in bold):
- Registrar note: If pt age is < 1 day, enter Age in "Hours". If pt age is >= 1 day but < 1 month, use "Days".
- If patient age is >= 1 month but <1 year, use "Months".
- If age is 13 - 23 months, you may enter the age in months or as 1 year. Age 2 or older must be entered in "Years".

o Old data entry instructions (deleted):
- Registrar note: If pt age is < 1 day, enter Age in "Hours". If pt age is >= 1 day but < 1 month, use "Days".

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- If patient age is >= 1 month but < 1 year, use "Months". Otherwise, enter patient age in "Years".
  - o "Protective Devices" (data entry clarification):
    - Common data entry error was identified, so wording was added as data entry clarification: NONE means that protective devices were not used (or pt was not wearing) any type of protective device at the time of injury event.
    - If an airbag was present, do not select None + Airbag Present. (Airbag was a protective device in use at time of injury event, even if it did not deploy.)
  - o Pre-hospital (calculated time fields):
    - The pre-hospital transport section may contain more than one leg of EMS care. The EMS time calculations represent the time per EMS Agency and not a total EMS time overall. The names of these data elements were changed to make the reporting variables more clear. Example "Total EMS Time (minutes)" refers to the time elapsed for that specific EMS Agency from notification to arrival at destination, NOT the total time from when the first EMS Agency arrived on scene to the time of arrival of the last EMS agency at the destination hospital.
    - To clarify what is captured by these data elements, the titles of the following data elements were updated:
      - o "Total EMS Response Time (minutes)" was changed to "EMS Agency Response Time (minutes)"
      - o "Total EMS Scene Time (minutes)" changed to "EMS Agency Scene Time (minutes)"
      - o "Transport Time - Scene to Destination (minutes)" changed to "Transport Time - EMS Agency Scene to Destination (minutes)"
      - o "Total EMS Time (minutes)" changed to "EMS Agency Total Time (minutes)"
      - o These data dictionary name changes do not affect the data entry calculation and name change is meant to help user when reporting.
  - o Appendix A1 - Reporting Facility List
    - Updated reporting facility list to include new designation information and 2009 reporting hospitals.
  - o Appendix A2 - Data Submission Guidelines
    - Added a copy of ASTR Data Submission Guidelines as an appendix in the data dictionary.
  - o Appendix B - City of Residence and City of Injury Lists
    - It was discovered that the software city auto-fill and the ASTR city pick list did not match for 2008 data.
    - All ASTR data 2008 forward was converted to match the software auto-fill codes. Appendix B was edited to the new city codes.
    - ASTR 2005-2007 data did not use these new city codes, so caution is needed when reporting on multiple years of data.
    - Hospital databases may have some older codes leftover in their 2008 data.
  - o Appendix E - EMS Agency List
    - Added EMS Air Agencies - TAB015, TAB016, TAB017, TAN016, TAN017

- - Added Ground Transport Agency TGCON086
    - Added First Responder Agencies FRN0199, FRN0200
  - Appendix F - Hospital/Destination List
    - Added Hospital - MED2568
  - Index 2 - DATA ELEMENTS LISTED IN ALPHABETICAL ORDER OF DATA ELEMENT NAME
    - A second index was added to assist users in searching the data dictionary for specific data elements. Multiple naming variations are given in the event the hospital data entry screens are different than ASTR data dictionary. The previous index was maintained as Index 1 (listed in order as found in ASTR database, with the data element name of the ASTR data dictionary).
- Revision 5 - 1/1/2011 - Data Dictionary version number was updated to 1.6 to reflect the following changes:
  - "Co-morbid Conditions" (Demographics)
    - NTDB added Cirrhosis to the list of national complications for 2011 data forward. ASTR accepted this change (per TEPI) for ED/Hospital Arrival Dates 1/1/2011 forward.
  - "Activity E-code" (Injury)
    - New state field for records 2011 forward (optional data for NTDB submission 2011 forward.) Supplemental code that provides additional reporting information about the activity being performed at time of injury event.
  - "Signs of Life" (ED/Trauma)
    - NTDB added a new national required field "Signs of Life" for 2011 data. ASTR accepted these changes (per TEPI) for ED/Hospital Arrival Dates 1/1/2011 forward.
  - "ED Discharge Disposition" (ED/Trauma)
    - For 2011 data, NTDB retired the 3 ED Death national choices used for 2008-2010 data and replaced them with one ED Death choice. ASTR accepted these changes (per TEPI) for ED/Hospital Arrival Dates 1/1/2011 forward:
      - NEW 2011 State and National ED Death choice:
        - ED DEATH: Death in ED
    - 2008-2010 State and National ED Death choices (retired for 2011 data forward):
      - ED DOA: Declared dead on arrival w/ minimal/no resuscitation attempt
      - DEATH RESU: Death after failed resuscitation attempt-no response 15 mins
      - DIED IN ED: Died in ED (other than failed resuscitation attempt)
  - "Total ICU Length of Stay" (Discharge)
    - Per NTDB instructions, added note that ICU Length of Stay cannot be Zero. Instead registrar should use *NA (Not Applicable) if no ICU stay.
  - "Total Ventilator Days" (Discharge)
    - Per NTDB instructions, added note that Total Ventilator Days cannot be Zero. Instead registrar should use *NA (Not Applicable) if no Vent Days.
  - "Procedures Performed (ICD-9-CM)" (Discharge)

- For 2011 data, NTDB released a list of their minimum required procedures to be entered for trauma patients. Added Appendix H1-B to ASTR data dictionary listing the national required procedures for 2011 data. ASTR accepted these changes (per TEPI) for ED/Hospital Arrival Dates 2011 forward. Hospitals may enter any additional procedures needed at their institution, as NTDB list is the minimum. The Referring facility and Reporting facility procedure required lists are the same, per TEPI.
- "Hospital Complications" (Discharge)
  - NTDB made changes to the national Hospital Complications List for 2011 data. ASTR accepted the new Hospital Complications list (per TEPI) for ED/Hospital Arrival Dates 1/1/2011 forward.
  - Hospital Complications (NTDB changes):
    - RETIRED for 2011 forward:
      - ABCS: Abdominal compartment syndrome
      - ABFA: Abdominal fascia left open
      - BASE: Base deficit
      - BLEE: Bleeding
      - COAG: Coagulopathy
      - COMA: Coma
      - PRES: Intracranial pressure
      - SEPS: Systemic sepsis
      - WNDD: Wound disruption
    - CONTINUED from 2010:
      - RENF: Acute renal failure
      - ARDS: Acute respiratory distress syndrome (ARDS)
      - CAWC: Cardiac arrest with CPR
      - DECU: Decubitus ulcer
      - DINF: Deep surgical site infection
      - DRUG: Drug or alcohol withdrawal syndrome
      - DVTT: Deep Vein Thrombosis (DVT) / thrombophlebitis
      - EXCS: Extremity compartment syndrome
      - FAIL: Graft/prosthesis/flap failure
      - MYCI: Myocardial infarction
      - INFE: Organ/space surgical site infection
      - PNEU: Pneumonia
      - PEMB: Pulmonary embolism
      - SCVA: Stroke / CVA
      - SINF: Superficial surgical site infection
      - UINT: Unplanned intubation
      - OTHR: OTHER COMPLICATIONS EXIST - not on this list
    - NEW for 2011 forward:
      - UNTI: Urinary Tract Infection
      - CRBI: Catheter-Related Blood Stream Infection
      - OSTM: Osteomyelitis
      - UROR: Unplanned return to the OR
      - UICU: Unplanned return to the ICU
      - SSEP: Severe sepsis
- Appendix A1 - Reporting Facility List

- Updated reporting facility list to include any new reporting hospitals, as of April 2011.
  - o Appendix E - EMS Agency List
    - Added EMS Air Agencies - TAB019
    - Added Ground Transport Agency TGCON087
    - Added First Responder Agencies FRN0201 & FRN0202. Changed text name for code FRN0080 to Northern AZ Cons. FD (was Hualapai Valley Fire Dist.)
    - First Responder code FRN0152 was archived, as Sonoita-Elgin now has a CON and was assigned EMS Transporter number TGCON087
  - o Appendix F - Hospital/Destination List
    - Added Hospital - MED4239
    - Added Hospital - MED4420
    - Added Hospital - MED4382
    - Added Hospital - MED4346
    - Added Hospital - MED4160
    - Added Hospital - UNK0067

Revision 6 - 2/1/2012 - Data Dictionary version number was updated to 1.7 to reflect the following changes:
  - o "Alternate Home Residence" (Demographics)
    - NTDB updated text "Migrant" to "Migrant Worker". ASTR accepted this text change. Reporting code is the same.
  - o "Co-morbid Conditions" (Demographics)
    - NTDB added DEMENTIA to the list of national complications for 2012 data forward.
    - NTDB added DRUGABUSE to the list of national complications for 2012 data forward.
    - NTDB added PSYCH to the list of national complications for 2012 data forward.
    - NTDB added PREHOSPCARDIAC to the list of national complications for 2012 data forward.
    - IMPAIRSENS was retired from list for 2012 data forward.
    - NTDB text change (no code change): "Advanced directive limiting care (DNR)" replaced original text "Do Not Resuscitate (DNR) status".
    - NTDB text change (no code change): "Currently receiving chemotherapy for cancer" replaced original text "Chemotherapy for cancer within 30 days."
    - NTDB text change (no code change): "Chronic renal failure" replaced original text "Currently requiring or on dialysis".
    - NTDB text change (no code change): "History of myocardial infarction" replaced original text "History of myocardial infarction within past 6 months".
    - NTDB text change (no code change): "History of PVD" replaced original text "History of revascularization / amputation for PVD".

ASTR accepted these changes (per TRUG & Program Managers) for ED/Hospital Arrival Dates 1/1/2012 forward:
  - o "Initial Field Respiratory Rate" (Prehospital)
    - Respiratory Rate constraint values were updated, per NTDS. RR cannot be >99 if age >=6; RR cannot be >120 if age<6.
  - o "Initial Field GCS" (Prehospital)

- Added data entry instructions from NTDB Data Dictionary regarding documentation and scoring.
- o "System Access(Inclusion)" (Prehospital)
  - Per TEPI, Inclusion Criteria 1B was updated for 2012 data forward to: Level III or IV: Injury Transfer by EMS to other acute care (INTERF_TRNSFR2012)
  - Previous 2008-2011 1B criteria: "Acute care injury transfer in or out of your facility by EMS" (INTERF_TRNSFR).
- o "ED/Hospital Respiratory Rate" (ED/Trauma)
  - Respiratory Rate constraint values were updated, per NTDS. RR cannot be >99 if age >=6; RR cannot be >120 if age<6.
- o "ED/Hospital Initial GCS" (ED/Trauma)
  - Added data entry instructions from NTDB Data Dictionary regarding documentation and scoring.
- o "ED/Hospital Initial GCS Qualifier" (ED/Trauma)
  - NTDB added new paralytic options to required list. Picklist choices A through H were added to accommodate new options.
- o "Procedures Performed (ICD-9-CM)" (Discharge)
  - For 2012 data, NTDB updated the minimum required procedures list to be entered for trauma patients.
- o Added Appendix H1-A to ASTR data dictionary listing the national required procedures for 2012 data.
- o Special note was added to clarify data entry of blood products.
- o ASTR accepted these requirements (per TRUG & Program Managers) for ED/Hospital Arrival Dates 1/1/2012 forward:
  - Hospitals may enter any additional procedures needed at their institution, as NTDB list is the minimum.
- o "Hospital Complications" (Discharge)
  - NTDB made changes to the national Hospital Complications List for 2012 data.
  - ASTR accepted the new Hospital Complications list (per TEPI) for ED/Hospital Arrival Dates 1/1/2011 forward.
  - NTDB text change (no code change): "Acute kidney injury / Acute renal failure" replaced original text "Acute renal failure."
  - NTDB text change (no code change): "Acute lung injury/Acute respiratory distress syndrome (ARDS)" replaced original text Acute respiratory distress syndrome (ARDS).
- o Appendix A1 - Reporting Facility List
  - Updated reporting facility list to include any new reporting hospitals, as of February 2012.
- o Appendix E - EMS Agency List
  - Added Air Agencies - TAB020, TAB021, TAB022.
  - Archived TGCON028 and FRT0028 - Agency no longer in service.
  - Archived TGCON042- No longer CON provider.
  - Archived TGCON070- No longer CON provider.
  - Added First Responder Agencies-FRN203, FRN0204, FRN0205, FRN0206, FRN0207, FRN0208, FRN0209, FRN0210, FRN0211,
  - FRN0212, FRN0213, FRN0214, FRN0215.
  - Added Ground Transport Agency - TGCON088.
- o Appendix F - Hospital/Destination List
  - Text change for MED0257: "University of AZ Medical Center- UNIVERSITY CAMPUS (was UMC)"

- Text change for MED2863: "University of AZ Medical Center-SOUTH CAMPUS (was UPH Kino)"
- Text change for MED3005: "Tsehootsooi Medical Center - Ft Defiance"
- Facility Closed - archived MED4382
- Facility Closed - archived MED4160
- Added MED4433 as new stand-alone ER
- Added MED4578 as new stand-alone ER
- Text change for MED2640: updated text to include city: "West Valley Hospital (Goodyear)"
- Added new hospital - MED4766 "Florence Hospital"
- Text change for MED4346: updated text :"Florence Hospital" to "Florence Community Healthcare"

Revision 7 - 1/24/2013 - Data Dictionary version number was updated to 1.8 to reflect the following changes:

o "Co-morbid Conditions" (Demographics)
- NTDB text change (no code change): "History of angina within 30 days" replaced original text "History of angina within past 1 month".
- NTDB text change (no code change): "Pre-hospital cardiac arrest with resuscitative efforts by healthcare provider" replaced original text "Pre-hospital cardiac arrest with CPR".
- NTDB text change (no code change): "History of PVD" replaced original text "History of revascularization / amputation for PVD".

o "System Access(Inclusion)" (Prehospital)
- Per TEPI advisory committee, Inclusion Criteria inter-facility 1B criteria were updated back to the 2008-2011 criteria.
- 2008-2011 and 2013 forward: "Acute care injury transfer in or out of your facility by EMS" (INTERF_TRNSFR).
- 2012 only - Level III or IV: Injury Transfer by EMS to other acute care (INTERF_TRNSFR2012)

o All Initial ED/Hospital Vital Signs - national data entry clarification added. The following data entry instructions were added to all initial ED/Hospital vital signs, to be consistent with NTDB 2013 dictionary:
- First recorded vitals should be within 30 minutes or less of ED/hospital arrival. Please note that first recorded hospital vitals do not need to be from the same assessment.

o "ED/Hospital Initial Height" - new reporting field for NTDB and ASTR 2013 - Full Data set hospitals only

o "ED/Hospital Initial Weight" - new reporting field for NTDB and ASTR 2013 - Full Data set hospitals only

o "Transfer Delays" - new reporting field for ASTR 2013 - Level III and IV Trauma Centers only

o "Hospital Complications" (Discharge)
- NTDB text change (no code change): "Cardiac arrest with resuscitative efforts by healthcare provider" replaced original text "Cardiac Arrest with CPR".

o Appendix A1 - Reporting Facility List
- Updated reporting facility list to include any new reporting hospitals, as of January 2013.

o Appendix F - Hospital/Destination List

- Facility Closed - MED4346 - option not archived yet as closure happened in 2012 and code may still be needed for 2012 data entry
- Added: MED4707, MED4535, MED4469
- Text change for MED2944: now "Oro Valley Hospital". Original text was "Oro Valley Hospital (Northwest Medical Center Oro Valley)"

○ Appendix I - ASTR Trauma Patient Inclusion Definition
- Per TEPI advisory committee, Inclusion Criteria inter-facility 1B criteria were updated back to the 2008-2011 criteria.
- 2008-2011 and 2013 forward: "Acute care injury transfer in or out of your facility by EMS" (INTERF_TRNSFR).
- 2012 only - Level III or IV: Injury Transfer by EMS to other acute care (INTERF_TRNSFR2012)

○ Appendix J - 2008-2013 ASTR Data Elements List
- Updated list to include 2013 ASTR reporting changes

Revision 8 - 7/22/2013 - Data Dictionary version number was updated to 1.9 to reflect the following changes:

○ Data Dictionary re-written to Word format;
○ Appendices removed:
- Appendix H removed; refer to the data dictionary on the [NTDS website](#) for NTDS definitions and coding ranges for Co-morbid conditions and Complications.
- Appendix H1-A1 removed; refer to the data dictionary on the [NTDS website](#) for NTDS glossary of terms.
- Appendix H1-A2 removed; refer to the data dictionary on the [NTDS website](#) for NTDS calculation of ICU and Ventilator Days.
- Appendix H1-B removed; refer to the data dictionary on the [NTDS website](#) for NTDS glossary of terms.
- Appendix H2-A, H2-A1 and H2-B removed; refer to the data dictionary on the [NTDS website](#) for NTDS required hospital procedures.
- Appendix I removed, please find the ASTR Inclusion Criteria at the beginning of this document or on the [ASTR](#) website.
- Appendix J removed, please find the list of data elements on the [ASTR](#) website.
- Appendix K removed, refer to the data dictionary on the [NTDS website](#) for NTDS occupation definitions.

Revision 9 - 2014 - Data Dictionary version number was updated to 2.0 to reflect the following changes:

○ "ICD-9 Primary E-Code" (AZ-Injury)
- NTDB field name change (no code change): "ICD-9 Primary External Cause Code" replaced original text "ICD-9 Primary E-Code ". Throughout this field, 'E-code' has been replaced with 'External cause code'.

○ "ICD-9 Primary E-Code" (AZ-Injury)
- NTDB field name change (no code change): "ICD-9 Primary External Cause Code" replaced original text "ICD-9 Primary E-Code ". Throughout this field, 'E-code' has been replaced with 'External cause code'.

○ "Report of Physical Abuse" (AZ-Injury)
- New Field for NTDB and ASTR 2014 - Full and Reduced Data set hospitals

- o "Investigation of Physical Abuse" (AZ-Injury)
  - New Field for NTDB and ASTR 2014 - Full and Reduced Data set hospitals
- o "Caregiver at Discharge" (AZ-Injury)
  - New Field for NTDB and ASTR 2014 - Full and Reduced Data set hospitals
- o Added MED5410, Sonoran Health and Emergency Center, as new stand-alone ER (April, 2014)
- o Added Picklist items to Discharge Disposition (April, 2014):
  - COURT/LAW - Discharge/Transfer to court/law enforcement
  - INPATIENT REHAB - Discharge/Transfer to Inpatient Rehab
  - LTCH - Discharge/Transfer to Long Term Care Hosp
  - PSYCHIATRIC - Discharge/Transfer to psychiatric hosp or unit
  - OTHER INSTITUTION - Discharge/Transfer to other institution (2014 Forward)

Revision 10 - 2015 - Data Dictionary version number was updated to 2.1 to reflect the following changes:
- o Revisions to Co-morbid Conditions (Demographics)
  - Added: "Attention deficit/hyperactivity disorder (ADD/ADHD)";
  - Retired: "Ascites within 30 days";
  - Retired: "Esophageal varices";
  - Retired: "Obesity";
  - Retired: "Prehospital cardiac arrest with resuscitative efforts by healthcare provider";
  - Updated: "Cerebrovascular accident (CVA)";
  - Updated: "Chronic Obstructive Pulmonary Disease (COPD)";
  - Updated: "Drug use disorder";

- o Field Added (Prehospital)
  - Added: "Pre-hospital Cardiac Arrest" (Y/N);

- o Revisions to Trauma Criteria Picklist (Prehospital)
  - Added: "For adults > 65; SBP <110";
  - Updated: "Glasgow Coma Score <=13";

- o Revisions to ED Discharge Disposition (ED/Trauma)
  - Updated: "Deceased/expired";

- o Revisions to Hospital Discharge Disposition (Discharge)
  - Updated: "Deceased/expired";
  - Updated: "Discharged to home or self-care (routine discharge);

- o Revisions to Complications (Discharge)
  - Updated: "Acute Respiratory Distress Syndrome (ARDS)";
  - Updated: "Unplanned admission to the ICU";

- o Revisions to Primary Method of Payment (Financial)

- ▪ Retired: "No Fault Automobile";
- ▪ Retired: "Blue Cross/Blue Shield";
- o Added TGCON091 American Medical Response of Maricopa as a transporter;
- o Added MED5829, Dignity Health – Arizona General Hospital;

Revision 11 - 2016 - Data Dictionary version number was updated to 2.2 to reflect the following changes:
- o Remove Inclusion Criteria – this document is posted separately
- o on the [ASTR Website](#)
- o Remove Appendix A1 – the Reporting facility list is posted on the [ASTR Website](#)
- o Revision to Age Units Picklist (Demographics)
  - ▪ Added: I. 'Minutes';
- o Revision to Alternate Home Residence Picklist (Demographics)
  - ▪ Retired: 'Foreign Visitor';
- o Revision to Co-morbid Conditions (Demographics)
  - ▪ Changed long text 'Alcoholism' to 'Alcohol use disorder'
- o Revisions to Hospital Complications (AZ-Discharge)
  - ▪ Retired: 16. Graft/prosthesis/flap failure
  - ▪ Retired: 20. Pneumonia
  - ▪ Retired: 27. Urinary tract infection
  - ▪ Retired: 28. Catheter related blood stream infection
  - ▪ Added: CAUT Catheter-associated urinary tract infection (CAUTI)
  - ▪ Added: CLAB Central line-associated bloodstream infection (CLABSI)
  - ▪ Added: VAPN Ventilator-associated pneumonia (VAP)
- o Effective 1/1/2016 ED/Arrival dates, ICD-10 replaces ICD-9 in all instances:
  - ▪ (Demographics)
    - • Co-Morbid Conditions - ICD-10;
  - ▪ (AZ-Injury)
    - • Injury Location External Cause Code – ICD-10;
    - • Primary Injury External Cause Code – ICD-10;
    - • Additional Injury External Cause Code – ICD-10;
    - • Activity Code – ICD-10;
  - ▪ (AZ-Discharge)
    - • Procedures – ICD-10;
  - ▪ (AZ-Diagnoses)
    - • Injury Diagnoses – ICD-10;
- o Add Outcome Section (Outcomes):
  - ▪ Add data elements:
    - • Rehab Admission Date;
    - • Rehab Discharge Date;
    - • Rehab Discharge Disposition;
    - • Admission FIM scores;
    - • Discharge FIM scores;

Revision 12 - 2017 - Data Dictionary version number was updated to 2.3 to reflect the following changes:
- ▪ (Demographics)
  - • Co-Morbid Conditions:
    - o Added Angina Pectoris;
    - o Added Anti-coagulant therapy;

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- o Added Mental/Personality Disorder;
- o Added Myocardial Infarction (MI);
- o Added Peripheral Artery Disease (PAD);
- o Retired History of Angina within 30 Days;
- o Retired Drug Use Disorder;
- o Retired History of Myocardial Infarction (MI);
- o Retired History of Peripheral Vascular Disease (PVD);
- o Retired Major Psychiatric Illness;
- o Replaced Hypertension Requiring Medication with Hypertension;
- ▪ (AZ-Toxicology)
  - • Substances:
    - o Added Ecstasy;
    - o Added Methadone;
    - o Added Methamphetamine;
    - o Added Oxycodone;
    - o Added Trycyclic antidepressant;
- ▪ (AZ-Discharge)
  - • Complications:
    - o Added: Alcohol Withdrawal Syndrome;
    - o Retired: Drug or Alcohol Withdrawal Syndrome;
    - o Changed: Adult Respiratory Distress Syndrome to Acute Respiratory Distress Syndrome;
    - o Retired: Decubitus Ulcer;
    - o Added: Pressure Ulcer;
    - o Retired: Superficial Surgical Site Infection;
    - o Added: Superficial Incisional Surgical Site Infection;

Data Entry Clarification 1-01-2018 – Referring Section
- • Update Data Source Hierarchy to show Referring Facility Records as the Primary Source for most data elements in this section;

AZ - Discharge Section
- • Update to the procedure location picklist – Add IR Intervention Radiology as a picklist item;

Data Entry Clarification 7/25/2018 – Toxicology Section
- • Update the definition of Alcohol Use Indicator and Drug Use Indicator to include this verbiage, consistent with NTDB: 'First recorded results within 24 hours after the first hospital encounter.'

Prehospital Section 7/25/2018:
- • Update to Triage Criteria, consistent with CDC field triage variables:
  - o Add: PENETRATING INJURY;
  - o Add: AUTO BICYCLE PEDESTRIAN;
  - o Retire: AUTO BICYCLE;
  - o Retire: AUTO PEDESTRIAN;
  - o Retire: PENETRATING HEAD;
  - o Retire: PENETRATING NECK;
  - o Retire: PENETRATING TORSO;
  - o Retire: PENETRATING EXTREMITY;
  - o Retire: TIME SENS EXT INJ;

   o Retire: ENDSTAGE RENAL;

Revision 13 – 2019 Data Dictionary version number was updated to 2.5 to reflect the following changes:

- In Pre-hospital Section, update data element P3_02 Triage Criteria to match NTDB requirements for collection of these data.
  - Update the definition of Triage Criteria as follows: Indicates the ~~ACS~~ CDC triage criteria that apply to this patient and injury event, per ~~available~~ EMS ~~and hospital documentation~~ run sheet(s) for patients transported via EMS from the injury scene. Multiple entry pick list. Select all that apply.
  - Remove bullet:
    - "High-risk crash: Other criteria NOT listed" should only be selected if the other high-risk crash criteria on this list do not apply.
  - Retire the following picklist items:
    - OTHER HIGH RISK CRASH;
    - AGE > 55 YRS;
    - CHILDREN;
    - OTHER EMS PROTOCOL;

- Update NTDB data element correlations 1/01/2019
  - I2_04a: ICD-10 Place of Occurrence External Cause Code correlates to NTDB element I_07;
  - I2_06: ZIP Code of Injury Incident Location correlates to NTDB element I_09;
  - I2_08: City of Injury Incident Location correlates to NTDB element I_13;
  - I2_09: County of Injury Incident Location correlates to NTDB element I_12;
  - I2_10: State of Injury Incident Location correlates to NTDB element I_11;
  - I2_11: Country of Injury Incident Location correlates to NTDB element I_10;
  - I2_13a: ICD-10 Primary External Cause Code correlates to NTDB element I_06;
  - I2_16: ICD-9 Additional External Cause Code correlates to NTDB element I_08;
  - I2_16a: ICD-10 Additional External Cause Code correlates to NTDB element I_08;
  - I2_21: Protective Devices correlates to NTDB element I_14;
  - I2_22: Child Specific Restraint Details correlates to NTDB element I_15;
  - I2_23: Airbag Deployment Details correlates to NTDB element I_16;
  - I2_29: Report of Physical Abuse correlates to NTDB element I_17;

- o I2_30: Investigation of Physical Abuse correlates to NTDB element I_18;
- o I2_31: Caregiver at Discharge correlates to NTDB element I_19;
- o P3_17: Time EMS Provider Arrived on Scene correlates to NTDB element P_04;
- o ED5_03: ED Exit Date does not map to NTDB;
- o ED5_04: ED Exit Time does not map to NTDB;
- o ED5_08: Signs of Life correlates to NTDB element ED_21
- o ED5_09: ED Discharge Disposition correlates to NTDB element ED_20;
- o D7_05: Hospital Discharge Date does not map to NTDB;
- o D7_06: Hospital Discharge Time does not map to NTDB;
- o T6_01: Alcohol Use Indicator correlates to NTDB element ED_18;
- o T6_03: Drug Use Indicator correlates to NTDB element ED_17;
- o I8_08: Body Part Injured (for AIS injury codes) does not map to NTDB;
- o I8_09: AIS Version correlates to NDTB element DG_04;
- o I8_10: Injury Severity Score (calculated based on AIS 2005 injury identifiers) does not map to NTDB;
- o I8_11: ICD-10-CM Injury Diagnosis Code(s) correlates to NDTB element DG_02;
- D1_27: Co-morbid Conditions: NTDB has renamed these to Pre-existing conditions and is collecting each one as a separate data element. ASTR will continue to call these Co-morbid Conditions as they are identified in the Trauma Rules and collect them in the same picklist format. The values will be mapped to their corresponding NTDB data elements.
- D7_18 Complications: NTDB has renamed these to Hospital Events and is collecting each one as a separate data element. ASTR will continue to call these Complications as they are identified in the Trauma Rules and collect them in the same picklist format. The values will be mapped to their corresponding NTDB data elements.
- Correct I2_12 Trauma Type
  - o Correct Burn picklist value to N
- Clarify definition of I2_13a and : I2_16a ICD-10 Primary and Additional External Cause Codes to include valid codes.

Revision 14 – 2020 Data Dictionary version number was updated to 2.6 to reflect the following changes:
- Effective 1/1/2020:
  - o NTDS retired data element I2_29 – Report of Physical Abuse; ASTR will continue to collect;
  - o NTDS is no longer collecting data element I2_30 – Investigation of Physical Abuse; ASTR will continue to collect;
  - o NTDS is no longer collecting data element I2_31 – Caregiver at Disc   harge; ASTR will continue to collect;

- o NTDS is no longer collecting data element ED5_08 Signs of Life; ASTR will continue to collect;
- o Under Pre-existing Conditions (Co-Morbid Conditions)
  - Un-retire PREGNANCY
  - Change description of Substance Abuse Disorder to Substance Use Disorder
- o Under Hospital Events (Complications)
  - add picklist item – DELIRIUM;
  - retire picklist item – UNPLANNED RETURN TO THE OR and add – UNPLANNED VISIT TO THE OR
- o NTDS has changed its inclusion criteria to accept non-EMS transports as inter-facility transfers. Trauma One will include a new data element to capture inter-facility transfers as defined by NTDS. The existing data element will capture inter-facility transfers as defined by ASTR.
- o Update Appendix A2;
- o Remove Appendix B – AZ City of Residence List;
- o Remove Appendix C – ASTR State of Residence List;
- o Remove Appendix D – ASTR Country of Residence List;
- o Remove Appendix E – ASTR EMS Agency List;
- o Remove Appendix F – ASTR Hospital List;

Revision 15 – 2021 Data Dictionary was updated to reflect the following changes:
- Effective 1/1/2021:
  - o Under Gender
    - Add picklist item NON-BINARY;

Revision 16 – 2022 Data Dictionary was updated to reflect the following changes:
- Effective 1/1/2022:
  - o NTDB added plain radiography of whole body, Plain radiography of whole skeleton, and Plain radiography of infant whole body to the Diagnostic and Therapeutic Imaging section of procedures that need to be recorded.

  - o Under Hospital Complications
    - Picklist option extremity compartment syndrome retired

Revision 17 – 2023 Data Dictionary was updated to reflect the following changes:
- Effective 1/1/2023:
  - o EMS Triage Criteria definition updated
  - o Position in Vehicle picklist updated
    - Added Semi-Truck Driver
    - Added Semi-Truck Passenger
  - o Under Co-Morbid Conditions (per NTDB)
    - Added BIPOLAR I/II DISORDER
    - Added MAJOR DEPRESSIVE DISORDER
    - Added OTHER MENTAL/PERSONALITY DISORDERS
    - Added POST-TRAUMATIC STRESS DISORDER
    - Added SCHIZOAFFECTIVE DISORDER

- Added SCHIZOPHRENIA
- Retired ANGINA PECTORIS
- Retired MENTAL/PERSONALITY DISORDERS
  - AIS 2015 codes added to replace AIS 2005 codes. Change made in March of 2023.
- Effective 8/1/2023:
  - Transfer Delays picklist updated
    - Added Bed Availability
- Effective 8/31/2023:
  - Substance picklist updated
    - Fentanyl