

## Tri-State Trauma Coalition – Data Collection Form

### PATIENT DEMOGRAPHIC DATA

<b>CODER:</b>	<b>INSTITUTE NO:</b>	<b>ABSTRACT STATUS</b>	
		Complete	Incomplete
<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>M.I.</b>	<b>MEDICAL RECORD #</b>
<b>GENDER:</b> Male    Female    ND	<b>RACE:</b> Black    Hispanic    Asian/Pac. Island American Indian    White    Other    ND    UNK	<b>INJURY TIME:</b>	<b>INJURY DATE:</b>
<b>ZIP CODE OF RESIDENCE</b>	<b>NOTES:</b>		

### EVENT DATA

<b>CAUSE CODE:</b> ATV    ASSAULT    BIKE    BURN    DIVE    DROWN EXP    FALL    GSW    HANG    MCC    MVC    OV    PED    SMOKE SPORT    STAB    SUFF    OTHER: _____	<b>CAUSE E-CODE:</b> E _____ E _____	<b>TRAUMA TYPE:</b> Blunt    Penetrating    Burns    Asphyxia    ND
<b>COUNTY/STATE OF INJURY:</b>	<b>INJURY LOCATION:</b> FARM    HOME    PUBLIC REC    RES    STREET    WORK    MINE OTHER _____    UNK    ND	<b>WORK RELATED:</b> Yes    No
<b>EXTRICATION:</b> Yes    No		

<b>TRIAGE</b> <b>ADULT EMS TRIAGE</b> A1 – GCS <=13 A2 – LOC => 5 min. A3 – Deteriorating Consciousness A4 – GCS motor <= 4 A5 – Resp <10 or > 29 A6 – Endotrach. Intub A7 – Relief of Tens. Pnthx A8 – Pulse > 120 w/shock A9 – SBP <90 A10 – Penetrating Trauma A11 – Sign. Pen trauma prox elbow A12 – Visible crush head,neck, torso A13 – Inj to torso w/abdomen tender	A14 – Inj to torso w/evidence pelvic fx A15 – Inj to torso w/flail chest A16 – Inj to extremities w/amputation A17 – Inj to extremities w/visible crush A18 – Inj to extremities w/>2 prox LB fxs A19 – Inj to extremities w/neurovasc A20 – Signs/Symptoms SCI A21 – Burn >10% TBSA 2 <sup>nd</sup> /3 <sup>rd</sup> degree A22 – Mechanism of Injury A23 – Specific Considerations A24 – Non-Trauma patient A25 – No criteria documented A26 – Not applicable, Arrived by private auto or referred from outside hospital	<b>PEDIATRIC EMS TRIAGE</b> P1 – GCS <=13 P2 – LOC => 5 min. P3 – Deteriorating Consciousness P4 – GCS motor <= 4 P5 – Evidence of poor perfusion P6 – Evidence of respiratory distress/failure P7 – Penetrating Trauma P8 – Sign. Pen trauma prox elbow P9 – Visible crush head,neck, torso P10 – Inj to torso w/abdomen tender P11 – Inj to torso w/evidence pelvic fx P12 – Inj to torso w/flail chest P13 – Inj to extremities w/amputation P14 – Inj to extremities w/visible crush P15 – Inj to extremities w/>2 prox LB fxs P16 – Inj to extremities w/neurovasc	P17 – Signs/Symptoms SCI P18 – Burn >10% TBSA 2 <sup>nd</sup> /3 <sup>rd</sup> degree P19 – Mechanism of Injury P20 – Specific Considerations P21 – Non-Trauma patient P22 – No criteria documented P23 – Not applicable, Arrived by private auto or referred from outside hospital	<b>PROTECTIVE DEVICES:</b> AIR    INFSEAT    HELMET SEATBELT NONE    NA    UNK    ND Other: _____ <b>TOX:</b> Amphetamine    Marijuana Benzodiazepine    Cocaine Opiates    PCP    Other: _____ Not Tested    Not Documented <b>TOX RESULTS:</b> _____
<b>CO-MORBIDITY</b> <b>RISK FACTORS:</b> A01 Hx Cardiac V45.0,V42.1 A02 CAD 414.9, 414.0 A03 CHF 428.0, 425.0-9 A04 CorPulm 415.0,416.8,9 A05 MI 410.0-412,429 A06 HTN 401,402 A99 Other Cardiac B01 IDDM 250 B02 NIDDM 250 B99 Other Diabetes C01 Peptic Ulcer 533	C02 Gastric or Esoph Varices 456.0-2 C03 Pancreatitis 577.0 C04 Inflammatory Bowel Dis 558.9 C99 Other Gastric D01 Acquired Coagulopathy 286.7 D02 Coumadin Therapy V5861 D03 Hemophilia 286.0-4 D04 Anemia 285.0, 285.8, 285.9 D05 Other Hematologic D06 Sickle Cell Disease E00 Psychiatric V11, V40.2 F01 HIV/AIDS 079.53 F02 Steroids	F03 Transplant V42X F04 Chemotherapy V58.1 F99 Other Immunosp. G01 Bilirubin > 20% mg. G02 Cirrhosis 571.2, 571.5 G03 Other Hepatic H01 Current Therapy H02 Metastasis H99 Other Malignancy I 01 Rheumatoid Arthritis 714.0-9 I02 Lupus 710.0 I99 Other Metabolic Disease	J01 Spinal Cord Injury 806. 952-954 J02 Multiple Sclerosis 340 J03 Alzheimer's Disease 290.0-13,331.0 J04 Seizure 780.3 J05 Chrn. Demyelinating Dis.341.0-9 J06 Chronic Dementia 290.10 J07 Organic Brain Syndrome 310.9 J09 CVA/Hemiparesis 342.0-9 J10 Mental Retardation K00 Obesity 278.00-01 L01 Hx Pulmonary Disease L02 Asthma 493.0-9	L03 COPD 493.2-496 L04 Chronic Pulm Disease 496 L99 Other Pulmonary Dis M01 Serum Creatinine > 2mg M02 Dialysis V56.0,V45.1,V56.8 M99 Other Renal Disorder N01 Chronic Drug Abuse 304.0-9 N02 Chronic Alcohol Abuse 303.9 N99 Other Substance Abuse P00 Pregnancy V22 ND Not Documented NONE No Risks

EMS Data

PT TRANSFERRED FROM ANOTHER FACILITY    YES            NO		REFERRING FACILITY CODE: _____
TRANSPORT MODE: AR AS HR HS POL POV ND AGENCY: _____ TRIP FORM: Y N NA ND FORM COMPLETE: Y N	DISPATCH TIME/DATE: _____ ARRIVED TIME/DATE: _____ DEPART TIME/DATE: _____ AGENCY DESTINATION: _____ DESTINATION TIME/DATE: _____	INITIAL SCENE PROCEDURES CPR: Y N    FLUIDS: Y N    CHEST: Y N THORA: Y N    IMMOB: Y N    CCOLLAR: Y N BBOARD: Y N INITIAL SCENE VITAL SIGNS: RESP: _____    B/P: _____ / _____ GCS EYE: _____    VERBAL: _____    MOTOR: _____ GLASCOW TOTAL: _____ INTUBATED: Y N Type: _____ PARALYTICS: Y N

REFERRING HOSPITAL DATA

REFERRING HOSPITAL VITAL SIGNS: RESP: _____    B/P: _____ / _____ GCS EYE: _____    VERBAL: _____    MOTOR: _____ GLASCOW TOTAL: _____	REFERRING HOSPITAL PROCEDURES CPR: Y N    FLUIDS: Y N    CHEST: Y N THORA: Y N    IMMOB: Y N    CCOLLAR: Y N BBOARD: Y N INTUBATED: Y N Type: _____ PARALYTICS: Y N
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HOSPITAL DATA

HOSP - ARRIVAL TIME/DATE: _____ ADMITTING SERVICE: _____ ADMIT TYPE: Direct    Emergency ADMIT SOURCE: Scene    OH Hosp    Out of State Hosp FORM COMPLETE: Y N NA	ED-ADMIT TIME/DATE: _____ ED-DISCHARGE TIME/DATE: _____ ED DISPOSITION: _____ AMA Floor ICU OR STEP OBS COR D DOA Home Home w/ HHS JAIL NUR REH TRANS..OH    TRANS.OOS OTHER: _____ NA    ND TRANSFER TO FACILITY: _____	TIME IN ED: _____ TOTAL LOS: _____ DAYS IN ICU: _____ TOTAL DAYS ON VENT: _____
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TIME	DATE	UNIT	TIME	ED PROCEDURES:	INITIAL VS:	OUTCOME:
_____	_____	_____	_____	DPL: Y N            ABDUS: Y N	*If a direct admit, record 1 <sup>st</sup> set VS on unit	Dead            Alive
_____	_____	_____	_____	ABDCT: Y N            CHEST: Y N	RESP: _____	DATE/TIME OF DEATH: _____
_____	_____	_____	_____	FLUIDS: Y N            CPR: Y N	B/P: _____ / _____	AUTOPSY CHARTED: Y N ND NA
_____	_____	_____	_____	HEADCT: Y N            IMMOB: Y N	EYE: _____	ORGANS REQUESTED/GRANTED: YY YN NN ND NA
_____	_____	_____	_____	CCOLLAR: Y N            BBOARD: Y N	VERBAL: _____	ORGANS DONATED: CORNEA    HEART    LUNG
_____	_____	_____	_____	THORA: Y N	MOTOR: _____	KIDNEY    LIVER    MARROW    PANCREAS
_____	_____	_____	_____		GLASCOW: _____	SKIN    OTHER    NONE    ND
_____	_____	_____	_____		TEMP: _____	
_____	_____	_____	_____		INTUBATED: Y N	
_____	_____	_____	_____		Type: _____	
_____	_____	_____	_____		PARALYTICS: Y N	

PROCEDURE DATA									
CODE	EPISODE	LOCATION	ICD-9	RESULT	MD	START TIME	START DATE	STOP TIME	STOP DATE
IMMOB				NA					
CCOLLAR				NA					
BBOARD				NA					
FLUIDS				NA					
CPR				NA					
CHEST				NA					
THORA				NA					
ABDUS				NA					
DPL				NA					
ABDCT				POS NEG					
HEADCT				POS NEG					
VENT DAYS				NA					
OTHER									
OTHER									
OTHER									

**PERFORMANCE IMPROVEMENT**

<p><b>COMPLICATIONS:</b> (Circle all that apply, include date complication identified &amp; any notations of interest)</p> <p>ARDS _____</p> <p>Aspiration Pneumonia _____</p> <p>Bacteremia _____</p> <p>Cardiac Arrest _____</p> <p>Coagulopathy _____</p> <p>Compartment Syndrome _____</p> <p>Deep Vein Thrombosis _____</p> <p>Disseminated Fungal Infection _____</p> <p>Dehiscence/Evisceration _____</p> <p>Empyema _____</p> <p>Esophageal Intubation _____</p> <p>Fat Emboli _____</p> <p>Hypothermia _____</p> <p>Intra-Abdominal Abscess _____</p> <p>Jaundice _____</p> <p>Loss of Operative Fixation _____</p> <p>Myocardial Infarction _____</p> <p>Progression Neuro Insult _____</p>	<p>Pancreatitis _____</p> <p>Pneumonia _____</p> <p>Pneumothorax _____</p> <p>Pulmonary Embolism _____</p> <p>Renal Failure _____</p> <p>Sepsis _____</p> <p>Skin Breakdown _____</p> <p>Urinary Tract Infection _____</p> <p>Wound Infection _____</p> <p>Death _____</p> <p>No Response to resuscitation _____</p> <p>None    Other    NA    ND    Not Done    UNK</p>	<p><b>PAYMENT SOURCE:</b></p> <p>MCAID</p> <p>MCARE</p> <p>COMM INSUR</p> <p>SELF</p> <p>WORKCOMP</p> <p>ND</p> <p><b>TOTAL CHARGES:</b> \$ _____</p>
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