

Kansas Trauma Registry



State-Required Core Data Elements

<p style="text-align: center;"><u>Demographic Information</u></p> <p>Facility Number Trauma Number ED/Arrival Date/Time Gender Race Ethnicity Date of Birth Age Residence City, County, State, Zip-Code</p> <p style="text-align: center;"><u>Injury Information</u></p> <p>Incident Date/Time Primary Injury Type ICD-9-CM E-code (External Cause of Injury) Description of Injury Circumstances Place of Injury Category Injury Location City, County, State, Zip-Code Protective Devices - Restraints Protective Devices - Airbag Protective Devices - Equipment</p> <p style="text-align: center;"><u>Prehospital Information</u></p> <p><i>Section Repeats for each Transport Provider</i> Mode of Transportation Run Sheet Received/Complete Call Received Date/Time Dispatched Date/Time In Route Date/Time Arrived Location Date/Time Patient Contact Date/Time Departed Location Date/Time Arrived Facility Date/Time Systolic/Diastolic Blood Pressure Heart Rate Initial Unassisted Respiratory Rate Glasgow Coma Score (Motor, Eye, Verbal, Total) Glasgow Coma Score Assessment Qualifier Revised Trauma Score (unweighted) Airway CPR Fluids MAST</p>	<p style="text-align: center;"><u>Emergency Department</u></p> <p>Admitting Service Transferring Facility ID ED Disposition/Admit to OR Disposition Unassisted Respiratory Rate Systolic/Diastolic Blood Pressure Heart Rate Oxygen Administered Oxygen Saturation Base Deficit Temperature Glasgow Coma Score (Motor, Eye, Verbal, Total) Glasgow Coma Score Assessment Qualifier Revised Trauma Score (weighted) EtOH/BAC Test Results Drug Screen Results Abdominal CT Results Head CT Results Airway Trauma Surgeon Timely Arrival</p> <p style="text-align: center;"><u>Procedures & Diagnoses</u></p> <p>ICD-9-CM Procedure Code Procedure Date, Start Time, Stop Time ICD-9-CM Diagnosis Code - Injury Abbreviated Injury Score (AIS) Injury Severity Scores (ISS and TRISS) ICD-9-CM Diagnosis Code - Comorbid Condition</p> <p style="text-align: center;"><u>Outcomes</u></p> <p>Discharge Date/Time Discharge Vital Status Discharge To (Facility ID) Days on Ventilator Days in Intensive Care Unit Disabilities at Discharge - Feeding Score/Qualifier Disabilities at Discharge - Ambulation Score/Qualifier Disabilities at Discharge - Communication Score/Qualifier Condition on Discharge Primary Payor Source Total Hospital Charges Total Hospital Collection Autopsy Performed</p> <p style="text-align: center;"><u>Quality Assurance/Quality Improvement</u></p> <p>Non-Injury-Related Occurrences</p>
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