

**FLORIDA TRAUMA REGISTRY
MINIMUM DATA SET REQUIREMENTS**

The following table lists each data item from the Florida Trauma Registry and whether or not it is required as part of the minimum data set (MDS) detailed in the Florida Trauma Registry Manual. Please note that all fields are required to be submitted to the registry. The MDS indicates those fields where data must be collected and something other than the default item (-4: Not Reported) submitted to the state registry. While those fields not included in the minimum data set are not required to be collected, data entered into those fields should be reported.

#	FIELD	SECTION	REQUIRED
1	PATIENT IDENTIFIER	DEMO	YES
2	SOCIAL SECURITY NUMBER	DEMO	YES
3	FIRST NAME	DEMO	NO
4	MIDDLE INITIAL	DEMO	NO
5	LAST NAME	DEMO	NO
6	GENDER	DEMO	YES
7	RACE	DEMO	YES
8	BIRTH DATE	DEMO	YES
9	AGE	DEMO	YES
10	CITY	DEMO	YES
11	OCCUPATION	DEMO	NO
12	MANUAL AGE	DEMO	NO
13	AGE RANGE	DEMO	NO
14	COUNTRY OF RESIDENCE	DEMO	NO
15	COUNTY OF RESIDENCE	DEMO	YES
16	FULL NAME	DEMO	NO
17	STATE OF RESIDENCE	DEMO	NO
18	ZIP CODE	DEMO	YES
19	TRAUMA REGISTRY NUMBER	DEMO	YES
20	INJURY DATE	INJURY	YES
21	INJURY TIME	INJURY	YES
22	INJURY LOCATION (CITY)	INJURY	NO
23	BLUNT/PENETRATING	INJURY	YES
24	SITE/PLACE OF OCCURRENCE	INJURY	YES
25	E CODE	INJURY	YES
26	INJURY: COUNTRY	INJURY	NO
27	COUNTY	INJURY	YES
28	POSITION	INJURY	NO
29	SAFETY EQUIPMENT	INJURY	YES
30	INJURY LOCATION STATE	INJURY	YES
31	INJURY ZIP CODE	INJURY	NO
32	EMS PROVIDER ID	PREHOSP	YES
33	RUN NUMBER	PREHOSP	YES
34	SCENE EMS REPORT	PREHOSP	YES
35	CONDITION AT SCENE	PREHOSP	YES
36	DISPATCH DATE	PREHOSP	YES
37	DISPATCH TIME	PREHOSP	YES
38	SCENE ARRIVAL TIME	PREHOSP	NO

#	FIELD	SECTION	REQUIRED
39	DEPART SCENE TIME	PREHOSP	NO
40	ARRIVAL TIME (AT INITIAL HOSPITAL)	PREHOSP	YES
41	PULSE (RATE AT SCENE)	PREHOSP	YES
42	RESPIRATORY RATE AT SCENE	PREHOSP	YES
43	SYSTOLIC BLOOD PRESSURE AT SCENE	PREHOSP	YES
44	EYE RESPONSE AT SCENE	PREHOSP	YES
45	VERBAL RESPONSE AT SCENE	PREHOSP	YES
46	MOTOR RESPONSE AT SCENE	PREHOSP	YES
47	ASSESSMENT QUALIFIER FOR CALC GCS AT THE SCENE	PREHOSP	YES
48	ASSESSMENT QUALIFIER FOR MAN GCS AT THE SCENE	PREHOSP	NO
49	SCENE MANUAL GCS	PREHOSP	NO
50	SCENE CPR	PREHOSP	YES
51	AIRWAY AT THE SCENE	PREHOSP	YES
52	FLUID MANAGEMENT AT SCENE	PREHOSP	NO
53	NEEDLE THORACOSTOMY	PREHOSP	NO
54	THORACENTESIS/TUBE THORACOSTOMY	PREHOSP	NO
55	PREHOSPITAL: DRUGS GIVEN	PREHOSP	YES
56	PREHOSPITAL: CALCULATED GCS	PREHOSP	YES
57	CALCULATED RTS AT SCENE	PREHOSP	NO
58	MANUAL RTS AT SCENE	PREHOSP	NO
59	PREHOSPITAL: EMS SCENE TIME	PREHOSP	NO
60	TRANSPORT TIME	PREHOSP	NO
61	HOSPITAL TRANSFER	REFER HOSP	YES
62	ARRIVAL DATE AT REFERRING HOSPITAL	REFER HOSP	YES
63	ARRIVAL TIME AT REFERRING HOSPITAL	REFER HOSP	YES
64	REFERRING HOSPITAL: TRANSFER TIME	REFER HOSP	YES
65	DISCHARGE DATE AT REFERRING HOSPITAL	REFER HOSP	YES
66	DISCHARGE TIME AT REFERRING HOSPITAL	REFER HOSP	YES
67	REFERRING HOSPITAL NAME	REFER HOSP	YES
68	DIRECT ADMISSION	ED ADMIT	YES
69	ARRIVAL/ADMIT DATE	ED ADMIT	YES
70	ED ADMISSION: ARRIVAL/ADMIT TIME	ED ADMIT	YES
71	ARRIVED FROM	ED ADMIT	YES
72	TRANSPORT	ED ADMIT	YES
73	TRAUMA ALERT TYPE	ED ADMIT	YES
74	RED TRAUMA ALERT CRITERIA	ED ADMIT	YES
75	BLUE 1 TRAUMA ALERT CRITERIA	ED ADMIT	YES
76	BLUE 2 TRAUMA ALERT CRITERIA	ED ADMIT	YES
77	COMPLAINT	ED ADMIT	YES
78	CONDITION	ED ADMIT	YES
79	ED DISCHARGE DATE	ED ADMIT	YES
80	ED DISCHARGE TIME	ED ADMIT	YES
81	LENGTH OF STAY	ED ADMIT	YES
82	TRAUMA TEAM (LEVEL 1) ACTIVATION	ED ADMIT	YES
83	TRAUMA TEAM (LEVEL 2) ACTIVATION	ED ADMIT	YES
84	TRAUMA TEAM (LEVEL 3) ACTIVATION	ED ADMIT	NO
85	TRAUMA TEAM (LEVEL 1) ACTIVATION TIME	ED ADMIT	YES

#	FIELD	SECTION	REQUIRED
86	TRAUMA TEAM (LEVEL 2) ACTIVATION TIME	ED ADMIT	YES
87	TRAUMA TEAM (LEVEL 3) ACTIVATION TIME	ED ADMIT	NO
88	TRAUMA TEAM (LEVEL 1) ELAPSED TIME	ED ADMIT	YES
89	TRAUMA TEAM (LEVEL 2) ELAPSED TIME	ED ADMIT	YES
90	TRAUMA TEAM (LEVEL 3) ELAPSED TIME	ED ADMIT	NO
91	SURGERY/TRAUMA PHYSICIAN TIMELY	ED ADMIT	NO
92	SURGICAL SENIOR RESIDENT PHYSICIAN PRESENT	ED ADMIT	YES
93	SURGICAL SENIOR RESIDENT PHYSICIAN CALLED	ED ADMIT	YES
94	ANESTHESIA PHYSICIAN PRESENT	ED ADMIT	YES
95	ANESTHESIA PHYSICIAN CALLED	ED ADMIT	YES
96	ANESTHESIA PHYSICIAN RESPONSE TIME	ED ADMIT	YES
97	ANESTHESIA PHYSICIAN TIMELY	ED ADMIT	NO
98	LEVEL 3 PATIENT ED ARRIVAL	ED ADMIT	NO
99	SURGICAL RESIDENT PHYSICIAN RESPONSE TIME	ED ADMIT	YES
100	SURGICAL RESIDENT PHYSICIAN TIMELY	ED ADMIT	YES
101	EMERGENCY MEDICINE PHYSICIAN PRESENT	ED ADMIT	YES
102	EMERGENCY MEDICINE PHYSICIAN CALLED	ED ADMIT	YES
103	EMERGENCY MEDICINE PHYSICIAN RESPONSE TIME	ED ADMIT	YES
104	EMERGENCY MEDICINE PHYSICIAN TIMELY	ED ADMIT	NO
105	NEUROSURGEON ARRIVED	ED ADMIT	YES
106	NEUROSURGEON CALLED	ED ADMIT	YES
107	NEUROSURGEON RESPONSE TIME	ED ADMIT	YES
108	NEUROSURGICAL TRAUMA PHYSICIAN TIMELY	ED ADMIT	NO
109	ORTHOPEDIC SURGEON PRESENT	ED ADMIT	YES
110	ORTHOPEDIC SURGEON CALLED	ED ADMIT	YES
111	ORTHOPEDIC SURGEON RESPONSE TIME	ED ADMIT	YES
112	ORTHOPEDIC TRAUMA PHYSICIAN TIMELY	ED ADMIT	NO
113	TRAUMA SURGEON ARRIVED	ED ADMIT	YES
114	TRAUMA SURGEON CALLED	ED ADMIT	YES
115	TRAUMA SURGEON RESPONSE TIME	ED ADMIT	YES
116	TEMPERATURE IN ED	ED ASSESS I	YES
117	SYSTOLIC BLOOD PRESSURE IN ED	ED ASSESS I	YES
118	PULSE RATE IN ED	ED ASSESS I	YES
119	RESPIRATORY RATE IN ED	ED ASSESS I	YES
120	RESPIRATORY RATE QUALIFIER	ED ASSESS I	NO
121	EYE SCORE ON GCS IN ED	ED ASSESS I	YES
122	VERBAL SCORE ON GCS IN ED	ED ASSESS I	YES
123	MOTOR RESPONSE ON GCS IN ED	ED ASSESS I	YES
124	ASSESSMENT QUALIFIER FOR CALC GCS ON ED ARRIVAL	ED ASSESS I	NO
125	ASSESSMENT QUALIFIER FOR MAN GCS ON ED ARRIVAL	ED ASSESS I	NO
126	REVISED TRAUMA SCORE IN ED	ED ASSESS I	YES
127	CPR MANAGEMENT IN ED	ED ASSESS I	YES
128	UNITS OF BLOOD GIVEN IN ED	ED ASSESS I	YES
129	ETOH	ED ASSESS I	YES
130	HEMATOCRIT VALUE	ED ASSESS I	NO
131	BASE DEFICIT	ED ASSESS I	NO
132	CPR PERFORMED (Y/N)?	ED ASSESS I	NO

#	FIELD	SECTION	REQUIRED
133	TOXICOLOGY/DRUG SCREEN	ED ASSESS I	YES
134	DRUGS GIVEN	ED ASSESS I	NO
135	CALCULATED GLASGOW COMA SCORE IN ED	ED ASSESS I	YES
136	MANUAL GLASGOW COMA SCORE IN ED	ED ASSESS I	NO
137	MANUAL REVISED TRAUMA SCORE IN ED	ED ASSESS I	NO
138	MANUAL WEIGHTED REVISED TRAUMA SCORE	ED ASSESS I	NO
139	HEAD CT SCAN RESULTS	ED ASSESS II	NO
140	HEAD CT DATE	ED ASSESS II	NO
141	HEAD CT TIME	ED ASSESS II	NO
142	ABDOMINAL CT SCAN RESULTS	ED ASSESS II	NO
143	ABDOMINAL CT DATE	ED ASSESS II	NO
144	ABDOMINAL CT TIME	ED ASSESS II	NO
145	ABDOMINAL ULTRASOUND	ED ASSESS II	NO
146	ABDOMINAL ULTRASOUND DATE	ED ASSESS II	NO
147	ABDOMINAL ULTRASOUND TIME	ED ASSESS II	NO
148	CHEST CT	ED ASSESS II	NO
149	CHEST CT DATE	ED ASSESS II	NO
150	CHEST CT TIME	ED ASSESS II	NO
151	DIAGNOSTIC PERITONEAL LAVAGE	ED ASSESS II	NO
152	PERITONEAL LAVAGE DATE	ED ASSESS II	NO
153	PERITONEAL LAVAGE TIME	ED ASSESS II	NO
154	AORTOGRAM	ED ASSESS II	NO
155	AORTOGRAM DATE	ED ASSESS II	NO
156	AORTOGRAM TIME	ED ASSESS II	NO
157	ANTERIO/ANGIOGRAM	ED ASSESS II	NO
158	ARTERIOGRAM/ANGIOGRAM DATE	ED ASSESS II	NO
159	ARTERIOGRAM/ANGIOGRAM TIME	ED ASSESS II	NO
160	ADMITTING SERVICE	ED ASSESS II	YES
161	ED DISPOSITION OF THE PATIENT	ED ASSESS II	YES
162	OR DISPOSITION	ED ASSESS II	YES
163	CONSULT CODE	ED ASSESS II	NO
164	CONSULT DATE	ED ASSESS II	NO
165	CONSULT NUMBER	ED ASSESS II	NO
166	CONSULT TIME	ED ASSESS II	NO
167	AIS CODE	DIAGNOSES	YES
168	CALCULATED AIS ABDOMEN	DIAGNOSES	NO
169	CALCULATED AIS CHEST	DIAGNOSES	NO
170	CALCULATED AIS EXTREMITIES	DIAGNOSES	NO
171	CALCULATED AIS FACE	DIAGNOSES	NO
172	CALCULATED AIS HEAD/NECK	DIAGNOSES	NO
173	AIS90 AIS	DIAGNOSES	NO
174	CALCULATED AIS SKIN/SOFT TISSUE (EXTERNAL)	DIAGNOSES	NO
175	AIS BODY	DIAGNOSES	NO
176	DIAGNOSIS #1	DIAGNOSES	NO
177	DX NUMBER	DIAGNOSES	YES
178	ICD-9 CODE	DIAGNOSES	YES
179	ICD-9 DESCRIPTION	DIAGNOSES	NO

#	FIELD	SECTION	REQUIRED
180	ICD-9 FULL DESCRIPTION	DIAGNOSES	NO
181	INJURY SEVERITY SCORE (ISS)	DIAGNOSES	YES
182	ISS RANGE	DIAGNOSES	NO
183	OPERATIVE THERAPY	DIAGNOSES	NO
184	PROBABILITY OF SURVIVAL (PS)	DIAGNOSES	NO
185	ACTION	COMORBIDITY	NO
186	COMORBIDITY NUMBER	COMORBIDITY	NO
187	COMORBIDITY CODE	COMORBIDITY	YES
188	DATE OF PROCEDURE	PROCEDURES	YES
189	ICD-9 PROCEDURE CODE	PROCEDURES	YES
190	ICD-9 DESCRIPTION	PROCEDURES	NO
191	ICD-9 FULL DESCRIPTION	PROCEDURES	NO
192	OPERATIVE LOCATION	PROCEDURES	NO
193	OPERATION NUMBER	PROCEDURES	YES
194	OR VISIT NUMBER	PROCEDURES	YES
195	TIME OF PROCEDURE	PROCEDURES	YES
196	PROCEDURE TIME POSTED (BOOKED TIME)	PROCEDURES	NO
197	PEER REVIEW JUDGMENT OF A COMPLICATION	COMPLICATIONS	YES
198	TRACS CODE	COMPLICATIONS	NO
199	PEER REVIEW JUDGMENT OF A PI	PI	YES
200	23 HOURS OBSERVATION	HOSP OUTCOME	YES
201	AUTOPSY	HOSP OUTCOME	NO
202	CIRCUMSTANCES OF DEATH	HOSP OUTCOME	NO
203	DAYS IN HOSPITAL	HOSP OUTCOME	YES
204	TOTAL DAYS IN THE ICU	HOSP OUTCOME	YES
205	DEATH LOCATION	HOSP OUTCOME	NO
206	DISCHARGE DATE	HOSP OUTCOME	YES
207	DISCHARGE SERVICE	HOSP OUTCOME	NO
208	FIM EXPRESSION SCORE	HOSP OUTCOME	YES
209	STATUS OF FIM EXPRESSION SCORE	HOSP OUTCOME	YES
210	FIM LOCOMOTION SCORE	HOSP OUTCOME	YES
211	STATUS OF FIM LOCOMOTION SCORE	HOSP OUTCOME	YES
212	FIM SELF-FEEDING SCORE	HOSP OUTCOME	YES
213	STATUS OF FIM SELF-FEEDING SCORE	HOSP OUTCOME	YES
214	CALCULATED FIM SCORE	HOSP OUTCOME	YES
215	HOSPITAL DISPOSITION	HOSP OUTCOME	YES
216	ORGAN DONATION	HOSP OUTCOME	NO
217	PATIENT DIRECTIVE APPLIED	HOSP OUTCOME	NO
218	VENTILATOR SUPPORT DAYS	HOSP OUTCOME	YES
219	RESOURCE UTILIZATION	HOSP OUTCOME	NO
220	DRG CODE	HOSP OUTCOME	NO
221	HOSPITAL CHARGES	FINANCIAL	YES
222	PRIMARY PAYOR SOURCE	FINANCIAL	YES
223	SEND TO ACS	FINANCIAL	NO
224	WORK RELATED INJURY	FINANCIAL	YES