

	<b>Datapoint</b>	<b>Values</b>	<b>NTRACS</b>	<b>Custom</b>	<b>Ntracs Code</b>	<b>NTDS</b>	<b>Report</b>
<b>Case Number</b>	Center Number-Registry Number, xxxxxx		X		RECORDNO		1,2,3,4,5,6
<b>Demographics</b>							
	Age	Years	X		AGE	X	1
	Sex	Male, Female	X		SEX	X	1
	Race	A (Asian), B (Black or African American), H (Hispa	X		RACE	X	1
<b>Injury</b>							
	Injury Date	Date	X		INJDATE	X	1
	Injury Time	Time	X		INJTIME	X	1
	Mechanism	Blunt, Penetrating	X		BLUNT		1
	Primary E-code	String	X		ECODE	X	1
<b>ED Admission</b>							
	Date arrival/admit TQIP Institution	Date	X		ED_ARRDATE	X	1
	Time arrival/admit TQIP Institution	Time	X		ED_ARRTIME	X	1
	Direct admit	Yes/No	X		DIR_ADMIT		1
	Arrived from	Scene, Home, ED	X		ARRIV_FROM		1
	Complaint	Fall, MVC, MCC, ATV, Stab, GSW, Ped vs. MV, B	X		CHIEFCOMP		1
<b>ED Assess 1</b>							
	First ED Temperature (Temp)	Number	X		ED_TEMP	X	1
	First ED HR (Pulse)	Number	X		ED_PULSE	X	1
	First ED SBP (Sys BP)	Number	X		ED_BP	X	1
	Intubation status	No, Field/Scene/En route, ED, OR, ICU, Other		X	INTSTAT		1
	Rx CPR	ED CPR, Not Performed	X		CPR		1
	First ED GCS Eye (Eye)	1 to 4	X		ED_EYE	X	1
	First ED GCS Verbal (Verbal)	1 to 5	X		ED_VRB	X	1
	First ED GCS Motor (Motor)	1 to 6	X		ED_MTR	X	1
	ED GCS Total (Calc GCS)	Calc	X		ED_GCS	X	1
	GCS Assess Qualifier	S=Chemically Sedated, T=Intubated, Intubated ar	X		ED_CALCAQ	X	1
	ETOH	Number	X		ETOH	X	1
	Hematocrit	Number	X		HCT		1

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<b>ED Assess 2</b>							
	Admit Service	Trauma, Others	X		ADMSERVICE		1
	ED Disposition	Floor, Observation, Tele, Home w/services, Died,	X		ED_DISP	X	1
	Signs of Life	Yes/No		X	DEATHINED	X	1
<b>Diagnosis</b>							
	Diagnosis #	Number	X		DXNUMBER		2,3
	ICD-9-CM	Code	X		DCODE	X	2
	AIS 2005	Code	X		AISCODE	X	3
	ISS	0-75	X		USRAIS_ISS		1
	nISS	0-75	X		NISS		1
	max Head/Neck AIS	0-6	X		USRAISHN	X	1
	max Face AIS	0-6	X		USRAISFAC	X	1
	max Chest AIS	0-6	X		USRAISCHS	X	1
	max Abdomen AIS	0-6	X		USRAISABD	X	1
	max Extremity AIS	0-6	X		USRAISEXT	X	1
	max External AIS	0-6	X		USRAISST	X	1
<b>Comorbidity</b>					COMORCODE	X	4
<b>General</b>							
	Alcoholism	Yes/No	X			2	4
	Current Smoker	Yes/No	X			8	4
	Drug Abuse or Dependence	Yes/No	X			28	4
	Diabetes Mellitus	Yes/No	X			11	4
	Advanced Directive Limiting Care	Yes/No	X			13	4
	Functionally Dependent Health Stat	Yes/No	X			15	4
	Obesity	Yes/No	X			22	4
<b>Pulmonary</b>							
	Respiratory Disease	Yes/No	X			23	4
<b>Hepatobiliary</b>							
	Ascites Within 30 Days	Yes/No	X			3	4
	Cirrhosis	Yes/No	X			25	4
<b>Gastrointestinal</b>							

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	Esophageal Varices	Yes/No	X			14	4
<b>Cardiac</b>							
	Pre-hospital cardiac arrest with CPR	Yes/No	X			29	4
	Congestive Heart Failure	Yes/No	X			7	4
	History of Angina	Yes/No	X			16	4
	Myocardial Infarction	Yes/No	X			17	4
	Revascularization/Amputation	Yes/No	X			18	4
	Hypertension	Yes/No	X			19	4
<b>Renal</b>							
	Chronic Renal Failure	Yes/No	X			9	4
<b>Central Nervous System</b>							
	CVA/Hemiparesis (Stroke with Res)	Yes/No	X			10	4
	Dementia	Yes/No	X			26	4
<b>Psychiatric</b>							
	Major Psychiatric Illness	Yes/No	X			27	4
<b>Nutritional/Immune/Other</b>							
	Congenital Anomalies	Yes/No	X			6	4
	Disseminated Cancer	Yes/No	X			12	4
	Steroid Use	Yes/No	X			24	4
	Bleeding Disorder	Yes/No	X			4	4
	Active Chemotherapy	Yes/No	X			5	4
	Prematurity	Yes/No	X			21	4
	Other	Yes/No	X			1	4
<b>Medications</b>							
	Aspirin	Yes/No		X	D.05		4
	Plavix	Yes/No		X	D.06		4
	Warfarin	Yes/No		X	D.02		4
	Beta blocker	Yes/No		X	Z.02		4
	Statin	Yes/No		X	Z.03		4
	Direct Thrombin Inhibitor	Yes/No		X	Z.04		4

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	Factor Xa Inhibitor	Yes/No		X	Z.05		4
<b>Hospital Course</b>							
<b>Procedures</b>							
	Operation	Yes/No		X	OPERATE		1
	Emergency	Yes/No		X	EOPERATE		1
	Operation/Procedure #	Number	X		OPNUMBER		5
	Operation/Procedure ICD-9	Number	X		OPCODE	X	5
	Date	Date	X		OPDATE	X	5
	Time	Time	X		OPTIME	X	5
<b>Hosp Outcome</b>							
	Discharge date	Date	X		DCDATE	X	1
	Discharge time	Time	X		DCTIME	X	1
	Discharge service	Trauma, Others	X		HOSDISSERV		1
	Disposition	1-9 (From NTDS)	X		HOSPDISP	X	1
	Death	True, False	X		DEAD		1
	Death Location	ED, Floor, ICU, OR, Radiology	X		HODEATHLOC		1
	Death in First OR	Yes/No		X	DEATH1OR		1
	Total Ventilator Days	Number	X		NVSUP_DAYS	X	1
	Total ICU LOS	Number	X		ICUDAYS	X	1
	Total Days in Hospital	Number	X		HOSPDPAYS		1
	Withdrawal of Care	Yes/No		X	WDCARE		1
<b>Blood Products</b>							
	Rx Units Blood in ED or Transport	Number		X	EDPRBC		1
	Units Blood 0-24 hrs	Number		X	PRBC24		1
	Units Blood Total (Hospital)	Number		X	PRBCTOT		1
	Units FFP 0-24 hrs	Number		X	FFP24		1
	Units FFP Total (Hospital)	Number		X	FFPTOT		1
	Units Platelets 0-24 hrs	Number		X	PLT24		1
	Units Platelets Total (Hospital)	Number		X	PLTTOT		1
<b>Financial</b>							
	Primary Method of Payment	1-10 (From NTDS)	X		INSUR	X	1
<b>Complications</b>							
			X		TCODE	X	6

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	<b>Complication Date</b>		X		COMPOCDATE	X	6
	<b>Wound Occurences</b>						
	Superficial Incisional SSI	Yes/No	X		5509	23	6
	Deep Incisional SSI	Yes/No	X		5509	12	6
	Organ/Space SSI	Yes/No	X		5503	19	6
	Wound Disruption	Yes/No	X		4003	26	6
	Abdominal fascia left open	Yes/No	X			3	6
	<b>Respiratory Occurences</b>						
	ALI/ARDS	Yes/No	X		3002	5	6
	Pneumonia	Yes/No	X		3003, 3008	20	6
	Unplanned Intubation	Yes/No	X			25	6
	Pulmonary Embolism	Yes/No	X		3014	21	6
	<b>Urinary Tract Occurences</b>						
	Acute Kidney Injury	Yes/No	X		6001	4	6
	Urinary Tract Infection	Yes/No	X		6003, 6004, 6005	27	6
	<b>CNS Occurences</b>						
	Stroke/CVA	Yes/No	X		7011	22	6
	<b>Cardiac Occurences</b>						
	Cardiac Arrest Requiring CPR	Yes/No	X		3502	8	6
	Myocardial Infarction	Yes/No	X		3505	18	6
	<b>Other Occurences</b>						
	Catheter-Related BSI	Yes/No	X		5504	28	6
	DVT	Yes/No	X		7502, 7503	14	6
	Drug or Alcohol Withdrawl	Yes/No	X			13	6
	Abdominal Compartment Syndrome	Yes/No	X			2	6
	Extremity Compartment Syndrome	Yes/No	X		6501	15	6
	Graft/Prosthesis/Flap Failure	Yes/No	X			16	6
	Osteomyelitis	Yes/No	X		6508	29	6
	Other	Yes/No	X			1	6
	Severe Sepsis	Yes/No	X		5507, 5511, 5502, 5	32	6
	Decubitus Ulcer	Yes/No	X		6511, 6503, 6504, 6	11	6

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	Unplanned Return to OR	Yes/No	X			30	6
	Unplanned Return to ICU	Yes/No	X			31	6
	Enterocutaneous Fistula	Yes/No	X		4005, 4001		6
	C. Diff Colitis	Yes/No		X	CDIFF		1
<b>Process Measures</b>							
<b>Traumatic Brain Injury</b>							
	Highest GCS Total	3 to 8		X	TBIGCS		1
	GCS Motor Component of Highest	1 to 6		X	TBIMTR		1
	GCS Assessment Qualifier Component	L=Legitimate, E=Eye obstruction, S=Sedated, T=Intubated, TP=Intubated		X	TBICALCAQ		1
	Cerebral Monitor 1	1=Intraventricular monitor/catheter, 2=Intraparenchymal pressure monitor		X	TBIMON1		1
	Cerebral Monitor 1 Date	Date		X	MON1DATE		1
	Cerebral Monitor 1 Time	Time		X	MON1TIME		1
	Cerebral Monitor 2	1=Intraventricular monitor/catheter, 2=Intraparenchymal pressure monitor		X	TBIMON2		1
	Cerebral Monitor 2 Date	Date		X	MON2DATE		1
	Cerebral Monitor 2 Time	Time		X	MON2TIME		1
	Cerebral Monitor 3	1=Intraventricular monitor/catheter, 2=Intraparenchymal pressure monitor		X	TBIMON3		1
	Cerebral Monitor 3 Date	Date		X	MON3DATE		1
	Cerebral Monitor 3 Time	Time		X	MON3TIME		1
	Reason Cerebral Monitor Withheld	0=Not Known/Not Recorded, 1=Decision to withhold life sustaining measures		X	TBIWITH		1
	TBI Beta Blocker Treatment	True/False		X	TBIBETA		1
<b>Venous Thromboembolism Prophylaxis</b>							
	VTE Propylaxis Type	1=Heparin, 2=Lovenox, 3=Fragmin, 4=Other LMWH, 5=None		X	VTETYPE		1
	VTE Propylaxis Date	Date		X	VTEDATE		1
	VTE Propylaxis Time	Time		X	VTETIME		1








