

Utah Trauma Registry Data Abstraction Form

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

Tracking Number: _____ Hospital Number: _____

Abstracted By: _____ Date of Entry: ____/____/____ Initials: _____

Demographic & Injury Event Data

Patient Last Name: _____

Patient First Name: _____

M.I. _____

Medical Record Number: _____

SSN: ____-____-____ NOT

Sex: Male Female Unknown

Race: White Black or African American Asian American Indian

Native Hawaiian or Other Pacific Islander Other Race not listed

Not Recorded/Not Known

Other Race: Native Hawaiian or Other Pacific Islander Other Race not listed

Not Recorded/Not Known

Ethnicity: Hispanic or Latino Not Hispanic or Latino Not Applicable

Not Recorded/Not Known

Injury Time: ____:____ NOT Injury Date: ____/____/____ NOT

Date of Birth: ____/____/____ NOT

Age: ____ Age Units: Years Months Weeks Days NOT

Patient Zip Code: _____ NOT

Patient City: _____ Patient County: _____

Patient State: _____ Patient Country: _____

Alternate Home Status: Homeless Undocumented Citizen Migrant

Foreign Visitor NA NOT

Injury Cause Code: _____

Trauma Type: Blunt Penetrating Burn

Work Related Incident: Yes No NA NOT

E Code Cause of Injury: E_____ E_____

Protective Devices: 1. _____

2. _____

Injury Zip Code: _____ NA NOT

Injury City: _____ Injury County: _____

Injury State: _____

Injury Location: E_____ or Text: _____

Injury Details (free text): _____

Co-Morbidities:

- No Comorbidities
- OTHER- Other Comorbidity/Risk Type not listed
- ETOH- Alcoholism
- ASCITES- Ascites within 30 days
- BLEED- Bleeding disorder
- CHEMO- Currently receiving chemotherapy for cancer infarction
- CONGENITAL—Congenital anomalies
- CHF- Congestive heart Failure
- SMOKER—Current smoker
- DIALYSIS- Chronic renal failure
- CVA- CVA/ Residual neurological deficit
- DIABETES- Diabetes mellitus
- CANCER- Disseminated cancer
- DNR- Advanced directive limiting care
- ESOPHVAR- Esophageal varices
- HEALTH— functionally dependent health status
- ANGINA- History of angina within past 1 month
- MI- History of myocardial
- PVD- History of PVD
- HTN- Hypertension requiring medication
- PREMATURE- Prematurity
- OBESE- Obesity
- RESPIDEASE- Respiratory disease
- STEROIDS- Steroid use NOT— Not Known/Recorded
- CIRRHOSIS— Cirrhosis
- DEMENT— Dementia
- MAJ_PSYCH— Major Psychiatric Illness
- DRUG_ABUSE— Drug Abuse or Dependence
- PRE_HOSP— Pre-hospital Cardiac arrest with CPR

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

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

Referring Facility Data

Patient Transfer In From Another Hospital?: Yes No

Transfer Mode Into Ref Hospital: _____ NOT

Referring Hospital Name: _____ NOT

Arrival Time: ____:____ NOT NA

Arrival Date: ____/____/____ NOT NA

Discharge Time: ____:____ NOT NA

Discharge Date: ____/____/____ NOT NA

Admission Type: Admitted ED Care Only NA

Referring Vitals:

Pulse Rate: _____ NOT NA

Respiratory Rate: _____ NOT NA

Systolic Blood Pressure: _____ NOT NA

Eye Opening Response: 1 2 3 4 NOT NA

Verbal Reponse: 1 2 3 4 5 NOT NA

Motor Response: 1 2 3 4 5 6 NOT NA

GCS Assessment Qualifier:

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

IO Patient intubated and obstruction eye

NOT

Oxygen Saturation: _____ NOT NA

Transport Data

Method of Arrival into Hospital: AMB (Ground ambulance) FIX (Fixed wing air) HELI (Helicopter) LAW (Law enforcement, Non-EMS) COM (Commerical/taxi, Non-EMS) POV (Private vehicle, walk-in, bus, Non-EMS) OTHER MODE NOT

If AMB, FIX, or HELI; complete next section:

EMS Transport Data (1st Agency)

EMS Agency: _____ Other NOT

EMS Origin: Scene Ref Trans Non Trans NOT

EMS Dispatch Time: ____:____ NOT

EMS Dispatch Date: ____/____/____ NOT

EMS En Route Time: ____:____ NOT

EMS En Route Date: ____/____/____ NOT

EMS Scene Arrival Time: ____:____ NOT

EMS Scene Arrival Date: ____/____/____ NOT

EMS Scene Departure Time: ____:____ NOT

EMS Scene Departure Date: ____/____/____ NOT

EMS Destination Arrival Time: ____:____ NOT

EMS Destination Arrival Date: ____/____/____ NOT

EMS Destination: _____ NOT

Trip Form Received: Yes No NOT

EMS Transport Data (2nd Agency)

EMS Agency: _____ Other NOT

EMS Origin: Scene Ref Trans Non Trans NOT

EMS Dispatch Time: _____:_____ NOT

EMS Dispatch Date: ____/____/____ NOT

EMS En Route Time: _____:_____ NOT

EMS En Route Date: ____/____/____ NOT

EMS Scene Arrival Time: _____:_____ NOT

EMS Scene Arrival Date: ____/____/____ NOT

EMS Scene Departure Time: _____:_____ NOT

EMS Scene Departure Date: ____/____/____ NOT

EMS Destination Arrival Time: _____:_____ NOT

EMS Destination Arrival Date: ____/____/____ NOT

EMS Destination: _____ NOT

Trip Form Received: Yes No NOT

Scene Procedures

Airway Management:

- NONE Oxygen Administration or nasal cannula only
- ATT Attempted & documented unsuccessful
- BM Bag & Mask
- CRIC Cricothyrotomy
- EOA Esophageal Obturator
- NASO Nasopharyngeal Airway
- NETT Nasal ETT
- ORAL Oral Airway

- OETT Oral ETT
- TRACH Tracheostomy
- NOT
- NA

Scene Procedures– Continued

- CPR:**
- Yes
 - No
 - NA
 - UNK

Fluids Administered:

- IVF.UNK (IV Fluids: unknown amount)
- < 500 ml or less administered
- 500-2000 ml administered
- > 2000 ml or greater administered
- < 20 cc/kg administered (Pediatric)
- 20-40 cc/kg administered (Pediatric) NOT
- > 40 cc/kg administered (Pediatric) NA

Scene Vitals

Pulse Rate: _____ UNK NOT NA

Respiratory Rate: _____ UNK NOT NA

Systolic Blood Pressure: _____ UNK NOT NA

Eye Opening Response: 1 2 3 4 UNK NOT NA

Verbal Reponse: 1 2 3 4 5 UNK NOT NA

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

Glasgow Outcome Score Total: _____ UNK NOT NA

Scene Vitals– continued

GCS Assessment Qualifier:

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

Oxygen Saturation: _____ NOT NA

ED Discharge Disposition:

- | | | |
|--------------------------------|--------------------------------|------------------------------|
| <input type="checkbox"/> FLOOR | <input type="checkbox"/> HOME | <input type="checkbox"/> UNK |
| <input type="checkbox"/> OR | <input type="checkbox"/> HOSP | <input type="checkbox"/> NA |
| <input type="checkbox"/> OBS | <input type="checkbox"/> DOA | |
| <input type="checkbox"/> ICU | <input type="checkbox"/> DEATH | |
| <input type="checkbox"/> TELE | <input type="checkbox"/> AMA | |

INPT Discharge Disposition:

- | | | |
|---|--------------------------------|--------------------------------|
| <input type="checkbox"/> End of Life Care | <input type="checkbox"/> REHAB | <input type="checkbox"/> DEATH |
| <input type="checkbox"/> HOSP | <input type="checkbox"/> SWING | <input type="checkbox"/> AMA |
| <input type="checkbox"/> HOME | <input type="checkbox"/> TCU | <input type="checkbox"/> NA |
| <input type="checkbox"/> HomeHealth | <input type="checkbox"/> JAIL | <input type="checkbox"/> NOT |
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> OTHER | |

Hospital Data

- Type of Admission:**
- E Admitted Through ED
 - D Direct Admission
 - T Seen in ED then transferred by EMS
 - R Seen in ED then transferred by POV
 - X Died in ED or DOA

Admit Service: _____ NOT NA

Hospital Arrival Time: _____:_____:_____ UNK

Hospital Arrival Date: ____/____/____ UNK

ED Admission Time: _____:_____:_____ UNK NA

ED Admission Date: ____/____/____ UNK NA

ED Discharge Time: _____:_____:_____ UNK NA

ED Discharge Date: ____/____/____ UNK NA

Inpatient Discharge Time: _____:_____:_____ UNK NA

Inpatient Discharge Date: ____/____/____ UNK NA

Outcome

Patient Outcome: Alive Dead

Admission Data

Hospital Admission Time: _____:_____:_____ UNK NA

Hospital Admission Date: ____/____/____ UNK NA

ED or First Vitals

Pulse Rate: _____ NOT NA

Systolic Blood Pressure: _____ NOT NA

Respiratory Rate: _____ NOT NA

Eye Opening Response: 1 2 3 4 NOT NA

Verbal Reponse: 1 2 3 4 5 NOT NA

Motor Response: 1 2 3 4 5 6 NOT NA

ED or First Vitals– continuedManual Glasgow: _____ NOT NA**GCS Assessment Qualifier:**

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

Oxygen Saturation: _____ NOT NA

Supplemental Oxygen: _____

 No Supplemental Oxygen Y Supplemental Oxygen NOT NATemperature: _____ NOT NA**ED or Inpatient Procedures****Airway Management:**

- NONE Oxygen Administration or nasal cannula only
- ATT Attempted & documented unsuccessful
- BM Bag & Mask
- CONT Continued airway from EMS/Ref/Scene
- CRIC Cricothyrotomy
- EOA Esophageal Obturator

 NASO Nasopharyngeal Airway NETT Nasal ETT ORAL Oral Airway OETT Oral ETT TRACH Tracheostomy NOT NA**CPR:**Yes No NA**Fluids Administered:**

- IVF.UNK (IV Fluids: unknown amount)
- < 500 ml or less administered
- 500-2000 ml administered
- > 2000 ml or greater administered
- < 20 cc/kg administered (Pediatric)
- 20-40 cc/kg administered (Pediatric)
- > 40 cc/kg administered (Pediatric)
- NOT
- NA
- UNK

Blood Given: Yes No NOT NA**Thoracostomy (Chest Tube):** Yes No NOT NA**Thoracotomy (Open Chest):** Yes No NOT NA

ED or Inpatient Procedures– continued

- Head CT:** Yes No NOT NA
- Peritoneal Lavage:** Yes No NOT NA
- FAST Test:** Yes No NOT NA
- Abdominal CT:** Yes No NOT NA

ED Transfer Out

ED Transferring EMS Agency: _____ NOT NA

Destination Facility: _____ NOT NA

Reason for Transfer:

- | | |
|------------------------------------|--------------------------------|
| <input type="checkbox"/> Insurance | <input type="checkbox"/> LOWER |
| <input type="checkbox"/> HIGHER | <input type="checkbox"/> NA |
| <input type="checkbox"/> RESOURCE | <input type="checkbox"/> NOT |
| <input type="checkbox"/> PTREQ | |

Total Length of Stay:

Total Length of Stay (LOS): _____ Days NOT

Total ICU Days: _____ Days NOT NA

Total Days on Ventilator: _____ Days NOT NA

Payment Sources

Primary:

- | | |
|---|--|
| <input type="checkbox"/> BCBS– Blue Cross BlueShield | |
| <input type="checkbox"/> CHIP– Childrens Health Insurance Program | <input type="checkbox"/> LAW– Law Enforcement |
| <input type="checkbox"/> COM– commercial | <input type="checkbox"/> NF– No Fault Automobile |
| <input type="checkbox"/> GOVT– Government | <input type="checkbox"/> NA– Not Applicable |
| <input type="checkbox"/> HMO– Health Maintenance Organization | <input type="checkbox"/> NOBILL– Not Billed |
| <input type="checkbox"/> IHS– Indian Health Service | <input type="checkbox"/> NOT-Not Recorded/Known |
| <input type="checkbox"/> MCAID– Medicaid | <input type="checkbox"/> SELF– Self Pay |
| <input type="checkbox"/> MCARE– Medicare | <input type="checkbox"/> WORK– Workers Comp |
| <input type="checkbox"/> OTHER– Other payment source not listed | Secondary: _____ |

Complications

- Not Applicable– No Complications
- OTHER– Other Complication not listed
- ARF– Acute kidney injury
- ARDS– Acute Respiratory Distress Syndrome
- CPR –Cardiac Arrest with CPR
- DECUB– Decubitus ulcer
- DEEPINF– Deep surgical site infection
- DRUG– Drug/ alcohol withdrawal syndrome
- DVT– Deep vein thrombosis/ thrombophlebitis
- ECS– Extremity compartment syndrome
- FAIL– Graft/ prosthesis/ flap failure
- MI– Myocardial infarction
- ORGINF– Organ/ space surgical site infection
- PNEU– Pneumonia
- PE– Pulmonary embolism
- STROKE– Stroke or CVA
- SUPINF– Superficial surgical site infection
- INTUB– Unplanned intubation
- UTI– Urinary Tract Inrection
- CATH– Catheter-Related Blood Stream Infection
- OSTEO– Osteomyelitis
- OR– Unplanned return to the OR
- ICU– Unplanned return to the ICU
- SEVSEP– Severe Sepsis
- NOT– Not Known/Not Recorded

AIS

AIS Code: _____

AIS Code: _____

AIS Code: _____

AIS Code: _____

AIS Code: _____

