



North Carolina Trauma Registry

(NCTR)

Data Dictionary

Effective 1 Jan 2017

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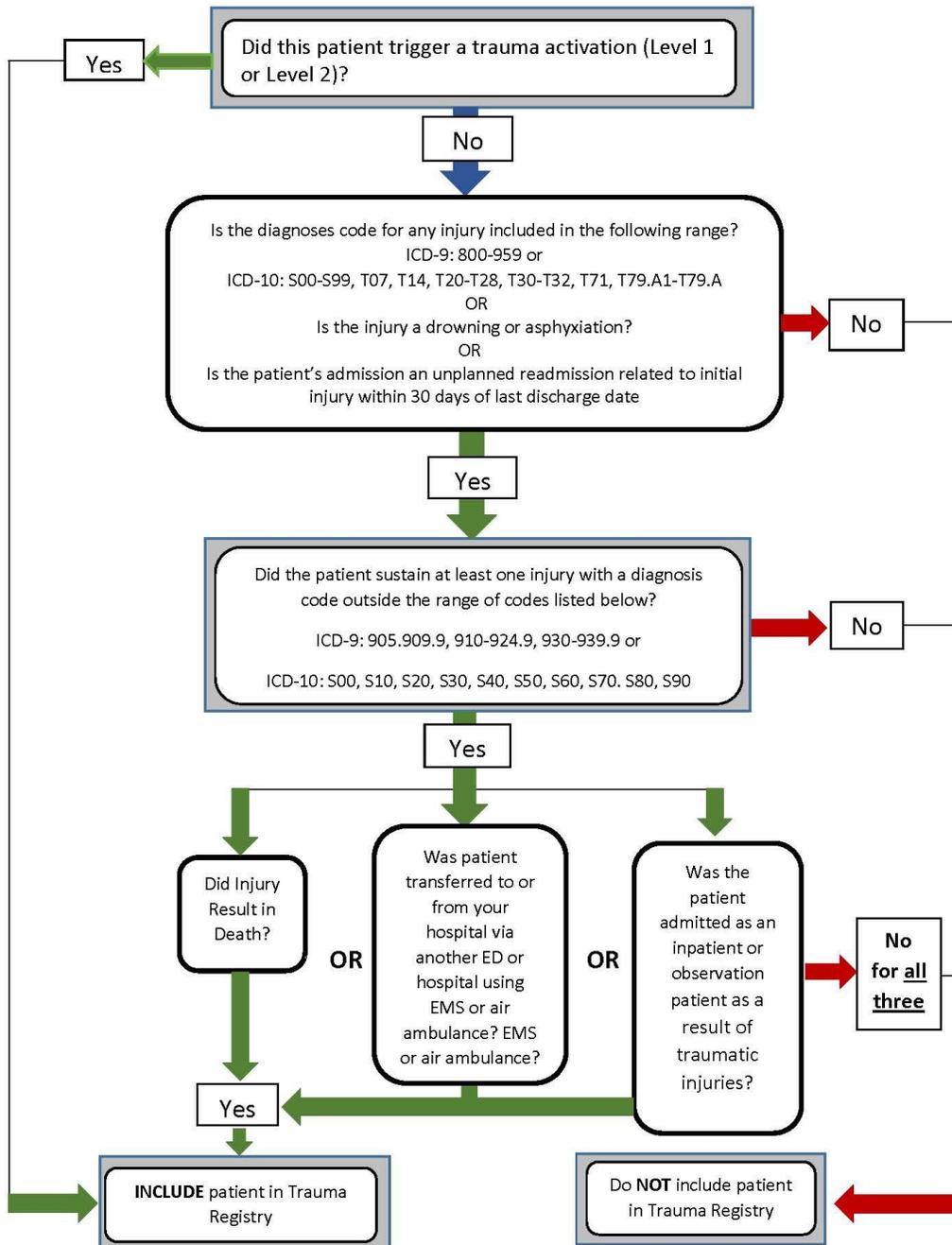
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Inclusion Criteria for NCTR



Section: Summary Table

Summary Table

Section	SubSection	Variable	Required by State	Sent to State	Available for Research	Required by NTDB
Demographic	Record Info	Record Created	No	No	No	No
Demographic	Record Info	Record Created By	No	No	No	No
Demographic	Record Info	Record Complete	Yes	Yes	No	No
Demographic	Record Info	Facility	Yes	Yes	No	No
Demographic	Record Info	Initial Location	Yes	Yes	Yes	No
Demographic	Record Info	Trauma #	Yes	Yes	No	No
Demographic	Record Info	Patient Arrival Date, Time	Yes	Yes	As selection criteria	Yes
Demographic	Record Info	Medical Record #	No	Yes	No	No
Demographic	Record Info	Account #	No	No	No	No
Demographic	Record Info, Patient	Patient Name (Last, First, Middle Initial)	Yes	Yes	No	No
Demographic	Record Info	Arrived From	Yes	Yes	Yes	No
Demographic	Record Info	Inclusion Source	No	No	No	No
Demographic	Record Info	Inclusion Information - NTDB	No	Yes	No	Yes
Demographic	Record Info	Inclusion Information - State	Yes	Yes	No	No
Demographic	Patient	Alias Name	No	No	No	No
Demographic	Patient	SSN	No	No	No	No
Demographic	Patient	Date of Birth	Yes	Yes	No	Yes
Demographic	Patient	Age Value	Yes	Yes	Yes	Yes
Demographic	Patient	Age Units	Yes	Yes	Yes	Yes
Demographic	Patient	Gender	Yes	Yes	Yes	Yes
Demographic	Patient	Race1, Race2	Yes	Yes	Yes	Yes
Demographic	Patient	Ethnicity	Yes	Yes	Yes	Yes
Demographic	Patient	Zip	Yes	Yes	No	Yes
Demographic	Patient	Homeless	Yes	Yes	Yes	Yes
Demographic	Patient	Street 1 & 2	No	No	No	No
Demographic	Patient	City	Yes	Yes	No	Yes
Demographic	Patient	State	Yes	Yes	Yes	Yes
Demographic	Patient	County	Yes	Yes		Yes
Demographic	Patient	Country	Yes	Yes	Yes	Yes
Demographic	Patient	Alternate Residence	Yes	Yes		Yes
Demographic	Patient	Telephone	No	No	No	No

Section: Summary Table

Section	SubSection	Variable	Required by State	Sent to State	Available for Research	Required by NTDB
Injury	Injury Information	Injury Date/Time	Yes	Yes	No	Yes
Injury	Injury Information	Place of Injury (E849)	Yes	Yes	Yes	Yes
Injury	Injury Information	Place of Injury (ICD10)	Yes	Yes	No	No
Injury	Injury Information	Specify	No	No	No	No
Injury	Injury Information	Protective Devices- Restraints	Yes	Yes	Yes	Yes
Injury	Injury Information	Protective Devices- Airbags	Yes	Yes	Yes	Yes
Injury	Injury Information	Equipment	Yes	Yes	Yes	Yes
Injury	Injury Information	Zip (Injury)	Yes	Yes	No	Yes
Injury	Injury Information	Street 1 & 2	No	No	No	No
Injury	Injury Information	City (Injury)	Yes	Yes	No	Yes
Injury	Injury Information	State (Injury)	Yes	Yes	Yes	Yes
Injury	Injury Information	County (Injury)	Yes	Yes	No	Yes
Injury	Injury Information	Country (Injury)	Yes	Yes	Yes	Yes
Injury	Injury Information	Work Related	Yes	Yes	Yes	Yes
Injury	Injury Information	Occupation	No	No	No	Yes
Injury	Injury Information	Occupational Industry	No	No	No	Yes
Injury	Injury Information	Reported Abuse	No	No	No	Yes
Injury	Injury Information	Investigation of Physical Abuse	No	No	No	Yes
Injury	MOI	ICD9 Primary E-Code	Yes	Yes	Yes	Yes
Injury	MOI	ICD9 Secondary E-Code	Yes	Yes	Yes	Yes
Injury	MOI	ICD10 External Cause Codes	Yes	Yes	Yes	No
Injury	MOI	Cause of Injury	No	No	No	No
Injury	MOI	Injury Type	Yes	Yes	Yes	No

Section: Summary Table

Section	SubSection	Variable	Required by State	Sent to State	Available for Research	Required by NTDB
Injury	MOI	Activity E-Code	No	Yes	No	No
Injury	MOI	Specify	No	Yes	No	No
Injury	MOI	Complaint (Chief and Secondary)	Yes	Yes	Yes	No
Injury	MOI	Specify (For Complaint)	No	Yes	No	No
Injury	MOI	Position in Vehicle	No	Yes	No	No
Injury	MOI	Impact Location	No	Yes	No	No
Injury	MOI	Casualty Type	No	Yes	No	No
Injury	MOI	Casualty Event	No	Yes	No	No
Injury	MOI	Inclusion source	No	No	No	
Prehospital	Scene/Transport	Extrication- Was Patient Extricated?	No	Yes	No	No
Prehospital	Scene/Transport	Extrication- Time Required/Minutes	No	Yes	No	No
Prehospital	Scene/Transport	Fluid Amount (Total Pre-hospital)	Yes	Yes	Yes	No
Prehospital	Scene/Transport	Out of RAC	No	No	No	No
Prehospital	Scene/Transport	Notification Date/Time	No	No	No	No
Prehospital	Scene/Transport	Prehospital Triage Rational	No	No	No	Yes
Prehospital	Scene/Transport	Mode	Yes	Yes		Yes
Prehospital	Scene/Transport	Mode Specify	Yes	Yes	No	Yes
Prehospital	Scene/Transport	Agency	Yes	Yes	No	No
Prehospital	Scene/Transport	Role	No	Yes	No	No
Prehospital	Scene/Transport	Scene EMS Report	Yes	Yes		No
Prehospital	Scene/Transport	PCR Number/Incident Number - Run Number/Linkage Number	No	Yes	No	No
Prehospital	Scene/Transport	Condition	No	Yes	No	No
Prehospital	Scene/Transport	Call Received Date and Time	No	Yes	No	No
Prehospital	Scene/Transport	Call Dispatch Date and Time	Yes	Yes	No	Yes
Prehospital	Scene/Transport	Enroute Date and Time	No	Yes	No	No
Prehospital	Scene/Transport	Rendezvous Location	No	Yes	No	No
Prehospital	Scene/Transport	Arrived at Location Date and Time	Yes	Yes	No	Yes

Section: Summary Table

Section	SubSection	Variable	Required by State	Sent to State	Available for Research	Required by NTDB
Prehospital	Scene/Transport	Arrived at Patient Date and Time	No	No	No	No
Prehospital	Scene/Transport	Departed Location Date and Time	Yes	Yes	No	Yes
Prehospital	Scene/Transport	Arrived at Destination Date and Time	Yes	Yes	No	No
Prehospital	Scene/Transport	Scene Time Elapsed	Yes	No	No	No
Prehospital	Scene/Transport	Transport Time Elapsed	Yes	No	No	No
Prehospital	Scene-Transport	Extrication – Was Patient Extricated?	No	Yes	No	No
Prehospital	Scene-Transport	Extrication –Time Required/Minutes	No	Yes	No	No
Prehospital	Treatment	Recorded Date and Time	Yes	Yes	No	No
Prehospital	Treatment	Agency	Yes	Yes	No	No
Prehospital	Treatment	Provider Fluid Amount	Yes	Yes		No
Prehospital	Treatment	Paralytic Agents	Yes	Yes		No
Prehospital	Treatment	Sedated	Yes	Yes		No
Prehospital	Treatment	Eye Obstruction	Yes	Yes		No
Prehospital	Treatment	Intubated	Yes	Yes		No
Prehospital	Treatment	If Yes, Method (Intubation)	Yes	Yes		No
Prehospital	Treatment	Respiration Assisted	Yes	Yes		No
Prehospital	Treatment	If Yes, Type	Yes	Yes		No
Prehospital	Treatment	Systolic BP	Yes	Yes		Yes
Prehospital	Treatment	Diastolic BP	No	Yes	No	No
Prehospital	Treatment	Pulse Rate	Yes	Yes		Yes
Prehospital	Treatment	Unassisted Resp Rate	Yes	Yes		Yes
Prehospital	Treatment	Assisted Resp Rate	Yes	Yes		Yes
Prehospital	Treatment	O2 Saturation	Yes	Yes		Yes
Prehospital	Treatment	Supplemental O2	Yes	Yes		No
Prehospital	Treatment	GCS Eye	Yes	Yes		Yes
Prehospital	Treatment	GCS Verbal	Yes	Yes		Yes
Prehospital	Treatment	GCS Motor	Yes	Yes		Yes
Prehospital	Treatment	GCS Total	Yes	Yes		Yes
Prehospital	Treatment	RTS (Weighted)	Yes	Yes		No
Prehospital	Treatment	Triage Score (Revised Trauma Score)	Yes	Yes		No

Section: Summary Table

Section	SubSection	Variable	Required by State	Sent to State	Available for Research	Required by NTDB
Prehospital	Treatment	Weight (for Pediatric Trauma Score (PTS))	No	Yes	No	No
Prehospital	Treatment	Cutaneous (Pts)	No	Yes	No	No
Prehospital	Treatment	Airway (Pts)	No	Yes	No	No
Prehospital	Treatment	CNS (Pts)	No	Yes	No	No
Prehospital	Treatment	Skeletal (Pts)	No	Yes	No	No
Prehospital	Treatment	Pulse Palp (Pts)	No	Yes	No	No
Prehospital	Treatment	Pts Total	No	Yes	No	No
Prehospital	Treatment	Prehospital Procedures Agency Number/Description	Yes	Yes	No	No
Prehospital	Treatment	Procedure Description	Yes	Yes		No
Prehospital	Treatment	Prehospital Procedures Agency Number/Description	Yes	Yes		No
Prehospital	Treatment	Procedure Code/Description	No	No	No	No
Referring Facility	Referral History	Hospital Transfer	Yes	Yes		Yes
Referring Facility	Referral History	Referring Facility	Yes	Yes	No	No
Referring Facility	Referral History	If Other	No	No	No	No
Referring Facility	Referral History	Referring Physician	No	Yes	No	No
Referring Facility	Referral History	Arrival Date and Time	Yes	Yes	No	No
Referring Facility	Referral History	Departure Date and Time	Yes	Yes	No	No
Referring Facility	Referral History	Length of Stay	Yes	No	No	No
Referring Facility	Referral History	Referring Physician	No	Yes	No	No
Referring Facility	Referral History	Out of RAC	No	Yes	No	No
Referring Facility	Referral History	Late Referral	No	Yes	No	No
Referring Facility	Referral History	ICU	Yes	Yes		No

Section: Summary Table

Section	SubSection	Variable	Required by State	Sent to State	Available for Research	Required by NTDB
Referring Facility	Referral History	Medical Record	No	Yes	No	No
Referring Facility	Assessments	Temperature: Value/Scale/Route	No	Yes	No	No
Referring Facility	Assessments	Paralytic Agents	Yes	Yes		No
Referring Facility	Assessments	Sedated	Yes	Yes		No
Referring Facility	Assessments	Eye Obstruction	Yes	Yes		No
Referring Facility	Assessments	Intubated	Yes	Yes		No
Referring Facility	Assessments	If Yes, Method (Intubation)	Yes	Yes		No
Referring Facility	Assessments	Respiration Assisted	Yes	Yes		No
Referring Facility	Assessments	If Yes, Type	Yes	Yes		No
Referring Facility	Assessments	Systolic BP	Yes	Yes		No
Referring Facility	Assessments	Diastolic BP	No	Yes	No	No
Referring Facility	Assessments	Pulse Rate	Yes	Yes		No
Referring Facility	Assessments	Unassisted Resp Rate	Yes	Yes		No
Referring Facility	Assessments	Assisted Resp Rate	Yes	Yes		No
Referring Facility	Assessments	O2 Saturation	Yes	Yes		No
Referring Facility	Assessments	Supplemental O2	Yes	Yes		No
Referring Facility	Assessments	GCS Eye	Yes	Yes		No
Referring Facility	Assessments	GCS Verbal	Yes	Yes		No
Referring Facility	Assessments	GCS Motor	Yes	Yes		No

Section: Summary Table

Section	SubSection	Variable	Required by State	Sent to State	Available for Research	Required by NTDB
Referring Facility	Assessments	GCS Total	Yes	Yes		No
Referring Facility	Assessments	RTS (Weighted)	Yes	Yes		No
Referring Facility	Assessments	Triage Score (Revised Trauma Score)	Yes	Yes		No
Referring Facility	Assessments	Weight (PTS)	No	Yes	No	No
Referring Facility	Assessments	Cutaneous (Pts)	No	Yes	No	No
Referring Facility	Assessments	Airway (Pts)	No	Yes	No	No
Referring Facility	Assessments	CNS (Pts)	No	Yes	No	No
Referring Facility	Assessments	Skeletal (Pts)	No	Yes	No	No
Referring Facility	Assessments	Pulse Palp (Pts)	No	Yes	No	No
Referring Facility	Assessments	Pts Total	No	Yes	No	No
Referring Facility	Assessments	Alcohol Use Indicator	Yes	Yes		Yes
Referring Facility	Assessments	ETOH/BAC Level	Yes	Yes		No
Referring Facility	Assessments	Drug Use Indicator(s)	Yes	Yes		No
Referring Facility	Assessments	Tox Screen Results	Yes	No	No	No
Referring Facility	Assessments	Clinician Administered	Yes	No	No	No
Referring Facility	Assessments	If Other	No	No	No	No
Referring Facility	Treatment ICD9/Procedures	Referring Facility	Yes	Yes	Yes	No
Referring Facility	Treatment ICD9/Procedures	Start Date and Time	No	Yes	No	No
Referring Facility	Treatment ICD9/Procedures	ICD9/ICD10 Code/Description	Yes	Yes	No	No

Section: Summary Table

Section	SubSection	Variable	Required by State	Sent to State	Available for Research	Required by NTDB
Referring Facility	Treatment ICD9/Procedures	Diagnostic Results	Yes	Yes		No
Referring Facility	Treatment ICD9/Medications	Referring Facility	No	No	No	No
Referring Facility	Treatment ICD9/Medications	Medication	No	No	No	No
Referring Facility	Interfacility Transport (IFT) Provider	Referring Facility	Yes	Yes	No	No
Referring Facility	IFT Provider	Mode	Yes	No	No	No
Referring Facility	IFT Provider	Mode Specify	Yes	No	No	Yes
Referring Facility	IFT Provider	Agency	Yes	Yes	No	No
Referring Facility	IFT Provider	Role	No	No	No	No
Referring Facility	IFT Provider	Out of RAC	No	No	No	No
Referring Facility	IFT Provider	EMS Report	Yes	No	No	No
Referring Facility	IFT Provider	PCR Number/Incident Number - Run Number/Linkage Number	No	No	No	No
Referring Facility	IFT Provider	Call Received Date and Time	No	No	No	No
Referring Facility	IFT Provider	Call Dispatch Date and Time	Yes	No	No	No
Referring Facility	IFT Provider	Enroute Date and Time	No	No	No	No
Referring Facility	IFT Provider	Rendezvous Location	No	No	No	No
Referring Facility	IFT Provider	Arrived at Location Date and Time	Yes	No	No	Yes
Referring Facility	IFT Provider	Arrived at Patient Date and Time	No	No	No	No
Referring Facility	IFT Provider	Departed Location Date and Time	Yes	No	No	Yes

Section: Summary Table

Section	SubSection	Variable	Required by State	Sent to State	Available for Research	Required by NTDB
Referring Facility	IFT Provider	Arrived at Destination Date and Time	Yes	No	No	No
Referring Facility	IFT Provider	Transport Time Elapsed	Yes	No	No	No
Referring Facility	IFT Procedures	Referring Facility	Yes	Yes	No	No
Referring Facility	IFT Procedures	Agency Number/Description	Yes	Yes	No	No
Referring Facility	IFT Procedures	Procedure Description	Yes	Yes		No
Referring Facility	IFT Procedures	IFT Provider Fluid Amount	Yes	Yes		?
Referring Facility	Interfacility Transport (IFT) Medications	Referring Facility	No	Yes	No	No
Referring Facility	IFT Medications	Agency Number/Description	No	Yes	No	No
Referring Facility	IFT Medications	Medication	No	Yes	No	No
ED Resuscitation	Arrival/Admission	Arrival/Admit Date and Time	Yes	Yes	As selection criteria	Yes
ED Resuscitation	Arrival/Admission	ED Discharge Order Date and Time	Yes	Yes		No
ED Resuscitation	Arrival/Admission	Discharge Date and Time	Yes	Yes		No
ED Resuscitation	Arrival/Admission	Length of Stay	Yes	Yes	Yes	No
ED Resuscitation	Arrival/Admission	Condition	No	Yes	No	No
ED Resuscitation	Arrival/Admission	Signs of Life	Yes	Yes	No	Yes
ED Resuscitation	Arrival/Admission	Mode of Arrival	Yes	Yes		No
ED Resuscitation	Arrival/Admission	Notification Time	No	Yes	No	No
ED Resuscitation	Arrival/Admission	Trauma Activation	Yes	Yes	No	No

Section: Summary Table

Section	SubSection	Variable	Required by State	Sent to State	Available for Research	Required by NTDB
ED Resuscitation	Arrival/Admission	Response Activation Level Date/Time	Yes	Yes	No	No
ED Resuscitation	Arrival/Admission	Response Activation: Elapsed Time	Yes	Yes	No	No
ED Resuscitation	Arrival/Admission	Revised Activation Level	Yes	Yes	No	No
ED Resuscitation	Arrival/Admission	Revised Activation Level Date/Time	Yes	Yes	No	No
ED Resuscitation	Arrival/Admission	Revised Activation Level Elapsed Time	Yes	Yes	No	No
ED Resuscitation	Arrival/Admission	2nd Revised Activation Level	Yes	Yes	No	No
ED Resuscitation	Arrival/Admission	2nd Revised Activation Level Date/Time	Yes	Yes	No	No
ED Resuscitation	Arrival/Admission	2nd Revised Activation Level Elapsed Time	Yes	Yes	No	No
ED Resuscitation	Arrival/Admission	Post Ed Disposition	Yes	Yes	Yes	Yes
ED Resuscitation	Arrival/Admission	Admitting Service	Yes	Yes		No
ED Resuscitation	Arrival/Admission	Post OR Disposition	Yes	Yes		No
ED Resuscitation	Arrival/Admission	Admitting Physician	No	No	No	No
ED Resuscitation	Arrival/Admission	Attending Physician	No	No	No	No
ED Resuscitation	Arrival/Admission	Medications	No	No	No	No
ED Resuscitation	Arrival/Admission	CPR	Yes	Yes		No
ED Resuscitation	Arrival/Admission	CPR Duration	No	No	No	No
ED Resuscitation	Initial Assessment	Recorded Date and Time	Yes	Yes	No	No
ED Resuscitation	Initial Assessment	Weight Value/Unit	Yes	Yes		Yes
ED Resuscitation	Initial Assessment	Height Value/Unit	Yes	Yes		Yes

Section: Summary Table

Section	SubSection	Variable	Required by State	Sent to State	Available for Research	Required by NTDB
ED Resuscitation	Initial Assessment	Temperature Value/Unit/Route	Yes	Yes		Yes
ED Resuscitation	Initial Assessment	Paralytic Agents	Yes	Yes		Yes
ED Resuscitation	Initial Assessment	Sedated	Yes	Yes		Yes
ED Resuscitation	Initial Assessment	Eye Obstruction	Yes	Yes		Yes
ED Resuscitation	Initial Assessment	Intubated	Yes	Yes		Yes
ED Resuscitation	Initial Assessment	If Yes, Method	Yes	Yes		No
ED Resuscitation	Initial Assessment	Respiration Assisted	Yes	Yes		No
ED Resuscitation	Initial Assessment	If yes, Type	Yes	Yes		No
ED Resuscitation	Initial Assessment	Systolic BP	Yes	Yes		Yes
ED Resuscitation	Initial Assessment	Diastolic BP	No	Yes	No	No
ED Resuscitation	Initial Assessment	Pulse Rate	Yes	Yes		Yes
ED Resuscitation	Initial Assessment	Unassisted Resp Rate	Yes	Yes		Yes
ED Resuscitation	Initial Assessment	Assisted Resp Rate	Yes	Yes		Yes
ED Resuscitation	Initial Assessment	O2 Saturation	Yes	Yes		Yes
ED Resuscitation	Initial Assessment	Supplemental O2	Yes	Yes		Yes
ED Resuscitation	Initial Assessment	GCS Eye	Yes	Yes	Yes	Yes
ED Resuscitation	Initial Assessment	GCS Verbal	Yes	Yes	Yes	Yes
ED Resuscitation	Initial Assessment	GCS Motor	Yes	Yes	Yes	Yes
ED Resuscitation	Initial Assessment	GCS Total	Yes	Yes	Yes	Yes

Section: Summary Table

Section	SubSection	Variable	Required by State	Sent to State	Available for Research	Required by NTDB
ED Resuscitation	Initial Assessment	RTS (Weighted)	Yes	Yes		No
ED Resuscitation	Initial Assessment	Triage Score (Revised Trauma Score)	Yes	Yes		No
ED Resuscitation	Initial Assessment	Weight (PTS)	No	Yes	No	No
ED Resuscitation	Initial Assessment	Cutaneous (Pts)	No	Yes	No	No
ED Resuscitation	Initial Assessment	Airway (Pts)	No	Yes	No	No
ED Resuscitation	Initial Assessment	CNS (Pts)	No	Yes	No	No
ED Resuscitation	Initial Assessment	Skeletal (Pts)	No	Yes	No	No
ED Resuscitation	Initial Assessment	Pulse Palp (Pts)	No	Yes	No	No
ED Resuscitation	Initial Assessment	Pts Total	No	Yes	No	No
ED Resuscitation	Initial Assessment	Blood Gases Drawn	Yes	Yes		No
ED Resuscitation	Initial Assessment	Blood Gas Type	Yes	Yes		No
ED Resuscitation	Initial Assessment	Labs	No	No	No	No
ED Resuscitation	Initial Assessment	Base Deficit/Excess	Yes	Yes		No
ED Resuscitation	Initial Assessment	Hematocrit	Yes	Yes		No
ED Resuscitation	Initial Assessment	INR/PT/PTT	No	No	No	No
ED Resuscitation	Initial Assessment	Alcohol Use Indicator	Yes	Yes		Yes
ED Resuscitation	Initial Assessment	ETOH/BAC Level	Yes	Yes		No
ED Resuscitation	Initial Assessment	Drug Use Indicator(s)	Yes	Yes		No
ED Resuscitation	Initial Assessment	Tox Screen Results	Yes	Yes		No

Section: Summary Table

Section	SubSection	Variable	Required by State	Sent to State	Available for Research	Required by NTDB
ED Resuscitation	Initial Assessment	Clinician Administered	No	No	No	No
ED Resuscitation	Initial Assessment	If Other	No	No	No	No
Patient Tracking	Location Code/Service	Location Code	No	No	No	No
Patient Tracking	Location Code/Service	Arrival Date and Time	No	No	No	No
Patient Tracking	Location Code/Service	Departure Date and Time	No	No	No	No
Patient Tracking	Location Code/Service	Elapsed Time	No	No	No	No
Patient Tracking	Location Code/Service	Detail	No	No	No	No
Patient Tracking	Location Code/Service	Total ICU Days	No	No	No	No
Patient Tracking	Location Code/Service	Stepdown/IMC	No	No	No	No
Patient Tracking	Location Code/Service	Service Code	No	No	No	No
Patient Tracking	Location Code/Service	Start Date and Time	No	No	No	No
Patient Tracking	Location Code/Service	Stop Date and Time	No	No	No	No
Patient Tracking	Location Code/Service	Elapsed Time	No	No	No	No
Patient Tracking	Location Code/Service	Detail	No	No	No	No
Ventilator	Blood	Start Date and Time (Ventilator)	No	No	No	No
Ventilator	Blood	Stop Date and Time (Ventilator)	No	No	No	No
Ventilator	Blood	Elapsed Time (Ventilator)	No	No	No	No
Ventilator	Blood	Total Ventilator Days	No	No	No	No
Ventilator	Blood	Blood Product	Yes	Yes		No
Ventilator	Blood	Volume	Yes	Yes		No
Ventilator	Blood	Unit	Yes	Yes		No
Ventilator	Blood	Location	No	Yes	No	No

Section: Summary Table

Section	SubSection	Variable	Required by State	Sent to State	Available for Research	Required by NTDB
Ventilator	Blood	Time Period	Yes	Yes		No
Provider	Resus Team	Provider- Trauma	Yes	Yes	No	No
Provider	Resus Team	Called Date and Time- Trauma	Yes	Yes	No	No
Provider	Resus Team	Arrived Date and Time- Trauma	Yes	Yes	No	No
Provider	Resus Team	Timeliness- Trauma	Yes	Yes	No	No
Provider	Resus Team	Elapsed Time - Trauma	Yes	Yes		No
Provider	Resus Team	Provider- Surgical Senior Resident	Yes	Yes	No	No
Provider	Resus Team	Called Date and Time- Surgical Senior Resident	Yes	Yes	No	No
Provider	Resus Team	Arrived Date and Time- Surgical Senior Resident	Yes	Yes	No	No
Provider	Resus Team	Timeliness- Surgical Senior Resident	Yes	Yes	No	No
Provider	Resus Team	Provider- Orthopedics	Yes	Yes	No	No
Provider	Resus Team	Called Date and Time- Orthopedics	Yes	Yes	No	No
Provider	Resus Team	Arrived Date and Time- Orthopedics	Yes	Yes	No	No
Provider	Resus Team	Timeliness- Orthopedics	Yes	Yes	No	No
Provider	Resus Team	Provider- Neurosurgery	Yes	Yes	No	No
Provider	Resus Team	Called Date and Time- Neurosurgery	Yes	Yes	No	No
Provider	Resus Team	Arrived Date and Time- Neurosurgery	Yes	Yes	No	No
Provider	Resus Team	Timeliness- Neurosurgery	Yes	Yes	No	No
Provider	Resus Team	Provider- Emergency Medicine	Yes	Yes	No	No
Provider	Resus Team	Called Date and Time- Emergency Medicine	Yes	Yes	No	No
Provider	Resus Team	Arrived Date and Time- Emergency Medicine	Yes	Yes	No	No
Provider	Resus Team	Timeliness- Emergency Medicine	Yes	Yes	No	No
Provider	Resus Team	Type	Yes	Yes	No	No

Section: Summary Table

Section	SubSection	Variable	Required by State	Sent to State	Available for Research	Required by NTDB
Provider	Resus Team	Called Date and Time - Other	Yes	Yes		No
Provider	Resus Team	Arrived Date and Time - Other	Yes	Yes		No
Provider	Resus Team	Timeliness - Other	Yes	Yes		No
Provider	Resus Team	Provider- Anesthesia	Yes	Yes	No	No
Provider	Resus Team	Called Date and Time- Anesthesia	Yes	Yes	No	No
Provider	Resus Team	Arrived Date and Time- Anesthesia	Yes	Yes	No	No
Provider	Resus Team	Timeliness- Anesthesia	Yes	Yes	No	No
Provider	In-House Consult	Type	No	No	No	No
Provider	In-House Consult	Provider	No	No	No	No
Provider	In-House Consult	Called Date and Time	No	No	No	No
Provider	In-House Consult	Arrived Date and Time	No	No	No	No
Provider	In-House Consult	Timeliness	No	No	No	No
Provider	Procedures	Procedure Code/Description	Yes	Yes	Yes	Yes
Provider	Procedures	Location	Yes	Yes		No
Provider	Procedures	OR Visit #	Yes	Yes		No
Provider	Procedures	Start Date and Time	Yes	Yes		Yes
Provider	Procedures	Stop Date and Time	No	Yes	No	No
Provider	Procedures	Results (for diagnostic studies)	Yes	Yes		No
Provider	Procedures	Service	No	Yes	No	No
Provider	Procedures	Procedure Code/Description (ICD10)	Yes	Yes		Yes
Provider	Procedures	Location (ICD10)	Yes	Yes		No
Provider	Procedures	OR Visit # (ICD10)	Yes	Yes		No
Provider	Procedures	Start Date and Time (ICD10)	Yes	Yes		No
Provider	Procedures	Stop Date and Time (ICD10)	No	Yes	No	No
Provider	Procedures	Results (ICD10)	Yes	Yes		No
Provider	Procedures	Service (ICD10)	No	Yes	No	No
Diagnosis	Injury Coding	AIS Version	Yes	Yes		Yes
Diagnosis	Injury Coding	ISS	Yes	Yes	Yes	Yes
Diagnosis	Injury Coding	NISS	Yes	Yes		No

Section: Summary Table

Section	SubSection	Variable	Required by State	Sent to State	Available for Research	Required by NTDB
Diagnosis	Injury Coding	TRISS	Yes	Yes		No
Diagnosis	Injury Coding	Manual ISS	No	No	No	No
Diagnosis	Injury Coding	ICD9/ICD10 Code/Description	Yes	Yes	Yes	Yes
Diagnosis	Injury Coding	Predot/Description	Yes	Yes		Yes
Diagnosis	Injury Coding	Severity	Yes	Yes		Yes
Diagnosis	Injury Coding	ISS Body Region	Yes	Yes		No
Diagnosis	Injury Coding	OIS Code/Description	Yes	Yes		No
Diagnosis	Non-Trauma Diagnoses	ICD9/ICD10 Code/Description (Non-trauma dx)	Yes	Yes		No
Diagnosis	Non-Trauma Diagnoses	Type (Non-trauma dx)	Yes	Yes		No
Diagnosis	Comorbidity	Comorbidity	Yes	Yes		Yes
Outcome	Initial Discharge	Discharge Status	Yes	Yes	Yes	No
Outcome	Initial Discharge	Patient Directive Applied	No	No	No	No
Outcome	Initial Discharge	Discharge Order Date and Time	Yes	Yes	No	Yes
Outcome	Initial Discharge	Discharge/Death Date and Time	Yes	Yes	No	Yes
Outcome	Initial Discharge	Total Days ICU	Yes	Yes		Yes
Outcome	Initial Discharge	Total Days Ventilator	Yes	Yes		Yes
Outcome	Initial Discharge	Total Days Hospital	Yes	Yes		No
Outcome	Initial Discharge	Discharge Service	Yes	Yes		No
Outcome	Initial Discharge	Discharged To	Yes	Yes	Yes	Yes
Outcome	Initial Discharge	Specify	No	No	No	No
Outcome	Initial Discharge	If Transferred, Facility	Yes	Yes	No	No
Outcome	Initial Discharge	If Other	No	No	No	No
Outcome	Initial Discharge	Impediments to Discharge Code/Description	No	No	No	No
Outcome	Initial Discharge	Ready for Discharge	No	No	No	No
Outcome	Initial Discharge	Delay Days	No	No	No	No
Outcome	Initial Discharge	Inclusion Information-NTDB	No	No	No	Yes
Outcome	Initial Discharge	Inclusion Information-State	Yes	Yes		No
Outcome	If Death	Location	Yes	Yes		No

Section: Summary Table

Section	SubSection	Variable	Required by State	Sent to State	Available for Research	Required by NTDB
Outcome	If Death	Circumstance of Death	No	No	No	No
Outcome	If Death	Autopsy Type and Number	Yes	Yes		No
Outcome	If Death	Was Organ Donation Requested/Granted	Yes	No	No	No
Outcome	If Death	Organs Procured	Yes	No	No	No
Outcome	If Death	If Other, Specify	Yes	No	No	No
Outcome	If Death	If None, Reason	Yes	No	No	No
Outcome	If Death	Donor Status	Yes	No	No	No
Outcome	If Death	Organs Procured Date and Time	Yes	Yes	No	No
Outcome	Billing	Account Number	No	No	No	No
Outcome	Billing	Charges Billed	No	No	No	No
Outcome	Billing	Total Hospital Cost	No	No	No	No
Outcome	Billing	DRG	No	No	No	No
Outcome	Billing	MS-DRG	No	No	No	No
Outcome	Billing	Primary Payor	Yes	Yes		Yes
Outcome	Billing	Collected	No	No	No	No
Outcome	Billing	Date	No	No	No	No
Outcome	Billing	Additional Payor	Yes	Yes		No
Outcome	Billing	Collected	No	No	No	No
Outcome	Billing	Date	No	No	No	No
Outcome	Billing	Total Charges Collected	No	No	No	No
Outcome	Billing	Last Date Collected	No	No	No	No
Outcome	Related Admission	Admission Date/Time	Yes	Yes		No
Outcome	Related Admission	Admitting Service	Yes	Yes		No
Outcome	Related Admission	Type of Admission	Yes	Yes		No
Outcome	Related Admission	If Unplanned-Reason	Yes	Yes		No
Outcome	Related Admission	Account Number	No	Yes	No	No
Outcome	Related Admission	Total Charges	No	Yes	No	No
Outcome	Related Admission	Discharge Date	Yes	Yes		No
Outcome	Related Admission	Discharged To	Yes	Yes		No

Section: Summary Table

Section	SubSection	Variable	Required by State	Sent to State	Available for Research	Required by NTDB
Outcome	Related Admission	ICU Days	Yes	Yes		No
Outcome	Related Admission	Vent Days	Yes	Yes		No
Outcome	Related Admission	Hospital Days	Yes	Yes		No
Outcome	Related Admission	Arrived From	Yes	Yes		No
Outcome	Related Admission	Mode	Yes	Yes		No
Outcome	Related Admission	ED Discharge Date and Time	Yes	Yes		No
Outcome	Related Admission	ED Length of Stay	Yes	Yes		No
Outcome	Related Admission	ED Disposition	Yes	Yes		No
Outcome	Related Admission	Memo	No	No	No	No
Outcome	Related Admission	Final Discharge Status	No	Yes	No	No
Outcome	Related Admission	Total Re-Admission Days	Yes	Yes		No
Outcome	Related Admission	Final Discharge Date	Yes	No	No	No

Demographic**Record Info****RECORD COMPLETE**

Screen: Demographic/Record Info

Definition: Indicates the completeness status of record.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
<Y> Yes	Not Relevant
<N> No	
Blank	

Additional Information:

- Change flag to 'Y' once all pertinent data fields have been entered and validated.
- Note: DI has been asked to move this field to the Outcome screen.

Default: <N>

Mapping required for NTDB?: No

FACILITY

Screen: Demographic/Record Info

Definition: Displays the unique hospital identifier code and description for your facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Auto-populated	Not Relevant

Additional Information:

- None.

Default:

- Auto-populated. Grayed out, unable to modify.

Mapping required for NTDB?: No

INITIAL LOCATION

Screen: Demographic/Record Info

Definition: Indicates the initial location the patient was admitted at your facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<2> Emergency Department	
<3> Operating Room	
<4> Intensive Care	
<5> Step-Down Unit	
<7> Telemetry Unit	
<8> Floor	
<9> Observation Unit	
<10> Radiology	
<11> Post Anesthesia Care Unit	
<12> Special Procedure Room	
<13> Labor and Delivery	
<14> Pediatric ICU	
</> Not Applicable	
<?> Unknown	

Additional Information:

- NCv5 links this field to the Patient Arrival Date/Time fields located on the Demographic Record screen to determine if patient is a direct admission or seen in the ED.

Default: Blank

Mapping required for NTDB?: No

TRAUMA #

Screen: Demographic/Record Info

Definition: Displays the unique identifier assigned to a particular record.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Auto-assigned by software	Not Relevant

Additional Information:

- This field is auto-generated by the software displayed in sequential numbering. However, the software does allow for the ability to modify the registry number interrupting the sequential numbering. It will not allow the user to duplicate registry numbers through a validation check.

Default:

- Auto-generated once record initiated. Grayed out, unable to modify.

Mapping required for NTDB?: No

PATIENT ARRIVAL DATE/TIME

Screen: Demographic/Record Info

Definition: The date and time the patient arrived to the ED/Hospital.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Date/time value	Date/time value

Additional Information:

- If the patient was brought to the ED, enter the time the patient arrived at the ED. If a direct admission, enter the time the patient was admitted to the hospital.
- Will auto-populate patient date and time on ED Resuscitation screen provided the initial location field choice selected is <2> Emergency Department or if the initial location field is not used and left blank.
- Time (HH:MM) should be collected in military time.
- Used to auto-calculate the total ED LOS and Hospital LOS.
- </> (Not applicable) is not a valid option for this field.

Default: Blank

Mapping required for NTDB?: No

MEDICAL RECORD #

Screen: Demographic/Record Info

Definition: The patient’s medical record number assigned at your facility.

Required by North Carolina: No
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Free text	Not Relevant

Additional Information: None

Default: Blank

Mapping required for NTDB?: No

PATIENT NAME (LAST/FIRST/MIDDLE INITIAL)

Section: Demographic/Record Info

Screen Demographic/Record Info

Definition: The last name, first name, and middle initial of the patient.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Free text	Not Relevant
<?> = Unknown	

Additional Information:

- No restriction as to whether the names should be entered in UPPER CASE, lower case, or Proper Case.
- </> N/A: used if no middle initial.
- Name fields will auto-populate the name fields within the Demographic/Patient screen. Conversely, these name fields will auto-populate should the patient’s name be entered initially within the Demographic/Patient Screen.
- Jr/Sr should follow last name with no commas.

Default: Blank

Mapping required for NTDB?: No

ARRIVED FROM

Screen: Demographic/Record Info

Definition: The location from which the patient arrived.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Clinic	Not Relevant
<2> EMS Station	
<3> MD Office	
<4> Home	
<5> Nursing Home	
<6> Refer Facility	
<7> Scene	
<8> Urgent Care	
<9> Other Acute Facility	
<10> Correctional Facility	
<11> Other	
<?> Unknown	

Additional Information:

- <Other Acute Facility> - Outlying facilities providing emergency care services are considered acute care facilities (i.e., free standing ED's).
- <Nursing Home> - Includes Skilled Nursing Facility (SNF).
- <Home> - Used when the patient leaves the scene to go home then arrives at the ED - or – there is a delay between time of injury and when patient chooses to seek definitive care.
- For patients arriving from LTACs (Long Term Acute Care), use <5>.

Default: Blank

Mapping required for NTDB?: No

INCLUSION INFORMATION - STATE

Screen: Demographic/Record Info

Definition: Indicates that the record meets NC Trauma Registry criteria and should be submitted to the State through the weekly data transfer process.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<Y> Yes	Not Relevant
<N> No	

Additional Information:

- Will auto-populate the Outcomes screen. Conversely, this field will auto-populate if information completed within the Outcomes screen.

Default: Blank

Mapping required for NTDB?: No

Patient

PATIENT NAME (LAST, FIRST, MIDDLE INITIAL)

Screen: Demographic/Patient

Definition: The last, first and middle name of the patient.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Free text	Not Relevant
<?> = Unknown	

Additional Information:

- No restriction as to whether the names should be entered in UPPER CASE, lower case, or Proper Case
- </> N/A – used if no middle initial.
- Name data entered in these fields will auto-populate the name fields on the Demographic/Record Info screen. Conversely, these name fields will be auto-populated should the patient’s name be entered initially on the Demographic/Record Info screen.
- Auto-populates from name field on Record Info screen.

Default: Blank

Mapping required for NTDB?: No

DATE OF BIRTH

Screen: Demographic/Patient

Definition: The month, day, and year of the patient’s birth.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Date value	
<?>	

Additional Information:

- Use mm/dd/yyyy format.
- If don’t know DOB, leave blank.

Default: Blank

Mapping required for NTDB?: No

AGE

Screen: Demographic/Patient

Definition: The patient’s age at the time of presentation at your facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Auto-populated through DOB, or free text	Auto-populated through DOB, or free text
<?>	

Additional Information:

- Auto-populates if DOB (MM/DD/YYYY) entered.

Default: Blank

Mapping required for NTDB?: No

AGE UNITS

Screen: Demographic/Patient

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

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<1> Years	<1> Hours
<2> Months	<2> Days
<3> Days	<3> Months
<5> Hours	<4> Years
<6> Minutes	<5> Minutes
<?> Unknown	<?> Unknown

Additional Information:

- Auto-populates if DOB (MM/DD/YYYY) entered.

Default: Blank

Mapping required for NTDB?: Yes

GENDER

Screen: Demographic/Patient

Definition: The gender of the patient based upon report by patient or a family member.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<1> Male	<1> Male
<2> Female	<2> Female
<?> Unknown	<?> Unknown

Additional Information:

- If patient is transgender, enter the gender stated by the patient

Default: Blank

Mapping required for NTDB?: No

RACE1 – RACE4

Screen: Demographic/Patient

Definition: The race of the patient based upon self-report or by a family member.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<1> Asian	<1> Asian
<2> Black	<2> Native Hawaiian or Other Pacific Islander
<3> American Indian	<3> Other Race
<4> Native Hawaiian or Other Pacific Islander	<4> American Indian
<5> White	<5> Black or African American
<6> Other Race	<6> White
<?> Unknown	<?> Unknown
</> N/A (for Race2 only)	</> N/A

Additional Information:

- Maximum number of races that can be reported is ≥ 4. (Changed from 2 to 4 by DI in Jan2017).
- If no second-fourth race, use </>.
- Middle Eastern is categorized as <1> Asian.
- Do not follow NTDB instructions to record race as “n/a” for out-of-country residents.
- N/A is not a valid option for the Race1 field.

Default:

- Race1: Blank
- Race2-Race4: </>

Mapping required for NTDB?: Yes

History: Race3 and Race4 added in Jan2017 by DI.

ETHNICITY

Screen: Demographic/Patient

Definition: The ethnicity of the patient based on self-report or by a family member.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<1> Hispanic or Latino	<1> Hispanic or Latino
<2> Not Hispanic or Latino	<2> Not Hispanic or Latino
<?> Unknown	<?> Unknown

Additional Information:

- The maximum number of ethnicities that can be reported is 1.
- Use <?> for records where ethnicity is not recorded in medical record or patient declined to provide ethnicity.
- Do not follow NTDB instructions to record race as “n/a” for out-of-country residents.
- N/A is not a valid option for the Ethnicity field.

Default: Blank

Mapping required for NTDB?: No

ZIP

Screen: Demographic/Patient

Definition: The patient’s home zip code of primary residence.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS

Additional Information:

- Enter </> if identified as homeless (includes living in homeless shelter) or primary address is out of country. </> will open alternate residence field.
- Enter <?> if unknown. If <?> , complete as many variable as possible: Residence State, Residence County, Residence City, and Residence Country.

Default: Blank

Mapping required for NTDB?: No

HOMELESS

Screen: Demographic/Patient

Definition: Indicates the housing status of the patient at the time they present to your facility.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<Y> Yes	<Y> Yes
<N> No	<N> No
	</> N/A
<?> Unknown	<?> Unknown

Additional Information:

- Homeless - A person who lacks housing. The definition also includes a person living in transitional housing or in a supervised public or private facility providing temporary living quarters.
- When a zip code is entered into the zip field, the Homeless field defaults to <N>.

Default: <N>

Mapping required for NTDB?: No

CITY

Screen: Demographic/Patient

Definition: The city of patient’s primary residence.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS

Additional Information:

- Auto-populates by the software, based on the zip code.
- If unknown, enter <?>.
- If out of country, use </>.
- If zip code is unknown but city known, manually enter. NCv5 is currently not set up to search for city/FIPS code within the database Will have to use the search option within the NTDB module to populate correctly.. Reported to DI.

Default: Blank

Mapping required for NTDB?: No

STATE

Screen: Demographic/Patient

Definition: The State of the patient’s primary residence.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Two-letter initials for states	
<?> Unknown	
</> Patient is from country other than US	

Additional Information:

- Auto-populated by the software, based on the zip code.
- If zip code is unknown but State is known, manually enter or if unknown, enter <?>.
- If out of country, use </>.

Default: Blank

Mapping required for NTDB?: No

COUNTY

Screen: Demographic/Patient

Definition: The county of the patient's primary residence.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Choose NC county from field menu.	
<?> Unknown	
</> Patient is from country other than US	

Additional Information:

- Auto-populated by the software, based on the zip code.
- If zip code is unknown but county is known, use the search option for the field or if unknown, enter <?>.
- If out of country, use </>.

Default: Blank

Mapping required for NTDB?: No

COUNTRY

Screen: Demographic/Patient

Definition: The country of the patient’s primary residence.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<?> Unknown	

Additional Information:

- Auto-populated by the software, based on the zip code
- If zip code is unknown but country is known then choose from picklist . If country also is unknown, enter <?>.

Default: Blank

Mapping required for NTDB?: No

ALTERNATE RESIDENCE

Screen: Demographic/Patient

Definition: Documentation of the patient type for patients without a zip code

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes
Field Values:

North Carolina	NTDS
<1> Undocumented citizen	<1> Homeless
<2> Migrant Worker	<2> Undocumented citizen
<3> Foreign Visitor (Retired Jan 2016)	<3> Migrant Worker
</> Not Applicable	<4> Foreign Visitor (Retired Jan 2016)
<?> Unknown	

Additional Information:

- Completed only when the residence zip code is "</> Not Applicable"
- <Undocumented citizen> - Defined as a national of another country who has entered or stayed in another country without permission.
- <Migrant Worker> - Defined as a person who temporarily leaves his/her personal place of residence within a country in order to accept seasonal employment in the same or different country.
- Prior to January 2016, <Foreign Visitor> -was defined as any person legally visiting a country other than his/her usual place of residence for any reason.
- Use </> for this field if residence zip code field contains a valid value.

Default: Blank

Mapping required for NTDB?: Yes. Don't change mappings for retired values.

Injury**Injury Information*****INJURY DATE/TIME***

Screen: Injury/Injury Information

Definition: The date (MM/DD/YYYY) and time (HH:MM) in which the injury occurred.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Date/time value	
<?> Unknown	

Additional Information:

- Estimates of date of injury should be based upon report by patient, witness, family, or healthcare provider. Other proxy measures (e.g. 911 called time) should not be used.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- <?> 'Unknown' can be used in this field if injury date/time is unknown
- "Not applicable" is not a valid value.

Default: Blank

Mapping required for NTDB?: No

PLACE OF INJURY/E849

Screen: Injury/Injury Information

Definition: Location where the injury occurred as described by a series of designated E-Codes

Required by North Carolina: Yes – for patients admitted prior to 01 Oct 2015.

Received by State: Yes

Required by NTDS: Yes

Field Values: ICD-9 values are listed below. ICD-10 values are too numerous to list. A cheat-sheet of commonly used values will be developed by the Registrar's group.

North Carolina	NTDS
<0> Home	<E849.0> Home
<1> Farm	<E849.1> Farm
<2> Mine	<E849.2> Mine
<3> Industry	<E849.3> Industry
<4> Recreation	<E849.4> Recreation
<5> Street	<E849.5> Street
<6> Public Building	<E849.6> Public Building
<7> Residential Institution	<E849.7> Residential Institution
<8> Other	<E849.8> Other
<9> Unspecified	<E849.9> Unspecified

Additional Information:

- Refer to ICD-9 manual to assign appropriate E-codes.

Default: Blank

Mapping required for NTDB?: No

History: Retired for patients admitted on 01 Oct 2015 or later.

PLACE OF INJURY/ICD10

Screen: Injury/Injury Information

Definition: Location where injury occurred as described by a series of designated ICD-10 codes.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Too numerous to list. Refer to field menu for options	Refer to field menu for options

Additional Information:

- Refer to the ICD-10 CM manual to assign appropriate place of injury code.
- “Not applicable” is not a valid option for patients admitted on or after 01 Oct 2015.

Default: Blank

Mapping required for NTDB?: No

PROTECTIVE DEVICES - RESTRAINTS

Screen: Injury/Injury Information

Definition: Safety restraints in use or worn by the patient at the time of the injury.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<1> None Retired 1/1/2017	<1> None
<2> Seatbelt-Lap and Shoulder	
<3> Seatbelt-Lap Only	<2> Lap Belt
<4> Seatbelt-Shoulder Only	<10> Shoulder Belt
<5> Seatbelt-NFS	
<6> Child Booster Seat	<6> Child Restraint (Child Booster Seat or Child Car Seat)
<7> Child Car Seat	
<8> Infant Car Seat	
<9> Child Seat Not Secure	
<10> Not Belted	
</> Not Applicable	None
<?> Unknown	

Additional Information:

- ~~None~~ – Use only if it is known that no safety equipment was used or deployed. RETIRED 1/1/2017. Use <Not Belted> instead.
- Child Seat Not Secure: covers any instance where child seat in use, but not used appropriately
- Not belted – used only if it is known that no seatbelt was used. ~~when not belted but airbag deployed.~~
- 3 point restraint = <2> Seatbelt – Lap and Shoulder
- "Seatbelt NFS" should be used to include those patients that are restrained but not further specified. Map this value to #3 for NTDS.
- Evidence of child restraint may be reported or observed.
- </>'Not Applicable' may not be used when patient involved in MVC, but may be used for MCCs.
- For research/data analysis purposes, 6, 7, and 8 are combined since Registrars generally don't have the information required to distinguish between these options.

Default:

- Blank

Mapping required for NTDB?: Mapping needed. Map <9> to NTDB value of "None".

History: <Not belted> said "used when not belted but airbag deployed". Changed 1/1/ 2017.

PROTECTIVE DEVICES - AIRBAGS

Screen: Injury/Injury Information

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

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes
Field Values:

North Carolina	NTDS
<1> Airbag Did Not Deploy	<1> Airbag Not Deployed
<2> Front (Deployed)	<2> Airbag Deployed Front
<3> Side (Deployed)	<3> Airbag Deployed Side
<4> Airbag Deployed Other (knee, airbelt, curtain, etc.)	<4> Airbag Deployed Other (knee, airbelt, curtain, etc.)
<5> Airbag Type Unknown (Deployed)	
<6> No Airbag in Vehicle	
</> Not Applicable	
<?> Unknown	

Additional Information:

- Evidence of the use of airbag deployment may be reported or observed.
- <Airbag Type Unknown (Deployed)> should be used for patients with documented airbag deployments, for whom the airbag type is not further specified. This value will be mapped to the NTDB value <Airbag Deployed Front>.
- Multiple entry field, choose all that apply. May choose up to four.

Default: Blank

Mapping required for NTDB?: Mapping required.

EQUIPMENT

Screen: Injury/Injury Information

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

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes
Field Values:

North Carolina	NTDS
<1> None	<1> None
<2> Helmet (e.g. bicycle, skiing, motorcycle)	<3> Personal Floatation Device
<3> Eye Protection	<4> Protective Non-Clothing Gear
<4> Protective Clothing	<5> Eye Protection
<5> Protective Non-Clothing Gear (e.g., shin guard, padding)	<7> Helmet (e.g., bicycle, skiing, motorcycle)
<6> Hard Hat	<9> Protective Clothing
<7> Safety Harness	<11> Other
<8> Other	
<9> No Helmet (e.g. MCC, ATV, skateboard, and bicycle)	
<10> Personal Flotation Device	
</> Not Applicable	
<?> Unknown	

Additional Information:

- <1> 'None' – use only if it is known that no safety equipment was used. Do not use for MVC, MCC, ATV, or bicycles.
- <4> 'Protective Clothing' – includes any type of clothing used for protection during an activity, skateboarding, etc., as well as bullet-proof vests, steel-toed shoes, etc.
- Multiple entry field, choose all that apply. May choose up to four .

Default: Blank

Mapping required for NTDB?: Mapping required. NTDB requires use of None and don't allow use of "Not Applicable".

ZIP (INJURY)

Screen: Injury/Injury Information

Definition: The zip code of the incident location.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Five-digit zipcode	
<?> Unknown	

Additional Information:

- Enter <?> if zip is unknown, then complete as many of the location variables as possible: Incident State, Incident County, Incident City, and Incident Country.
- “Not applicable” is not a valid option for this field.

Default: Blank

Mapping required for NTDB?: No

CITY (INJURY)

Screen: Injury/Injury Information

Definition: The city or township where the patient was found or to which the unit responded.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Auto-populated, based on zipcode	
<?> Unknown	
</> Patient is from country other than US	

Additional Information:

- Auto-populates by the software, based on the zip code
- Use <?> 'Unknown' city where injury occurred is unknown.
- If zip code is unknown but city known, manually enter. NCv5 is currently not set up to search for city/FIPS code within the database Will have to use the search option within the NTDB module to populate correctly.. Reported to DI.
- If incident country is not "US", then enter "Not Applicable" for Incident State, Incident County, and Incident City.

Default: Blank

Mapping required for NTDB?: No

STATE (INJURY)

Screen: Injury/Injury Information

Definition: The state where the injury occurred

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Two-letter initials for states	
<?> Unknown	
</> Patient is from country other than US	

Additional Information:

- Auto-populated by the software, based on the zip code
- If known but no zip code, manually enter.
- If unknown, enter <?>.

Default: Blank

Mapping required for NTDB?: No

COUNTY (INJURY)

Screen: Injury/Injury Information

Definition: The county or parish where the patient was found or to which the unit responded.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Choose NC county from field menu.	
<?> Unknown	
</> Patient is from country other than US	

Additional Information:

- Auto-populated by the software, based on the zip code.
- If zip code is unknown but county is known, use the search option for the field.
- If unknown, enter <?>.
- If out of country, use </>.

Default: Blank

Mapping required for NTDB?: No

COUNTRY (INJURY)

Screen: Injury/Injury Information

Definition: The country where the patient was found or to which the unit responded.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<?> Unknown	

Additional Information:

- Auto-populated by the software, based on the zip code
- If unknown, enter </>
- If zip code is unknown but country is known then manually enter value.
- If incident country is not "US", then enter "Not Applicable" for Incident State, Incident County, and Incident City.

Default: Blank

Mapping required for NTDB?: No

WORK RELATED

Screen: Injury/Injury Information

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

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<Y> Yes	<1> Yes
<N> No	<2> No
</> Not Applicable *Do not use	
<?> Unknown	

Additional Information:

- If work related, Patient’s Occupation Industry and Patient’s Occupation fields must be completed.
- “Not Applicable” is not a valid value.

Default: Blank

Mapping required for NTDB?: No

MOI

ICD9 PRIMARY E-CODE

Screen: Injury/MOI

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

Required by North Carolina: Yes – for patients admitted prior to 01 Oct 2015.

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Too numerous to list. Refer to field menu for options	Refer to field menu for options

Additional Information:

- The Primary E-code should describe the main reason a patient is admitted to the hospital.
- Refer to the CDC Hierarchy Matrix to determine primary E-code when more than one applies.
- The primary E-code is used to auto-generate two calculated fields: Injury Type (Blunt, Penetrating, Burn) and Intentionality (based upon CDC matrix). Intentionality is not present within the registry instead is a field within the NTDB module.
- If you change the primary E-Code, double-check the Injury Type field. Changing the primary E-Code does not automatically update the Injury Type field.
- The first E-code will auto-fill the data item <Position in Vehicle> if related to MVC.
- The second E-Code will not impact the auto-fill of the <Position in Vehicle>
- If using ICD10, use “Not Applicable” for this field.

Default: Blank

Mapping required for NTDB?: No

History: Retired for patients admitted on 01 Oct 2015 or later.

ICD9 SECONDARY E-CODE

Screen: Injury/MOI

Definition: Additional E-code to describe, for example, a mass casualty event or other external cause.

Required by North Carolina: Yes – for patients admitted prior to 01 Oct 2015.

Received by State: Yes

Required by NTDS: Yes

Field Values::

North Carolina	NTDS
Too numerous to list. Refer to field menu for options.	
</> Not Applicable	

Additional Information:

- Field opens only if primary E-code entered.
- Additional E-code cannot equal primary E-code.
- The second E-Code will not impact the auto-fill of the <Position in Vehicle>
- If using ICD10, use “Not Applicable” for this field.

Default: Blank

Mapping required for NTDB?: No

History: Retired for patients admitted on 01 Oct 2015 or later.

ICD10 External cause codes

Screen: Injury/MOI

Definition: Code to describe the external cause of injury.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values::

North Carolina	NTDS
Too numerous to list. Refer to field menu for options.	
</> Not Applicable (Not to be used for patients admitted after 01 Oct 2015).	

Additional Information: None

Default: Blank

Mapping required for NTDB?: No

INJURY TYPE**Screen:** Injury/MOI**Definition:** Mechanism of injury.**Required by North Carolina:** Yes**Received by State:** Yes**Required by NTDS:** No**Field Values**

North Carolina	NTDS
<1> Blunt	Not relevant
<2> Penetrating	
<3> Burn	
<4> Other	
<?> Unknown *Do not use.	

Additional Information:

- Auto-generated based on ECode, but can change value. Auto-generated value does not automatically change if you change the ECode.
- Blunt: Non-penetrating injury, from an external force causing injury.
- Burn injury: Exposure to chemical, thermal, electrical or radioactive agents
- Penetrating injury: Injury resulting from a projectile force, piercing instrument of impalement entering into the body
- Other: Chosen for drowning/submersions, over-exertions, suffocations, hanging, and asphyxiations.
- Based upon the CDC intentionality matrix.

Default: Blunt**Mapping required for NTDB?:** No

ACTIVITY E-CODE (ICD9 & ICD10)

Screen: Injury/MOI

Definition: The general category describing the activity of the patient at the time of injury.

Required by North Carolina: No
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Too numerous to list. Refer to field menu for options	Not Relevant

Additional Information:

- Extensive pick list within the software.

Default: Blank

Mapping required for NTDB?: No

SPECIFY (for ICD9& ICD10 Activity ECodes)

Screen: Injury/MOI

Definition: Free text box to further specify the activity of the patient at the time of injury.

Required by North Carolina: No
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Free text	Not Relevant

Additional Information:

Default: Blank

Mapping required for NTDB?: No

COMPLAINT (Chief and Secondary)

Screen: Injury/MOI

Definition: Most severe chief complaint verbalized by the patient. If the patient is unable to verbalize, use the most appropriate broad category describing the injury mechanism.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Too numerous to list. Refer to field menu for options	Not Relevant

Additional Information:

- Enter primary reason for admission to your facility as first field. Enter any secondary complaint in second field or enter </> if not applicable.
- **<Other>**: Replaces <'Accident>. Includes rolling over foot with lawnmower.
- **<Animal>**: Injured by animal
- **<Assault>**: Includes suicides and rape.
- **<ATV>**: Includes 3 & 4 wheelers and go-carts.
- **<Bicycle>**: Includes non-motorized bikes such as mountain or trail bikes.
- **<Dirt Bike>**: Motorized bike used off-road (includes motor-cross).
- **<Golf-Cart>**: Be sure to document intended use through E-code as off-road recreation or on street for public use.
- **<Sports>**: Occurred while engaged in an organized sporting activity.
- **<Struck>**: Struck by an object – non motor vehicle related. Use for object thrown out from under a lawnmower.
- **<Pedestrian>**: Select when patient was a pedestrian hit by a motor vehicle, use <MVC> if patient fell from vehicle (i.e. car, van, bus, etc.). Includes rider on riding lawn mower that is hit by car.
- **<Fall>**: Falls from non-moving motor vehicles.
- **<Machine>**: Farming equipment, heavy-duty machinery (i.e. construction, manufacturing, etc.).
- For the secondary chief complaint field ONLY: **<Abuse or non-accidental trauma (NAT) or Directed trauma>**: Adult or child abuse, neglect, or other maltreatment is confirmed. Maps to ICD-10 codes of T74.01XA-T74.92XA

Default: Blank

Mapping required for NTDB?: No

SPECIFY (for Complaint)

Screen: Injury/MOI

Definition: Free text box to further specify the patient's chief complaint.

Required by North Carolina: No

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Free text	Not Relevant

Additional Information: None

Default: Blank

Mapping required for NTDB?: No

POSITION IN VEHICLE

Screen: Injury/MOI

Definition: The position of the patient in the vehicle at the time of injury,

Required by North Carolina: No
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Auto-populated, but can be changed	Not Relevant

Additional Information:

- Basic information will auto-populate by the software based on the primary E-code, Can modify to identify more specific patient location (i.e. front passenger, 2nd row right, etc.)
- If used, data information will migrate to the state registry.
- DI bug – passenger is mapping to station wagon rear. Reported by Brenda Medlin in Jan 2016.

Default: Blank

Mapping required for NTDB?: No

IMPACT LOCATION

Screen: Injury/MOI

Definition: The location of impact to the vehicle at the time of the event.

Required by North Carolina: No
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Frontal	Not Relevant
<2> Near side	
Far side	
Side NOS	
Rear	
Rollover	
Roof	
Broadside	
Other	
/ = Not applicable	
<?>= Unknown	

Additional Information: None

Default: Blank

Mapping required for NTDB?: No

Prehospital**Scene/Transport****TOTAL PH FLUID AMOUNT****Screen: Prehospital/Scene-Transport**

Definition: The total amount of fluid given at the scene and during transport from scene to your facility across all agencies.

Required by North Carolina: No
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<0> IV access failed or Heparin Lock	Not Relevant
</> No IV access attempted (so not applicable)	
<?> Fluid given, but amount unknown	

Additional Information:

- Do **NOT** include blood or blood products. Total amount of Crystalloids only.
- If IV access failed use "0". Select <Unsuccessful IV> within treatment screen.
- If IV access only/Heparin lock without fluids given use "0". Select <Other> within the treatment screen.
 *Note – <Venous Access> will be included in the next upgrade.
- If no IV access attempted use </> Not Applicable.
- If fluid is given and the amount is unknown use <?>
- Do not include IFT fluids.

Default: Blank

Mapping required for NTDB?: No

History:

- Name changed from "Fluid Amount" per DD committee. Oct 2014.
- Required by NC changed from Yes to No in Feb 2015. Individual EMS fluid amounts still required.

Pre-hospital Provider**MODE****Screen: Prehospital/Scene-Transport/Prehospital Provider**

Definition: Mode of transport for each event from scene to your facility. Collect scene (first responder) and helicopter run sheet within the pre-hospital screens.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<1> Ground Ambulance	<1> Ground Ambulance
<2> Helicopter Ambulance	<2> Helicopter Ambulance
<3> Fixed-Wing Ambulance	<3> Fixed-Wing Ambulance
<4> Private/Public Vehicle/Walk-In	<4> Private/Public Vehicle/Walk-In
<5> Police	<5> Police
<6> Other	<6> Other
</> Not applicable (Not a valid option)	</> N/A (Not a valid option)
<?> Unknown	<?> Unknown

Additional Information:

- NTDB will receive all modes entered within the <other transport mode> field within the NTDB module.
- If <4>, <5>, or <6> options are applicable, the remainder of the prehospital fields/screens will gray out.

Default: Blank

Mapping required for NTDB?: Yes

Hx: N/A changed to an invalid option for NTDS starting with patients admitted 01Jan2017.

MODE-SPECIFY

Screen: Prehospital/Scene-Transport/Prehospital Provider

Definition: Mode of transport for each event from scene to your facility. Collect scene (first responder) and helicopter run sheet within the pre-hospital screens. This field opens when "Other" is chosen for Mode.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Free text	

Additional Information: None

Default: Blank

Mapping required for NTDB?: No

AGENCY

Screen: Prehospital/Scene-Transport/Prehospital Provider

Definition: The provider number and name of the EMS agency used to transport the patient to your facility

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Too numerous to list. Refer to field menu for options	Not Relevant

Additional Information:

- Contact the NCOEMS Trauma Systems Manager should you need to add an agency not found within the picklist.
- Use <Other EMS Agency, OOS> for out of state agencies not already defined within the picklist.

Default: Blank

Mapping required for NTDB?: No

SCENE EMS REPORT

Screen: Prehospital/Scene-Transport/Prehospital Provider

Definition: Presence and completeness of EMS responder's report

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Complete: There is an EMS report and all NCTR required data is present	Not Relevant
<2> Incomplete: There is an EMS report, but not all NCTR required data is present or legible	
<3> Missing: There is no EMS report and all NCTR required data is missing or mode of arrival is unknown.	
<4> Unreadable:	

Additional Information: None

Default: Blank

Mapping required for NTDB?: No

CALL RECEIVED DATE AND TIME

Screen: Prehospital/Scene-Transport/Prehospital Provider

Definition: The date and time the 911 dispatch received the call requesting EMS agency.

Required by North Carolina: No
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Date/time value	Date/time value

Additional Information:

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- Date field will auto-populate from the Injury Date field. ***Be sure to verify date.***
- Use </> (for Not applicable) for patients not transported by EMS.

Default: Blank.

Mapping required for NTDB?: No

CALL DISPATCH DATE AND TIME

Screen: Prehospital/Scene-Transport/Prehospital Provider

Definition: The date and time the 911 call was dispatched.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Date/time value	Date/time value

Additional Information:

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- Date field will auto-populate from the Injury Date field. Be sure to verify date.
- Used to auto-generate the calculated field: Transport Time Elapsed
- Use </> (for Not applicable) for patients not transported by EMS.

Default: Blank

Mapping required for NTDB?: No

RENDEZVOUS LOCATION

Screen: Prehospital/Scene-Transport/Prehospital Provider

Definition: The rendezvous location where the patient is transferred between agencies.

Required by North Carolina: No
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Free text	Not Relevant

Additional Information:

- Grayed out unless <2> Transport from Rendezvous option chosen in the Role field.
- Free text field. May be GPS coordinates, address, or general location.

Default: Blank

Mapping required for NTDB?: No

ARRIVED AT LOCATION DATE AND TIME

Screen: Prehospital/Scene-Transport/Prehospital Provider

Definition: The date the transporting unit arrived at the scene. Arrival is defined as the date/time when the vehicle stopped moving.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Date/time value	Date/time value

Additional Information:

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- Date field will auto-populate from Injury Date field. Be sure to verify date.
- Used to auto-generate calculated field: Scene Time Elapsed.
- Use </> (for Not applicable) for patients not transported by EMS.

Default: Blank

Mapping required for NTDB?: No

DEPARTED LOCATION DATE AND TIME

Screen: Prehospital/Scene-Transport/Prehospital Provider

Definition: The date and time the transporting unit departed the scene. Departure is defined as the date/time when the vehicle started moving.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Date/time value	Date/time value

Additional Information:

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- Date field will auto-populate from Injury Date field. Be sure to verify date.
- Used to auto-generate calculated field: Scene Time Elapsed and Transport Time Elapsed.
- Use </> (for Not applicable) for patients not transported by EMS.

Default: Blank

Mapping required for NTDB?: No

ARRIVED AT DESTINATION DATE AND TIME

Screen: Prehospital/Scene-Transport/Prehospital Provider

Definition: The date the transporting unit arrived at the facility. Arrival is defined as the date/time when the EMS responder arrived in the ED/floor/unit.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Date/time value	Date/time value

Additional Information:

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- Date field will auto-populate from Injury Date field. Be sure to verify date.
- Used to auto-generate calculated field: Transport Time Elapsed.

Default: Blank

Mapping required for NTDB?: No

SCENE TIME ELAPSED

Screen: Prehospital/Scene-Transport/Prehospital Provider

Definition: Auto-calculated field reporting total time spent at scene.

Required by North Carolina: Yes
Received by State: No
Required by NTDS: No

Field Values

North Carolina	NTDS
Auto-calculated	Not Relevant

Additional Information:

- This field is automatically calculated by the software by subtracting the arrival date and time from the departure date and time.
- The calculation result is reported in hours and minutes (HH:MM)
- Check to be sure that value is greater than 0.

Default: Blank

Mapping required for NTDB?: No

TRANSPORT TIME ELAPSED

Screen: Prehospital/Scene-Transport/Prehospital Provider

Definition: Auto-calculated field reporting total time spent during transport from scene to your facility.

Required by North Carolina: Yes
Received by State: No
Required by NTDS: No

Field Values

North Carolina	NTDS
Auto-calculated	Not Relevant

Additional Information:

- This field is automatically calculated by the software by subtracting the Departed Location date and time from Arrived at Destination date and time. .
- The calculation result is reported in hours and minutes (HH:MM)
- Check to be sure that value is greater than 0.

Default: Blank

Mapping required for NTDB?: No

EXTRICATION - WAS PATIENT EXTRICATED?

Screen: Prehospital/Scene-Transport/Prehospital Provider

Definition: Did patient require extrication from scene?

Required by North Carolina: No
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<Y> Yes	Not Relevant
<N> No	
</> Not applicable	
<?> Unknown	

Additional Information:

- Information to be found on EMS runsheet or ED documentation.

Default: Blank

Mapping required for NTDB?: No

EXTRICATION – TIME REQUIRED/ MINUTES

Screen: Prehospital/Scene-Transport/Prehospital Provider

Definition: Indicates the time required to extricate patient from scene.

Required by North Carolina: No
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Free text	Not Relevant

Additional Information:

- Field will open if “Was Patient Extricated?” field is <Y>.
- Recorded in minutes.

Default: Blank

Mapping required for NTDB?: No

Treatment

RECORDED DATE AND TIME

Screen: ED Resuscitation Initial/Assessment

Definition: The recorded date and time of the initial vital signs by the prehospital provider.

Required by North Carolina: Yes
Received by State: Yes (as of Dec 2014)
Required by NTDS: No

Field Values:

North Carolina	NTDS
Date/time values	Not Relevant

Additional Information:

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank

Mapping required for NTDB?: No

AGENCY

Screen: Prehospital/Treatment

Definition: The scene/ rendezvous EMS agency number and name transporting the patient.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Too numerous to list. Refer to field menu for options	Not Relevant

Additional Information:

- Can gray out the agency number and select by name only, or user can click on the button above the field to auto fill the data element.

Default: Blank

Mapping required for NTDB?: No

PROVIDER FLUID AMOUNT

Screen: Prehospital/Treatment

Definition: The amount of fluid given at the scene and during transport from scene by each EMS agency.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Free text	Not Relevant

Additional Information:

- Do **NOT** include blood or blood products. Total amount of Crystalloids only.
- If IV access failed use "0". Select <Unsuccessful IV> within treatment screen.
- If IV access only/Heparin lock without fluids given use "0". Select <Other> within the treatment screen.
 *Note – <Venous Access> might be included in an upcoming upgrade (first noted Feb 2015).
- If no IV access attempted use </> Not Applicable.
- If fluid is given and the amount is unknown use <?>.
- Do not include IFT fluids.

Default: Blank

Mapping required for NTDB?: No

PARALYTIC AGENTS

Screen: Prehospital/Treatment

Definition: Indicates the use of paralytic drugs at the time pre-hospital vitals were taken.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<Y> Yes	??
<N> No	
<?> Unknown	

Additional Information:

- Qualifier for GCS.
- If an intubated patient has recently received an agent that results in neuromuscular blockade such that motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurological status and chemical sedation and/or paralytic sedation should be selected.
- Refer to drug list for further information regarding paralytics.
- Do not use </>.

Default: Blank

Mapping required for NTDB?: ??

SEDATED**Screen: Prehospital/Treatment**

Definition: Indicates that use of sedation drugs at the time pre-hospital vitals were taken.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
<Y> Yes	Not Relevant
<N> No	
<?> Unknown	

Additional Information:

- Qualifier for GCS.
- If an intubated patient has recently received an agent that results in neuromuscular blockade such that motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurological status and chemical sedation and/or paralytic sedation should be selected.
- Refer to drug list for further information regarding sedatives.
- Do not use </>.

Default: Blank

Mapping required for NTDB?: No

EYE OBSTRUCTION

Screen: Prehospital/Treatment

Definition: Indicates if the patient did or did not have an obstruction to both eyes at the time pre-hospital vitals are taken.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values

North Carolina	NTDS
<Y> Yes	Not Relevant
<N> No	
<?> Unknown	

Additional Information:

- Qualifier for GCS.
- Do not use </>.

Default: Blank

Mapping required for NTDB?: No

INTUBATED**Screen: Prehospital/Treatment**

Definition: Indicates the use of a device for the purpose of assisted ventilation of patient to maintain an airway at the time pre-hospital vitals were taken.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<Y> Yes	Not Relevant
<N> No	
<?> Unknown	

Additional Information:

- Qualifier for GCS.
- Must be active, not passive delivery of oxygen. Non-rebreather mask and nasal cannula are supplemental oxygen and not to be considered airway management.
- Base response on most active airway adjunct in use
- Do not use </> ,

Default: Blank

Mapping required for NTDB?: No

IF YES, METHOD (Intubation)

Screen: Prehospital/Treatment

Definition: The method used for intubation of the patient during pre-hospital care.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Blind Insertion Airway Device(Combitube, King Airway, Laryngeal Mask Airway)	Not Relevant
<2> Cricothyrotomy – Open	
<3> Cricothyrotomy - Needle	
<4> Endotracheal Tube – Nasal	
<5> Endotracheal Tube – Oral	
<6> Endotracheal Tube – Route NFS	
<?> Unknown	

Additional Information:

- Must select “intubated” to open field.
- Record the most invasive airway adjunct used by the pre-hospital EMS unit/provider.

Default: Blank

Mapping required for NTDB?: No

RESPIRATION ASSISTED

Screen: Prehospital/Treatment

Definition: Indicates whether the patient required respiration assistance at the time pre-hospital vitals were taken.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<Y> Yes	Not Relevant
<N> No	
<?> Unknown	

Additional Information:

- Qualifier for GCS.
- Do not use </>.

Default: Blank

Mapping required for NTDB?: No

IF YES, TYPE (for Respiratory Assistance)

Screen: Prehospital/Treatment

Definition: The type of device used for respiratory assistance during pre-hospital care

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Bag Valve Mask	Not Relevant
<2> Nasal Airway	
<3> Oral Airway	
<4> Ventilator	
<?> Unknown	

Additional Information:

- Must select “yes” in “Respiration Assisted” field to open “Type” field

Default: Blank

Mapping required for NTDB?: No

SYSTOLIC BP

Screen: Prehospital/Treatment

Definition: The first recorded systolic blood pressure measured during pre-hospital care.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Free text field	Free text field

Additional Information: All EMS vital signs should be included in the registry, even if EMS picks up the patient hours after an injury. If your site participates in NTDS and the vital signs don't fit NTDS definition of "scene vitals", put question marks in the first vital sign position, then add the EMS vital signs as additional "scene" vitals.

Default: Blank

Mapping required for NTDB?: No

DIASTOLIC BP

Screen: Prehospital/Treatment

Definition: The first recorded diastolic blood pressure measured during pre-hospital care

Required by North Carolina: No
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Free text field	Free text field

Additional Information: All EMS vital signs should be included in the registry, even if EMS picks up the patient hours after an injury. If your site participates in NTDS and the vital signs don't fit NTDS definition of "scene vitals", put question marks in the first vital sign position, then add the EMS vital signs as additional "scene" vitals.

Default: Blank

Mapping required for NTDB?: No

PULSE RATE

Screen: Prehospital/Treatment

Definition: The first recorded pulse measured during pre-hospital care

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Free text field	Free text field

Additional Information:

- The pulse rate can be palpated or auscultated, expressed as a number per minute.
- All EMS vital signs should be included in the registry, even if EMS picks up the patient hours after an injury. If your site participates in NTDS and the vital signs don't fit NTDS definition of "scene vitals", put question marks in the first vital sign position, then add the EMS vital signs as additional "scene" vitals.

Default: Blank

Mapping required for NTDB?: No

UNASSISTED RESP RATE

Screen: Prehospital/Treatment

Definition:

First recorded unassisted respiratory rate measured during pre-hospital care

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Free text field	Free text field

Additional Information:

- Expressed as number per minute.
- All EMS vital signs should be included in the registry, even if EMS picks up the patient hours after an injury. If your site participates in NTDS and the vital signs don't fit NTDS definition of "scene vitals", put question marks in the first vital sign position, then add the EMS vital signs as additional "scene" vitals.

Default: Blank

Mapping required for NTDB?: No

ASSISTED RESP RATE

Screen: Prehospital/Treatment

Definition: The first recorded assisted respiratory rate measured during pre-hospital care

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes (only if resp is assisted)

Field Values

North Carolina	NTDS
Free text field	Free text field

Additional Information: All EMS vital signs should be included in the registry, even if EMS picks up the patient hours after an injury. If your site participates in NTDS and the vital signs don't fit NTDS definition of "scene vitals", put question marks in the first vital sign position, then add the EMS vital signs as additional "scene" vitals.

Default: Blank

Mapping required for NTDB?: No

O2 SATURATION

Screen: Prehospital/Treatment

Definition: The first recorded oxygen saturation during pre-hospital care.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Free text field	Free text field

Additional Information:

- Expressed as percentage

Default: Blank

Mapping required for NTDB?: No

SUPPLEMENTAL O2**Screen: Prehospital/Treatment**

Definition: Indicates if supplemental oxygen was administered during pre-hospital care

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
<Y> Yes	Not relevant
<N> No	
<?> Unknown	

Additional Information:

- Qualifier for O2 Saturation field
- Only opens if there is a value in the O2 Saturation field
- Do not use </>.

Default: Blank

Mapping required for NTDB?: No

GCS EYE**Screen: Prehospital/Treatment**

Definition: The first recorded Glasgow Coma Score (Eye) measured during pre-hospital care.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<1> No Eye Movement when Assessed	<1> No Eye Movement when Assessed
<2> Opens Eyes in Response to Painful Stimulation	<2> Opens Eyes in Response to Painful Stimulation
<3> Opens Eyes in Response to Verbal Stimulation	<3> Opens Eyes in Response to Verbal Stimulation
<4> Opens Eyes Spontaneously	<4> Opens Eyes Spontaneously
<?> Unknown	

Additional Information:

- Used to auto-calculate Total GCS.
- If anyone of the three GCS components is missing a value, the total GCS will not automatically calculate.
- If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. e.g the chart indicates: “the patient opens his eyes when spoken to”, an Eye GCS of 3 may be recorded IF there is no other contradicting documentation.
- Do not use </>.
- All EMS vital signs should be included in the registry, even if EMS picks up the patient hours after an injury. If your site participates in NTDS and the vital signs don’t fit NTDS definition of “scene vitals”, put question marks in the first vital sign position, then add the EMS vital signs as additional “scene” vitals.

Default: Blank

Mapping required for NTDB?: No

GCS VERBAL**Screen: Prehospital/Treatment**

Definition: The first recorded Glasgow Coma Score (Verbal) measured during pre-hospital care.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<1> No Vocal Response	<1> No Vocal Response
<2> Incomprehensible (adult) or Moans to Pain (infant/child)	<2> Incomprehensible (adult) or Moans to Pain (infant/child)
<3> Inappropriate adult) or Cries to Pain (infant/child)	<3> Inappropriate adult) or Cries to Pain (infant
<4> Confused (adult) or Irritable/Cries	<4> Confused (adult) or Irritable/Cries
<5> Oriented (adult) or Coos/Babbles (infant/child)	<5> Oriented (adult) or Coos/Babbles (infant/Child)
<?> Unknown	<?> Unknown

Additional Information:

- Used to auto calculate the Total GCS.
- If anyone of the three GCS components is missing a value, the total GCS will not automatically calculate.
- If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. e.g the chart indicates: “the patient responds verbally and appropriately when spoken to”, a Verbal GCS of 5 may be recorded IF there is no other contradicting documentation.
- Do not use </>.
- All EMS vital signs should be included in the registry, even if EMS picks up the patient hours after an injury. If your site participates in NTDS and the vital signs don’t fit NTDS definition of “scene vitals”, put question marks in the first vital sign position, then add the EMS vital signs as additional “scene” vitals.

Default: Blank

Mapping required for NTDB?: No

GCS MOTOR**Screen: Prehospital/Treatment**

Definition: The first recorded Glasgow Coma Score (Motor) measured during pre-hospital care.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<1> No Motor Response	<1> No Motor Response
<2> Extension to Pain	<2> Extension to Pain
<3> Flexion to Pain	<3> Flexion to Pain
<4> Withdraws from Pain (adult) or Withdraws to Pain (infant/child)	<4> Withdraws from Pain (adult) or Withdraws to Pain (infant/child)
<5> Localizing Pain (adult) or Withdraws to Touch (infant/child)	<5> Localizing Pain (adult) or Withdraws to Touch (infant/child)
<6> Obeys Command (adult) or Spontaneous Movements (infant/child)	<6> Obeys Command (adult) or Spontaneous Movements (infant/child)
<?> Unknown	<?> Unknown

Additional Information:

- Used to auto calculate the Total GCS.
- If anyone of the three GCS components is missing a value, the total GCS will not automatically calculate.
- Do not use </>.
- If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. e.g the chart indicates: “the patient withdraws from a painful stimulus”, a Motor GCS of 4 may be recorded IF there is no other contradicting documentation.
- All EMS vital signs should be included in the registry, even if EMS picks up the patient hours after an injury. If your site participates in NTDS and the vital signs don’t fit NTDS definition of “scene vitals”, put question marks in the first vital sign position, then add the EMS vital signs as additional “scene” vitals.

Default: Blank

Mapping required for NTDB? No

GCS TOTAL

Screen: Prehospital/Treatment

Definition: The first recorded Glasgow Coma Scale calculated total measure during pre-hospital care.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Auto-calculated	
<?> Unknown	

Additional Information:

- This field is auto-calculated by the software when the Eye, Verbal, and Motor fields contained values.
- If any one of the three components is missing a value, the GCS will not automatically calculate, but the total can be entered manually.
- The GCS is a scale used to determine a score based on the total of 3 components on a patient involving an assessment of eye, motor, verbal responses of the patient.

Default: Blank

Mapping required for NTDB?: No

RTS (WEIGHTED)

Screen: Prehospital/Treatment

Definition: The calculated weighted revised trauma score measured during pre-hospital care.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Auto-calculated	Not Relevant

Additional Information:

- This field is auto-calculated by the software if GCS, Sys BP, or RR are valued.
- The coded values are weighted often using standard vectors as follows: $RTS = 0.9368 \text{ GCS} + 0.7326 \text{ SBP} + 0.2908 \text{ RR}$
- If any values of the GCS, SysBP or respiratory rate are missing, the weighted revised trauma score will not auto-calculate.

Default: Blank

Mapping required for NTDB?: No

TRIAGE SCORE (Revised Trauma Score)**Screen: Prehospital/Treatment**

Definition: The first recorded revised trauma score measured during pre-hospital care.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Auto-calculated	Not Relevant

Additional Information:

- This field is auto-calculated by the software if the GCS, Sys BP, and RR are valued.
- If any values of the GCS, Sys BP or respiratory rate are missing, the revised trauma score will not auto-calculate.

Default: Blank

Mapping required for NTDB?: No

WEIGHT (for Pediatric Trauma Score (PTS))

Screen: Prehospital/Treatment

Definition: The measured or estimated baseline weight of the pediatric patient during pre-hospital care.

Required by North Carolina: No
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
	Not Relevant

Additional Information:

- Recorded in kilograms
- Fields open for pediatric patients only (age \leq 15)

Default: Blank

Mapping required for NTDB?: No

CUTANEOUS (PTS)

Screen: Prehospital/Treatment

Definition: Appearance/symptom of wounds of the pediatric patient during pre-hospital care.

Required by North Carolina: No

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
	Not Relevant

Additional Information:

- Fields open for pediatric patients only (age <= 15)

Default: Blank

Mapping required for NTDB?: No

AIRWAY (PTS)

Screen: Prehospital/Treatment

Definition: The first recorded status of the pediatric patient's airway during pre-hospital care.

Required by North Carolina: No

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
	Not Relevant

Additional Information:

- Fields open for pediatric patients only (age <= 15)

Default: Blank

Mapping required for NTDB?: No

CNS (PTS)

Screen: Prehospital/Treatment

Definition: The first recorded mental status of the pediatric patient during pre-hospital care.

Required by North Carolina: No
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
	Not Relevant

Additional Information:

- Fields open for pediatric patients only (age <= 15)

Default: Blank

Mapping required for NTDB?: No

SKELETAL (PTS)

Screen: Prehospital/Treatment

Definition: Appearance/Symptom of closed/open fracture on initial assessment of the pediatric patient during pre-hospital care.

Required by North Carolina: No
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
	Not Relevant

Additional Information:

- Fields open for pediatric patients only (age \leq 15)

Default: Blank

Mapping required for NTDB?: No

PULSE PALP (PTS)

Screen: Prehospital/Treatment

Definition: The first recorded area of palpation to obtain a pulse rate of the pediatric patient during pre-hospital care.

Required by North Carolina: No
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
	Not Relevant

Additional Information:

- Fields open for pediatric patients only (age <= 15)

Default: Blank

Mapping required for NTDB?: No

PTS TOTAL

Screen: Prehospital/Treatment

Definition: The first recorded pediatric trauma score of the pediatric patient.

Required by North Carolina: No

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
	Not Relevant

Additional Information:

- This field is auto-calculated by the software when the PTS Weight, Airway, Skeletal, Cutaneous, CNS, and Pulse Palp fields are valued or may be manually entered,

Default: Blank

Mapping required for NTDB?: No

PREHOSPITAL PROCEDURES AGENCY NUMBER/DESCRIPTION

Screen: Prehospital/Treatment

Definition: The provider number and name of the EMS agency to your facility.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Too numerous to list. Refer to field menu for options	Not Relevant

Additional Information:

- You may click on the button above this field to autofill or manually enter by provider number or name.

Default: Blank

Mapping required for NTDB?: No

PROCEDURE DESCRIPTION

Screen: Prehospital/Treatment

Definition: Procedures performed by the EMS agency.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Too numerous to list. Refer to field menu for options	Not Relevant

Additional Information:

- Maximum of 10 choices at one time on speed screen. If you need more, you will need to open the speed screen again.
- The Prehospital Procedure screen and the inter facility transfer screen options do not match. This issue should be resolved in an upcoming upgrade (reported Feb 2015). .

Default: Blank

Mapping required for NTDB?: No

Referring Facility

Referral History

HOSPITAL TRANSFER

Screen: Referring Facility/Referral History/Immediate

Definition: Was the patient transferred to your facility from another acute care facility?

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<Y> Yes	<1> Yes
<N> No	<2> No
</> Not Applicable – do not use.	</> Not Applicable
<?> Unknown	<?> Unknown

Additional Information:

- Outlying facilities purporting to provide emergency care services or utilized to stabilize a patient are considered acute care facilities.
- Patients transferred from a private doctor’s office, stand-alone ambulatory surgery center, or delivered to your hospital by a non-EMS transport are not considered an inter-facility transfer.
- Do not use </>.

Default: Blank

Mapping required for NTDB?: No

REFERRING FACILITY

Screen: Referring Facility/Referral History/Immediate

Definition: The name and ID number of the immediate referring facility from which the patient is transferred to your facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Too numerous to list. Refer to field menu for options	Not Relevant

Additional Information:

- If the facility is not in the picklist and is located within the State of NC, select <Other Hospital, NC>. Contact the State Trauma Systems Manager to request the facility be added to the picklist.
- If the facility is not in the picklist and is located outside the State of NC, select <Other Hospital, OOS>.

Default: Blank

Mapping required for NTDB?: No

IF OTHER (Referring facility)

Screen: Referring Facility/Referral History/Immediate

Definition: Free text field to enter the name of the immediate referring facility (when not found in pick list) from which the patient is transferred to your facility.

Required by North Carolina: No, unless the hospital is not in the pick-list for Referring Facility.

Received by State: Yes (changed Dec 2014)

Required by NTDS: No

Field Values:

North Carolina	NTDS
Free text	Not Relevant

Additional Information:

- Grayed out unless <Other Hospital, NC> or <Other Hospital, OOS> are chosen in the Referring Facility field.

Default: Blank

Mapping required for NTDB?: No

ARRIVAL DATE and TIME

Screen: Referring Facility/Referral History/Immediate

Definition: The date and time the patient arrived at the immediate referring facility.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Date/time value	Not Relevant

Additional Information:

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank

Mapping required for NTDB?: No

DEPARTURE DATE and TIME

Screen: Referring Facility/Referral History/Immediate

Definition: The date and time the patient departed from the immediate referring facility. Use Transfer Time from E-form. Don't use EMS departure time. This field represents the time the patient departed from care, but does not necessarily reflect physical departure from the facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Date/time value	Not Relevant

Additional Information:

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank

Mapping required for NTDB?: No

LENGTH of STAY

Screen: Referring Facility/Referral History/Immediate

Definition: The total length of stay at the immediate referring facility in HH:MM format.

Required by North Carolina: Yes

Received by State: No

Required by NTDS: No

Field Values

North Carolina	NTDS
Auto-calculated	Not Relevant

Additional Information:

- This field is auto-calculated from the arrival date/time fields and the departure date/time fields.
- Please check to ensure value is greater than 0.

Default: Blank

Mapping required for NTDB?: No

REFERRING PHYSICIAN

Screen: Referring Facility/Referral History/Immediate

Definition: The name of the physician or midlevel provider from the immediate referring facility authorizing transfer to your facility.

Required by North Carolina: No
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Free text	Not Relevant

Additional Information:

- In the current healthcare environment, a Physician Assistant may be the person authorizing transfer to your facility.

Default: Blank

Mapping required for NTDB?: No

LATE REFERRAL

Screen: Referring Facility/Referral History/Immediate

Definition: The reason for a late referral from the immediate referring facility.

Required by North Carolina: No
Received by State: Yes (as of Dec 2014)
Required by NTDS: No

Field Values:

North Carolina	NTDS
Not Relevant Fill in values.	Not Relevant

Additional Information:

- Late is defined as a 4-hour or greater LOS at the referring hospital..

Default: Blank

Mapping required for NTDB?: No

ICU

Screen: Referring Facility/Referral History/Immediate

Definition: Was patient admitted to an ICU at the immediate referring facility?

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Yes	Not Relevant
No	
NA = Not Applicable	
Unknown	

Additional Information:

Default: Blank

Mapping required for NTDB?: No

Assessments

PARALYTIC AGENTS

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: Indicates the use of paralytic drugs at the time the initial vitals were taken at the immediate referring facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<Y> Yes	Not Relevant
<N> No	
<?> Unknown	

Additional Information:

- Qualifier for GCS.
- If an intubated patient has recently received an agent that results in neuromuscular blockage such that motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurological status and chemical sedation and/or paralytic sedation should be selected.
- Refer to the drug list for further information regarding paralytics.
- Do not use </>.

Default: Blank

Mapping required for NTDB?: No

SEDATED

Screen: Referring Facility/Assessments/Immediate Ref Facility

Definition: Indicates the use of sedation drugs at the time the initial vitals were taken at the immediate referring facility

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<Y> Yes	Not Relevant
<N> No	
<?> Unknown	

Additional Information:

- Qualifier for GCS.
- If an intubated patient has recently received an agent that results in neuromuscular blockade such that motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurological status and chemical sedation and/or paralytic sedation should be selected.
- Refer to drug list for further information regarding sedatives.
- Do not use </>.

Default: Blank

Mapping required for NTDB?: No

EYE OBSTRUCTION

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: Indicates if the patient did or did not have an obstruction to both eyes at the time initial vitals were taken at the immediate referring facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values

North Carolina	NTDS
<Y> Yes	Not Relevant
<N> No	
<?> Unknown	

Additional Information:

- Qualifier for GCS.
- Do not use </>.

Default: Blank

Mapping required for NTDB?: No

INTUBATED

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: Indicates the use of a device for the purpose of assisted ventilation of patient to maintain an airway at the time the initial vitals were taken at the immediate referring facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<Y> Yes	Not Relevant
<N> No	
<?> Unknown	

Additional Information:

- Qualifier for GCS.
- Enter <Y> for the most active airway adjunct used by the immediate referring facility.
- Must be active, not passive delivery of oxygen. Non-rebreather mask and nasal cannula are supplemental oxygen and not to be considered air management.
- Do not use </>.

Default: Blank

Mapping required for NTDB?: No

IF YES, METHOD (for Intubated)

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: The method used for intubation of the patient performed at the immediate referring facility.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Blind Insertion Airway Device (Combitube, King Airway, Laryngeal Mask Airway)	Not Relevant
<2> Cricothyrotomy - Open	
<3> Cricothyrotomy - Needle	
<4> Endotracheal Tube - Nasal	
<5> Endotracheal Tube - Oral	
<6> Endotracheal Tube – Route NFS	
<?> Unknown	

Additional Information:

- Must select “intubated” to open field.
- Record the most invasive airway adjunct used by the referring hospital.

Default: Blank

Mapping required for NTDB?: No

RESPIRATION ASSISTED

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: Indicates whether the patient required respiration assistance at the time pre-hospital vitals were taken.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<Y> Yes	Not Relevant
<N> No	
<?> Unknown	

Additional Information:

- Qualifier for GCS.
- Do not use </>.

Default: Blank

Mapping required for NTDB?: No

IF YES, TYPE

Screen: Referring Facility/Assessments/Immediate Ref Facility

Definition: The type of device used in assisting respiration at the time the vitals were taken at the immediate referring facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Bag Valve Mask	Not Relevant
<2> Nasal Airway	
<3> Oral Airway	
<4> Ventilator	
<?> Unknown	

Additional Information:

- Must select “yes” in “Respiration Assisted” field to open “Type” field

Default: Blank

Mapping required for NTDB?: No

SYSTOLIC BP

Screen: Referring Facility/Assessments/Immediate Ref Facility

Definition: The first recorded systolic blood pressure measured at the immediate referring facility.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Free text field	Not Relevant

Additional Information: None

Default: Blank

Mapping required for NTDB?: No

PULSE RATE

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: The first recorded pulse measured at the immediate referring facility.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Free text field	Not Relevant

Additional Information:

- The pulse rate can be palpated or auscultated, expressed as a number per minute.

Default: Blank

Mapping required for NTDB?: No

UNASSISTED RESP RATE

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: First recorded unassisted respiratory rate measured at the immediate referring facility.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Free text field	No Relevant

Additional Information:

- Expressed as number per minute.

Default: Blank

Mapping required for NTDB?: No

ASSISTED RESP RATE

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: The first recorded assisted respiratory rate measured at the immediate referring facility.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values

North Carolina	NTDS
Free text field	Not Relevant

Additional Information: None

Default: Blank

Mapping required for NTDB?: No

O2 SATURATION

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: The first recorded oxygen saturation at the immediate referring facility,

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Free text field	Not Relevant

Additional Information:

- Expressed as percentage,

Default: Blank

Mapping required for NTDB?: No

SUPPLEMENTAL O2

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: Indicates if supplemental oxygen was administered at the immediate referring facility.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
<Y> Yes	Not relevant
<N> No	
<?> Unknown	

Additional Information:

- Qualifier for O2 Saturation field.
- Only opens if there is a value in the O2 Saturation field.
- Do not use </>.
- Use unknown if it is not documented whether patient is on room air or O2.

Default: Blank

Mapping required for NTDB?: No

GCS EYE

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: The first recorded Glasgow Coma Score (Eye) measured at the immediate referring facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> No Eye Movement when Assessed	Not Relevant
<2> Opens Eyes in Response to Painful Stimulation	
<3> Opens Eyes in Response to Verbal Stimulation	
<4> Opens Eyes Spontaneously	
<?> Unknown	

Additional Information:

- Use to auto-calculate Total GCS.
- If anyone of the three GCS components is missing a value, the total GCS will not automatically calculate.
- If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: “the patient opens his eyes when spoken to”, an Eye GCS of 3 may be recorded IF there is no other contradicting documentation.
- Do not use </>.

Default: Blank

Mapping required for NTDB?: No

GCS VERBAL

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: The first recorded Glasgow Coma Score (Verbal) measured at the immediate referring facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> No Vocal Response	Not Relevant
<2> Incomprehensible (adult) or Moans to Pain (infant/child)	
<3> Inappropriate adult) or Cries to Pain (infant/child)	
<4> Confused (adult) or Irritable/Cries	
<5> Oriented (adult) or Coos/Babbles (infant/child)	
<?> Unknown	

Additional Information:

- Used to auto calculate the Total GCS.
- If anyone of the three GCS components is missing a value, the total GCS will not automatically calculate.
- If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: “the patient responds verbally and appropriately when spoken to”, a Verbal GCS of 5 may be recorded IF there is no other contradicting documentation.
- Do not use </>.

Default: Blank

Mapping required for NTDB?: No

GCS MOTOR

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: The first recorded Glasgow Coma Score (Motor) measured at the immediate referring facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> No Motor Response	Not Relevant
<2> Extension to Pain	
<3> Flexion to Pain	
<4> Withdraws from Pain (adult) or Withdraws to Pain (infant/child)	
<5> Localizing Pain (adult) or Withdraws to Touch (infant/child)	
<6> Obeys Command (adult) or Spontaneous Movements (infant/child)	
<?> Unknown	

Additional Information:

- Used to auto calculate the Total GCS.
- If anyone of the three GCS components is missing a value, the total GCS will not automatically calculate.
- If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: “the patient withdraws from a painful stimulus”, a Motor GCS of 4 may be recorded IF there is no other contradicting documentation.
- Do not use </>.

Default: Blank

Mapping required for NTDB?: No

GCS TOTAL

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: The first recorded total Glasgow Coma Scale (GCS) at the immediate referring facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<3> - <15>	Not Relevant
<?> Unknown	

Additional Information:

- This field is auto-calculated by the software when the Eye, Verbal, and Motor fields contained values.
- If any one of the three components is missing a value, the CGS will not automatically calculate, but the total can be entered manually.
- The GCS is a scale used to determine a score based on the total of 3 components involving an assessment of eye, motor, verbal responses of the patient.

Default: Blank

Mapping required for NTDB?: No

RTS (WEIGHTED)

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: The total calculated weighted revised trauma score at the immediate referring facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Auto-calculated	Not Relevant

Additional Information:

- This field is auto-calculated by the software if GCS, Sys BP, or RR are valued.
- The coded values are weighted often using standard vectors as follows: $RTS = 0.9368 \text{ GCS} + 0.7326 \text{ SBP} + 0.2908 \text{ RR}$
- If any values of the GCS, SysBP or respiratory rate are missing, the weighted revised trauma score will not auto-calculate.

Default: Blank

Mapping required for NTDB?: No

TRIAGE SCORE (Revised Trauma Score)

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: The first calculated RTS measured at the immediate referring facility.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Auto-calculated	Not Relevant

Additional Information:

- This field is auto-calculated by the software if the GCS, SysBP, and RR are valued.
- If any values of the GCS, SysBP or respiratory rate are missing, the revised trauma score will not auto-calculate.

Default: Blank

Mapping required for NTDB?: No

WEIGHT (PTS)

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: The measured or estimated baseline weight of the pediatric patient documented at the immediate referring facility.

Required by North Carolina: No
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Free text	Not Relevant

Additional Information:

- Recorded in kilograms
- Fields open for pediatric patients only (age <= 15)

Default: Blank

Mapping required for NTDB?: No

CUTANEOUS (PTS)

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: Appearance/symptom of wounds of the pediatric patient documented at the immediate referring facility.

Required by North Carolina: No
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Free text	Not Relevant

Additional Information:

- Fields open for pediatric patients only (age <= 15)

Default: Blank

Mapping required for NTDB?: No

AIRWAY (PTS)

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: The first recorded status of the pediatric patient's airway documented at the immediate referring facility.

Required by North Carolina: No
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
	Not Relevant

Additional Information:

- Fields open for pediatric patients only (age \leq 15)

Default: Blank

Mapping required for NTDB?: No

CNS (PTS)

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: The first recorded mental status of the pediatric patient documented at the immediate referring facility.

Required by North Carolina: No
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
	Not Relevant

Additional Information:

- Fields open for pediatric patients only (age <= 15)

Default: Blank

Mapping required for NTDB?: No

SKELETAL (PTS)

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: Appearance/Symptom of closed/open fracture on initial assessment of the pediatric patient documented at the immediate referring facility.

Required by North Carolina: No
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
	Not Relevant

Additional Information:

- Fields open for pediatric patients only (age <= 15)

Default: Blank

Mapping required for NTDB?: No

PULSE PALP (PTS)

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: The first recorded area of palpation to obtain a pulse rate of the pediatric patient during pre-hospital care.

Required by North Carolina: No
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
	Not Relevant

Additional Information:

- Fields open for pediatric patients only (age \leq 15)

Default: Blank

Mapping required for NTDB?: No

PTS TOTAL

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: The first recorded pediatric trauma score of the pediatric patient.

Required by North Carolina: No

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
	Not Relevant

Additional Information:

- This field is auto-calculated by the software when the PTS Weight, Airway, Skeletal, Cutaneous, CNS, and Pulse Palp fields are valued or may be manually entered,

Default: Blank

Mapping required for NTDB?: No

ALCOHOL USE INDICATOR

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: Use of alcohol testing at the immediate referring facility.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<1> No (not tested)	<1> No (not tested)
<2> No (confirmed by test)	<2> No (confirmed by test)
<3> Yes (confirmed by test, trace levels)	<3> Yes (confirmed by test, trace levels)
<4> Yes (confirmed by test, at or beyond legal limit)	<4> Yes (confirmed by test, beyond legal Limit)
<?> Unknown	<?> Unknown

Additional Information:

- 'Trace Levels' is defined as any alcohol level below the legal limit, but not zero.
- 'Beyond legal limit' is defined as a blood alcohol concentration above the legal limit in the State of NC.
- If alcohol use is suspected, but not confirmed by test, record <?> Unknown.

Default: Blank

Mapping required for NTDB?: No

ETOH/BAC LEVEL

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: Documents the value of the positive BAC level performed at the immediate referring facility.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Free text	Not Relevant

Additional Information:

- Field activated when either options <3> or <4> are selected in the Alcohol Use Indicator field.
- Value is recorded in mg/dl (milligrams per deciliter)
- Expected range of values is 0-500. No decimal values should be included.

Default: Blank

Mapping required for NTDB?: No

DRUG USE INDICATOR(S)

Screen: Referring Facility/Assessments/Immediate Ref. Facility
Definition: Indicates drug use by the patient and tested at the immediate referring facility

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Not tested	<1> Not tested
<2> No Drug Use, Confirmed by Test	<2> No Drug Use, Confirmed by Test
<3> Yes – Prescription Drug Use, confirmed by test	<3> Yes – Prescription Drug Use, confirmed by test
<4> Yes - Illegal Drug Use, confirmed by test	<4> Yes - Illegal Drug Use, confirmed by test
<?> Unknown	<?> Unknown

Additional Information:

- ‘Illegal use drug’ includes illegal use of prescription drugs.
- ‘Legal use of marijuana has not yet been defined by the NTDB.
- This data element refers to drug use by the patient and does not include medical treatment.
- Two fields available to record both prescription and illegal drug use if applicable.
- If documentation does not support legal usage, then choose illegal.
- For research purposes, the two “Yes” values will be combined, since it’s difficult to tell if drugs were taken legally or illegally.

Default: Blank

Mapping required for NTDB?: No
History:

- Changed from required to not-required for NTDB (January 2017).

DRUG SCREEN RESULTS

Screen: Referring Facility/Assessments/Immediate Ref. Facility

Definition: Documents the results of toxicology screen done at the immediate referring facility.

Required by North Carolina: Yes
Received by State: No
Required by NTDS: No

Field Values:

North Carolina	NTDS
1. Amitriptyline 2. AMP (Amphetamine) 3. BAR (Barbiturate) 4. BZO (Benzodiazapines) 5. COC (Cocaine) 6. Codeine 7. Diazepam 8. Doxepin 9. Ethanol 10. Hashish 11. Imipramine 12. Marijuana 13. Meprobamate 14. mAMP (Methamphetamine) 15. MTD (Methadone) 16. Morphine 17. None 18. Opiates 19. PCP (Phencyclidine) 20. TCA (Tricyclic Antidepressant) 21. Other 22. MDMA (Ecstasy) 23. OXY (Oxycodone) 24. OPI (Opioid) 25. Not Tested ?=Unknown	Not Relevant

Additional Information:

- Field allows for multiple values to be collected.

Default: Blank

Mapping required for NTDB?: No

History: Field renamed in Jan2017 by DI. Used to be called "Tox Screen".

Treatment ICD9-ICD10/Procedures

REFERRING FACILITY

Screen: Referring Facility/Treatment ICD9/Ref. Facility Procedures

Definition: The name and ID number of the particular referring facility where procedures performed.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Refer to field menu for options	Not Relevant

Additional Information:

- Choose the button with the appropriate referring facility that performed the procedure or you can manually enter the facility from the picklist.
- Enter the procedures from the immediate facility first if patient required multiple transfers.

Default: Blank

Mapping required for NTDB?: No

ICD9/ICD10 CODE/DESCRIPTION

Screen: Referring Facility/Treatment ICD9-ICD10/Ref. Facility Procedures

Definition: The ICD9 & ICD10 codes and descriptions of a procedure(s) perform at a particular referring facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Refer to field menu for options	Not Relevant

Additional Information:

- Enter the procedures from the immediate facility first if patient required multiple transfers.
- A maximum of 10 procedure codes can be added per screen. If you have more than 10 procedures, click on <OK> then open the screen again. Choose the applicable referring facility and continue entering procedure codes. Repeat as necessary.

Default: Blank

Mapping required for NTDB?: No

DIAGNOSTIC RESULTS**Screen: Referring Facility/Treatment ICD9-ICD10/Ref. Facility Procedures**

Definition: The diagnostic results of the procedures done at a particular referring facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Positive	Not Relevant
<2> Negative	
<3> Indeterminate	
</> Not Applicable	
<?> Unknown	

Additional Information:

- A positive CT should be based on vascular, bony, spine, or organ injuries. Radiologist and trauma surgeon should reach consensus on the result, since they will make a decision on care based on the result. (New definition of positive CT effective 1 July 2016)
- Positive results in a FAST exam include free fluid in the abdomen
- Positive Peritoneal Lavage results: Gross blood (>20cc) or 100K RBCs per cc or >500 WBCs per cc
- Positive Aortogram: the aorta has identifiable injuries as a result of trauma
- Positive Arteriogram/Angiogram: report states “positive for acute changes”
- Negative plain film: no injuries identified.
- Indeterminate: report indicates exam results are inconclusive.

Default: Blank

Mapping required for NTDB?: No

History: Prior to July 2016, the definition for CTs was:

- Pregnancy is **not** considered a positive result.
- Positive CT results represent organ injury only. **DO NOT** include injury to bony structures.
- If CT is done for bony structure injury, then use “Not Applicable” for diagnostic results.
- Negative CT: no organ injuries identified.
- Indeterminate: report indicates exam results are inconclusive.

Interfacility Transport (IFT) Provider

REFERRING FACILITY

Screen: Referring Facility/Inter-Facility Transport/Provider

Definition: The name and ID number of the immediate referring facility transferring the patient to your facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Refer to field menu for options	Not Relevant

Additional Information:

- If the facility is not in the picklist and is located within the State of NC, select <Other Hospital, NC>. Contact the State Trauma Systems Manager to request the facility be added to the picklist.
- If the facility is not in the picklist and is located outside the State of NC, select <Other Hospital, OOS>.

Default: Blank

Mapping required for NTDB?: No

MODE

Screen: Referring Facility/Inter-Facility Transport/Provider

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

Required by North Carolina: Yes
Received by State: No
Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Ground Ambulance	Not Relevant
<2> Helicopter Ambulance	
<3> Fixed-wing Ambulance	
<4> Private Vehicle or Walk-in	
<5> Police	
<6> Other	
<?> Unknown	
</> Not Applicable – Do not use.	

Additional Information:

- If <4>, <5>, or <6> options are applicable, the remainder of the inter-facility transport provider fields/screens will gray out.

Default: Blank

Mapping required for NTDB?: No

MODE-SPECIFY

Screen: Referring Facility/Inter-Facility Transport/Provider

Definition: Mode of transport for each event from referring hospital to your facility. This field opens when “Other” is chosen for Mode.

Required by North Carolina: Yes
Received by State: No
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Free text	

Additional Information: None

Default: Blank

Mapping required for NTDB?: No

AGENCY

Screen: Referring Facility/Inter-Facility Transport/Provider

Definition: The provider number and name of the EMS agency used to transfer the patient to your facility.

Required by North Carolina: Yes

Received by State: No

Required by NTDS: No

Field Values:

North Carolina	NTDS
Too numerous to list. Refer to field menu for options	Not Relevant

Additional Information:

- Contact the NCOEMS Trauma Systems Manager should you need to add an agency not found within the picklist.
- Use <Other EMS Agency, OOS> for out of state agencies not already defined within the picklist.

Default: Blank

Mapping required for NTDB?: No

EMS REPORT

Screen: Referring Facility/Inter-Facility Transport/Provider

Definition: Is interfacility transport provider’s report complete?

Required by North Carolina: Yes
Received by State: No
Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Complete: There is an EMS report and all NCTR required data is present	Not Relevant
<2> Incomplete: There is an EMS report, but not all NCTR required data is present or legible	
<3> Missing: There is no EMS report and all NCTR required data is missing or mode of arrival is unknown.	
<4> Unreadable.	

Additional Information: None

Default: Blank

Mapping required for NTDB?: No

CALL DISPATCH DATE AND TIME

Screen: Referring Facility/Inter-Facility Transport/Provider

Definition: The date and time the EMS agency was dispatched.

Required by North Carolina: Yes
Received by State: No
Required by NTDS: No

Field Values:

North Carolina	NTDS
Date/time value	Not Relevant

Additional Information:

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- For the inter facility transfer patient, this is the date and time on which the unit transporting the patient to your facility was notified or assigned to this transport.
- Use </> (for Not applicable) for patients not transported by EMS.

Default: Blank

Mapping required for NTDB?: No

ARRIVED AT LOCATION DATE AND TIME

Screen: Referring Facility/Inter-Facility Transport/Provider

Definition: The date and time the transporting unit arrived at the referring facility. Arrival is defined as the date/time when the vehicle stopped moving.

Required by North Carolina: Yes
Received by State: No
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Date/time value	Date/time value

Additional Information:

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- Use </> (for Not applicable) for patients not transported by EMS.

Default: Blank

Mapping required for NTDB?: No

DEPARTED LOCATION DATE AND TIME

Screen: Referring Facility/Inter-Facility Transport/Provider

Definition: The date and time the transporting unit departed the referring facility. Departure is defined as the date/time when the vehicle started moving.

Required by North Carolina: Yes
Received by State: No
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Date/time value	Date/time value

Additional Information:

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- Used to auto-generate calculated Transport Time Elapsed.
- Use </> (for Not applicable) for patients not transported by EMS.

Default: Blank

Mapping required for NTDB?: No

ARRIVED AT DESTINATION DATE AND TIME

Screen: Referring Facility/Inter-Facility Transport/Provider

Definition: The date and time the transporting unit arrived at the facility. Arrival is defined as the date/time when the EMS responder arrived in the ED/floor/unit.

Required by North Carolina: Yes
Received by State: No
Required by NTDS: No

Field Values:

North Carolina	NTDS
Date/time value	Not Relevant

Additional Information:

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- Used to auto-generate calculated field: Transport Time Elapsed.
- Use </> (for Not applicable) for patients not transported by EMS.

Default: Blank

Mapping required for NTDB?: No

TRANSPORT TIME ELAPSED

Screen: Referring Facility/Inter-Facility Transport/Provider

Definition: Auto-calculated field reporting total time spent during transport from one facility to another.

Required by North Carolina: Yes
Received by State: No
Required by NTDS: No

Field Values

North Carolina	NTDS
Auto calculated	Not Relevant

Additional Information:

- This field is automatically calculated by the software by subtracting the Departed Location date and time from Arrived at Destination date and time. .
- The calculation result is reported in hours and minutes (HH:MM)

Default: Blank

Mapping required for NTDB?: No

IFT Procedures**REFERRING FACILITY**

Screen: Referring Facility/Inter-Facility Transport/Procedures**Definition:** The name and ID number of the referring facility transferring the patient.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Too numerous to list. Refer to field menu for options	Not Relevant

Additional Information:

- Record IFT (inter-facility transports) in reverse chronological order.
- If the facility is not in the picklist and is located within the State of NC, select <Other Hospital, NC>. Contact the State Trauma Systems Manager to request the facility be added to the picklist.
- If the facility is not in the picklist and is located outside the State of NC, select <Other Hospital, OOS>.

Default: Blank**Mapping required for NTDB?:** No

AGENCY NUMBER/DESCRIPTION

Screen: Referring Facility/Inter-Facility Transport/Procedures

Definition: The provider number and name of the inter-facility transport agency/unit.

Required by North Carolina: Yes
Received by State: No
Required by NTDS: No

Field Values:

North Carolina	NTDS
Too numerous to list. Refer to field menu for options	Not Relevant

Additional Information:

- Contact the NCOEMS Trauma Systems Manager should you need to add an agency not found within the picklist.
- Use <Other EMS Agency, OOS> for out of state agencies not already defined within the picklist

Default: Blank

Mapping required for NTDB?: No

PROCEDURE DESCRIPTION

Screen: Referring Facility/Inter-Facility Transport/Procedures

Definition: Procedures performed by the inter-facility EMS agency/provider.

Required by North Carolina: Yes
Received by State: No
Required by NTDS: No

Field Values:

North Carolina	NTDS
Too numerous to list. Refer to field menu for options	Not Relevant

Additional Information:

- Maximum of 10 choices at one time on speed screen. If you need more, you will need to open the speed screen again.

Default: Blank

Mapping required for NTDB?: No

History:

- As of Sep 2014, the Prehospital Procedure screen and the inter facility transfer screen options do not match. A request was sent to DI to resolve this mismatch in the Dec 2014 upgrade.

IFT PROVIDER FLUID AMOUNT

Screen: IFT Procedures

Definition: The amount of fluid given during transport from between facilities by each EMS agency.

Required by North Carolina: Yes

Received by State:

Required by NTDS:

Field Values:

North Carolina	NTDS
Free text	Not Relevant

Additional Information:

- Do **NOT** include blood or blood products. Total amount of Crystalloids only.
- If IV access failed use "0". Select <Unsuccessful IV> within treatment screen.
- If IV access only/Heparin lock without fluids given use "0". Select <Other> within the treatment screen.
*Note – <Venous Access> might be included in an upcoming upgrade (first noted Feb 2015).
- If no IV access attempted use </> Not Applicable.
- If fluid is given and the amount is unknown use <?>.
- Do not include IFT fluids.

Default: Blank

Mapping required for NTDB?: No

ED Resuscitation

Arrival/Admission

ARRIVAL/ADMIT DATE AND TIME

Screen: ED Resuscitation/Arrival-Admission

Definition: The date and time the patient arrives at your facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Date/time value	Date/time value

Additional Information:

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- If patient is a direct admission, enter </> for both arrival date and time. The patient arrival date and time from the Demographic- Record Info. screen will be used for the actual admit date and time.

Default: Blank

Mapping required for NTDB?: No

DISCHARGE DATE AND TIME

Screen: ED Resuscitation/Arrival-Admission

Definition: The date and time the patient was discharged from your Emergency Department.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No (changed Jan2016)

Field Values:

North Carolina	NTDS
Date/time value	Date/time value

Additional Information:

- If the patient was a direct admit, enter </> for “Not Applicable”.
- Used to auto-calculated Total ED LOS.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank

Mapping required for NTDB?: No

DISCHARGE ORDER DATE AND TIME

Screen: ED Resuscitation/Arrival-Admission

Definition: Date and time that discharge order for discharge from your Emergency Department was written.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes (added Jan2016)

Field Values:

North Carolina	NTDS
Date/time value	Date/time value

Additional Information:

- If the patient was a direct admit, enter </> for “Not Applicable”.
- Used to auto-calculated Total ED LOS.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank

History: Field added July 2016.

Mapping required for NTDB?: No

LENGTH OF STAY**Screen: ED Resuscitation/Arrival-Admission**

Definition: The total time the patient was in your Emergency Department.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Auto-calculated	Not Relevant

Additional Information:

- This field is auto-calculated when arrival date/time and discharge date/time are entered.
- The field is blank if patient is a direct admit.
- Check values to ensure that the value is greater than 0.

Default: Blank

Mapping required for NTDB?: No

SIGNS OF LIFE

Screen: ED Resuscitation/Arrival-Admission**Definition:** Indication of whether patient arrived at ED/Hospital with signs of life.**Required by North Carolina:** Yes**Received by State:** Yes**Required by NTDS:** Yes**Field Values:**

North Carolina	NTDS
<1> Arrived with no signs of life	<1> Arrived with no signs of life
<2> Arrived with signs of life	<2> Arrived with signs of life
</> Not applicable> Do not use!	</> Not applicable>
<?> Unknown	<?> Unknown

Additional Information:

- 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.
- Do not use </>.

Default: Blank**Mapping required for NTDB?:** No

MODE OF ARRIVAL

Screen: ED Resuscitation/Arrival-Admission

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

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Ground Ambulance	Not Relevant
<2> Helicopter Ambulance	
<3> Fixed-wing Ambulance	
<4> Private Vehicle or Walk-in	
<5> Police	
<6> Other	
<?> Unknown	

Additional Information:

- Auto-populated if pre-hospital screen is completed.
- NTDB mode of transport identified from the pre-hospital/IFT screens.

Default: Blank

Mapping required for NTDB?: No

TRAUMA ACTIVATION

Screen: ED Resuscitation/Arrival-Admission

Definition: The initial trauma team activation level prior to the patient’s arrival or on arrival to your ED.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Level 1	Not Relevant
<2> Level 2	
<3> Level 3	
<4> or </> No trauma activation	

Additional Information:

- Your facility determines if Level 3 has been defined and is to be used.

Default: Blank

Mapping required for NTDB?: No

RESPONSE ACTIVATION LEVEL DATE/TIME

Screen: ED Resuscitation/Arrival-Admission

Definition: The date and time the trauma team was notified of the initial activation.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Date/time value	Not Relevant

Additional Information:

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)
- If not an activation, <4> no trauma activation, enter </> Not applicable.

Default: Blank

Mapping required for NTDB?: No

RESPONSE ACTIVATION: ELAPSED TIME

Screen: ED Resuscitation/Arrival-Admission

Definition: The time between patient’s arrival at your facility and initial trauma team activation notification time.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Auto-calculated	Not Relevant

Additional Information:

- Only calculates if patient’s initial trauma activation is not <4> No Trauma Activation. Otherwise the field will be blank.
- Calculated in HH:MM

Default: Blank

Mapping required for NTDB?: No

REVISED ACTIVATION LEVEL

Screen: ED Resuscitation/Arrival-Admission

Definition: Identifies if the patient’s activation level was modified prior to patient’s arrival to the ED or any time during the patient’s ED stay.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Level 1	Not Relevant
<2> Level 2	
<3> Level 3	
<4> No Trauma Activation	
</> Not Applicable	

Additional Information:

- Your facility determines if Level 3 has been defined and to be used.
- <4> No Trauma Activation - is used if patient downgraded to non-activation,
- </> Not Applicable – used if not downgraded.

Default: Blank

Mapping required for NTDB?: No

REVISED ACTIVATION LEVEL DATE/TIME

Screen: ED Resuscitation/Arrival-Admission

Definition: The date and time of the revised trauma team activation level.

Required by North Carolina: Yes (if patient has a revised activation level)

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Date/time value	Not Relevant

Additional Information:

- If activation level not modified, these data elements will be grayed out and not editable.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank

Mapping required for NTDB?: No

REVISED ACTIVATION LEVEL ELAPSED TIME

Screen: ED Resuscitation/Arrival-Admission

Definition: Calculated time between patient’s arrival at your facility and the revised trauma team activation notification time.

Required by North Carolina: Yes (if patient has a revised activation level)

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Auto-calculated	Not Relevant.

Additional Information:

- Auto-generated calculation in HH:MM format.

Default: Blank

Mapping required for NTDB?: No

2ND REVISED ACTIVATION LEVEL

Screen: ED Resuscitation/Arrival-Admission

Definition: The second revised trauma team activation level prior to the patient’s arrival or at any time during the patient’s ED stay.

Required by North Carolina: Yes (if patient has a 2nd revised activation level)
Received by State: Yes
Required by NTDS: No

Field Values

North Carolina	NTDS
<1> Level 1	Not Relevant
<2> Level 2	
<3> Level 3	
<4> No Trauma Activation	
</> Not Applicable	

Additional Information:

- Your facility determines if Level 3 has been defined and to be used.
- <4> No Trauma Activation - is used if patient downgraded to non-activation,
- </> Not Applicable – used if not downgraded

Default: Blank

Mapping required for NTDB?: No

2ND REVISED ACTIVATION LEVEL DATE/TIME

Screen: ED Resuscitation/Arrival-Admission

Definition: The date and time of the second revised trauma team activation level.

Required by North Carolina: Yes (if patient has a 2nd revised activation level)
Received by State: Yes
Required by NTDS: No

Field Values

North Carolina	NTDS
Date/time value	Not Relevant

Additional Information:

- If revised activation level not modified, these data elements will be grayed out and not editable.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank

Mapping required for NTDB?: No

2ND REVISED ACTIVATION LEVEL ELAPSED TIME

Screen: ED Resuscitation/Arrival-Admission

Definition: Calculated time between patient’s arrival at your facility and the second revised trauma team activation notification time.

Required by North Carolina: Yes (if patient has a 2ndP revised activation level)
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Auto-calculated field	Not Relevant

Additional Information:

- Auto-generated calculation if 2ndP revised activation level was modified.

Default: Blank

Mapping required for NTDB?: No

POST ED DISPOSITION**Screen: ED Resuscitation/Arrival-Admission**

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

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Too numerous to list. Refer to field menu for options	Too numerous to list. Refer to field menu for options

Additional Information:

- If patient is directly admitted to the hospital, code as </> Not Applicable.
- If a patient lives in a nursing home and returns back there from your facility, use <Home> as the disposition, due to NTDB mandate
- If the patient lives in a Skilled Nursing Facility (SNF) and returns to a SNF, use <Home> as the disposition, due to NTDB mandate.
- If the patient comes from Jail and returns to jail, use Home per NTDB mandate.
- If the patient lives in a retirement center/community or assisted living facility and returns to said facility from the ED, use <43> Home or <44> Home with Services as appropriate.
- Use <40> Morgue for ED Deaths.
- <79> Burn Center – Used for patients transferred to a Burn Center
- <99> Transferred – Used only for patients transferred to a Non-Trauma Center.
- Comes from Jail, return to jail, use Home.

Default: Blank

Mapping required by NTDB?: Yes

History: Instructions prior to July 2016 read that if a patient lived in a jail, nursing home or SNF and returned to their facility, then the ED disposition was to be entered as jail, nursing home, or SNF respectively. The change to the current instructions (to use Home for the ED disposition) was done because no effective mapping was available to meet the NTDB requirement that “Home” be entered.

ADMITTING SERVICE**Screen: ED Resuscitation/Arrival-Admission**

Definition: The name of the service responsible for admitting the patient to your facility.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

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

Additional Information:

<39> Not Admitted: Use for patients discharged to home from the ED.

Default: Blank

Mapping required for NTDB?: No

History:

- Oct 2014: Request made to DI to change field values so they match those of Discharge Service.

POST OR DISPOSITION

Screen: ED Resuscitation/Arrival-Admission

Definition: The disposition of the patient from the OR at your facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Too numerous to list. Refer to field menu for options	Not Relevant

Additional Information:

- If the patient lives in a nursing home and returns to a nursing home from the OR, use Home as the OR Disposition (per NTDB mandate).
- If the patient lives in a retirement center/community or assisted living facility and returns to said facility from the OR use <43> Home or <44> Home with Services as appropriate.
- <79> Burn Center – Used for patients transferred to a Burn Center from the OR.
- <99> Transferred – Used only for patients transferred to a Non-Trauma Center from the OR.
- If patient is discharged from OR to PACU then home, enter “Home” as Post-OR Disposition.
- For direct admits to OR, enter “OR” in Post-ED disposition field so that OR disposition opens up. After entering OR disposition, go back to Post-ED disposition and enter </> so that Post-ED disposition is not populated with a value. This information is provided as a work-around to a DI software problem.

Default: Blank

Mapping required for NTDB?: No

History:

- Oct 2014: Request made to DI to change field values so they match those of Post-ED Disposition.

CPR

Screen: ED Resuscitation/Arrival-Admission

Definition: Indicates CPR management in your Emergency Department.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
<0> Not Performed	Not Relevant
<1> Performed	
<?> Unknown	
</> Not Applicable – to be used for direct admits only.	

Additional Information: For direct-admits, enter </>.

Default: Blank

Mapping required for NTDB?: No

Initial Assessment

RECORDED DATE AND TIME

Screen: ED Resuscitation Initial/Assessment

Definition: The recorded date and time of the initial vital signs taken at your facility.

Required by North Carolina: Yes
Received by State: Yes (as of Dec 2014)
Required by NTDS: No

Field Values:

North Carolina	NTDS
Date/time values	Not Relevant

Additional Information:

- Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values with <?>
- NTDB requires vitals to be those taken within 30 minutes of patient arrival to your facility.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank

Mapping required for NTDB?: No

WEIGHT VALUE/UNIT

Screen: ED Resuscitation Initial/Assessment

Definition: The baseline weight and unit of measure documented for the patient at your facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
kg	
lbs	

Additional Information:

- May be measured or estimated.
- May be based on patient or family report.
- May record in either lbs. or kg. Software will convert to other unit of measurement.
- Weight in kg will be transmitted to the NTDB.
- </> (Not applicable) is not a valid option for this field.

Default: Blank

Mapping required for NTDB?: No

HEIGHT VALUE/UNIT

Screen: ED Resuscitation Initial/Assessment

Definition: The first recorded height upon ED/Hospital arrival at your facility

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Value: Free text	
Unit:	
cm	
in	

Additional Information:

- If recorded in centimeters, software auto calculates to inches and vice versa.
- May be based on family or self-report.
- Height in cm will be will be transmitted to the NTDB.
- </> (Not applicable) is not a valid option for this field.

Default: Blank

Mapping required for NTDB?: No

TEMPERATURE VALUE/UNIT/ROUTE**Screen: ED Resuscitation Initial/Assessment**

Definition: The value, scale, and route of temperature taken in the ED/hospital

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Value: Free text	
Scale: F, C	
Route:	
Oral	
Tympanic	
Rectal	
Axillary	
Core	
Other	
Temporal	
? Unknown	

Additional Information:

- Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values with ?
- If recorded in Fahrenheit, software auto converts to Celsius and vice versa.
- </> (Not applicable) is not a valid option for this field.

Default: Blank

Mapping required for NTDB?: No

PARALYTIC AGENTS

Screen: ED Resuscitation Initial/Assessment

Definition: Indicates the use of paralytic drugs at the time the initial vitals were taken at your facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<Y> Yes	<Y> Yes
<N> No	<N> No
<?> Unknown	

Additional Information:

- Qualifier for GCS.
- If an intubated patient has recently received an agent that results in neuromuscular blockade such that motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurological status and chemical sedation and/or paralytic sedation should be selected.
- Refer to drug list for further information regarding paralytics.
- Do not use </>.

Default: Blank

Mapping required for NTDB?: No

SEDATED

Screen: ED Resuscitation Initial/Assessment

Definition: Indicates that use of sedation drugs at the time the initial vitals were taken at your facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<Y> Yes	<Y> Yes
<N> No	<N> No
<?> Unknown	

Additional Information:

- Qualifier for GCS.
- If an intubated patient has recently received an agent that results in neuromuscular blockade such that motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurological status and chemical sedation and/or paralytic sedation should be selected.
- Refer to drug list for further information regarding sedatives.
- Do not use </>.

Default: Blank

Mapping required for NTDB: No

EYE OBSTRUCTION

Screen: ED Resuscitation Initial/Assessment

Definition: Indicates if the patient did or did not have an obstruction to both eyes that affected the GCS at the time the initial vitals were taken at your facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values

North Carolina	NTDS
<Y> Yes	<Y> Yes
<N> No	<N> No
<?> Unknown	

Additional Information:

- Qualifier for GCS.
- Do not use </>.

Default: Blank

Mapping required for NTDB?: No

INTUBATED

Screen: ED Resuscitation Initial/Assessment

Definition: Indicates the use of a device for the purpose of assisted ventilation of patient to maintain an airway at the time the initial vitals were taken at your facility

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<Y> Yes	<Y> Yes
<N> No	<N> No
<?> Unknown	

Additional Information:

- Qualifier for GCS.
- Must be active, not passive delivery of oxygen. Non-rebreather mask and nasal cannula are supplemental oxygen and not to be considered air management.
- Base response on most active airway adjunct in use.
- Do not use </>.

Default: Blank

Mapping required for NTDB?: No

IF YES, METHOD

Screen: ED Resuscitation Initial/Assessment

Definition: The method used for intubation of the patient at the time the initial vitals were taken at your facility.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Blind Insertion Airway Device (Combitube, King Airway, Laryngeal Mask Airway	Not Relevant
<2> Cricothyrotomy – Open	
<3> Cricothyrotomy - Needle	
<4> Endotracheal Tube – Nasal	
<5> Endotracheal Tube – Oral	
<6> Endotracheal Tube – Route NFS	
<?> Unknown	

Additional Information:

- Record the most invasive airway adjunct in use.
- Must select “intubated” to open field.

Default: Blank

Mapping required for NTDB?: No

RESPIRATION ASSISTED**Screen: ED Resuscitation Initial/Assessment**

Definition: Indicates whether the patient required respiration assistance at the time the initial vitals were taken at your facility.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
<Y> Yes	Not Relevant
<N> No	
<?> Unknown	

Additional Information:

- Qualifier for GCS.
- Do not use </>.

Default: Blank

Mapping required for NTDB?: No

IF YES, TYPE (for Respiration Assisted)

Screen: ED Resuscitation Initial/Assessment

Definition: The type of device used for respiratory assistance at the time the initial vitals were taken at your facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Bag Valve Mask	Not Relevant
<2> Nasal Airway	
<3> Oral Airway	
<4> Ventilator	
<?> Unknown	

Additional Information:

- Must select “yes” in “Respiration Assisted” field to open “Type” field

Default: Blank

Mapping required for NTDB?: No

SYSTOLIC BP

Screen: ED Resuscitation Initial/Assessment

Definition: The first recorded systolic blood pressure measured within 30 minutes of arrival at your facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Free text field	Free text field

Additional Information:

- Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values as unknown (<?>).
- </> (Not applicable) is not a valid option for this field.

Default: Blank

Mapping required for NTDB?: No

PULSE RATE

Screen: ED Resuscitation Initial/Assessment

Definition: The first recorded pulse in the ED/hospital within 30 minutes of arrival at your facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Free text field	Free text field

Additional Information:

- The pulse rate can be palpated or auscultated, expressed as a number per minute.
- Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values as unknown (<?>)
- </> (Not applicable) is not a valid option for this field.

Default: Blank

Mapping required for NTDB?: No

UNASSISTED RESP RATE

Screen: ED Resuscitation Initial/Assessment

Definition: First recorded unassisted respiratory rate taken within 30 minutes of arrival at your facility. Copy info on non-initial vital signs.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Free text field	Free text field

Additional Information:

- Expressed as number per minute.
- Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values as unknown (<?>).

Default: Blank

Mapping required for NTDB?: No

ASSISTED RESP RATE

Screen: ED Resuscitation Initial/Assessment

Definition: The first recorded assisted respiratory rate measured within 30 minutes of arrival at your facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes (only if resp is assisted)

Field Values:

North Carolina	NTDS
Free text field	Free text field

Additional Information:

- Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values as unknown (<?>).

Default: Blank

Mapping required for NTDB?: No

O2 SATURATION

Screen: ED Resuscitation Initial/Assessment

Definition: First recorded oxygen saturation in within 30 minutes of arrival at your facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Free text field	Free text field

Additional Information:

- Expressed as percentage
- Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values as unknown (<?>).
- </> (Not applicable) is not a valid option for this field.

Default: Blank

Mapping required for NTDB?: No

SUPPLEMENTAL O2

Screen: ED Resuscitation Initial/Assessment

Definition: Determination of the presence of supplemental oxygen during the initial assessment within 30 minutes of arrival at your facility

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<Y> Yes	<Y> Yes
<N> No	<N> No

Additional Information:

- Qualifier for O2 Saturation field
 - Only opens if there is a value in the O2 Saturation field
 - Do not use </>.

Default: Blank

Mapping required for NTDB?: No

GCS EYE**Screen: ED Resuscitation Initial/Assessment**

Definition: The first recorded Glasgow Coma Score (Eye) measured within 30 minutes of arrival at your facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<1> No Eye Movement when Assessed	<1> No Eye Movement when Assessed
<2> Opens Eyes in Response to Painful Stimulation	<2> Opens Eyes in Response to Painful Stimulation
<3> Opens Eyes in Response to Verbal Stimulation	<3> Opens Eyes in Response to Verbal Stimulation
<4> Opens Eyes Spontaneously	<4> Opens Eyes Spontaneously
<?> Unknown	

Additional Information:

- Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values with ?
- Use to auto-calculate Total GCS.
- If anyone of the three GCS components is missing a value, the total GCS will not automatically calculate.
- If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. e.g the chart indicates: "the patient opens his eyes when spoken to", an Eye GCS of 3 may be recorded IF there is no other contradicting documentation.
- </> (Not applicable) is not a valid option for this field.

Default: Blank

Mapping required for NTDB?: Yes

GCS VERBAL**Screen: ED Resuscitation Initial/Assessment**

Definition: The first recorded Glasgow Coma Score (Verbal) measured within 30 minutes of arrival at your facility.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<1> No Vocal Response	<1> No Vocal Response
<2> Incomprehensible (adult) or Moans to Pain (infant/child)	<2> Incomprehensible (adult) or Moans to Pain (infant/child)
<3> Inappropriate adult) or Cries to Pain (infant/child)	<3> Inappropriate adult) or Cries to Pain (infant
<4> Confused (adult) or Irritable/Cries	<4> Confused (adult) or Irritable/Cries
<5> Oriented (adult) or Coos/Babbles (infant/child)	<5> Oriented (adult) or Coos/Babbles (infant/Child)
<?> Unknown	<?> Unknown

Additional Information:

- Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values with ?
- Used to auto calculate the Total GCS.
- If anyone of the three GCS components is missing a value, the total GCS will not automatically calculate.
- If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. e.g the chart indicates: "the patient responds verbally and appropriately when spoken to", a Verbal GCS of 5 may be recorded IF there is no other contradicting documentation.
- </> (Not applicable) is not a valid option for this field.

Default: Blank

Mapping required for NTDB?: Yes

GCS MOTOR**Screen: ED Resuscitation Initial/Assessment**

Definition: The first recorded Glasgow Coma Score (Motor) measured within 30 minutes of arrival at your facility.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<1> No Motor Response	<1> No Motor Response
<2> Extension to Pain	<2> Extension to Pain
<3> Flexion to Pain	<3> Flexion to Pain
<4> Withdraws from Pain (adult) or Withdraws to Pain (infant/child)	<4> Withdraws from Pain (adult) or Withdraws to Pain (infant/child)
<5> Localizing Pain (adult) or Withdraws to Touch (infant/child)	<5> Localizing Pain (adult) or Withdraws to Touch (infant/child)
<6> Obeys Command (adult) or Spontaneous Movements (infant/child)	<6> Obeys Command (adult) or Spontaneous Movements (infant/child)
<?> Unknown	<?> Unknown

Additional Information:

- Initial vital signs must be those taken within 30 minutes of arrival. If you'd like to record post-30 minute vital signs, add vital signs values in the non-initial fields. If no vital signs are taken within 30 minutes of arrival, then code initial values as unknown (<?>).
- Used to auto calculate the Total GCS.
- If anyone of the three GCS components is missing a value, the total GCS will not automatically calculate.
- If the GCS total is not recorded, but written documentation relates to verbiage describing a specific level of functioning with the GCS scale, the appropriate numeric score may be listed. e.g., the chart indicates: "the patient withdraws from a painful stimulus", a Motor GCS of 4 may be recorded IF there is no other contradicting documentation.
- </> (Not applicable) is not a valid option for this field.

Default: Blank

Mapping required for NTDB?: Yes

GCS TOTAL

Screen: ED Resuscitation Initial/Assessment

Definition: The first recorded Glasgow Coma Scale calculated total measure within 30 minutes of arrival at your facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Auto-calculated	

Additional Information:

- This field is auto-calculated by the software when the Eye, Verbal, and Motor fields contained values.
- If any one of the three components is missing a value, the CGS will not automatically calculate, but the total can be entered manually.
- The GCS is a scale used to determine a score based on the total of 3 components on a patient involving an assessment of eye, motor, verbal responses of the patient.

Default: Blank

Mapping required for NTDB?: No

RTS (WEIGHTED)

Screen: ED Resuscitation Initial/Assessment

Definition: The calculated weighted revised trauma score measured at your facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Auto-calculated	Not Relevant

Additional Information:

- This field is auto-calculated by the software if GCS, Sys BP, or RR are valued.
- The coded values are weighted often using standard vectors as follows: $RTS = 0.9368 \text{ GCS} + 0.7326 \text{ SBP} + 0.2908 \text{ RR}$
- If any values of the GCS, SBP or respiratory rate are missing, the weighted revised trauma score will not auto-calculate.

Default: Blank

Mapping required for NTDB?: No

TRIAGE SCORE (Revised Trauma Score)

Screen: ED Resuscitation Initial/Assessment

Definition: The first recorded revised trauma score measured at your facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Auto-calculated	Not Relevant

Additional Information:

- This field is auto-calculated by the software if the GCS, SysBP, and RR are valued.
- If any values of the GCS, SysBP or respiratory rate are missing, the revised trauma score will not auto-calculate.

Default: Blank

Mapping required for NTDB?: No

BLOOD GASES DRAWN

Screen: ED Resuscitation Initial/Assessment

Definition: Indicates whether blood gas laboratory studies were drawn on the patient at your facility. First recorded in ED within 30 minutes of arrival for patients who come in through ED (non-direct-admits). For direct admits, use first drawn within 30 minutes of arrival.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<Y> Yes	Not Relevant
<N> No	
</> Not applicable> - Do not use this value.	
<?> Unknown	

Additional Information:

- Must select <Y> to enter additional Lab fields.

Default: Blank

Mapping required for NTDB?: No

BLOOD GASES TYPE

Screen: ED Resuscitation Initial/Assessment

Definition: Indicates the type of blood gas laboratory studies drawn on the patient at your facility

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> ABG (Arterial Blood Gas)	Not Relevant
<2> VBG (Venous Blood Gas)	
</> Not applicable	
<?> Unknown	

Additional Information: None

Default: Blank

Mapping required for NTDB?: No

BASE DEFICIT/EXCESS

Screen: ED Resuscitation Initial/Assessment

Definition: The initial Base Deficit/Excess measured at your facility drawn within 30 minutes of patient arrival.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Free text	Not Relevant

Additional Information:

- A negative base (base deficit) is equivalent to an acid excess.
- A positive base (base excess) indicates an insufficient level of bicarbonate in the system.

Default: Blank

Mapping required for NTDB?: No

HEMATOCRIT

Screen: ED Resuscitation Initial/Assessment

Definition: The patient’s initial hematocrit value obtained at your facility drawn within 30 minutes of patient arrival.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Free text field	Not Relevant

Additional Information:

- Hct- Packed cell volume. The percentage of red blood cells in the blood.

Default: Blank

Mapping required for NTDB?: No

ALCOHOL USE INDICATOR

Screen: ED Resuscitation Initial/Assessment

Definition: Use of alcohol tested at your facility drawn within 30 minutes of patient arrival.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<1> No (not tested)	<1> No (not tested)
<2> No (confirmed by test)	<2> No (confirmed by test)
<3> Yes (confirmed by test, trace levels)	<3> Yes (confirmed by test, trace levels)
<4> Yes (confirmed by test, at or beyond legal limit)	<4> Yes (confirmed by test, beyond legal Limit)
</> Not applicable>	</> Not applicable>
<?> Unknown	<?> Unknown

Additional Information:

- 'Trace Levels' is defined as any alcohol level below the legal limit, but not zero.
- 'Beyond legal limit' is defined as a blood alcohol concentration above the legal limit in the State of NC.
- If alcohol use is suspected, but not confirmed by test, record <?> Unknown.

Default: Blank

Mapping required for NTDB?: Yes

ETOH/BAC LEVEL

Screen: ED Resuscitation Initial/Assessment

Definition: Documents the value of the positive BAC level performed at your facility if drawn within 30 minutes of arrival.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Free text	Not Relevant

Additional Information:

- Field activated when either options <3> or <4> are selected in the Alcohol Use Indicator field.
- Value is recorded in mg/dl (milligrams per deciliter)
- Expected range of values is 0-500. No decimal values should be included.

Default: Blank

Mapping required for NTDB?: No

DRUG USE INDICATOR(S)**Screen: ED Resuscitation Initial/Assessment**

Definition: Indicates drug use by the patient and tested at your facility. Record values drawn within 30 minutes of arrival.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Not tested	<1> Not tested
<2> No Drug Use, Confirmed by Test	<2> No Drug Use, Confirmed by Test
<3> Yes – Prescription Drug Use, confirmed by test	<3> Yes – Prescription Drug Use, confirmed by test
<4> Yes - Illegal Drug Use, confirmed by Test	<4> Yes - Illegal Drug Use, confirmed by test
</> Not applicable>	</> Not applicable>
<?> Unknown	<?> Unknown

Additional Information:

- 'Illegal use drug' includes illegal use of prescription drugs.
- 'Legal use of marijuana has not yet been defined by the NTDB.
- This data element refers to drug use by the patient and does not include medical treatment.
- Two fields available to record both prescription and illegal drug use if applicable.
- If documentation does not support legal usage, then choose illegal.
- For research purposes, the two "Yes" values will be combined, since it's difficult to tell if drugs were taken legally or illegally.

Default: Blank

Mapping required for NTDB?: Yes

History:

- Changed from required to not-required for NTDB (January 2017).

DRUG SCREEN RESULTS**Screen: ED Resuscitation Initial/Assessment**

Definition: Documents the results of toxicology screen done at your facility. Record values drawn within 30 minutes of arrival

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
1. Amitriptyline 2. AMP (Amphetamine) 3. BAR (Barbiturate) 4. BZO (Benzodiazapines) 5. COC (Cocaine) 6. Codeine 7. Diazepam 8. Doxepin 9. Ethanol 10. Hashish 11. Imipramine 12. Marijuana 13. Meprobamate 14. mAMP (Methamphetamine) 15. MTD (Methadone) 16. Morphine 17. None 18. Opiates 19. PCP (Phencyclidine) 20. TCA (Tricyclic Antidepressant) 21. Other 22. MDMA (Ecstasy) 23. OXY (Oxycodone) 24. OPI (Opioid) 25. Not Tested ?=Unknown	Not Relevant

Additional Information:

- Field allows for multiple values to be collected.

Default: Blank

Mapping required for NTDB?: No

History: Field renamed in Jan2017 by DI. Used to be called "Tox Screen".

Patient Tracking

BLOOD PRODUCT - Type

Screen: Patient Tracking/Ventilator-Blood

Definition: The type of blood product given to the patient during the initial visit at your facility.

Required by North Carolina: Yes (PRBC's first 24 hours)

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Packed Red Blood Cells (PRBCs)	Not Relevant
<2> Plasma/FFP	
<3> Platelets	
<4> Cryo	
<5> Other Blood Substitute	
</> Not Applicable	
<?> Unknown	

Additional Information:

- Enter PRBC option for each separate timeframe. Timeframe options include, but are not exclusive to, pre-hospital, referring facility, and within 1 hour of arrival.
- The packed red blood cells given within the first 24 hours of the patient's injury are required by the state of North Carolina. Any other blood products are optional.
- If no PRBC's given enter </> Not Applicable.

Default: Blank

Mapping required for NTDB?: No

VOLUME/NUMBER OF UNITS

Screen: Patient Tracking/Ventilator-Blood

Definition: The total number of units given per event to the patient within the first 24 hours

Required by North Carolina: Yes (PRBC's first 24 hours)

Received by State: Yes

Required by NTDS: No

Field Values

North Carolina	NTDS
Free text	Not Relevant

Additional Information:

- Separate events for each episode within the 1st 24 hours.
- The packed red blood cells given within the first 24 hours of the patient's injury are required by the state of North Carolina. Any other blood products are optional.

Default: Blank

Mapping required for NTDB?: No

History: Field name changed to "Number of Units", per NCTR Data Dictionary committee. Oct 2014.

UNIT

Screen: Patient Tracking/Ventilator-Blood

Definition: The unit of measure of the product per event within the 1PstP 24 hours.

Required by North Carolina: Yes (PRBC's first 24 hours)

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> L DO NOT USE	Not Relevant
<2> mL	
<3> Units	
</> Not Applicable	
<?> Unknown	

Additional Information:

- The volume measurement type for packed red blood cells given within the first 24 hours of the patient's injury are required by the state of North Carolina. Any other blood products are optional.
- Separate event for each episode within the 1st 24 hours.

Default: Blank

Mapping required for NTDB?: No

TIME PERIOD**Screen: Patient Tracking/Ventilator-Blood**

Definition: The time range during which the blood products were given per event within the 1PstP 24 hours.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<0> Referring facility prior to arrival	Not Relevant
<1> Transport prior to facility arrival	
<2> Within 1 st hour after facility arrival	
<3> Between 1 and 4 hours after facility arrival	
<4> Between 5 and 24 hours after facility arrival	
<5> Between 24 and 48 hours after facility arrival	
<6> Between 48 and 72 hours after facility arrival	
<7> More than 72 hours after facility arrival	
<8> Within first 24 hours of facility arrival – NFS	
<?> Unknown	

Additional Information:

- The packed red blood cells given within the first 24 hours of the patient's injury are required by the state of North Carolina. Any other blood products are optional.
- Separate episode for each event within the 1PstP 24 hours.
- Option <1> refers to blood given during any transport
- Vidant uses option 3 to include patients meeting options 2 or 3.

Default: Blank

Mapping required for NTDB?: No

Provider**CALLED DATE and TIME - TRAUMA**

Screen: Provider/Resuscitation Team**Definition:** The date and time the Trauma Attending was notified of trauma activation.**Required by North Carolina:** Yes**Received by State:** Yes**Required by NTDS:** No**Field Values:**

North Carolina	NTDS
Date/time value	Not Relevant

Additional Information:

- Date/Time of activation documented on trauma flowsheet (handwritten or electronic).
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank**Mapping required for NTDB?:** No

ARRIVED DATE and TIME – TRAUMA

Screen: Provider/Resuscitation Team**Definition:** The date and time the Trauma Attending arrived at the patient's bedside.**Required by North Carolina:** Yes**Received by State:** Yes**Required by NTDS:** No**Field Values:**

North Carolina	NTDS
Date/time value	Not Relevant

Additional Information:

- The earliest documented date/time the Trauma Attending arrived at the patient's bedside.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank**Mapping required for NTDB?:** No

TIMELINESS - TRAUMA

Screen: Provider/Resuscitation Team

Definition: The timeliness of the Trauma Attending’s arrival at the patient’s bedside for a trauma activation.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Timely	Not Relevant
<2> Not timely	
<3> Absent	
<?> Unknown	
</> - Do not use.	

Additional Information:

- Refer to the ACS Optimal Care book or your facilities trauma activation criteria protocols to determine timeliness.

Default: Blank

Mapping required for NTDB?: No

ELAPSED TIME - TRAUMA

Screen: Provider/Resuscitation Team

Definition: The time elapsed between the time the patient arrived and the time of the Trauma Attending’s arrival at the patient’s bedside for a trauma activation.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Auto-calculated by software	Not Relevant

Additional Information: None

Default: Blank

Mapping required for NTDB?: No

History:

4/13/2015: Changed from “between the time team was called”.

CALLED DATE and TIME - SURGICAL SENIOR RESIDENT

Screen: Provider/Resuscitation Team

Definition: The date and time the surgical resident/midlevel was notified of trauma activation.

Required by North Carolina: Yes (If your facility participates in a residency program or employs midlevels
(Physician Assistants)

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Date/time value	Not Relevant

Additional Information:

- Date/Time of activation documented on trauma flowsheet (handwritten or electronic).
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank

Mapping required for NTDB?: No

ARRIVED DATE and TIME – SURGICAL SENIOR RESIDENT

Screen: Provider/Resuscitation Team

Definition: The date and time the surgical resident/midlevel arrived at the patient’s bedside,

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Date/time value	Not Relevant

Additional Information:

- The earliest documented date/time the surgical resident/midlevel arrived at the patient’s bedside.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank

Mapping required for NTDB?: No

TIMELINESS – SURGICAL SENIOR RESIDENT

Screen: Provider/Resuscitation Team

Definition: The timeliness of the surgical resident’s/midlevel’s arrival at the patient’s bedside for a trauma activation.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Timely	Not Relevant
<2> Not timely	
<3> Absent	
<?> Unknown	
</> - Do not use.	

Additional Information:

- Refer to the ACS Optimal Care book or your facilities trauma activation criteria protocols to determine timeliness.

Default: Blank

Mapping required for NTDB?: No

CALLED DATE and TIME - ORTHOPEDICS

Screen: Provider/Resuscitation Team

Definition: The date and time the Orthopedic Attending/Resident/Midlevel was notified of trauma activation.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Date/time value	Not Relevant

Additional Information:

- Date/Time of Orthopedic notification documented on trauma flowsheet (handwritten or electronic) or within the ED nursing documentation.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank

Mapping required for NTDB?: No

ARRIVED DATE and TIME – ORTHOPEDICS

Screen: Provider/Resuscitation Team

Definition: The date and time the Orthopedic Attending/Resident/Midlevel arrived at the patient’s bedside.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Date/time value	Not Relevant

Additional Information:

- The earliest documented date/time the Orthopedic Attending/Resident/Midlevel arrived at the patient’s bedside.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank

Mapping required for NTDB?: No

TIMELINESS – ORTHOPEDICS

Screen: Provider/Resuscitation Team

Definition: The timeliness of the Orthopedic Attending/Resident/Midlevel arrival at the patient’s bedside for a trauma activation.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Timely	Not Relevant
<2> Not timely	
<3> Absent	
<?> Unknown	
</> - Do not use.	

Additional Information:

- Refer to the ACS Optimal Care book or your facilities trauma activation criteria protocols to determine timeliness.
- Calculated time now uses patient arrival time for calculation – not time called (March 2016).

Default: Blank

Mapping required for NTDB?: No

CALLED DATE and TIME – NEUROSURGERY

Screen: Provider/Resuscitation Team

Definition: The date and time the Neurosurgeon was notified of trauma activation.

Required by North Carolina: Yes (If neurosurgery service provided at your facility)
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Date/time value	Not Relevant

Additional Information:

- Date/Time of Neurosurgery notification documented on trauma flowsheet (handwritten or electronic) or within the ED nursing documentation.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank

Mapping required for NTDB?: No

ARRIVED DATE and TIME – NEUROSURGERY

Screen: Patient Tracking/Provider/Resuscitation Team

Definition: The date and time the Neurosurgeon/Resident/Midlevel arrived at the patient’s bedside,

Required by North Carolina: Yes (If neurosurgery service provided at your facility)

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Date/time value	Not Relevant

Additional Information:

- The earliest documented date/time the Neurosurgeon/Resident/Midlevel arrived at the patient’s bedside.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank

Mapping required for NTDB?: No

TIMELINESS – NEUROSURGERY**Screen: Patient Tracking/Provider/Resuscitation Team**

Definition: The timeliness of the Neurosurgeon/Resident/Midlevel arrival at the patient’s bedside for a trauma activation.

Required by North Carolina: Yes (If neurosurgery service provided at your facility)

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Timely	Not Relevant
<2> Not timely	
<3> Absent	
<?> Unknown	
</> - Do not use.	

Additional Information:

- Refer to the ACS Optimal Care book or your facilities trauma activation criteria protocols to determine timeliness.
- Elapsed time calculated based on patient arrival, not on time called (March 2016).

Default: Blank

Mapping required for NTDB?: No

CALLED DATE and TIME – EMERGENCY MEDICINE

Screen: Patient Tracking/Provider/Resuscitation Team

Definition: The date and time the ED Attending was notified of trauma activation.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Date/time value	Not Relevant

Additional Information:

- Date/Time of activation documented on trauma flowsheet (handwritten or electronic).
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank

Mapping required for NTDB?: No

ARRIVED DATE and TIME – EMERGENCY MEDICINE

Screen: Patient Tracking/Provider/Resuscitation Team

Definition: The date and time the ED Attending arrived at the patient’s bedside.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Date/time value	Not Relevant

Additional Information:

- The earliest documented date/time the ED Attending arrived at the patient’s bedside.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank

Mapping required for NTDB?: No

TIMELINESS – EMERGENCY MEDICINE

Screen: Patient Tracking/Provider/Resuscitation Team

Definition: The timeliness of the ED Attending’s arrival at the patient’s bedside for a trauma activation.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Timely	Not Relevant
<2> Not timely	
<3> Absent	
<?> Unknown	
</> - Do not use.	

Additional Information:

- Refer to the ACS Optimal Care book or your facilities trauma activation criteria protocols to determine timeliness.

Default: Blank

Mapping required for NTDB?: No

TYPE

Screen: Patient Tracking/Provider/Resuscitation Team

Definition: Additional Service (e.g., Anesthesia) requested during resuscitation portion of the trauma activation.

Required by North Carolina: Yes if Anesthesia or airway manager responds to resuscitation

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Refer to field menu for options	Not Relevant

Additional Information:

- If service sees the patient outside of ED, document in the In-house consult screen.
- Not all trauma activations require Anesthesia assistance.
- Anesthesia should be the 6th service recorded, if Anesthesia is going to be in the list.

Default: Blank

Mapping required for NTDB?: No

CALLED DATE and TIME – OTHER

Screen: Patient Tracking/Provider/Resuscitation Team

Definition: The date and time the Other Provider was notified of trauma activation.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Date/time value	Not Relevant

Additional Information:

- Date/Time of activation documented on trauma flowsheet (handwritten or electronic).
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank

Mapping required for NTDB?: No

ARRIVED DATE and TIME – OTHER

Screen: Patient Tracking/Provider/Resuscitation Team
Definition: The date and time the Other Provider arrived at the patient’s bedside.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No
Field Values:

North Carolina	NTDS
Date/time value	Not Relevant

Additional Information:

- The earliest documented date/time the Anesthesiologist arrived at the patient’s bedside.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank

Mapping required for NTDB?: No

TIMELINESS – OTHER

Screen: Patient Tracking/Provider/Resuscitation Team

Definition: The timeliness of the Other Provider’s arrival at the patient’s bedside for a trauma activation.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Timely	Not Relevant
<2> Not timely	
<3> Absent	
<?> Unknown	
</> - Do not use.	

Additional Information:

- Refer to the ACS Optimal Care book or your facilities trauma activation criteria protocols to determine timeliness.

Default: Blank

Mapping required for NTDB?: No

Procedures

PROCEDURE CODE/DESCRIPTION

Screen: Procedures/ICD9-ICD10

Definition: The ICD9 & ICD10 code numbers and descriptions of operative and essential procedures performed at your facility.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Refer to field menu for options	Refer to field menu for options

Additional Information:

- Major and minor procedures performed at your facility.
- The maximum number of procedures that may be recorded for a patient is 200.
- Capture all procedures performed in the operating room except for intubation solely for the operation. NTDB may require that OR intubations be recorded.
- Diagnostic and supplemental (non-operative) procedures have the potential to be performed multiple times during one hospitalization event. In this case, capture only the first event.
- Use code 99.01 (transfusion exchange) on patients that receive > 10 units of blood products over the first 24 hours following hospital arrival.
- ICD-9 codes retired for patients arriving on 01Oct2015 or later.
- </> (Not applicable) not valid for ICD-10 codes for patients arriving on 01Oct2015 or later.
- Ignore NTDB instructions to capture only first incidence of certain procedures.

Default: Blank

Mapping required for NTDB?: No

LOCATION

Screen: Procedures/ICD9-ICD10
Definition: The location where the procedure was performed while the patient is at your facility.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No
Field Values:

North Carolina	NTDS
<2> Emergency department	
<3> Operating room	
<4> Intensive care unit	
<5> Step-down unit	
<8> Floor	
<10> Radiology	
<12> Special procedure room	
<14> Pediatric ICU	
<15> Interventional radiology	
<?> Unknown	Not Relevant

Additional Information: None

Default: Blank

Mapping required for NTDB?: No

OR VISIT #

Screen: Procedures/ICD9-ICD10

Definition: A sequential number given to each visit to the operating room.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Free text field	Not Relevant

Additional Information:

- Field only opens if you choose OR in Location field.
- If multiple procedures are performed during the one trip to the OR, those procedures will share the same OR visit number.
- If a procedure is performed anywhere other than the OR, the OR visit number can be left as the default value <blank> or </> Not Applicable.
- First visit to OR should be recorded as #1.

Default: Blank

Mapping required for NTDB?: No

START DATE and TIME

Screen: Procedures/ICD9-ICD10

Definition: The start date and time the procedure was performed.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Date/time value	Date/time value

Additional Information:

- Operative procedure start time is defined as the time the incision was made.
- All other procedures (those without incisions) start times are defined as the time the procedures starts.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank

Mapping required for NTDB?: No

RESULTS**Screen: Procedures/ICD9-ICD10**

Definition: The results of diagnostic studies performed.

Required by North Carolina: Yes, unless procedure is not a diagnostic study.
Not required for CTs or plain films as of 01 Jan 2017.

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Positive	Not Relevant
<2> Negative	
<3> Indeterminate	
</> Not Applicable	
<?> Unknown	

Additional Information:

- Positive results in a FAST exam include free fluid in the abdomen
- Positive Peritoneal Lavage results: Gross blood (>20cc) or 100K RBCs per cc or >500 WBCs per cc
- Positive Aortogram: the aorta has identifiable injuries as a result of trauma. Positive for extravasation.
- Positive Arteriogram/Angiogram: report states “positive for acute changes”. Positive for extravasation.
- Indeterminate: report indicates exam results are inconclusive.

Default: Blank

Mapping required for NTDB?: No

History:

Results for CTs and plain films no longer required as of 01Jan2017. Prior to 01Jan2017, a negative plain film was defined as “no injuries identified”.

July 2016 – Dec 2016: A positive CT should be based on vascular, bony, spine, or organ injuries. Radiologist and trauma surgeon should reach consensus on the result, since they will make a decision on care based on the result.

Prior to July 2016, the definition for CTs was:

- Pregnancy is **not** considered a positive result.
- Positive CT results represent organ injury only. **DO NOT** include injury to bony structures.
- If CT is done for bony structure injury, then use “Not Applicable” for diagnostic results.
- Negative CT: no organ injuries identified.
- Indeterminate: report indicates exam results are inconclusive.

Diagnosis**Injury Coding****AIS VERSION**

Screen: Diagnosis/Injury Coding

Definition: The software version used to calculate the AIS (Abbreviated Injury Scale) severity codes.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
AIS 2005	Not relevant

Additional Information:

- All facilities submitting data to the State of NC trauma registry are required to use the AIS 2005 version. Starting in 2016, NTDS will accept AIS2005. NTDS used to accept AIS 80, 85, 90, 95, 98 and AIS2005.

Default:

- AIS2005
- </> (Not applicable) is not a valid option for this field.

Mapping required for NTDB?: No

ISS

Screen: Diagnosis/Injury Coding**Definition:** The Injury Severity Score (ISS) that reflects the patient's injuries.**Required by North Carolina:** Yes**Received by State:** Yes**Required by NTDS:** Yes**Field Values:**

North Carolina	NTDS
Auto-calculated	Not relevant

Additional Information:

- Sum of squares of highest AIS code in each of the three most severely injured AIS body regions.
- This field auto calculates based on injury coding.

Default: Blank**Mapping required for NTDB?:** No

NISS

Screen: Diagnosis/Injury Coding

Definition: The New Injury Severity Score that reflects the patient's injuries.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Auto-calculated	Not Relevant

Additional Information:

- Sum of squares of 3 highest AIS scores, regardless of body region.
- This field auto calculates based on injury coding.

Default: Blank

Mapping required for NTDB?: No

TRISS

Screen: Diagnosis/Injury Coding

Definition: TRISS determines the patient's probability of survival. .

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Auto-calculated	Not Relevant

Additional Information:

- This field auto calculates based upon ISS, RTS, age and type of injury (blunt/penetrating).

Default: Blank

Mapping required for NTDB?: No

ICD 9/ICD10 CODE and DESCRIPTION

Screen: Diagnosis/Injury Coding

Definition: Diagnoses related to all injuries.

Required by North Carolina: Yes
Received by State: Yes (Code only)
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Refer to field menu for options	Refer to field menu for options

Additional Information:

- Refer to inclusion criteria.
- For ICD-9: for drowning – use 994.1. For asphyxia/suffocation use 994.7.
- For ICD-10: for drowning: use T75.1. For asphyxia/suffocation, use a variant of T71.
- Maximum number of diagnoses that may be reported for an individual patient is 50. Max number changed to 27 in 2013. Reported to DI in 2013.
- ICD-9 codes retired for patients arriving on 01Oct2015 or later.
- </> (Not applicable) not valid for ICD-10 codes for patients arriving on 01Oct2015 or later.

Default: Blank

Mapping required for NTDB?: No

PREDOT/DESCRIPTION

Screen: Diagnosis/Injury Coding

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

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Auto-generated	Required

Additional Information:

- The predot code is the 6 digits preceding the decimal point in an associated AIS Code.
- Each 6-digit predot is a unique identifier.
- Refer AIS 2005 coding book for further coding detail
- </> (Not applicable) is not a valid option for this field.

Default: Blank

Mapping required for NTDB?: No

SEVERITY

Screen: Diagnosis/Injury Coding

Definition: AIS severity code that reflect the patient's injuries.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Auto-generated	

Additional Information:

- Auto populates based on AIS 6-digit predot.

Default: Blank

Mapping required for NTDB?: No

ISS Body Region**Screen: Diagnosis/Injury Coding****Definition:** The AIS body region**Required by North Carolina:** Yes**Received by State:** Yes**Required by NTDS:** No**Field Values:**

North Carolina	NTDS
Auto-generated	Optional, not required

Additional Information:

- This field is auto populated based on AIS 6-digit predot.
- Head or neck injuries include the brain, skull, cervical cord, and cervical spine.
- Facial injuries include those involving the mouth, ears, eyes, and facial bones.
- Chest injuries include internal organs of the chest cavity, diaphragm, rib cage and thoracic cord and thoracic spine.
- Abdominal or pelvic contents includes internal organs in the abdominal and pelvic region, lumbar cord, and lumbar spine.
- Injuries to extremities include sprains, fractures, dislocations, and amputations to arms, legs, shoulder and pelvic girdles.
- External injuries include lacerations, contusions, abrasions, and burns, independent of their location on the body surface.

Default: Blank**Mapping required for NTDB?:** No

OIS CODE/DESCRIPTION**Screen: Diagnosis/Injury Coding**

Definition: The Organ Injury Scale (OIS).

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Grade 1	Not Relevant
<2> Grade 2	
<3> Grade 3	
<4> Grade 4	
<5> Grade 5	
<6> Grade 6	
</> Not Applicable	
<?> Unknown	

Additional Information:

- The OIS is for organs only. Organs include all organs in the thoracic and abdominal cavities as well as thoracic vascular and abdominal vascular.

Default: Blank

Mapping required for NTDB?: No

Non-Trauma Diagnoses

ICD 9/ICD-10 CODE/DESCRIPTION (Non-trauma dx)

Screen: Diagnosis/Non-trauma Diagnosis

Definition: ICD-9 codes identified during the patient's stay for non-trauma diagnoses not coded elsewhere.

Required by North Carolina: Yes, for Standard and NTDB comorbidities not captured on the Comorbidity screen.

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Refer to field menu for options.	Not Relevant

Additional Information:

Default: Blank

Mapping required for NTDB?: No

TYPE (Non-trauma diagnosis)

Screen: Diagnosis/Non-trauma diagnosis

Definition: Indicates whether comorbidity or complication was present on arrival (POA).

Required by North Carolina: Yes if non-trauma diagnosis field is used for recording comorbidities.

Received by State: Yes

Required by NTDS: No
Field Values:

North Carolina	NTDS
<1> Present on Arrival	Not Relevant
<2> Hospital Acquired	
</> Not Applicable	
<?> Unknown	

Additional Information:

- Obtained from medical records coding.
- Not required for ED discharges

Default: Blank

Mapping required for NTDB?: No

Comorbidity

COMORBIDITY

Screen: Diagnosis/Comorbidity

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

Required by North Carolina: Yes
Received by State: No
Required by NTDS: Yes

Field Values: Values will be updated to alphanumeric codes. Current numbers are irrelevant to pick list.

North Carolina (in addition to NTDS) use	NTDS – UPDATE
<0> = None	<2> = Alcoholism
<131> = Acquired coagulopathy	<3> = Ascites within 30 Days
<132> = Alzheimer's disease	<4> = Bleeding disorder
<133> = Asthma	<5> = Currently receiving chemotherapy for cancer
<134> = Bilirubin>2mg% (on admission)	<6> = Congenital anomalies
<135> = CVA	<7> = Congestive heart failure
<136> = Chemotherapy, active	<8> = Current smoker
<137> = Chronic demyelinating disease	<9> = Chronic renal failure
<138> = Chronic pulmonary condition	<10> = CVA / Residual neurological deficit
<139> = Coronary artery disease	<11> = Diabetes Mellitus, NFS
<140> = Cor Pulmonale	<12> = Disseminated cancer
<141> = Coumadin therapy	<13> = Advanced directive limiting care
<142> = Diabetes mellitus, Insulin-dependent	<14> = Esophageal varices
<143> = Diabetes mellitus, Non-insulin-dependent	<15> = Functionally dependent health status
<144> = Dialysis, non-transplant	<16> = History of angina within 30 days (retired Jan 2017)
<145> = Hemophilia	<17> = History of myocardial infarction (retired Jan 2017)
<146> = Hx of cardiac surgery	<18> = History of PVD (retired Jan 2017)
<147> = HIV/AIDS	<19> = Hypertension requiring medication (changed Jan 2017)
<148> = Inflammatory bowel disease	<21> = Prematurity
<149> = Metastitis, Concurrent or Existence of	<22> = Obesity
<150> = Multiple sclerosis	<23> = Respiratory disease
<151> = Organic brain syndrome	<24> = Steroid use
<152> = Pancreatitis	<25> = Cirrhosis
<153> = Parkinson's disease	<26> = Dementia
<154> = Peptic ulcer disease	<27> = Major psychiatric illness (retired Jan 2017)
<155> = Pre-existing anemia	<28> = Drug abuse or dependence (retired Jan 2017)
<156> = Pregnancy	<29> = Pre-hospital cardiac arrest with resuscitative

Section: Diagnosis

	efforts by healthcare provider
<157> = COPD	<1> = Other
<158> = Pulmonary disease with ongoing active treatment	<20> Impaired sensorium (retired in 2012)
<159> = Rheumatoid arthritis	<31> Anticoagulant therapy (added Jan 2017)
<160> = Seizures	<32> Angina pectoris (added Jan 2017)
<161> = Serum Creatinine >2mg% (on admission)	<33> Mental/personality disorder (added Jan 2017)
<162> = Spinal cord injury	<34> Myocardial infarction (MI) (added Jan 2017)
<163> = Systemic lupus erythematosus	<35> Peripheral arterial disease (PAD) (added Jan 2017)
<164> = Transplant	
<165> = Undergoing current therapy	

Additional Information:

- Use the NTDS options as the primary options.
- If the co-morbidity is not identified in the NTDS options, review the standard options.
- If your facility desires to collect co-morbidity(ies) not already defined, you may create user defined co-morbidities. User defined co-morbidities should not be sent to the State trauma registry or the NTDS
- If comorbidities are entered on this screen and non-trauma dx screen, then reports will count the comorbidity twice.

Default: Blank

Mapping required for NTDB?: Mapping required.

Outcome**Initial Discharge****DISCHARGE STATUS**

Screen: Outcome/Initial Discharge

Definition: Indicates the status of the patient at the time of discharge from your facility.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Alive	Not Relevant
<2> Dead	

Additional Information:

- The 'If Death' screen will not open unless value for this field = <2> Death.

Default: Blank

Mapping required for NTDB?: No

DISCHARGE ORDER DATE/TIME

Screen: Outcome/Initial Discharge

Definition: Date and time that discharge order for discharge from your facility was written.

Required by North Carolina: Yes

Received by State:

Required by NTDS: Yes (as of January 2016)

Field Values:

North Carolina	NTDS
Date/time value	Date/time value

Additional Information: None

Default: Blank

Mapping required for NTDB?: No

DISCHARGE/DEATH DATE and TIME

Screen: Outcome/Initial Discharge

Definition: The date and time the patient was discharged or died at your facility

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No as of January 2016

Field Values:

North Carolina	NTDS
Date/time value	Date/time value

Additional Information:

- Used to auto-generate an additional calculated field: Total Length of Hospital Stay.
- Time is collected in military time.
- Time should be collected in military time (HH:MM)
- If death, report the date and time the patient pronounced dead.

Default: Blank

Mapping required for NTDB?: No

TOTAL DAYS ICU

Screen: Outcome/Initial Discharge

Definition: Total cumulative days the patient spent in the ICU at your facility

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Free text field	Free text field

Additional Information:

- Recorded in full day increments with any partial calendar day counted as a full calendar day.
- If no ICU days, </> should be entered into the field.
- ICU LOS may exceed the Hospital LOS due to DI calculation method for ICU LOS. Hospital LOS includes partial days, but ICU days counts any partial day as a full day.
- Auto calculates from patient tracking if used.
- Please check that value is not less than 0.

Default: Blank

Mapping required for NTDB?: No

TOTAL DAYS VENTILATOR

Screen: Outcome/Initial Discharge

Definition: Total cumulative days the patient spent on the ventilator at your facility

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: Yes

Field Values:

North Carolina	NTDS
Free text field	Free text field

Additional Information:

- Recorded in full day increments with any partial calendar day counted as a full calendar day.
- Excludes mechanical ventilation time associated with OR procedures.
- Non-invasive means of ventilator support (CPAP or BIPAP) should not be considered in the calculation of ventilator days.
- If no vent days, </> should be entered into the field. (because required by NTDB)
- At no time should the Total Vent Days exceed the ICU LOS.
- Total Vent Days may exceed the Hospital LOS due to DI calculation method for Total Vent Days. Hospital LOS includes partial days, but Total Vent Days counts any partial day as a full day.
- Auto calculates from patient tracking
- Please check that value is not less than 0.

Default: Blank

Mapping required for NTDB?: No

TOTAL DAYS HOSPITAL

Screen: Outcome/Initial Discharge

Definition: The total cumulative number of days the patient spent in your facility.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Auto-calculated	Not Relevant

Additional Information:

- This field is auto-calculated by the software from the arrival date/time and the Hospital discharge date/time.

Default: Blank

Mapping required for NTDB?: No

DISCHARGE SERVICE

Screen: Outcome/Initial Discharge

Definition: The service which handled the discharge from your facility

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Trauma	Not Relevant
<2> Neurosurgery	
<3> Orthopedics	
<4> General Surgery	
<5> Pediatric Surgery	
<6> Cardiothoracic Surgery	
<7> Burn Services	
<9> Pediatrics	
<11> Cardiology	
<23> ENT	
<25> Medicine	
<28> Hand	
<36> Nephrology	
<37> Neurology	
<39> Not Admitted	
<43> OB-GYN	
<45> Ophthalmology	
<46> Oral Surgery	
<53> Pediatric Critical Care	
<58> Plastic Surgery	
<59> Psychiatry	
<63> Rehab	
<76> Urology	
<77> Vascular Surgery	
<98> Other Surgical	
<99> Other Nonsurgical	
</> Not Applicable	
<?> Unknown	

Additional Information:

- If patient is discharged from ED, use "Not Admitted"
- List still does not match admitting service list. Requested of DI in approx. 2014.

Default: None**Mapping required for NTDB?:** No

DISCHARGED TO**Screen: Outcome/Initial Discharge**

Definition: The disposition of the patient when discharged from your facility

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<40> Morgue	<1> Discharged to a short-term general hospital for inpatient care
<41> Left AMA	<2> Discharged to an Intermediate Care Facility (ICF)
<42> Correctional Facility	<3> Discharged to home under the care of organized home health service
<43> Home	<4> Left against medical advice or discontinued care
<44> Home with Services	<5> Expired
<70> Acute Care Facility	<6> Discharged home with no home services
<72> Skilled Nursing Facility	<7> Discharged to Skilled Nursing Facility
<73> Hospice	<8> Discharged to hospice care
<75> Mental Health Facility	<9> Discharged to another type of rehabilitation or long-term facility
<76> Rehab	
<77> Nursing Home	
<78> Burn Center	
<79> Trauma Center	
<99> Transferred	

Additional Information:

- If a patient lives in a nursing home and returns back there from your facility, use <Home> as the disposition, due to NTDB mandate
- If the patient lives in a Skilled Nursing Facility (SNF) and returns to a SNF, use <Home> as the disposition, due to NTDB mandate.
- If the patient comes from Jail and returns to jail, use Home per NTDB mandate.
- If a patient lives in a retirement center or assisted nursing facility and returns there from your facility, use <Home> as the disposition.

Default: Blank

History: Instructions prior to July 2016 read that if a patient lived in a jail, nursing home or SNF and returned to their facility, then the ED disposition was to be entered as jail, nursing home, or SNF respectively. The change to the current instructions (to use Home for the ED disposition) was done because no effective mapping was available to meet the NTDB requirement that "Home" be entered.

Mapping required for NTDB?: Yes.

TRANSFERRED FACILITY

Screen: Outcome/Initial Discharge

Definition: The code and description of the facility receiving the patient from your facility

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Refer to field menu for options	Not Relevant

Additional Information:

- If the facility is not in the picklist and is located within the State of NC, select <Other Hospital, NC>. Contact the State Trauma Systems Manager to request the facility be added to the picklist.
- If the facility is not in the picklist and is located outside the State of NC, select <Other Hospital, OOS>.

Default: Blank

Mapping required for NTDB?: No

INCLUSION INFORMATION - STATE

Screen: Outcome/Initial Discharge

Definition: Indicates the record meets NC Trauma Registry criteria and should be submitted to the State through the weekly data transfer process.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<Y> Yes	Not Relevant
<N> No	

Additional Information:

- Will auto-populate the Demographic Record Info screen. Conversely, this field will auto-populate if information completed within the Demographic Record Info screen.

Default: Blank

Mapping required for NTDB?: No

If Death**LOCATION**

Screen: Outcome/If Death**Definition:** The location where the patient was pronounced.**Required by North Carolina:** Yes**Received by State:** Yes**Required by NTDS:** No**Field Values:**

North Carolina	NTDS
<2> Emergency Department	Not Relevant
<3> Operating Room	
<4> Intensive Care Unit	
<5> Step-down Unit	
<7> Telemetry	
<8> Floor	
<14> Pediatric ICU	
<15> Interventional Radiology	
<45> DOA – DO NOT USE.	

Additional Information:

- <45> DOA **DO NOT USE
- Place or site in which patients vital functions ceased permanently.

Default: Blank**Mapping required for NTDB?:** No

AUTOPSY TYPE and NUMBER**Screen: Outcome/If Death**

Definition: The type of autopsy performed on the patient and the number of the autopsy report

Required by North Carolina: Yes (autopsy type only)

Received by State: Yes (Type only)

Required by NTDS: No

Field Values

North Carolina	NTDS
<1> Full	Not Relevant
<2> Partial	
</> Not Applicable	
<?> Unknown	

Additional Information:

- <Full> - The ME does a complete exam, both external and internal. Incisions are made into the body as part of the examination process.
- <Partial> - The ME conducts an outside examination of the body only, no incision was made.
- Autopsy Number is a free-text field for the Autopsy ID Number.

Default: Blank

Mapping required for NTDB?: No

WAS ORGAN DONATION REQUESTED/GRANTED**Screen: Outcome/If Death**

Definition: Indicates if organ donation was requested and/or granted.
Two fields – “Granted” only opens if “Requested” = Y

Required by North Carolina: Yes
Received by State: No
Required by NTDS: No

Field Values

North Carolina	NTDS
<Y> Yes	None
<N> No	
<?> Unknown	
</> Not Applicable	

Additional Information:

- For “Requested” field, use <Y> if family is approached. Does not include phone call to organ donor services, unless family is contacted.

Default: Blank

Mapping required for NTDB?: No

ORGANS PROCURED**Screen: Outcome/If Death**

Definition: Indicates which organs were donated.

Required by North Carolina: Yes (as of 1/1/2015)

Received by State: No

Required by NTDS: No

Field Values:

North Carolina	NTDS
<0> None	Not Relevant
<1> Adrenal Glands	
<2> Bone	
<3> Bone Marrow	
<4> Cartilage	
<5> Corneas	
<6> Dura Mater	
<7> Fascialata	
<8> Heart	
<9> Heart Valves	
<10> Intestines	
<11> Kidney	
<12> Liver	
<13> Lungs	
<14> Nerves	
<15> Pancreas	
<16> Skin	
<17> Stomach	
<18> Tendons	
<19> Whole Eyes	
<20> Tissue	
<21> Other	
<?> Unknown	

Additional Information:

- Field opens when <Y> is selected in the “Was Organ Donation Requested” and “Was Request Granted” fields.

Default: Blank

Mapping required for NTDB?: No

IF OTHER, SPECIFY

Screen: Outcome/If Death

Definition: A free text field to include an organ/organ site not included in the current organ donation picklist.

Required by North Carolina: Yes (as of 1/1/2014)

Received by State: No

Required by NTDS: No

Field Values:

North Carolina	NTDS
Free text	Not Relevant

Additional Information:

- Field opens when <21> Other is selected in the "Organ Procured" field

Default: Blank

Mapping required for NTDB?: No mapping needed

IF NONE, REASON

Screen: Outcome/If Death

Definition: The reason no organs were harvested at your facility if family agreed to organ donation.

Required by North Carolina: Yes (as of 1/1/14)

Received by State: No

Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Not Brain Dead	Not Relevant
<2> No Legal Brain Death Documentation Noted	
<3> No ME Consent	
<4> Medically Unsuitable, Clinical Condition	
<5> Medically Unsuitable, Social History	
<?> Unknown	

Additional Information:

- Field opens when <0> None is selected in the "Organ Procured" field

Default: Blank

Mapping required for NTDB?: No

DONOR STATUS**Screen: Outcome/If Death**

Definition: The status of the patient at the time the organs were donated at your facility

Required by North Carolina: Yes (as of 1/1/2014)

Received by State: No

Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Brain Death	Not Relevant
<2> Non-beating heart Donor after Cardiac Death	
<?> Unknown	

Additional Information:

- Field opens when the "Organs Procured" is filled in.

Default: Blank

Mapping required for NTDB?: No

ORGANS PROCURED DATE and TIME

Screen: Outcome/If Death

Definition: The date the organs were donated at your facility

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Date/time value	Not Relevant

Additional Information:

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank

Mapping required for NTDB?: No

Billing

PRIMARY PAYOR

Screen: Outcome/Billing

Definition: The primary source of payment for hospital care at your facility.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: Yes

Field Values:

North Carolina	NTDS
<1> Medicaid	<1> Medicaid
<2> Not Billed for Any Reason	<2> Not Billed (for any reason)
<3> Self Pay	<3> Self Pay
<5> Commercial	<4> Private/Commercial Insurance
<4> Medicare	<6> Medicare
<7> Government	<7> Other Government
<10> Other	<10> Other
<?> Unknown	
Retired values	Retired values
<6> Automobile/Liability (use <5> Commercial)	<5> No Fault Automobile (retired)
<8> Workers Compensation (use <5> Commercial)	<8> Workers Compensation (retired)
<9> BCBS (use <5> Commercial)	<9> Blue Cross/Blue Shield (retired)
<11> HMO (use <5> Commercial)	
<12> PPO (use <5> Commercial)	
<13> Military/Champus (use <7> Government)	
<14> State Employee (use <5> Commercial)	
<15> Charity	
<16> Managed Care (use <5> Commercial)	

Additional Information:

- <Other> - Includes insurance from out of country, out of state, (not otherwise categorized), and tour insurance
- If the patient has no primary insurance, use <Self Pay>. </> (Not applicable) is not a valid option for this field.
- Workers Comp, No Fault Auto, and BCBS are now to be coded as Private/Commercial Insurance (as of 2014).
- An effort was made in Mar 2016 to have NC's list match the NTDB list.
- Veterans insurance (e.g., Tricare) and Champus should be coded as <Other Government> (Mar2016).

Default: Blank **Mapping required for NTDB?:** Yes

ADDITIONAL PAYOR**Screen: Outcome/Billing**

Definition: Additional sources of payment for the patients care at your facility

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

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

Additional Information:

- <Other> - Includes insurance from out of country, out of state, (not otherwise categorized), and tour insurance
- If the patient has no primary insurance, use <Self Pay>.
- Workers Comp, No Fault Auto, and BCBS are now to be coded as Private/Commercial Insurance (as of 2014).
- An effort was made in Mar 2016 to have NC's list match the NTDB list.
- Veterans insurance (e.g., Tricare) and Champus should be coded as <Other Government> (Mar2016).

Default: Blank **Mapping required for NTDB?:** No

Related Admission***ADMISSION DATE/TIME***

Screen: Outcome/Related Admission
Definition: The date and time the patient was re-admitted to your facility

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No
Field Values:

North Carolina	NTDS
Relevant value for data element	Not Relevant

Additional Information:

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank

Mapping required for NTDB?: No

ADMITTING SERVICE**Screen: Outcome/Related Admission**

Definition: The code and description of the service admitting the patient to your facility

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

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

Additional Information: None **Default:** Blank

Mapping No

TYPE OF ADMISSION

Screen: Outcome/Related Admission
Definition: Type of related admission.**Required by North Carolina:** Yes**Received by State:** Yes**Required by NTDS:** No**Field Values:**

North Carolina	NTDS
<1> Planned	Not Relevant
<2> Unplanned	
</> Not Applicable	
<?> Unknown	

Additional Information: None**Default:** Blank**Mapping required for NTDB?:** No

IF UNPLANNED – REASON

Screen: Outcome/Related Admission

Definition: The reason for the unplanned re-admission of the patient to your facility

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Infection	Not Relevant
<2> Diagnosis Missed	
<3> Pain	
<4> Progression of Disease	
<5> Other	
<6> Complication	
</> Not applicable	
<?> Unknown	

Additional Information:

- Option <2> must be selected in the Type of Admission field to open this field

Default: Blank

Mapping required for NTDB?: No

DISCHARGE DATE

Screen: Outcome/Related Admission

Definition: The date the patient was discharged from the readmission at your facility

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Date/time value	Not Relevant

Additional Information:

- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank

Mapping required for NTDB?: No

DISCHARGED TO**Screen: Outcome/Related Admission**

Definition: The disposition of the patient when discharged from your facility following the readmission.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<40> Morgue	Not Relevant
<41> Left AMA	
<42> Correctional Facility	
<43> Home	
<44> Home with Services	
<70> Acute Care Facility	
<72> Skilled Nursing Facility	
<73> Hospice	
<75> Mental Health Facility	
<76> Rehab	
<77> Nursing Home	
<78> Burn Center	
<79> Trauma Center	
<99> Transferred	

Additional Information:

- If a patient lives in a nursing home and returns back there from your facility, use <Home> as the disposition, due to NTDB mandate
- If the patient lives in a Skilled Nursing Facility (SNF) and returns to a SNF, use <Home> as the disposition, due to NTDB mandate.
- If the patient comes from Jail and returns to jail, use Home per NTDB mandate.
- If a patient lives in a retirement center or assisted nursing facility and returns there from your facility, use <Home> as the disposition.
- Ignore instructions from DI to complete details on the If Death screen if “Morgue” is chosen

Default: Blank

History: Instructions prior to July 2016 read that if a patient lived in a jail, nursing home or SNF and returned to their facility, then the ED disposition was to be entered as jail, nursing home, or SNF respectively. The change to the current instructions (to use Home for the ED disposition) was done because no effective mapping was available to meet the NTDB requirement that “Home” be entered.

Mapping required for NTDB?: No

ICU DAYS**Screen: Outcome/Related Admission**

Definition: The total cumulative days the patient spent in the ICU at your facility during the readmission.

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Free text	Not Relevant

Additional Information:

- Recorded in full day increments with any partial calendar day counted as a full calendar day.
- If no ICU days, </> should be entered into the field
- ICU LOS may exceed the Hospital LOS due to DI calculation method for ICU LOS. Hospital LOS includes partial days, but ICU days counts any partial day as a full day.

Default: Blank

Mapping required for NTDB?: No

VENT DAYS**Screen: Outcome/Related Admission**

Definition: The total cumulative days the patient spent on the ventilator at your facility the readmission,

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Free text field	Not Relevant

Additional Information:

- Recorded in full day increments with any partial calendar day counted as a full calendar day.
- Excludes mechanical ventilation time associated with OR procedures.
- Non-invasive means of ventilator support (CPAP or BIPAP) should not be considered in the calculation of ventilator days.
- If no vent days, </> should be entered into the field.
- Total Vent Days may exceed the Hospital LOS due to DI calculation method for Total Vent Days. Hospital LOS includes partial days, but Total Vent Days counts any partial day as a full day.

Default:

- Blank

Mapping required for NTDB?:

- No mapping needed

HOSP DAYS

Screen: Outcome/Related Admission

Definition: The total cumulative days the patient was admitted at your facility during the readmission.

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Auto-populates	Not Relevant

Additional Information:

- This field is auto-calculated by the software from the patient arrival date/time and the hospital discharge date/time.

Default: Blank

Mapping required for NTDB?: No

ARRIVED FROM

Screen: Outcome/Related Admission

Definition: The location from which the patient arrived

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

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

Additional Information:

- <9> Other Acute Facility – Outlying facilities that provide emergency care services are considered acute care facilities, i.e., free standing ED

Default: Blank

Mapping required for NTDB?: No

MODE

Screen: Outcome/Related Admission**Definition:** The mode of transport delivering the patient to your facility**Required by North Carolina:** Yes**Received by State:** Yes**Required by NTDS:** No**Field Values:**

North Carolina	NTDS
<1> Ground Ambulance	
<2> Helicopter Ambulance	
<3> Fixed-wing Ambulance	
<4> Private Vehicle or Walk-in	
<5> Police	
<6> Other	
<7> Not Applicable	
<?> Unknown	

Additional Information: None**Default:** Blank**Mapping required for NTDB?:** No

ED DISCHARGE DATE/TIME

Screen: Outcome/Related Admission

Definition: The date and time the readmitted patient was discharged from the ED at your facility

Required by North Carolina: Yes
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
Refer to field menu for options	
</> Not Applicable	

Additional Information

- If the patient was a direct admit, enter </> Not Applicable
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank

Mapping required for NTDB?: No

ED LENGTH OF STAY

Screen: Outcome/Related Admission

Definition: The total time the patient was in the ED at your facility

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Auto-calculated	

Additional Information

- This is a calculated field in V5 in hours and tenths of an hour.
- If the patient was a direct admit and the dates and times have been entered as previously outlined, the ED LOS will **NOT** calculate.

Default: Blank

Mapping required for NTDB?: No

ED DISPOSITION**Screen: Outcome/Related Admission**

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

Required by North Carolina: Yes

Received by State: Yes

Required by NTDS: No

Field Values:

North Carolina	NTDS
Refer to field menu for options	

Additional Information

- If patient is directly admitted to the hospital, code as </> Not Applicable.
- If the patient lives in a nursing home and returns to a nursing home from the ED, use <77> Nursing home as the ED Disposition.
- If the patient lives in a SNF and returns to a SNF from the ED, use SNF as the ED Disposition.
- If the patient lives in a retirement center/community or assisted living facility and returns to said facility from the ED, use <43> Home or <44> Home with Services as appropriate.
- <39> Not Admitted – Used for patients discharged home from the ED, transfers to another facility, DOA's or ED deaths.
- <79> Burn Center – Used for patients transferred to a Burn Center
- <99> Transferred – Used only for patients transferred to a Non-Trauma Center.
- If the patient comes from jail and returns to jail, use Jail.

Default: Blank

Mapping required for NTDB?: No

FINAL DISCHARGE STATUS

Screen: Outcome/Related Admission

Definition: Indicates the status of the patient at the time of discharge from the final readmission visit.

Required by North Carolina: No
Received by State: Yes
Required by NTDS: No

Field Values:

North Carolina	NTDS
<1> Alive	Not Relevant
<2> Dead	

Additional Information

- Do not enter information on “If Death” tab if patient died on readmission. Ignore instructions from DI software!!

Default: Blank.

Mapping required for NTDB?: No.

TOTAL RE-ADMISSION DAYS

Screen: Outcome/Related Admission

Definition: The total cumulative days the patient admitted at your facility for all readmissions

Required by North Carolina: Yes

Received by State: No

Required by NTDS: No

Field Values:

North Carolina	NTDS
Auto-calculated	Not Relevant

Additional Information:

- This field is auto-calculated by the software.

Default: Blank

Mapping required for NTDB?: No

FINAL DISCHARGE DATE

Screen: Outcome/Related Admission

Definition: The date the patient was discharged from the last readmission at your facility.

Required by North Carolina: Yes

Received by State: No

Required by NTDS: No

Field Values:

North Carolina	NTDS
Date/time value	Not Relevant

Additional Information:

- Auto-populates from last discharge date.
- The date is documented as MM/DD/YYYY
- The time is documented in military time (HH:MM)

Default: Blank

Mapping required for NTDB?: No

Appendix A: Paralytics and Sedatives

Sedatives	Class	Paralytics
Acetazolamide	Anticonvulsant	RSI (procedure)
Alfentanil	Analgesic	Atracurium, cis-Atracurium
Alprazolam	Anti-anxiety	Cisatracium
Anexsia	Analgesic	Rocuronium
Anzemet	Antiemetic	Succinylcholine
Atarax	Anti-anxiety	Vecuronium
Ativan	Anti-anxiety	
Atracurium Besylate (Tracrium)	Neuromuscular block	
Baclofen (Uoresal)	Skeletal muscle relaxant	
Benadryl	Antiemetic	
Benzquinamide	Antiemetic	
Buprenex	Analgesic	
Buprenorphine	Analgesic	
Buspar	Anti-anxiety	
Buspirone	Anti-anxiety	
Butabarbital Sodium (Butisol)	Sedative	
Butorphanol	Analgesic	
Carbamazepine	Anticonvulsant	
Chloral hydrate	Sedative	
Chlordiazepoxide	Anti-anxiety	
Chlorpromazine (Thorazine)	Antiemetic, Antipsychotic	
Chlorzoxazone (Parafon Forte)	Skeletal muscle relaxant	
Clonazepam	Anticonvulsant	
Clozapine (Clozaril)	Antipsychotic	
Codeine	Analgesic	
Compazine	Antiemetic	
Cyclizine	Antiemetic	
Demerol	Analgesic	
Diamox	Anticonvulsant	
Diazepam (Valium)	Anti-anxiety, Anticonvulsant, Skeletal muscle relaxant	
Dilantin	Anticonvulsant	
Dimenhydrinate	Antiemetic	
Diphenhydramine	Antiemetic	
Divalproex (Depakote)	Antimaniacal	
Dolasetron Mesylate	Antiemetic	
Doxacurium Chlorida (Nuromax)	Neuromuscular block	
Doxepin	Anti-anxiety	

Section: Appendix A: Paralytics and Sedatives

Sedatives	Class	
Dramamine	Antiemetic	
Dronabinol	Antiemetic	
Droperidol	Anti-anxiety	
Duragesic	Analgesic	
Emetrol	Antiemetic	
Equanil	Anti-anxiety	
Ethchlorvynol (Placidyl)	Sedative	
Etomidate (Hypnomidate)	Sedative	
Etrafon	Antipsychotic	
Fentanyl	Analgesic	
Fluphenazine (Prolixin)	Antipsychotic	
Flurazepam (Dalmane)	Sedative	
Granisetron	Antiemetic	
Haloperidol (Hadol)	Antipsychotic	
Hydroxyzine	Anti-anxiety, Antiemetic	
Inapsine	Anti-anxiety	
Ketamine	Anesthetic	
Klonopin	Anticonvulsant	
Kytril	Antiemetic	
Librax	Anti-anxiety	
Librium	Anti-anxiety	
Limbitrol	Anti-anxiety	
Lithium	Antimaniacal	
Lorazepam	Anti-anxiety	
Loxapine (Loxitane)	Antipsychotic	
Marezine	Antiemetic	
Marinol	Antiemetic	
Mephobarbital (Mebaral)	Sedative	
Meprobamate	Anti-anxiety	
Methocarbamol (Robaxin)	Skeletal muscle relaxant	
Metoclopramide	Antiemetic	
Metocurine Iodide (Metubine Iodide)	Neuromuscular block	
Midazolam (Versed)	Sedative	
Miltown	Anti-anxiety	
Mivacurium Chlorida (Mivacron)	Neuromuscular block	
Morphine	Analgesic	
Norgesic	Skeletal muscle relaxant	
Odansetron	Antiemetic	
Oxazepam	Anti-anxiety	
Pancuronium (Pavulon)	Neuromuscular block	

Section: Appendix A: Paralytics and Sedatives

Sedatives	Class	
Pentobarbital (Nembutal)	Sedative	
Perphenazine	Antiemetic	
Phenergan	Antiemetic	
Phenobarbital	Anticonvulsant	
Phenytoin	Anticonvulsant	
Prochlorperazine	Antiemetic	
Promethazine	Antiemetic	
Propofol (Diprivan)	Sedative	
Quazepam (Doral)	Sedative	
Reglan	Antiemetic	
Scopolamine	Antiemetic	
Secobarbital Sodium	Sedative	
Serax	Anti-anxiety	
Sinequan	Anti-anxiety	
SOMA	Skeletal muscle relaxant	
Stadol	Analgesic	
Succinylcholine Chlorida (Anectine)	Neuromuscular block	
Tegretol	Anticonvulsant	
Thiethylperazine Maleate	Antiemetic	
Thioridazine (Mellaril)	Antipsychotic	
Thorazine	Antiemetic	
Tigan	Antiemetic	
Tizanidine (Zanaflex)	Skeletal muscle relaxant	
Topamax	Anticonvulsant	
Topiramate	Anticonvulsant	
Torecan	Antiemetic	
Transderm Scop	Antiemetic	
Triazolam (Halcion)	Sedative	
Trilafon	Antiemetic	
Trimethobenzamide	Antiemetic	
Tubocurarine Chloride	Neuromuscular block	
Valium	Anti-anxiety	
Vecuronium Bromide (Norcuron)	Neuromuscular block	
Vicodin	Analgesic	
Vistaril	Anti-anxiety, Antiemetic	
Xanax	Anti-anxiety	
Zofran	Antiemetic	
Zolpidem Tartrate (Ambien)	Sedative	
Zydone	Analgesic	