PURPOSE
This policy defines the process for completing the Trauma Patient Registry Form when a critical trauma patient (CTP) presents to a non-trauma prehospital receiving center (PRC) or base hospital (BH).

AUTHORITY
California Health and Safety Code - Division 2.5: Emergency Medical Services [1797. - 1799.207.]

Non-Trauma Center Trauma Patient Registry
1. The data listed in this policy is to be sent to the EMS Agency via standard mail, fax, or e-mail.
   a. Data is to be sent to the EMS Agency within 30 days of patient discharge, transfer or death.
   b. Data will be used to generate a quarterly EMS trauma Report for the Trauma Audit Committee and for periodic Riverside trauma patient studies and research.
   c. Specific patient data remains confidential.

2. For trauma patients meeting any of the trauma Triage criteria (see the REMSA Policy for trauma Triage Indicators and Destination), and/or with final disposition to a trauma center, a Trauma Patient Registry Form for Non-Trauma Centers is to be completed by designated personnel from the PRC or BH. This is to include all traumatic full arrests, trauma-related deaths in the ED or after hospital admission, submersions, and hangings. Isolated hip fractures due to mechanical and/or ground level falls should NOT be included.

3. Instructions are included on the next page. The form can be found here: http://remsa.us/documents/forms/Non-TraumaCenterTraumaPRFormv12720.pdf
Instructions

Instructions for completing the Trauma Patient Registry Form for Non-Trauma Centers:

1. **Section I – IDENTIFICATION**
   a. Incident Location: Enter the original location of the incident.
   b. Hospital: Enter name of the PRC or BH completing the form.
   c. Patient: Enter the name of the patient.
   d. Age: Enter the patient’s age.
   e. Sexes: Check male or female.

2. **Section II – EMERGENCY DEPARTMENT ADMISSION DATA**
   a. Date of Arrival: Enter month, day, year admitted to the ED.
   b. Time of Arrival: Enter time of arrival to the ED.
   c. Method of Arrival: Check applicable; if “Other”, describe.
   d. Mechanism of Injury: Check one; if “Other”, describe.
   e. Vital Signs upon Arrival: Enter initial vital signs taken in the ED.
   f. Glasgow Coma Score (GCS): Enter initial GCS taken in the ED.
   g. Heart rate (HR).
   h. Respiratory rate (RR).
   i. Blood pressure (BP).
   j. Procedures: Check applicable and enter time; if “Other”, describe.
   k. Blood products: Enter time of first unit if any products were given.
   l. Revised Trauma Score Upon Arrival: Enter variables and calculate the Revised Trauma Score.

3. **Section III – EMERGENCY DEPARTMENT DISPOSITION**
   a. Admitted: Check if applicable, enter time, and specify hospital unit under comments.
   b. OR: Check if applicable, enter time, and specify procedure(s) if known under comments.
   c. Admitted Post-op: Check if applicable, enter time, and specify hospital unit under comments.
   d. Discharged: Check if applicable and enter time.
   e. Continuation of Trauma Care: Check if applicable, enter time, and specify destination under comments.
   f. Interfacility Transfer: Check if applicable, enter time, and specify destination under comments.
   g. Ground Transport: Check if applicable and enter time.
   h. Air Transport: Check if applicable and enter time.
   i. Other: Check if applicable, enter time, and include explanation under comments.
   j. Comments:
      i. Include anything pertinent, explanatory, or interesting.