



**TRAUMA PATIENT REGISTRY:
FORM COMPLETION AND FILING PROCEDURE**

I. AUTHORITY:

Health and Safety (HS) Code, Division 2.5, Sections 1798, 1798.161, and 1798.163; Title 22, California Code of Regulations, Division 9, Section 100257.

II. APPLICATION:

This procedure defines the process for completing the OCEMS Trauma Patient Registry.

III. DEFINITION:

A trauma patient is one that is designated by prehospital personnel or base hospital physician as defined in Policy 310.30, or a patient that is admitted by an Emergency Department (ED) to a trauma service at a designated facility. Trauma patients will have ICD9 codes 800 - 959.9

IV. PROCEDURE:

A. IDENTIFICATION:

1. Severity of Distress: CTV, MTV, Neuro, Burn or ED Downgrade
2. Trauma Registry Number: Each designated trauma center patient will be assigned a unique identifier by the trauma center. (Lancet will generate a separate unique account number.)
3. Medic Log Number: If not transported by paramedics, enter incident date.
4. Designated By: base hospital, ED with trauma center (TC), trauma surgeon, Paramedic receiving center (PRC) with no TC, walk in, or other
5. Age: Enter patient's age
6. Sex: Enter male or female

B. TRAUMA CENTER ADMISSION DATA:

1. Date: Enter month, day, and year admitted to the trauma center.
2. Time: Enter the time of admission to the trauma center.
3. Cause of Injury: assault, auto accident, bicycle, fall, gunshot wound, motorcycle accident, pedestrian, recreational activity, stab wound, burn, or other.
4. Place of Injury: aircraft, automobile, home, industrial, jail, motorcycle accident, bicycle, public building, recreational park, street, school, theme park, beach, mountain, Camp Pendelton, unknown/inside, or unknown/outside.
5. Protective devices: seatbelt, helmet, child seat, airbag, none, or unknown.

Italicized Text Identifies Quotations from An Authority Outside OCEMS.

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- 6. Mode of admission: ambulance at scene or referring hospital, helicopter at scene or referring hospital, private auto, unknown, or other.

C. CONSULTATIONS: *Dulme Sabese*
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- 1. Trauma surgeon arrival time
- 2. Anesthesiology call time
- 3. Anesthesiology arrival time
- 4. Neurosurgery call time
- 5. Neurosurgery arrival time
- 6. Other call time
- 7. Other arrival time

D. TRAUMA CENTER UNIT DATA:

- 1. ETOH: Enter the blood alcohol level, when applicable
- 2. Presenting pulse rate
- 3. Presenting respiratory rate
- 4. Presenting systolic blood pressure
- 5. Presenting diastolic blood pressure
- 6. Presenting Glasgow coma scale
- 7. Intubated in trauma unit (yes/no)
- 8. Presenting revised trauma score
- 9. Presenting temperature
- 10. Radiologic studies
- 11. Body part or parts studied
- 12. Treatments
- 13. Disposition: trauma resuscitation area, ED, operating room, expired, discharged, AMA, enter the name of the intensive care unit, step down unit, ward unit, or the place of patient transfer

E. OPERATIVE CARE:

- 1. Date of initial surgery
- 2. Time of initial surgery
- 3. Surgery start time
- 4. ICD-9 Codes for surgical procedure

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Orig. Date: 5/90
Revised: 10-25-02

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5. Total number of days on ventilator

F. DISCHARGE DATA:

1. Discharge date
2. Discharge time
3. Discharge disposition: home, acute care hospital, rehabilitation center, skilled nursing facility, jail ward, AMA, psychiatric facility, expired, or other
4. Disability description: feeding, locomotion, or expression
5. Place of death: trauma room, ED, surgery, ICU or ward
6. Primary payor: medicare, third party, medi-cal, HMO, self pay, or other

G. FINAL DIAGNOSES:

1. ICD-9 Code: Enter the primary/secondary final diagnoses
2. Abbreviated Injury Scale by Body Parts (AIS)
3. Injury Severity Score (ISS)

V. DATA SUBMISSION:

For all trauma patients as defined above, the data listed in this policy is to be collected electronically and sent to OCEMS via a Lancet export module. The data may also be sent via e-mail in a text file if the electronic route is not functional. A Trauma Patient Registry is to be completed for each designated trauma center patient and data is to be sent to OCEMS within 45 days of patient discharge.

Approved:

P/P: 390.40
Implementation Date: October, 2002