FLORIDA
ACUTE CARE
TRAUMA REGISTRY MANUAL

DATA DICTIONARY
2014 EDITION

DOCUMENT CONTENTS

DICTIONARY OVERVIEW

Welcome to the Florida Department of Health Acute Care Trauma Registry Manual Data Dictionary. This manual serves as the requirement for the data elements within the Florida Acute Care Trauma Registry, an extension to the Florida Trauma Registry.

Dictionary Design

The 2014 Florida Acute Care Trauma Registry Manual Data Dictionary (ACTRM dictionary) encompasses Florida specific data elements and data elements from the National Trauma Data Standard Data Dictionary (NTDS dictionary). The Department has deemed the elements in this dictionary as essential for reporting trauma patient information. An acute care facility may choose to participate fully in the Florida Trauma Registry by submitting all of the Florida and National data elements listed in the *Florida Trauma Registry Manual Data Dictionary, 2014 Edition (FTRM dictionary)* data dictionary. All fields not listed in this dictionary are considered "optional" and may be found at www.floridahealth.gov/certificates-and-registries/trauma-registry . At a minimum, a non-verified trauma center must submit all fields listed in this ACTRM dictionary designated as "Required" and "Conditional" when applicable; but may choose to submit all of the data elements pertinent to trauma patient treatment rendered at their facility.

Field Contents

In the National and Florida data dictionaries, a field can be "non-blank" in one of two ways – it can contain a Field Data Value (FDV), or it can have a Common Null Value (CNV). For example, a Field Data Value that might be in the field *O_03 Hospital Discharge Date* would be "2013-04-05". But if the patient was not discharged from the hospital (e.g. the patient died in the ED), the field might instead have a Common Null Value of "Not Applicable".

A field cannot contain a Field Data Value and have a Common Null Value at the same time. This is because the two Common Null Values – (1) *Not Applicable* and (2) *Not Known/Not Recorded* – are meant to serve as a "reason" for the lack of a Field Data Value in the element.

A field is described as "valued" when it contains a Field Data Value. A field is described as "non-blank" when it either contains a Field Data Value or has one of the Common Null Values. A field is described as "blank" (or "empty") when it does not contain a Field Data Value or a Common Null Value, or is just simply absent from the submission file.

Required Fields

For the purposes of this data dictionary a "required" field can potentially cause a file or record rejection if it is *blank* or omitted– i.e. it does not contain a Field Data Value or have a Common Null Value as outlined in the *Field Contents* section.

The table below lists the required and conditional fields for acute care hospitals – both National and Florida. Fields marked "required" are to be "non-blank" in an acute care trauma data submission. Fields marked as conditional must be completed, if applicable to the treatment of a trauma patient. For example: If a patient did not arrive to the acute care facility via EMS, then there would be no EMS Dispatch Date or Time. All fields not listed in this manual, but exist in the *FTRM dictionary* and the NTDS dictionary is considered optional and may be submitted to the department.

The first column in the table below indicates if the data element is a Florida or National specific field, the second column is the data element name and the usage column denotes if the field is required or conditional. **Please note all National fields listed in this *data dictionary, may require annual updates,* if the American College of Surgeons makes changes to their *National Trauma Data Standard Data Dictionary.***

Data Element	Data Element Name	Usage
National	Date of Birth	Required
Florida	Local Trauma Registry Number	Required
Florida	Event Specific Patient Tracking Number (ESPTN)	Required
Florida	Social Security Number	Required
National	Injury Incident Date	Required
National	Injury Incident Time	Required
National	ICD-9 Primary E-Code	Conditional
National	ICD-10 Primary E-Code	Conditional
National	Incident Location Zip Code	Required
National	Incident County	Required
National	EMS Dispatch Date	Conditional
National	EMS Dispatch Time	Conditional
National	EMS Unit Arrival Date At Scene Or Transferring Facility	Conditional
National	EMS Unit Arrival Time At Scene Or Transferring Facility	Conditional
National	EMS Unit Departure Date From Scene Or Transferring Facility	Conditional
National	EMS Unit Departure Time From Scene Or Transferring Facility	Conditional
National	Transport Mode	Required
National	Inter-Facility Transfer	Required
Florida	Referring Hospital ID	Conditional
Florida	Referring Hospital Arrival Date	Conditional
Florida	Referring Hospital Arrival Time	Conditional
Florida	Referring Hospital Discharge Date	Conditional
Florida	Referring Hospital Discharge Time	Conditional
National	ED/Hospital Arrival Date	Required
National	ED/Hospital Arrival Time	Required
National	Initial ED/Hospital Systolic Blood Pressure	Required
National	Initial ED/Hospital Pulse Rate	Required
National	Initial ED/Hospital Respiratory Rate	Required
National	Initial ED/Hospital GCS – Eye	Required
National	Initial ED/Hospital GCS – Verbal	Required
National	Initial ED/Hospital GCS – Motor	Required
National	Initial ED/Hospital GCS Assessment Qualifiers	Required
National	ED Discharge Disposition	Required
National	Signs of Life	Required
National	ED Discharge Date	Required
National	ED Discharge Time	Required
Florida	Trauma Alert Type	Required
National	ICD-9 Injury Diagnosis	Conditional
National	ICD-10 Injury Diagnosis	Conditional
National	Locally Calculated ISS	Required
National	Hospital Discharge Date	Required
National	Hospital Discharge Time	Required
National	Hospital Discharge Disposition	Required

REPORTING REQUIREMENTS

Reporting Overview

Florida acute care hospitals are mandated to submit data to the Florida Department of Health, at a minimum, on a quarterly basis for all treatment of an injured trauma patient. The submitted data file(s) must contain (in total) the data for all trauma cases that have been discharged during that quarter. The data files submitted and received by the Trauma Program each quarter are imported and stored within the State Trauma Registry (STR) for analysis and reporting to:

- Evaluate trauma patient care and trauma center performance via integration of acute care hospitals within the trauma system
- Link with databases of other providers in the continuum of care system to evaluate trauma system performance and track patient outcomes
- Perform medical research (as permitted under Sec. 395.404 and Chapter 405, F.S.)

Inclusion Criteria

The ACTRM dictionary uses the same record inclusion criteria as the National Trauma Data Standard (NTDS), with the addition of all trauma records classified as a Trauma Alert. See the National data dictionary for more details.

Submission Schedule

A. Trauma Registry submission should be submitted electronically to the Next Generation Trauma Registry at the www.fltraumaregistry.com web site.

B. Accounts to submit data are set up for each Acute Care Facility by the Florida Department of Health. All acute care facilities shall submit trauma patient data to the department beginning January 1, 2015.

C. Data verification: Data reported to the Florida Trauma Registry must be verified (checked for completeness and accuracy) by the reporting hospital before submission to the Department.

D. Data may be submitted on a daily, weekly, monthly, or quarterly basis. Records of patients, sorted by the date of a death or discharge from the submitting hospital must be submitted to the registry by the following due dates:

Reporting Quarter	Reporting Dates	Final Submission Due Dates
Quarter 1	January 1- March 31	July 1
Quarter 2	April 1 - June 30	October 1
Quarter 3	July 1 - September 30	January 1
Quarter 4	October 1- December 31	April 1

E. Data submitted to the state must have all data elements completed that are “required” and “conditional”, if applicable, in the data set. The data dictionary section of this manual details the field requirements of each data element and what values are accepted.

F. The Department will only accept data in an XML file format based upon the NGTR XML Schema derived from this data dictionary. Records may not be submitted in another format.

G. File Acceptance: Files that contain Level 1 or Level 2 errors will be rejected and a report with the errors will be sent to the acute care facility. These files must be corrected and resubmitted before the final submission due date.

H. The Department will return an initial data completion and quality report to the reporting acute care facility within 10 business days of valid submission receipt. This report will show single records that are rejected.

I. A record may have up to 5 level 3, 4, or 5 errors before being considered invalid. Flagged records will be returned to the hospital for verification of data and correction and resubmission. Resubmissions must be received by the final submission due date. The acute care facility's total record count must be 90% valid for each quarter. Each data point submitted by the acute care facility must be valid at least 90% of the time.

J. The Department may audit (by site visit, desk audit or through an agent) an acute care hospital's medical records for the purpose of validating reported trauma registry data at any time.

Extension Requests

Extensions to the final submission due dates in the Florida Acute Care Trauma Patient Registry Manual Data Dictionary, 2014 Edition may be granted by the department for a maximum of 30 days from the final submission due date. A written request signed by the hospital's chief executive officer must be received by the department prior to the final submission due date (scanned image sent via email or FAX is acceptable).

Extension requests are only granted for unforeseen factors beyond the control of the reporting facility. These factors must be specified in the written request for the extension along with documentation of efforts undertaken to meet the submission requirements. Staff vacations or maternity leave are not considered "unforeseen" requests. Extensions must be approved by the program office and will not be granted verbally.

Error Levels

Any errors generated as a result of a failure to meet the condition defined within a business rule will reference the business rule as well as the field name (data element), the level of the error, and any other descriptive information.

Error: <Business Rule Reference> <Field Name> <Level> <Description>

Where Level is defined as:

- **<u>Level 1</u>: Reject – XML format -** – any element that does not conform to the "rules" of the XSD. That is, these are errors that arise from XML data that cannot be parsed or would otherwise not be legal XML. Some errors in this Level do not have a Rule ID – for example: illegal tag, commingling of null values and actual data, out of range errors, etc.
- **<u>Level 2</u>: Reject – Exclusion Criteria**
- **Additional levels are defined for each data element in the Business Rules table**
  - **<u>Level 3</u>: Flag – Data Error**

Null Values

For any collection of data to be of value and reliably represent what was intended, a strong commitment must be made to ensure the correct documentation of incomplete data. When data elements associated with the registry are to be electronically stored in a database or moved from one database to another using XML, the indicated null values should be applied.

- **[1]** *Not Applicable*: This null value code applies if, at the time of patient care documentation, the information requested was "Not Applicable" to the patient, the hospitalization or the patient care event. For example, variables documenting EMS care would be "Not Applicable" if a patient self-transports to the hospital.

- **[2]** *Not Known/Not Recorded:* This null value applies if, at the time of patient care documentation, information was "Not Known" (to the patient, family, health care provider) or no value for the element was recorded for the patient. This documents that there was an attempt to obtain information but it was unknown by all parties or the information was missing at the time of documentation. For example, injury date and time may be documented in the hospital patient care report as "Unknown". Another example, Not Known/Not Recorded should also be coded when documentation was expected, but none was provided (i.e., no EMS run sheet in the hospital record for patient transported by EMS).

Required Elements

If a data element is defined to accept a Common Null Value, it may be implemented as optional in a acute care facility's local registry software system unless there is a business rule that has conditions where it may be required. When these data elements are exported for submission to Florida, the local registry software system should provide an appropriate Common Null Value as an attribute for those data elements in the XML submission file, unless it is required.

If a data element is defined to not accept a Common Null Value, it should be implemented as a required data element in a trauma center's local registry software system. When these data elements are exported for submission to Florida, no Common Null Values will be accepted. If a Common Null Value is submitted, an error will be generated and the record will be rejected.

DEMOGRAPHIC INFORMATION

D_07 DATE OF BIRTH	
Field Definition	The patient's date of birth.
Field Justification	Used to calculate patient age in days, months, or years.
Data Format	*[number]*
XSD Type	xs:date
XSD Element	DateOfBirth
Multiple Entry	No – A trauma patient may have only one reported date of birth.
Accepts Nulls	Yes, common null values
Required Field	Yes – This element is required in the National Trauma Data Standard (NTDS)
Field Format	Collected as YYYY-MM-DD
Field Values	Relevant value for data element
Field Constraints	**Minimum Constraint** 1890 **Maximum Constraint** 2030
Additional Info	*If age is less than 24 hours, complete variables: Age and Age Units.* *If "Not Recorded/Not Known" complete variables: Age and Age Units.*
Related Fields	

Rule ID	*Level*	*Rule Description*
0601	1	Invalid value
0602	1	Date out of range
0603	2	Blank, field must be valued
0605	3	Not Known/Not Recorded, complete variables: Age and Age Units
0606	2	Date of Birth cannot be later than EMS Dispatch Date
0607	2	Date of Birth cannot be later than EMS Unit Arrival on Scene Date
0608	2	Date of Birth cannot be later than EMS Unit Scene Departure Date
0609	2	Date of Birth cannot be later than ED/Hospital Arrival Date
0610	2	Date of Birth cannot be later than ED Discharge Date
0611	2	Date of Birth cannot be later than Hospital Discharge Date
0612	2	Date of Birth + 120 years must be less than ED/Hospital Arrival Date
0613	2	Field cannot be Not Applicable

DF_01 Local Trauma Registry Number	
Field Definition	Unique identifier generated for a patient within the Trauma Center software application/web at your facility. It should be sequentially generated for each trauma patient for each trauma incident, and it should be unique from your facility's Medical Record Number.
Field Justification	Maintains a unique patient identifier for the event. If the patient were to be admitted to the same trauma center for a different incident or event, a new trauma registry number would be generated.
Data Format	*[number]*
XSD Type	*xs:integer*
XSD Element	*LocalRegNumber*
Multiple Entry	No – A trauma patient may have only one reported unique Local Trauma Registry Number for an incident.
Accepts Nulls	No – Common Null Values (CNVs) are not accepted
Required Field	Yes – This element is required in the Florida Acute Care Trauma Patient Registry Manual Data Dictionary, 2014 Edition (FAC)
Field Format	Up to 30 digits
Field Values	Relevant value for data element
Field Constraints	The field must contain a minimum of one character
Additional Info	The local trauma registry number may not be unique statewide, but it should be unique for a given combination of a particular patient at a particular facility for a particular incident.
Related Fields	

Rule ID	***Level***	***Rule Description***
50101	1	Invalid value (element must conform to data specification)
50102	2	Blank, field must be valued
50103	2	Not Applicable, field must be valued
50104	2	Not Known/Not Recorded, field must be valued

DF_02 Event Specific Patient Tracking Number (ESPTN)	
Field Definition	Unique identifier for this patient for this event, generated by the first Florida state-licensed agency which renders service to the patient for the event
Field Justification	To create an unique identifier for patient/event information across multiple data systems and various organizations
Data Format	*[text]*
XSD Data Type	*xs:AlphaDash*
XSD Element	*ESPTN*
Multiple Entry	No – A trauma record may have only one ESPTN
Accepts Nulls	Partial – A Common Null Value (CNV) of "Not Known/Not Recorded" is valid
Required Field	Yes – This element is required in the Florida Acute Care Trauma Patient Registry Manual Data Dictionary, 2014 Edition (FAC)
Field Format	Up to 53 characters in the form: XXX_MMDDYYYY_LicNum_PatNum
Field Values	The ESPTN is comprised of the following information: XXX A three character code indicating the type of agency: the code is either "EMS" for EMS agency, "HOS" for hospital agency, or "LAW" for law enforcement agency MM The two-digit month DD The two-digit day of the month YYYY The four-digit year LicNum The Florida state-issued license number of the agency PatNum The agency-assigned patient number
Field Constraints	This field should contain at least 20 characters, consisting of the three-character agency type (1-3), the first underscore (4), the eight-digit date (5-12), the second underscore (13), a minimum three character Florida state-issued license number (14-16), the third underscore (17), and a minimum three character agency-assigned patient number (18-20)
Additional Info	▪ The state-issued license number should be unique within an agency type, but may not be unique across agency types ▪ The agency-assigned patient number should be unique for that patient within the context of that agency, but may not be unique across multiple events for the same patient within the agency
References	

Rule ID	*Level*	*Rule Description*
50201	1	Invalid value (element must conform to data specification)
50202	2	Blank, this field must be valued
50204	3	The "MMDDYYYY" date in the ESPTN should not be earlier than the *NTDS I_01 Injury Incident Date* value
50205	3	The "MMDDYYYY" date in the ESPTN should not be later than the date of submission for the trauma registry data record
50206	3	The "LicNum" in the ESPTN should exist in the master list of license numbers for that agency type

DF_03 Social Security Number	
Field Definition	The U.S Government issued Social Security Number for the patient
Field Justification	Linkage to other data sources used to uniquely track the patient, either for this event, or for multiple events.
Data Format	*[text]*
XSD Data Type	*xs:string*
XSD Element	*PatientSsn*
Multiple Entry	No – A trauma patient may have only one reported Social Security Number.
Accepts Nulls	No – Common Null Values (CNVs) are not accepted
Required Field	Yes – This element is required in the Florida Acute Care Trauma Patient Registry Manual Data Dictionary, 2014 Edition (FAC)
Field Format	Eleven characters formatted as “nnn-nn-nnnn” where “n” is a number between 0 and 9. (Note that this element is encrypted by the State.)
Field Values	Relevant value for data element. If the SSN is unknown, use the following that pertain: 000-00-0000 = Infants who are 1 year old or less. 555-55-5555 = Non Citizens 777-77-7777 = Not Available
Field Constraints	
Additional Info	
References	

Rule ID	*Level*	*Rule Description*
50301	1	Invalid value (element must conform to data specification)
50302	2	Blank, field must be valued
50303	2	Not Applicable, field must be valued
50304	2	Not Known/Not Recorded, field must be valued
50305	3	If the *NTDS Age* is greater than one year, then the *Social Security Number* should not be all zeros
50306	3	If the *NTDS Patient’s Home Country* is the United States, then the *Social Security Number* should not be all fives

INJURY INFORMATION

I_01 INJURY INCIDENT DATE	
Field Definition	The date the injury occurred.
Field Justification	To gauge patient outcome.
Data Format	
XSD Data Type	xs:date
XSD Element	IncidentDate
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Yes – This element is required in the National Trauma Data Standard (NTDS)
Field Format	YYYY-MM-DD
Field Values	Relevant value for data element
Field Constraints	**Minimum Constraint** 1990 **Maximum Constraint** 2030
Additional Info	Estimates of date of injury should be based upon report by patient, witness, family, or health care provider. Other proxy measures (e.g., 911 call time) should not be used.
References	

Rule ID	***Level***	***Rule Description***
1201	1	Invalid Value
1202	1	Date out of range
1203	3	Blank, required field
1204	3	*Injury Incident Date cannot be earlier than Date of Birth*
1205	3	*Injury Incident Date* cannot be later than *EMS Dispatch Date*
1206	3	*Injury Incident Date* cannot be later than *EMS Unit Arrival Date at Scene*
1207	3	*Injury Incident Date cannot be later than EMS Unit Scene Departure Date*
1208	3	*Injury Incident Date cannot be later than ED/Hospital Arrival Date*
1209	3	*Injury Incident Date cannot be later than ED Discharge Date*
1210	3	*Injury Incident Date cannot be later than Hospital Discharge Date*

I_02 INJURY INCIDENT TIME	
Field Definition	The time the injury occurred.
Field Justification	To gauge patient outcome
Data Format	
XSD Data Type	xs:time
XSD Element	IncidentTime
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Yes – This element is required in the National Trauma Data Standard (NTDS)
Field Format	Collected as HH:MM (HH:MM should be collected as military time.)
Field Values	Relevant value for data element
Field Constraints	**Minimum Constraint** 00:00 **Maximum Constraint** 23:59
Additional Info	Estimates of time of injury should be based upon report by patient, witness, family, or health care provider. Other proxy measures (e.g., 911 call time) should not be used.
References	

Rule ID	***Level***	***Rule Description***
1301	1	Invalid value
1302	1	Time out of range
1303	3	Blank, required field
1304	3	If Injury Incident Date and EMS Dispatch Date are the same, the Injury Incident Time cannot be later than the EMS Dispatch Time
1305	3	If Injury Incident Date and EMS Unit Arrival Date at Scene are the same, the Injury Incident Time cannot be later than the EMS Unit Arrival on Scene Time
1306	3	If Injury Incident Date and EMS Unit Departure Date From Scene are the same, the Injury Incident Time cannot be later than the EMS Unit Scene Departure Time
1307	3	If Injury Incident Date and ED/Hospital Arrival Date are the same, the Injury Incident Time cannot be later than the ED/Hospital Arrival Time
1308	3	If Injury Incident Date and ED Discharge Date are the same, the Injury Incident Time cannot be later than the ED Discharge Time
1309	3	If Injury Incident Date and Hospital Discharge Date are the same, the Injury Incident Time cannot be later than the Hospital Discharge Time

I_06 ICD-9 PRIMARY E-CODE	
Field Definition	E-code used to describe the mechanism (or external factor) that caused the injury event.
Field Justification	E-codes are used to auto-generate two calculated fields: Trauma Type (Blunt, Penetrating, Burn) and Intentionality (based upon CDC matrix).
Data Format	
XSD Data Type	xs:string
XSD Element	PrimaryECode
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Yes – This element is required in the National Trauma Data Standard (NTDS) or ICD-10 Primary E-Code must be completed.
Field Format	
Field Values	Relevant ICD-9-CM code value for injury event.
Field Constraints	
Additional Info	The Primary E-code should describe the main reason a patient is admitted to the hospital. ICD-9-CM codes will be accepted for this data element. Activity codes should not be reported in this field.
References	

Rule ID	***Level***	***Rule Description***
1701	1	Invalid, out of range
1702	2	Blank, required field (at least one ICD-9 or ICD-10 trauma code must be entered)
1703	3	ICD-9 E-code should not be: 810.0, 811.0, 812.0, 813.0, 814.0, 815.0, 816.0, 817.0, 818.0, 819.0) and Age < 15
1704	2	Should not be 849.x
1705	3	E-code should not be an activity code. ICD-9 Primary E-Code must be within the range of E800-999.9

I_07 ICD-10 PRIMARY E-CODE	
Field Definition	E-code used to describe the mechanism (or external factor) that caused the injury event.
Field Justification	E-codes are used to auto-generate two calculated fields: Trauma Type (Blunt, Penetrating, Burn) and Intentionality (based upon CDC matrix).
Data Format	
XSD Data Type	xs:string
XSD Element	PrimaryECodeIcd10
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Yes – This element is required in the National Trauma Data Standard (NTDS) if ICD-9 Primary E-Code was not completed.
Field Format	
Field Values	Relevant ICD-10-CM code value for injury event.
Field Constraints	
Additional Info	The Primary E-code should describe the main reason a patient is admitted to the hospital. ICD-10-CM codes will be accepted for this data element. Activity codes should not be reported in this field.
References	

Rule ID	***Level***	***Rule Description***
8901	1	Invalid, out of range
8902	2	Blank, required field (at least one ICD-9 or ICD-10 trauma code must be entered)
8903	3	ICD-10 E-Code should not be: V45.5XXA, V49.40XA, V49.88XA, V46.5XXA, V40.5XXA, V86.09XA, V48.5XXA, V48.4XXA, V48.5XXA, V49.9XXA and Age < 15
8904	2	Should not be Y92.x
8905	3	E-code should not be an activity code. ICD-10 Primary E-Code must be within the range of Y93.0-Y93.9.

I_12 INCIDENT LOCATION ZIP CODE	
Field Definition	The ZIP code of the incident location.
Field Justification	To determine injury location
Data Format	
XSD Data Type	xs:zip
XSD Element	InjuryZipp
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Yes – This element is required in the National Trauma Data Standard (NTDS)
Field Format	5 or 9 digit code (XXXXX-XXXX).
Field Values	Relevant value for data element
Field Constraints	
Additional Info	*If "Not Applicable" or "Not Recorded/Not Known," complete variables: Incident State, Incident County, Incident City and Incident Country.* May require adherence to HIPAA regulations.
References	

Rule ID	***Level***	***Rule Description***
2001	1	Invalid value
2002	3	Blank, required field

I_15 INCIDENT COUNTY	
Field Definition	The county where the patient was found or to which the unit responded (or best approximation).
Field Justification	To determine injury location
Data Format	
XSD Data Type	xs:string
XSD Element	IncidentCounty
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	C – *Only completed when Incident Location ZIP code is "Not Applicable" or "Not Recorded/Not Known."*)
Field Format	
Field Values	Relevant value for data element (three digit FIPS code).
Field Constraints	
Additional Info	Used to calculate FIPS code.
References	

Rule ID	***Level***	***Rule Description***
2301	1	Invalid value
2303	3	Blank, required to complete when Incident Location Zip Code is Not Applicable or Not Known/Not Recorded

PRE HOSPITAL INFORMATION

P_01 EMS DISPATCH DATE	
Field Definition	The date the unit *transporting to your hospital* was notified by dispatch.
Field Justification	
Data Format	
XSD Data Type	xs:date
XSD Element	EmsNotifyDate
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Conditional – *Only completed if Transport Mode equals 1, 2, 3*
Field Format	YYYY-MM-DD.
Field Values	Relevant value for data element.
Field Constraints	**Minimum Constraint** 1990 **Maximum Constraint** 2030
Additional Info	For inter facility transfer patients, this is the date on which the unit transporting the patient to your facility from the transferring facility was notified by dispatch or assigned to this transport. For patients transported from the scene of injury to your hospital, this is the date on which the unit transporting the patient to your facility from the scene was dispatched. Used to auto-generate an additional calculated field: Total EMS Time (elapsed time from EMS dispatch to hospital arrival).
References	

Rule ID	***Level***	***Rule Description***
2801	1	Invalid value
2802	1	Date out of range
2803	3	EMS Dispatch Date cannot be earlier than Date of Birth
2804	3	EMS Dispatch Date cannot be later than EMS Unit Arrival Date at Scene
2805	3	EMS Dispatch Date cannot be later than EMS Unit Scene Departure Date
2806	3	EMS Dispatch Date cannot be later than ED/Hospital Arrival Date
2807	3	EMS Dispatch Date cannot be later than ED Discharge Date
2808	3	EMS Dispatch Date cannot be later than Hospital Discharge Date

P_02 EMS DISPATCH TIME	
Field Definition	The time the unit *transporting to your hospital* was notified by dispatch.
Field Justification	
Data Format	
XSD Data Type	xs:time
XSD Element	EmsNotifyTime
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Conditional – *Only completed if Transport Mode equals 1, 2, 3*
Field Format	Collected as HH:MM. HH:MM should be collected as military time.
Field Values	Relevant value for data element.
Field Constraints	**Minimum Constraint** 00:00 **Maximum Constraint** 23:59
Additional Info	For inter facility transfer patients, this is the time at which the unit transporting the patient to your facility from the transferring facility was notified by dispatch. For patients transported from the scene of injury to your hospital, this is the time at which the unit transporting the patient to your facility from the scene was dispatched. Used to auto-generate an additional calculated field: Total EMS Time (elapsed time from EMS dispatch to hospital arrival).
References	

Rule ID	*Level*	*Rule Description*
2901	1	Invalid value
2902	1	Time out of range
2903	3	If EMS Dispatch Date and EMS Unit Arrival Date at Scene are the same, the EMS Dispatch Time cannot be later than the EMS Unit Arrival on Scene Time
2904	3	If EMS Dispatch Date and EMS Unit Departure Date from Scene are the same, the EMS Dispatch Time cannot be later than the EMS Unit Time from Scene
2905	3	If EMS Dispatch Date and ED/Hospital Arrival Date are the same, the EMS Dispatch Time cannot be later than the ED/Hospital Arrival Time
2906	3	If EMS Dispatch Date and ED Discharge Date are the same, the EMS Dispatch Time cannot be later than the ED Discharge Time
2907	3	If EMS Dispatch Date and Hospital Discharge Date are the same, the EMS Dispatch Time cannot be later than the Hospital Discharge Time

P_03 EMS UNIT ARRIVAL DATE AT SCENE OR TRANSFERRING FACILITY	
Field Definition	The date the unit *transporting to your hospital* arrived on the scene/transferring facility (the time the vehicle stopped moving). .
Field Justification	
Data Format	
XSD Data Type	xs:date
XSD Element	EmsArrivalDate
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Conditional – *Only complete if Transport Mode equals 1, 2, 3*
Field Format	YYYY-MM-DD
Field Values	Relevant value for data element.
Field Constraints	**Minimum Constraint** 1990 **Maximum Constraint** 2030
Additional Info	For inter facility transfer patients, this is the date on which the unit transporting the patient to your facility from the transferring facility arrived at the transferring facility (arrival is defined at date/time when the vehicle stopped moving). For patients transported from the scene of injury to your hospital, this is the date on which the unit transporting the patient to your facility from the scene arrived at the scene (arrival is defined at date/time when the vehicle stopped moving). Used to auto-generate two additional calculated fields: Total EMS Response Time (elapsed time from EMS dispatch to scene arrival) & Total EMS Scene Time (elapsed time from EMS scene arrival to scene departure).
References	

Rule ID	***Level***	***Rule Description***
3001	1	Invalid value
3002	1	Date out of range
3003	3	EMS Unit Arrival Date at Scene cannot be earlier than Date of Birth
3004	3	EMS Unit Arrival Date at Scene cannot be earlier than EMS Dispatch Date
3005	3	EMS Unit Arrival Date at Scene cannot be later than EMS Unit Scene Departure Date
3006	3	EMS Unit Arrival Date at Scene cannot be later than ED/Hospital Arrival Date
3007	3	EMS Unit Arrival Date at Scene cannot be later than ED Discharge Date
3008	3	EMS Unit Arrival Date at Scene and cannot be later than Hospital Discharge Date
3009	3	EMS Unit Arrival Date at Scene minus EMS Dispatch Date cannot be greater than 7 days.

P_04 EMS UNIT ARRIVAL TIME AT SCENE OR TRANSFERRING FACILITY	
Field Definition	The time the unit *transporting to your hospital* arrived on the scene (the time the vehicle stopped moving).
Field Justification	
Data Format	
XSD Data Type	xs:time
XSD Element	EmsArrivalTime
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Conditional – *Only completed if Transport Mode equals 1, 2, 3*
Field Format	Collected as HH:MM. HH:MM should be collected as military time.
Field Values	Relevant value for data element.
Field Constraints	**Minimum Constraint** 00:00 **Maximum Constraint** 23:59
Additional Info	For inter facility transfer patients, this is the time at which the unit transporting the patient to your facility from the transferring facility arrived at the transferring facility (arrival is defined at date/time when the vehicle stopped moving). For patients transported from the scene of injury to your hospital, this is the time at which the unit transporting the patient to your facility from the scene arrived at the scene (arrival is defined at date/time when the vehicle stopped moving). Used to auto-generate two additional calculated fields: Total EMS Response Time (elapsed time from EMS dispatch to scene arrival) & Total EMS Scene Time (elapsed time from EMS scene arrival to scene departure).
References	

Rule ID	***Level***	***Rule Description***
3101	1	Invalid value
3102	1	Time out of range
3103	3	If EMS Unit Arrival Date at Scene and EMS Dispatch Date are the same, the EMS Unit Arrival on Scene Time cannot be earlier than the EMS Dispatch Time
3104	3	If EMS Unit Arrival Date at Scene and EMS Unit Departure Date From Scene are the same, the EMS Unit Arrival on Scene Time cannot be later than the EMS Unit Scene Departure Time
3105	3	If EMS Unit Arrival Date at Scene and ED/Hospital Arrival Date are the same, the EMS Unit Arrival on Scene Time cannot be later than the ED/Hospital Arrival Time
3106	3	If EMS Unit Arrival Date at Scene and ED Discharge Date are the same, the EMS Unit Arrival on Scene Time cannot be later than the ED Discharge Time
3107	3	if EMS Unit Arrival Date at Scene and Hospital Discharge Date are the same, the EMS Unit Arrival on Scene Time cannot be later than the Hospital Discharge Time

P_05 EMS UNIT DEPARTURE DATE FROM SCENE OR TRANSFERRING FACILITY	
Field Definition	The date the unit *transporting to your hospital* left the scene (the time the vehicle started moving).
Field Justification	
Data Format	
XSD Data Type	xs:date
XSD Element	EmsLeftDate
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Conditional – *Only complete if Transport Mode equals 1, 2, 3*
Field Format	YYYY-MM-DD
Field Values	Relevant value for data element.
Field Constraints	**Minimum Constraint** 1990 **Maximum Constraint** 2030
Additional Info	For inter facility transfer patients, this is the date on which the unit transporting the patient to your facility from the transferring facility departed from the transferring facility (departure is defined at date/time when the vehicle started moving). For patients transported from the scene of injury to your hospital, this is the date on which the unit transporting the patient to your facility from the scene departed from the scene (arrival is defined at date/time when the vehicle started moving). Used to auto-generate an additional calculated field: Total EMS Scene Time (elapsed time from EMS scene arrival to scene departure).
References	

Rule ID	*Level*	*Rule Description*
3201	1	Invalid value
3202	1	Date out of range
3203	3	EMS Unit Departure Date From Scene cannot be earlier than Date of Birth
3204	3	EMS Unit Departure Date From Scene cannot be earlier than EMS Dispatch Date
3205	3	EMS Unit Departure Date From Scene cannot be earlier than EMS Unit Arrival Date at Scene
3206	3	EMS Unit Departure Date From Scene cannot be later than ED/Hospital Arrival Date
3207	3	EMS Unit Departure Date From Scene cannot be later than ED Discharge Date
3208	3	EMS Unit Departure Date From Scene cannot be later than Hospital Discharge Date
3209	3	EMS Unit Departure Date From Scene minus EMS Unit Arrival Date at Scene cannot be greater than 7 days.

P_06 EMS UNIT DEPARTURE TIME FROM SCENE OR TRANSFERRING FACILITY	
Field Definition	The time the unit *transporting to your hospital* left the scene (the time the vehicle started moving).
Field Justification	
Data Format	
XSD Data Type	xs:time
XSD Element	EmsLeftTime
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Conditional – *Only completed if Transport Mode equals 1, 2, 3*
Field Format	Collected as HH:MM. HH:MM should be collected as military time.
Field Values	Relevant value for data element.
Field Constraints	**Minimum Constraint** 00:00 **Maximum Constraint** 23:59
Additional Info	For inter facility transfer patients, this is the time at which the unit transporting the patient to your facility from the transferring facility departed from the transferring facility (departure is defined at date/time when the vehicle started moving). For patients transported from the scene of injury to your hospital, this is the time at which the unit transporting the patient to your facility from the scene departed from the scene (arrival is defined at date/time when the vehicle started moving). Used to auto-generate an additional calculated field: Total EMS Scene Time (elapsed time from EMS scene arrival to scene departure).
References	

Rule ID	***Level***	***Rule Description***
3301	1	Invalid value
3302	1	Time out of range
3303	3	If EMS Unit Departure Date From Scene and EMS Dispatch Date are the same, the EMS Unit Scene Departure Time cannot be earlier than the EMS Dispatch Time
3304	3	If EMS Unit Departure Date From Scene and EMS Unit Arrival Date at Scene are the same, the EMS Unit Scene Departure Time cannot be earlier than the EMS Unit Arrival on Scene Time
3305	3	If EMS Unit Departure Date From Scene and ED/Hospital Arrival Date are the same, the EMS Unit Scene Departure Time cannot be later than the ED/Hospital Arrival Time
3306	3	If EMS Unit Departure Date From Scene and ED Discharge Date are the same, the EMS Unit Scene Departure Time cannot be later than the ED Discharge Time
3307	3	If EMS Unit Departure Date From Scene and Hospital Discharge Date are the same, the EMS Unit Scene Departure Time cannot be later than the Hospital Discharge Time

P_07 TRANSPORT MODE	
Field Definition	The mode of transport delivering the patient to your hospital.
Field Justification	
Data Format	*[combo] single-choice*
XSD Data Type	xs:integer
XSD Element	TransportMode
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Yes – This element is required in the National Trauma Data Standard (NTDS)
Field Format	
Field Values	1. Ground Ambulance 2. Helicopter Ambulance 3. Fixed-wing Ambulance 4. Private/Public Vehicle/Walk-in 5. Police 6. Other
Field Constraints	
Additional Info	
References	

Rule ID	***Level***	***Rule Description***
3401	1	Invalid value
3402	3	Blank, required field

P_17 INTER-FACILITY TRANSFER	
Field Definition	Was the patient transferred to your facility from another acute care facility?
Field Justification	
Data Format	*[combo] single-choice*
XSD Data Type	xs:integer
XSD Element	InterFacilityTransfer
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Yes – This element is required in the National Trauma Data Standard (NTDS)
Field Format	
Field Values	1 Yes 2 No
Field Constraints	
Additional Info	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 transfers. Outlying facilities purporting to provide emergency care services or utilized to stabilize a patient are considered acute care facilities.
References	

Rule ID	***Level***	***Rule Description***
4401	2	Blank, required field
4402	1	Invalid value
4404	3	Not Known/Not Recorded, required Inclusion Criterion
4405	3	Not Applicable, required Inclusion Criterion

REFERRING HOSPITAL INFORMATION

RF_01 Referring Hospital ID	
Field Definition	The hospital from which the patient was referred, as selected from a list of hospitals in the state of Florida and additional hospitals. The Referring Hospital is the facility where the patient was given care before reaching your hospital. Admission to the Referring Hospital is not necessary.
Field Justification	
Data Format	*[combo] single-choice*
XSD Data Type	*xs:string*
XSD Element	*ReferringHospitalId*
Multiple Entry	No
Accepts Nulls	Yes – Common Null Values (CNVs) are accepted
Required Field	Conditional – This element must be non-blank (i.e. must be valued or have a CNV) when *NTDS Inter-Facility Transfer* is “1” (Yes)
Field Format	Twenty characters
Field Values	
Field Constraints	
Additional Info	
References	

Rule ID	*Level*	*Rule Description*
50801	1	Invalid value (element must conform to data specification)
50802	3	If *NTDS Inter-Facility Transfer* indicates a transfer took place, then *Referring Hospital Facility ID* must contain a valid ID value

RF_02 Referring Hospital Arrival Date	
Field Definition	The date of the patient's arrival at the referring hospital (the hospital where the patient was given care before reaching your hospital). Admission to the referring hospital is not necessary
Field Justification	
Data Format	*[date]*
XSD Data Type	*xs:date*
XSD Element	*ReferringHospitalArrivalDate*
Multiple Entry	No
Accepts Nulls	Yes – Common Null Values (CNVs) are accepted
Required Field	Conditional – This element must be non-blank (i.e. must be valued or have a CNV) when *NTDS Inter-Facility Transfer* is "1" (Yes)
Field Format	Ten characters formatted as YYYY-MM-DD.
Field Values	Valid calendar date
Field Constraints	From 1990-01-01 to 2030-12-31
Additional Info	
References	

Rule ID	*Level*	*Rule Description*
50901	1	Invalid value (element must conform to data specification)
50902	3	If *NTDS Inter-Facility Transfer* indicates a transfer took place, then *Referring Hospital Arrival Date* must contain a date value
50903	3	The date / time recorded in the *Referring Hospital Arrival Date* / *Time* fields must be later than or equal to the *NTDS Injury Incident Date* / *Time* fields

RF_03 Referring Hospital Arrival Time	
Field Definition	The time the patient arrived at the referring hospital
Field Justification	
Data Format	*[time]*
XSD Data Type	*xs:time*
XSD Element	*ReferringHospitalArrivalTime*
Multiple Entry	No
Accepts Nulls	Yes – Common Null Values (CNVs) are accepted
Required Field	Conditional – This element must be non-blank (i.e. must be valued or have a CNV) when *NTDS Inter-Facility Transfer* is “1” (Yes)
Field Format	Five characters formatted as HH:MM
Field Values	Valid 24-hour time
Field Constraints	From 00:00 to 23:59
Additional Info	See *Referring Hospital Arrival Date*
References	

Rule ID	*Level*	*Rule Description*
51001	1	Invalid value (element must conform to data specification)
51002	3	If *NTDS Inter-Facility Transfer* indicates a transfer took place, then *Referring Hospital Arrival Time* must contain a time value
51003	3	If *Referring Hospital Arrival Time* contains a time value, then *Referring Hospital Arrival Date* must contain a date value

RF_04 Referring Hospital Discharge Date	
Field Definition	The date of the patient's discharge from the referring hospital.
Field Justification	
Data Format	*[date]*
XSD Data Type	*xs:date*
XSD Element	*ReferringHospitalDischargeDate*
Multiple Entry	No
Accepts Nulls	Yes – Common Null Values (CNVs) are accepted
Required Field	Conditional – This element must be non-blank (i.e. must be valued or have a CNV) when *NTDS Inter-Facility Transfer* is "1" (Yes)
Field Format	Ten characters formatted as YYYY-MM-DD.
Field Values	Valid calendar date
Field Constraints	From 1990-01-01 to 2030-12-31
Additional Info	
References	

Rule ID	*Level*	*Rule Description*
51101	1	Invalid value (element must conform to data specification)
51102	3	If *NTDS Inter-Facility Transfer* indicates a transfer took place, then *Referring Hospital Discharge Date* must contain a date value
51103	3	The date / time recorded in the *Referring Hospital Discharge Date* / *Time* fields must be later than or equal to the *NTDS Injury Incident Date* / *Time* fields
51104	3	The date / time recorded in the *Referring Hospital Discharge Date* / *Time* fields must be later than or equal to the *Referring Hospital Arrival Date* / *Time* fields

RF_05 Referring Hospital Discharge Time	
Field Definition	The time of the patient's discharge from the referring hospital.
Field Justification	
Data Format	*[time]*
XSD Data Type	*xs:time*
XSD Element	*ReferringHospitalDischargeTime*
Multiple Entry	No
Accepts Nulls	Yes – Common Null Values (CNVs) are accepted
Required Field	Conditional – This element must be non-blank (i.e. must be valued or have a CNV) when *NTDS Inter-Facility Transfer* is “1” (Yes)
Field Format	Five characters formatted as HH:MM
Field Values	Valid 24-hour time
Field Constraints	From 00:00 to 23:59
Additional Info	
References	

Rule ID	*Level*	*Rule Description*
51201	1	Invalid value (element must conform to data specification)
51202	3	If *NTDS Inter-Facility Transfer* indicates a transfer took place, then *Referring Hospital Discharge Time* must contain a time value
51203	3	If *Referring Hospital Discharge Time* contains a time value, then *Referring Hospital Discharge Date* must contain a date value

EMERGENCY DEPARTMENT INFORMATION

ED_01 ED/HOSPITAL ARRIVAL DATE	
Field Definition	The date the patient arrived to the ED/hospital.
Field Justification	
Data Format	*[date]*
XSD Data Type	xs:date
XSD Element	HospitalArrivalDate
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Yes – This element is required in the National Trauma Data Standard (NTDS)
Field Format	YYYY-MM-DD
Field Values	Relevant value for data element.
Field Constraints	**Minimum Constraint** 1990 **Maximum Constraint** 2030
Additional Info	If the patient was brought to the ED, enter date patient arrived at ED. If patient was directly admitted to the hospital, enter date patient was admitted to the hospital. Collected as YYYY-MM-DD. Used to auto-generate two additional calculated fields: Total EMS Time: (elapsed time from EMS dispatch to hospital arrival) and Total Length of Hospital Stay (elapsed time from ED/Hospital Arrival to ED/Hospital Discharge).
References	

Rule ID	***Level***	***Rule Description***
4501	1	Invalid value
4502	1	Date out of range
4503	2	Blank, required field
4505	2	Not Known/Not Recorded, required Inclusion Criterion
4506	3	ED/Hospital Arrival Date cannot be earlier than EMS Dispatch Date
4507	3	ED/Hospital Arrival Date cannot be earlier than EMS Unit Arrival Date at Scene
4508	3	ED/Hospital Arrival Date cannot be earlier than EMS Unit Scene Departure Date
4509	2	ED/Hospital Arrival Date cannot be later than ED Discharge Date
4510	2	ED/Hospital Arrival Date cannot be later than Hospital Discharge Date
4511	3	ED/Hospital Arrival Date cannot be earlier than Date of Birth
4512	3	ED/Hospital Arrival Date must be after 1993
4513	3	ED/Hospital Arrival Date minus Injury Incident Date must be less than 30 days
4514	3	ED/Hospital Arrival Date minus EMS Dispatch Date cannot be greater than 7 days.

ED_02 ED/HOSPITAL ARRIVAL TIME	
Field Definition	The time the patient arrived to the ED/hospital.
Field Justification	
Data Format	*[time]*
XSD Data Type	xs:time
XSD Element	HospitalArrivalTime
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Yes
Field Format	HH:MM. HH:MM should be collected as military time.
Field Values	Relevant value for data element.
Field Constraints	**Minimum Constraint** 00:00 **Maximum Constraint** 23:59
Additional Info	If the patient was brought to the ED, enter time patient arrived at ED. If patient was directly admitted to the hospital, enter time patient was admitted to the hospital. Used to auto-generate two additional calculated fields: Total EMS Time (elapsed time from EMS dispatch to hospital arrival) and Total Length of Hospital Stay (elapsed time from ED/Hospital Arrival to ED/Hospital Discharge).
References	

Rule ID	*Level*	*Rule Description*
4601	1	Invalid value
4602	1	Time out of range
4603	3	Blank, required field
4604	3	If ED/Hospital Arrival Date and EMS Dispatch Date are the same, the ED/Hospital Arrival Time cannot be earlier than the EMS Dispatch Time
4605	3	If ED/Hospital Arrival Date and EMS Unit Arrival on Scene Date are the same, the ED/Hospital Arrival Time cannot be earlier than the EMS Unit Arrival on Scene Time
4606	3	If ED/Hospital Arrival Date and EMS Unit Scene Departure Date are the same, the ED/Hospital Arrival Time cannot be earlier than the EMS Unit Scene Departure Time
4607	3	If ED/Hospital Arrival Date and ED Discharge Date are the same, the ED/Hospital Arrival Time cannot be later than the ED Discharge Time
4608	3	If ED/Hospital Arrival Date and Hospital Discharge Date are the same, the ED/Hospital Arrival Time cannot be later than the Hospital Discharge Time

ED_03 INITIAL ED/HOSPITAL SYSTOLIC BLOOD PRESSURE	
Field Definition	First recorded systolic blood pressure in the ED/hospital, within 30 minutes or less of ED/hospital arrival
Field Justification	
Data Format	*[number]*
XSD Data Type	xs:integer
XSD Element	Sbp
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Yes – This element is required in the National Trauma Data Standard (NTDS)
Field Format	
Field Values	Relevant value for data element.
Field Constraints	**Minimum Constraint 0 Maximum Constraint 300**
Additional Info	Please note that first recorded/hospital vitals do not need to be from the same assessment
References	

Rule ID	***Level***	***Rule Description***
4701	1	Invalid value
4702	2	Blank, required field
4704	2	Invalid, out of range

ED_04 INITIAL ED/HOSPITAL PULSE RATE	
Field Definition	First recorded pulse in the ED/hospital (palpated or auscultated) within 30 minutes or less of ED/hospital arrival (expressed as a number per minute).
Field Justification	
Data Format	*[number]*
XSD Data Type	xs:integer
XSD Element	PulseRate
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Yes – This element is required in the National Trauma Data Standard (NTDS)
Field Format	
Field Values	Relevant value for data element.
Field Constraints	**Minimum Constraint 0 Maximum Constraint 299**
Additional Info	Please note that first recorded/hospital vitals do not need to be from the same assessment
References	

Rule ID	*Level*	*Rule Description*
4801	1	Invalid value
4802	2	Blank, required field
4804	2	Invalid, out of range

ED_06 INITIAL ED/HOSPITAL RESPIRATORY RATE	
Field Definition	First recorded respiratory rate in the ED/hospital within 30 minutes or less of ED/hospital arrival (expressed as a number per minute).
Field Justification	
Data Format	*[number]*
XSD Data Type	xs:integer
XSD Element	RespiratoryRate
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Yes – This element is required in the National Trauma Data Standard (NTDS)
Field Format	
Field Values	Relevant value for data element.
Field Constraints	**Minimum Constraint 0 Maximum Constraint 120**
Additional Info	Please note that first recorded/hospital vitals do not need to be from the same assessment
References	

Rule ID	***Level***	***Rule Description***
5001	1	Invalid value
5002	2	Blank, required field
5004	3	If completed, then *Initial Ed/Hospital Respiratory Assistance* must be completed
5005	2	Invalid, out of range

ED_10 INITIAL ED/HOSPITAL GCS - EYE	
Field Definition	First recorded Glasgow Coma Score (Eye) in the ED/hospital within 30 minutes or less of ED/hospital arrival
Field Justification	Used to calculate Overall GCS - ED Score
Data Format	*[number]*
XSD Data Type	xs:integer
XSD Element	GcsEye
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Yes – This element is required in the National Trauma Data Standard (NTDS)
Field Format	
Field Values	1 No eye movement when assessed 2 Opens eyes in response to painful stimulation 3 Opens eyes in response to verbal stimulation 4 Opens eyes spontaneously
Field Constraints	**Minimum Constraint 1 Maximum Constraint 4**
Additional Info	If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "patient withdraws from a painful stimulus," a Motor GCS of 4 may be recorded, IF there is no other contradicting documentation. Please note that first recorded/hospital vitals do not need to be from the same assessment.
References	

Rule ID	***Level***	***Rule Description***
5401	1	Invalid value
5402	3	Blank, required to complete variable: Initial ED/Hospital GCS – Total

ED_11 INITIAL ED/HOSPITAL GCS - VERBAL	
Field Definition	First recorded Glasgow Coma Score (Eye) in the ED/hospital within 30 minutes or less of ED/hospital arrival
Field Justification	Used to calculate Overall GCS - ED Score
Data Format	*[number]*
XSD Data Type	xs:integer
XSD Element	GcsVerbal
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Yes – This element is required in the National Trauma Data Standard (NTDS)
Field Format	
Field Values	Pediatric (≤ 2 years): 1 No vocal response 2 Inconsolable, agitated 3 Inconsistently consolable, moaning 4 Cries but is consolable, inappropriate interactions 5 Smiles, oriented to sounds, follows objects, interacts Adult: 1 No verbal response 2 Incomprehensible sounds 3 Inappropriate words 4 Confused 5 Oriented
Field Constraints	**Minimum Constraint 1 Maximum Constraint 5**
dditional Info	Used to calculate Overall GCS - ED Score. If patient is intubated then the GCS Verbal score is equal to 1 If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "patient withdraws from a painful stimulus," a Motor GCS of 4 may be recorded, IF there is no other contradicting documentation. Please note that first recorded/hospital vitals do not need to be from the same assessment.
References	

Rule ID	***Level***	***Rule Description***
5501	1	Invalid value
5502	3	Blank, required to complete variable: Initial ED/Hospital GCS – Total

ED_12 INITIAL ED/HOSPITAL GCS - MOTOR	
Field Definition	First recorded Glasgow Coma Score (Motor) within 30 minutes or less of ED/hospital arrival
Field Justification	Used to calculate Overall GCS - ED Score
Data Format	*[number]*
XSD Data Type	xs:integer
XSD Element	GcsMotor
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Yes – This element is required in the National Trauma Data Standard (NTDS)
Field Format	
Field Values	Pediatric (≤ 2 years): 1 No motor response 2 Extension to pain 4 Withdrawal from pain 3 Flexion to pain 5 Localizing pain 6 Appropriate response to stimulation Adult: 1 No motor response 2 Extension to pain 3 Flexion to pain 4 Withdrawal from pain 5 Localizing pain 6 Obeys commands
Field Constraints	**Minimum Constraint 1 Maximum Constraint 6**
Additional Info	Used to calculate Overall GCS – ED Score. If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "patient withdraws from a painful stimulus," a Motor GCS of 4 may be recorded, IF there is no other contradicting documentation. Please note that first recorded/hospital vitals do not need to be from the same assessment.
References	

Rule ID	*Level*	*Rule Description*
5601	1	INVALID VALUE
5602	3	BLANK, REQUIRED TO COMPLETE VARIABLE: INITIAL ED/HOSPITAL GCS – TOTAL

ED_14 INITIAL ED/HOSPITAL GCS ASSESSMENT QUALIFIERS	
Field Definition	Documentation of factors potentially affecting the first assessment of GCS within 30 minutes or less of ED/hospital arrival.
Field Justification	Used to determine true Overall GCS - ED Score
Data Format	*[number]*
XSD Data Type	xs:integer
XSD Element	*GcsQualifier*
Multiple Entry	Yes, max 4
Accepts Nulls	Yes, common null values
Required Field	Yes – This element is required in the National Trauma Data Standard (NTDS)
Field Format	
Field Values	1 Patient Chemically Sedated or Paralysed 2 Obstruction to the Patient's Eye 3 Patient Intubated 4 Valid GCS: Patient was not sedated, not intubated, and did not have obstruction to the eye
Field Constraints	**Minimum Constraint 1 Maximum Constraint 4**
Additional Info	does not apply to self-medications the patient may administer (i.e., ETOH, prescriptions, etc.). • If an intubated patient has recently received an agent that results in neuromuscular blockade such that a motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurologic status and the chemical sedation modifier should be selected. • Neuromuscular blockade is typically induced following the administration of agent like succinylcholine, mivacurium, rocuronium, (cis)atracurium, vecuronium, or pancuronium. While these are the most common agents, please review what might be typically used in your center so it can be identified in the medical record. • Each of these agents has a slightly different duration of action, so their effect on the GCS depends on when they were given. For example, succinylcholine's effects last for only 5-10 minutes. • Please note that first recorded/hospital vitals do not need to be from the same assessment. • Check all that apply.
References	

Rule ID	*Level*	*Rule Description*
5801	1	Invalid value
5802	3	Blank, required to complete variable: Initial ED/Hospital GCS – Total

ED_19 ED DISCHARGE DISPOSITION	
Field Definition	The disposition of the patient at the time of discharge from the ED.
Field Justification	Identifies treatments given to the patient that may affect the first assessment of GCS. This field does not apply to self-medications the patient may administer (i.e., ETOH, prescriptions, etc.).
Data Format	*[combo] multiple-choice*
XSD Data Type	xs:integer
XSD Element	EdDischargeDisposition
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Yes – This element is required in the National Trauma Data Standard (NTDS)
Field Format	
Field Values	1- Floor bed (general admission, non-specialty unit bed) 2- Observation unit (unit that provides < 24 hour stays) 3- Telemetry/step-down unit (less acuity than ICU) 4- Home with services 5- Died/Expired 6- Other (jail, institutional care, mental health, etc.) 7- Operating Room 8- Intensive Care Unit (ICU) 9- Home without services 10- Left against medical advice 11- Transferred to another hospital
Field Constraints	
Additional Info	Based upon UB-04 disposition coding. If the patient is directly admitted to the hospital, code as NA. If ED Discharge Disposition is 4, 5, 6, 9, 10, 11, then Hospital Discharge Date, Time, and Disposition should be NA.
References	

Rule ID	***Level***	***Rule Description***
6101	1	Invalid value
6102	2	Blank, required field
6104	2	Not Known/Not Recorded, required Inclusion Criterion
6105	3	Not Applicable, required Inclusion Criterion.

ED_20 SIGNS OF LIFE	
Field Definition	Indication of whether patient arrived at ED/Hospital with signs of life.
Field Justification	Identifies treatments given to the patient that may affect the first assessment of GCS. This field does not apply to self-medications the patient may administer (i.e., ETOH, prescriptions, etc.).
Data Format	*[combo]single-choice*
XSD Data Type	xs:integer
XSD Element	DeathInEd*
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Yes – This element is required in the National Trauma Data Standard (NTDS)
Field Format	
Field Values	1 Arrived with NO signs of life 2 Arrived with signs of life
Field Constraints	
Additional Info	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.
References	

Rule ID	***Level***	***Rule Description***
6201	1	Invalid value
6202	2	Blank, required field
6206	3	Not Known/Not Recorded, required Inclusion Criterion

ED_21 ED DISCHARGE DATE	
Field Definition	The date the patient was discharged from the ED
Field Justification	Identifies treatments given to the patient that may affect the first assessment of GCS. This field does not apply to self-medications the patient may administer (i.e., ETOH, prescriptions, etc.).
Data Format	*[date]*
XSD Data Type	xs:date
XSD Element	EdDischargeDate
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Yes – This element is required in the National Trauma Data Standard (NTDS)
Field Format	YYYY-MM-DD.
Field Values	Relevant value for data element.
Field Constraints	**Minimum Constraint 1990 Maximum Constraint 2030**
Additional Info	Used to auto-generate an additional calculated field: Total ED Time: (elapsed time from ED admit to ED discharge). If the patient is directly admitted to the hospital, code as “Not Applicable”.
References	

Rule ID	*Level*	*Rule Description*
6301	1	Invalid value
6302	1	Date out of range
6303	3	Blank, required field
6304	3	ED Discharge Date cannot be earlier than EMS Dispatch Date
6305	3	ED Discharge Date cannot be earlier than EMS Unit Arrival Date at Scene
6306	3	ED Discharge Date cannot be earlier than EMS Unit Scene Departure Date
6307	2	ED Discharge Date cannot be earlier than ED/Hospital Arrival Date
6308	2	ED Discharge Date cannot be later than Hospital Discharge Date
6309	3	ED Discharge Date cannot be earlier than Date of Birth
6310	3	ED Discharge Date minus ED/Hospital Arrival Date cannot be greater than 365 days.

ED_22 ED DISCHARGE TIME	
Field Definition	The date the patient was discharged from the ED
Field Justification	Identifies treatments given to the patient that may affect the first assessment of GCS. This field does not apply to self-medications the patient may administer (i.e., ETOH, prescriptions, etc.).
Data Format	*[time]*
XSD Data Type	xs:time
XSD Element	EdDischargeTime
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Yes – This element is required in the National Trauma Data Standard (NTDS)
Field Format	Collected as HH:MM. HH:MM should be collected as military time.
Field Values	Relevant value for data element.
Field Constraints	**Minimum Constraint 00:00 Maximum Constraint 23:59**
Additional Info	Used to auto-generate an additional calculated field: Total ED Time (elapsed time from ED admit to ED discharge). If the patient is directly admitted to the hospital, code as “Not Applicable”.
References	

Rule ID	*Level*	*Rule Description*
6401	1	Invalid value
6402	1	Time out of range
6403	3	Blank, required field
6404	3	If ED Discharge Date and EMS Dispatch Date are the same, the ED Discharge Time cannot be earlier than the EMS Dispatch Time
6405	3	If ED Discharge Date and EMS Unit Arrival Date at Scene are the same, the ED Discharge Time cannot be earlier than the EMS Unit Arrival on Scene Time
6406	3	If ED Discharge Date and EMS Unit Departure Date From Scene are the same, the ED Discharge Time cannot be earlier than the EMS Unit Scene Departure Time
6407	3	If ED Discharge Date and ED/Hospital Arrival Date are the same, the ED Discharge Time cannot be earlier than the ED/Hospital Arrival Time
6408	3	If ED Discharge Date and Hospital Discharge Date are the same, the ED Discharge Time cannot be later than the Hospital Discharge Time

EDF_01 Trauma Alert Type	
Field Definition	Type of trauma alert called in accordance with the state trauma scorecard criteria (Rule 64J-2.004, F.A.C., and Rule 64J-2.005, F.A.C.).
Field Justification	
Data Format	*[combo] single-choice*
XSD Data Type	*xs:nonNegativeInteger*
XSD Element	*TraumaAlertType*
Multiple Entry	No
Accepts Nulls	No – Common Null Values (CNVs) are not accepted
Required Field	Yes – This element is required in the Florida Acute Care Trauma Patient Registry Manual Data Dictionary, 2014 Edition (FAC)
Field Format	One numeric digit
Field Values	See below
Field Constraints	From 1 to 7
Additional Info	
References	

Field Values	
1 Red (single criterion)	2 Blue (two criteria)
3 GCS ≤ 12	4 Judgment EMT
5 Judgment Hospital	6 Local (local criteria)
7 NTA (Not a Trauma Alert)	

Rule ID	*Level*	*Rule Description*
51301	1	Invalid value (element must conform to data specification)
51302	2	Blank, field must be valued
51303	2	Not Applicable, field must be valued
51304	2	Not Known/Not Recorded, field must be valued
51305	2	If *NTDS Age* is < 16 years then *Trauma Alert Type* cannot be '3' (GCS ≤ 12)

DIAGNOSES INFORMATION

DG_02 ICD-9 INJURY DIAGNOSES	
Field Definition	Diagnoses related to all identified injuries.
Field Justification	
Data Format	*[combo] multiple-choice*
XSD Data Type	xs:string
XSD Element	InjuryDiagnosis
Multiple Entry	Yes, max 50
Accepts Nulls	Yes, common null values
Required Field	Yes – This element is required in the National Trauma Data Standard (NTDS); (If not coding ICD-10 then enter Not Applicable)
Field Format	
Field Values	Injury diagnoses as defined by ICD-9-CM code range: 800-959.9, except for 905 – 909.9, 910 – 924.9, 930 – 939.9. The maximum number of diagnoses that may be reported for an individual patient is 50
Field Constraints	
Additional Info	ICD-9-CM codes pertaining to other medical conditions (e.g., CVA, MI, co-morbidities, etc.) may also be included in this field. Used to auto-generate additional calculated fields: Abbreviated Injury Scale (six body regions) and Injury Severity Score.
References	

Rule ID	***Level***	***Rule Description***
6901	1	Invalid value
6902	3	Blank, required field. Must either (1) contain a valid ICD-9 code or (2) be Not Applicable if not coding ICD-9
6903	2	If coding with ICD-9, then at least one diagnosis must be provided and meet inclusion criteria (ICD-9-CM 800 – 959.9, except for 905 – 909.9, 910 – 924.9, 930 – 939.9)
6904	3	Not Known/Not Recorded, required Inclusion Criterion
6905	3	Not Applicable, required Inclusion Criterion

DG_03 ICD-10 INJURY DIAGNOSES	
Field Definition	Diagnoses related to all identified injuries.
Field Justification	
Data Format	*[combo] multiple-choice*
XSD Data Type	xs:string
XSD Element	DiagnosisIcd10
Multiple Entry	Yes, max 50
Accepts Nulls	Yes, common null values
Required Field	Yes- Yes – This element is required in the National Trauma Data Standard (NTDS). (If not coding ICD-10 then enter Not Applicable)
Field Format	
Field Values	Injury diagnoses as defined by ICD-10-CM code range S00-S99, T07, T14, T20-T28 and T30-T32 . The maximum number of diagnoses that may be reported for an individual patient is 100.
Field Constraints	
Additional Info	ICD-10-CM codes pertaining to other medical conditions (e.g., CVA, MI, co-morbidities, etc.) may also be included in this field. Used to auto-generate additional calculated fields: Abbreviated Injury Scale (six body regions) and Injury Severity Score.
References	

Rule ID	***Level***	***Rule Description***
8701	1	Invalid value
8702	3	Blank, must either (1) contain a valid ICD-10 code or (2) be Not Applicable if not coding ICD-10
8703	2	If coding with ICD-10, then at least one diagnosis must be provided and meet inclusion criteria (ICD-10-CM S00-S99, T07, T14, T20-T28 and T30-T32)
8704	3	Not Known/Not Recorded, required Inclusion Criterion
8705	3	Not Applicable, required Inclusion Criterion

Injury Severity Information

IS_05 LOCALLY CALCULATED ISS	
Field Definition	The Injury Severity Score (ISS) that reflects the patient's injuries.
Field Justification	
Data Format	*[combo] single-choice*
XSD Data Type	xs:integer
XSD Element	IssLocal
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Yes – This element is required in the Florida Acute Care Trauma Patient Registry Manual Data Dictionary, 2014 Edition (FAC)
Field Format	
Field Values	Relevant ISS value for the constellation of injuries
Field Constraints	Minimum Constraint 1 Maximum Constraint 75
Additional Info	
References	

Rule ID	***Level***	***Rule Description***
7401	1	Invalid value
7402	3	Must be the sum of three squares

Outcome Information

O_03 HOSPITAL DISCHARGE DATE	
Field Definition	The date the patient was discharged from the hospital.
Field Justification	Used to auto-generate an additional calculated field: Total Length of Hospital Stay (elapsed time from ED/hospital arrival to hospital discharge).
Data Format	*[date]*
XSD Data Type	xs:date
XSD Element	HospitalDischargeDate
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Yes – This element is required in the National Trauma Data Standard (NTDS)
Field Format	YYYY-MM-DD
Field Values	Relevant value for data element.
Field Constraints	**Minimum Constraint 1990 Maximum Constraint 2030**
Additional Info	If ED Discharge Disposition = 5 (Died) then Hospital Discharge Date should be NA (BIU=1). If ED Discharge Disposition = 4,6,9,10, or 11 then Hospital Discharge Date must be NA (BIU = 1).
References	

Rule ID	***Level***	***Rule Description***
7701	1	Invalid value
7702	1	Date out of range
7703	3	Blank, required field
7704	3	Hospital Discharge Date cannot be earlier than EMS Dispatch Date
7705	3	Hospital Discharge Date cannot be earlier than EMS Unit Arrival Date at Scene
7706	3	Hospital Discharge Date cannot be earlier than EMS Unit Scene Departure Date
7707	2	Hospital Discharge Date cannot be earlier than ED/Hospital Arrival Date
7708	2	Hospital Discharge Date cannot be earlier than ED Discharge Date
7709	3	Hospital Discharge Date cannot be earlier than Date of Birth
7710	3	Hospital Discharge Date minus Injury Incident Date cannot be greater than 365 days
7711	3	Hospital Discharge Date minus ED/Hospital Arrival Date cannot be greater than 365 days
7712	2	If ED Discharge Disposition = 4,6,9,10, or 11 then Hospital Discharge Date must be NA (BIU = 1)
7713	2	If ED Discharge Disposition = 5 (Died) then Hospital Discharge Date should be NA (BIU=1)

O_04 HOSPITAL DISCHARGE TIME	
Field Definition	The time the patient was discharged from the hospital.
Field Justification	
Data Format	*[time]*
XSD Data Type	xs:time
XSD Element	HospitalDischargeTime
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Yes – This element is required in the National Trauma Data Standard (NTDS)
Field Format	HH:MM. HH:MM should be collected as military time
Field Values	Relevant value for data element.
Field Constraints	**Minimum Constraint 00:00 Maximum Constraint 23:59**
Additional Info	Used to auto-generate an additional calculated field: Total Length of Hospital Stay (elapsed time from ED/hospital arrival to hospital discharge). If ED Discharge Disposition = 5 (Died) then Hospital Discharge Time should be NA (BIU=1). If ED Discharge Disposition = 4,6,9,10, or 11 then Hospital Discharge Time must be NA (BIU = 1)
References	

Rule ID	***Level***	***Rule Description***
7801	1	Invalid value
7802	1	Time out of range
7803	3	Blank, required field
7804	3	If Hospital Discharge Date and EMS Dispatch Date are the same, the Hospital Discharge Time cannot be earlier than the EMS Dispatch Time
7805	3	If Hospital Discharge Date and EMS Unit Arrival Date at Scene are the same, the Hospital Discharge Time cannot be earlier than the EMS Unit Arrival on Scene Time
7806	3	If Hospital Discharge Date and EMS Unit Departure Date From Scene are the same, the Hospital Discharge Time cannot be earlier than the EMS Unit Scene Departure Time
7807	3	If Hospital Discharge Date and ED/Hospital Arrival Date are the same, the Hospital Discharge Time cannot be earlier than the ED/Hospital Arrival Time
7808	3	If Hospital Discharge Date and ED Discharge Date are the same, the Hospital Discharge Time cannot be earlier than the ED Discharge Time
7809	2	If ED Discharge Disposition = 4,6,9,10, or 11 then Hospital Discharge Time must be NA (BIU = 1)
7810	2	If ED Discharge Disposition = 5 (Died) then Hospital Discharge Time should be NA (BIU=1)

O_05 HOSPITAL DISCHARGE DISPOSITION	
Field Definition	The time the patient was discharged from the hospital.
Field Justification	
Data Format	*[combo] single-choice*
XSD Data Type	xs:integer
XSD Element	HospitalDischargeDisposition
Multiple Entry	No
Accepts Nulls	Yes, common null values
Required Field	Yes – This element is required in the National Trauma Data Standard (NTDS)
Field Format	
Field Values	1. Discharged/Transferred to a short-term general hospital for inpatient care 2. Discharged/Transferred to an Intermediate Care Facility (ICF) 3. Discharge/Transferred to home under care of organized home health service 4. Left against medical advice or discontinued care 5. Expired 6. Discharged home with no home services 7. Discharged/Transferred to Skilled Nursing Facility (SNF) 8. Discharged/ Transferred to hospice care 9. Discharged/Transferred to court/law enforcement. 10. Discharged/Transferred to inpatient rehab or designated unit 11. Discharged/Transferred to Long Term Care Hospital (LTCH) 12. Discharged/Transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital 13. Discharged/Transferred to another type of institution not defined elsewhere
Field Constraints	
Additional Info	Field value = 6, “home” refers to the patient’s current place of residence (e.g., prison, Child Protective Services etc.) Field values based upon UB-04 disposition coding. Disposition to any other non-medical facility should be coded as 6. Disposition to any other medical facility should be coded as 9. Refer to the glossary for definitions of facility types. If ED Discharge Disposition = 5 (Died) then Hospital Discharge Disposition should be NA (BIU=1). If ED Discharge Disposition = 4,6,9,10, or 11 then Hospital Discharge Disposition must be NA (BIU = 1).

Rule ID	Level	Rule Description
7901	1	Invalid value
7902	2	Blank, required field
7903	2	If ED Discharge Disposition = 5 (Died) then Hospital Discharge Disposition should be NA (BIU=1)
7906	2	If ED Discharge Disposition = 1,2,3,7, or 8 then Hospital Discharge Disposition cannot be blank
7907	2	If ED Discharge Disposition = 4,6,9,10, or 11 then Hospital Discharge Disposition must be NA (BIU = 1)
7908	2	Not Applicable, required Inclusion Criterion
7909	2	If Hospital Arrival Date and Hospital Discharge Date are valued, the Hospital Discharge Disposition cannot be Not Known/Not Recorded