

# Riverside Emergency Medical Services Information System

## Trauma Patient Registry

2025

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### **Riverside County Trauma Registry Data Dictionary**

This data dictionary provides a description of each data point included in the Riverside County trauma registry.

All REMSA designated data points are to be reported to the Riverside County Emergency Services Agency.

All NEMSIS designated data points are to be reported to the National Emergency Medical Services Information System.

All NTDB designated data points are to be reported to the National Trauma Data Bank.

Other data may be collected by each designated trauma center to support that Hospital's needs.

### **Preface:**

#### **Definitions:**

**Inappropriate/Not applicable** – This null value code applies if, at the time of patient care documentation, the information requested was 'Inappropriate/Not applicable' to the patient, the hospitalization or the patient care event. For example, variables documenting EMS care would be "Inappropriate/Not applicable' if a patient self-transport to the hospital.

**Not known / Not recorded** - This Null value applies if, at the time of patient care documentation, information was 'Not known/Not Recorded' (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).

#### **Note:**

In certain fields, common Null Values may be specified that are different from those outlined above. If such Values are specified for some variables, those alternatives must be used instead of the common Null Values.

1. All times are to be collected in military time. When entering times, use the 24-hour clock. HH:MM
2. Temperatures recorded in Fahrenheit will convert to Celsius; temperatures recorded as Celsius will convert to Fahrenheit.
3. All weights recorded in Kilograms will convert to Pounds; weights recorded in Pounds will convert to Kilograms.

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4. All fluid measurements should be recorded in milliliters. Facilities will determine if units are milliliters or liters.

1 liter = 1000 milliliters

Conversion calculator can be found at [www.metric-conversions.org](http://www.metric-conversions.org)

5. Vague descriptions such as ‘blunt trauma’ or ‘closed head injury’ are not specific diagnoses and cannot be coded. Pain of any kind is a symptom and not an injury. Injuries that are ‘possible,’ ‘probable,’ ‘impressions,’ or ‘rule out’ should not be coded.

Injuries must be substantiated by some form of diagnostic or radiographic procedure, surgery or autopsy in order to be assigned an AIS code. Visual observation may substantiate the severity of a penetrating injury (injuries resulting from gunshot or stab wounds, or from impalement or spear-type trauma) that does not involve deeper structures that require radiographic, surgical or autopsy verification. (*AIS Abbreviated Injury Scale 2008 Updated 2015*).

6. Loss of consciousness should not be coded unless witnessed by EMS or medical personnel.

7. Always use the highest level of reliability when abstracting data and resolving contradictory information. If there is ever a question about the severity of an injury, code the least severe code in that injury category.

Example (highest to lowest):

Medical Examiner Report

Hospital / Medical Records

Operative Reports

Radiology

Physician Notes / Reports

Nursing or ICU Notes

ED / Triage Records

Discharge Summary

Field Records

EMS

Law Enforcement

Bystanders

Patient

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8. Pediatric refers to patients age 14 years or younger.
9. Re-admission are admissions within 72 hours of previous hospital discharge; due to missed diagnosis or complications from original injuries. Not to be included if patient is readmitted for hardware removal, stump revisions, etc.
10. Only patients sent from one acute care hospital to another acute care hospital are considered an inter-Hospital transfer. If a patient is sent by private vehicle for follow-up, they are not considered a transfer. Patients arriving from clinics, private physician offices, or ambulatory surgery care centers, are not considered inter-Hospital transfers.
11. Work related is only if a patient was at work, or working, when the traumatic event occurred. This comprises manual or professional work for salary, bonus, or other types of income. Included are apprentice or vocational activities, breaks on employer premises, or traveling on business. It does not include commuting to or from the work site if the patient does not normally receive payment during that time. Homemaking activities, non-professional recreational, and student/school related events are not work related.
12. **Multiple Cause Coding Hierarchy:**

If two or more events cause separate injuries, an external cause code should be assigned for each cause. The first-listed external cause code will be selected in the following order:

  - External cause codes for child abuse and adult abuse take priority over all other external cause codes.
  - External cause codes for terrorism events take priority over all other external cause codes except child and adult abuse.
  - External cause codes for cataclysmic events take priority over all other external cause codes except child and adult abuse, and terrorism.
  - External cause codes for transport accidents take priority over all external cause codes except cataclysmic events, and child and adult abuse, and terrorism.
  - The first listed external cause code should correspond to the cause of the most serious diagnosis due to an assault, accident or self-harm, following the order of hierarchy listed above.

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### National Trauma Data Standard Patient Inclusion Criteria (Admits, transfers and deaths)

#### NATIONAL TRAUMA DATA STANDARD (NTDS) PATIENT INCLUSION CRITERIA

**DESCRIPTION:** To ensure consistent data collection across states into the National Trauma Data Standard, a trauma patient is defined as a patient sustaining a traumatic injury within 14 days of initial hospital encounter and meeting the following criteria\*:

At least **ONE** of the following injury diagnostic codes defined as follows:

*International Classification of Diseases, Tenth Revision (ICD-10-CM):*

- S00-S99 with 7th character modifiers of A, B, or C ONLY. (Injuries to specific body parts—initial encounter)
- T07 (unspecified multiple injuries)
- T14 (injury of unspecified body region)
- T79.A1-T79.A9 with 7th character modifier of A ONLY (Traumatic Compartment Syndrome—initial encounter)

**EXCLUDING** the following isolated injuries:

*ICD-10-CM:*

- S00 (Superficial injuries of the head)
- S10 (Superficial injuries of the neck)
- S20 (Superficial injuries of the thorax)
- S30 (Superficial injuries of the abdomen, pelvis, lower back and external genitals)
- S40 (Superficial injuries of shoulder and upper arm)
- S50 (Superficial injuries of elbow and forearm)
- S60 (Superficial injuries of wrist, hand and fingers)
- S70 (Superficial injuries of hip and thigh)
- S80 (Superficial injuries of knee and lower leg)
- S90 (Superficial injuries of ankle, foot and toes)

Late effect codes, which are represented using the same range of injury diagnosis codes but with the 7th digit modifier code of D through S, are also excluded.

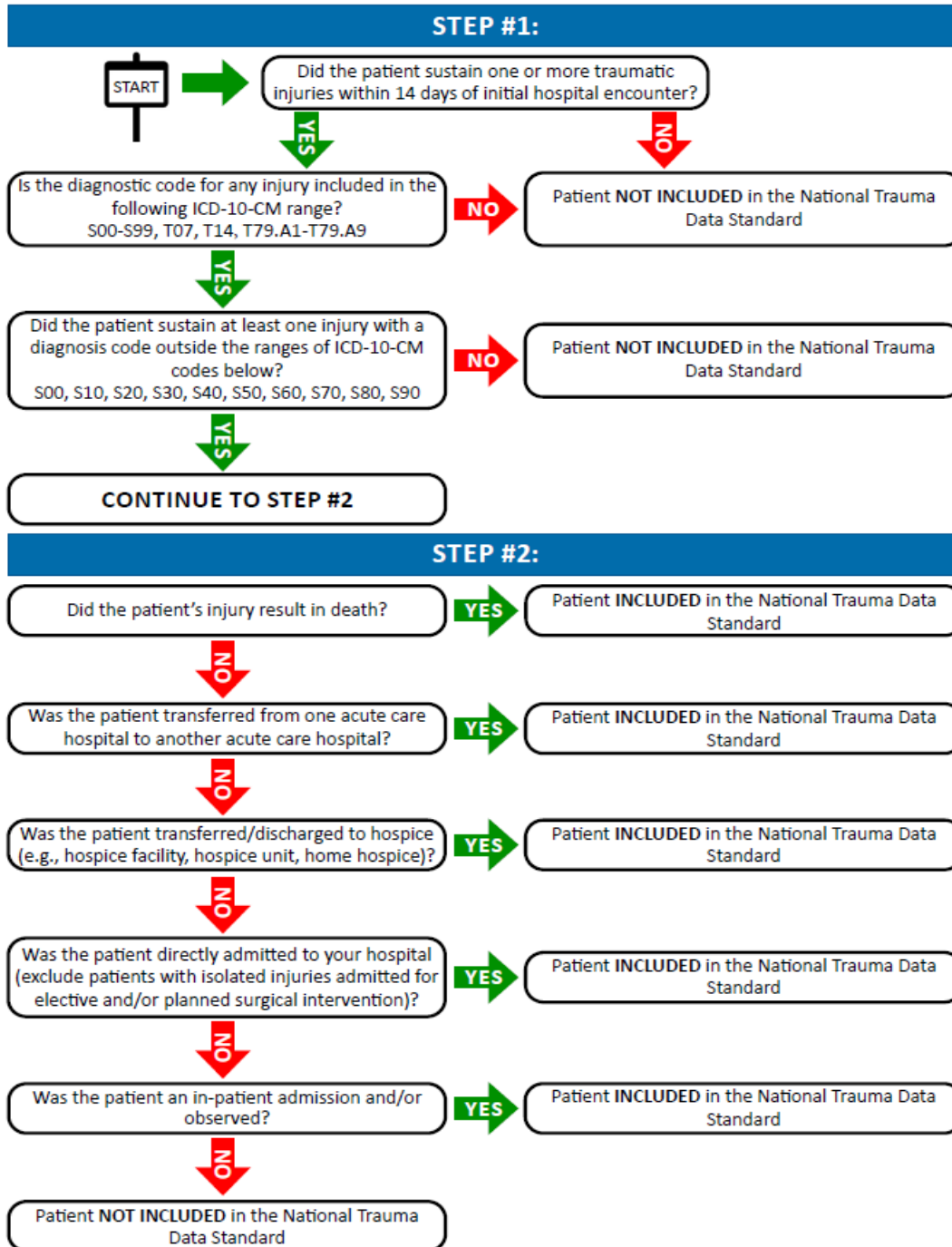
**AND MUST INCLUDE ONE OF THE FOLLOWING IN ADDITION TO (ICD-10-CM S00-S99, T07, T14, and T79.A1-T79.A9):**

- Death resulting from the traumatic injury (independent of hospital admission or hospital transfer status);  
**OR**
- Patients transferred from one acute care hospital\*\* to another acute care hospital;  
**OR**
- Patients transferred/discharged to hospice (e.g., hospice facility, hospice unit, home hospice);  
**OR**
- Patients directly admitted to your hospital (exclude patients with isolated injuries admitted for elective and/or planned surgical intervention);  
**OR**
- Patients who were an in-patient admission and/or observed.

\*In-house traumatic injuries sustained after initial ED/hospital arrival and before hospital discharge at the index hospital (the hospital reporting data), and all data associated with that injury event, are excluded.

\*\*Acute Care Hospital is defined as a hospital that provides inpatient medical care and other related services for surgery, acute medical conditions or injuries (usually for a short-term illness or condition). "CMS Data Navigator Glossary of Terms" [https://www.cms.gov/Research-Statistics-Data-and-systems/Research/ResearchGenInfo/Downloads/DataNav\\_Glossary\\_Alpha.pdf](https://www.cms.gov/Research-Statistics-Data-and-systems/Research/ResearchGenInfo/Downloads/DataNav_Glossary_Alpha.pdf) (accessed January 15, 2019).

**NTDS PATIENT INCLUSION CRITERIA (ALGORITHM)**



## REMSA Trauma Registry Inclusion Criteria

(ALL trauma activations or consults after admission, Admits, Transfers and Deaths)

### Definition:

To ensure consistent data collection across Riverside County into the National Trauma Registry and the California State Trauma Registry, a trauma patient is defined as a patient sustaining a traumatic injury and meeting the following criteria:

*At least one principal diagnosis:*

**International Classification of Diseases, Tenth Revision (ICD-10-CM):**

- **S00-S99 with 7th character modifiers of A, B, or C ONLY.** (Injuries to specific body Parts – initial encounter)
- **T07** (unspecified multiple injuries)
- **T14** (injury of unspecified body region)
- **T20-T28 with 7th character modifier of A ONLY** (burns by specific body parts – initial encounter)
- **T30-T32** (burn by TBSA percentages)
- **T79.A1 – T79.A9 with 7th character modifier of A ONLY** (Traumatic Compartment Syndrome – initial encounter)

**ICD-10-CM:**

- **S00** (Superficial injuries of the head)
- **S10** (Superficial injuries of the neck)
- **S20** (Superficial injuries of the thorax)
- **S30** (Superficial injuries of the abdomen, pelvis, lower back and external genitals)
- **S40** (Superficial injuries of shoulder and upper arm)
- **S50** (Superficial injuries of elbow and forearm)
- **S60** (Superficial injuries of wrist, hand and fingers)
- **S70** (Superficial injuries of hip and thigh)
- **S80** (Superficial injuries of knee and lower leg)
- **S90** (Superficial injuries of ankle, foot and toes)

**AND MUST INCLUDE ONE OF THE FOLLOWING IN ADDITION TO:**

- **ALL** Trauma Team Activations (regardless of admission status or ICD-10); OR
- Trauma Services' consult after admission; OR
- Hospital admissions as defined by your trauma registry inclusion criteria; OR
- Patient transfer via EMS transport (including air ambulance) from one hospital to another hospital, regardless of length of stay or ISS; OR
- Death resulting from the traumatic injury (anywhere in the hospital, regardless of length of stay or ISS, including deaths in the emergency department, DOA deaths, or deaths in OR).

**Hospitals may elect to include additional cases in their database that do not meet NTDB or REMSA criteria.**

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**Additional Clarification:**

1. With regards to transfers, patients who come from a private physician’s office, a clinic, or an ambulatory surgery care center do not meet NTDB/REMSA definition of inter-Hospital transfer.
2. If a patient is transferred to your facility from another acute care facility, regardless of their mode of transport, the inter-facility transfer definition criteria are met.
3. Patients with a mechanism of injury of drowning/near drowning or hanging/near hanging are included for REMSA if the Trauma Team has been activated or consulted, regardless of admission status, or have an additional injury code. **HOWEVER, these patients are excluded by NTDB.**
4. Patients who are readmitted for missed diagnoses, or complications should be included for REMSA. Readmission should occur within 30 days of when the patient was discharged.
5. Patients who are readmitted as part of standard or planned care for a given injury (e.g., removal of hardware after an orthopedic procedure) should NOT be included as a readmission.
6. Patients who are admitted to the OR from the clinic, or as a pre-arranged admission (same day surgery), and are discharged home from the OR, should NOT be included.
7. Ingestions and foreign bodies are included only if the ingestion results in a tear (e.g., in the esophagus or stomach) because an anatomic injury had occurred. If the patient swallowed or inserted something that required surgical removal, but there was no injury to surrounding tissues, the patient should NOT be included.

\*Trauma Centers are not limited to data collection on any patients not meeting REMSA Criteria. Facilities can use additional criteria meeting their individual needs.

**Trauma Registry Data Submission Schedule for 2024/ 2025 data:**

Date Data Due to REMSA	Date Range of Data
March 1 <sup>st</sup> , 2025	October 1 <sup>st</sup> , 2024 – December 31 <sup>st</sup> , 2024 (Q4 '24)
June 1 <sup>st</sup> , 2025	January 1 <sup>st</sup> , 2025 – March 31 <sup>st</sup> , 2025 (Q1 '25)
September 1 <sup>st</sup> , 2025	April 1 <sup>st</sup> , 2025 – June 30 <sup>th</sup> , 2025 (Q2 '25)
December 1 <sup>st</sup> , 2025	July 1 <sup>st</sup> , 2025 – Sept. 30 <sup>th</sup> , 2025 (Q3 '25)

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### References:

ACS NTDB National Trauma Data Standard Data Dictionary 2025 Admissions.

<https://www.facs.org/quality-programs/trauma/quality/national-trauma-data-bank/national-trauma-data-standard/>

American College of Surgeons Committee on Trauma. *Resources for Optimal Care of the Injured Patient 2022*. <https://www.facs.org/quality-programs/trauma/quality/verification-review-and-consultation-program/standards/2022-resources-repository/access/>

International Classification of Diseases 10<sup>th</sup> Revision, Clinical Modification.  
[www.cdc.gov/nchs/icd/ICD-10cm.htm](http://www.cdc.gov/nchs/icd/ICD-10cm.htm).

Abbreviated Injury Scale 2008, Update 2015. Association for the Advancement of Automotive Medicine, Barrington, IL. <https://www.aaam.org/abbreviated-injury-scale-ais/>.

State of California Department of Justice, California State Vehicle Codes, Section 23136, Section 23140, Sections 23152- 23229.1. <http://leginfo.legislature.ca.gov/>.

California Highway Patrol, Child Safety Seat Laws.  
<https://www.chp.ca.gov/programs-services/programs/child-safety-seats>.

National Highway Traffic Safety Administration, Child Seats.  
<https://www.nhtsa.gov/equipment/car-seats-and-booster-seats>.

State of California Department of Justice, Penal Code, Section 11164- 11174.3  
[www.leginfo.ca.gov](http://www.leginfo.ca.gov).

State of California Office of Statewide Health Planning and Development, Healthcare Information Division, Hospital Listings. [www.oshpd.ca.gov](http://www.oshpd.ca.gov).

United States Bureau of Labor Statistics Standard Occupational Classification and Industry Classification, 1999. [www.bls.gov](http://www.bls.gov) .

National Heart, Lung, and Blood Institute, Body Mass Index Table.  
[www.nhlbi.nih.gov](http://www.nhlbi.nih.gov) .

National EMS Information System (NEMSIS). <https://nemsis.org/>.

\*In ImageTrend, if you hover over the **BOLD** data element in the registry and click to open it you will see the definition appear. All elements in the registry with a \* are required NTDB elements- see NTDB dictionary for validation rules on each element

\*\* NTDB, NEMSIS and IT elements tag #'s are listed below



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All elements listed below are to be included in the REMSIS trauma registry, unless the patient does not qualify.

1. PRE-HOSPITAL SECTION		NTDB	NEMSIS	IT element	
Arrived from				TR 16.22	
Transported Mode		PH-01/ PH-02	eDispo.17	TR 8.10	
IFT		PH-04		TR 25.54	
Intubation Prior to arrival		PH- 06		TR 60.1	
Intubation location prior to arrival		PH- 07		TR 60.2	
Trauma Triage Criteria (step 3 and 4)			eInjury.04	Tr 17.47	
Trauma Triage Criteria (step 1 and 2)			eInjury.03	TR 17.22	
Incident Number			eResponse.0 3	TR 7.1	
EMS PCR Universally Unique Identifier (UUID)		PH-03	eRecord.01	TR 9.11	
Services				TR 7.3	
EMS Unit Notified Date			eTimes.03	TR 9.1	
EMS Unit Notified Time			eTimes.03	TR 9.10	
En route Date			eTimes.05	TR 9.17	
En route Time			eTimes.05	TR 9.17.1	
EMS Unit Arrived at Scene Date			eTimes.06	TR 9.2	
EMS Unit Arrived at Scene Time			eTimes.06	TR 9.2.1	
Patient contact Date			eTimes.07	TR 9.6	
Patient contact Time			eTimes.07	TR 9.5	
EMS Unit Leave Scene Date			eTimes.09	TR 9.3	
EMS Unit Leave Scene Time			eTimes.09	TR 9.3.1	
EMS Unit Arrived Hospital Date			eTimes.11	TR 9.4	
EMS Unit Arrived Hospital Time			eTimes.11	TR 9.4.1	
Hospital notification from EMS Date				TR 9.16	
Hospital notification from EMS Time				TR 9.16.1	
Transport mode			eDispo.17	TR 8.10	

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Destination Determination				TR 15.32	
Triage criteria				TR 9.14	
EMS report status				TR 15.38	
Prehospital Cardiac Arrest		PH-05		TR 15.53	
CPR performed				TR 15.39	
CPR Location				TR 15.41	
Airway Management				TR 15.40	
Fluids				TR 15.30	
Total Fluids administered				TR 15.56	
PH Fluids given				TR 15.49	
PH Fluid Type				TR 15.50	
PH Blood Transfusion				TR 15.52	
PH Procedures (drop down- multi select)				TR 15.60	
PH Medications				TR 15.31	
EMS Medications				TR 15.62	
Temperature maintained				TR 15.36	
Appropriate Wound Management				TR 15.37	
Chest decompression- Needle T/ Tube T				TR 15.44	
Prehospital pelvic binder				TR 15.54	
Providers primary impression				TR 15.61	
Triage number/ Band ID				TR 7.4	
EMS vitals Date			eVitals.01	TR 18.106	
EMS vitals Time			eVitals.01	TR 18.106.1	
Prehospital SBP	Populates after select and add EMS run		eVitals.06	TR 18.67	
Prehospital DBP			eVitals.07	TR 18.68	
Prehospital Pulse Rate			eVitals.10	TR 18.69	
Prehospital O2 Sat			eVitals.12	TR 18.82	

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Prehospital Resp. Rate			eVitals.14	TR 18.70	
Prehospital supplemental oxygen				TR 18.134	
Revised Trauma Score (RTS) calc			eVitals.33	TR 18.136	
Manual Revised Trauma Score				TR 18.66	
Prehospital GCS not documented				TR 18.64.1	
Prehospital GCS Eye			eVitals.19	TR 18.60	
Prehospital GCS Verbal			eVitals.20	TR 18.61.2	
Prehospital GCS Motor			eVitals.21	TR 18.62.2	
PH GCS Assessment qualifiers			eVitals.22	TR 18.63	
Prehospital GCS Total			eVitals.23	TR 18.65	
Prehospital GCS Total- Manual			eVitals.23	TR 18.64	
Initial Field GCS 40- Eye				TR 18.90.2	
Initial Field GCS 40- Verbal				TR 18.91.2	
Initial Field GCS 40- Motor				TR 18.92.2	
AVPU				TR 18.107	
PH Pediatric Trauma Score				TR 18.81	
PH Pediatric GCS- Verbal			eVitals.20	TR 18.61.0	
PH Pediatric GCS- Motor			eVitals.21	TR 18.62.0	
Prehospital ETCO2	Not active		eVitals.16	TR 18.203	
Initial Field GCS 40- Total				TR 18.94.1	
Initial Field GCS 40 Total- Manual				TR 18.94	
Tourniquet	Procedure			TR 15.43	
PH Immobilization	Procedure			TR 15.47	
Chest Tube	Procedure			TR 15.46	
Thoracotomy	Procedure			TR 15.45	
Hemorrhage				TR 15.42	
12 Lead EKG Obtained	Procedure			TR 15.48	
<b>2. DEMOGRAPHIC SECTION</b>		<b>NTDB</b>	<b>NEMESIS</b>	<b>IT element</b>	

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Medical Record Number				TR 1.2	
Trauma Registry Number				TR 5.12	
Account Number				TR 1.27	
Incident Date		I-01	eSit.01	TR 5.1	
Incident Time		I-02	eSit.01	TR 5.18	
Patient Last Name			ePat.02	TR 1.9 TR 1.9.1	
Patient First Name			ePat.03	TR 1.8	
Patient Middle Initial				TR 1.10	
SSN (last four digits)			ePat.12	TR 1.11	
Date of Birth		D-07	ePat.17	TR 1.7	
Age		D-08	ePat.15	TR 1.12	
Pediatric Age			ePat.15	TR 1.12.1	
Age Unit(s)		D-09	ePat.16	TR 1.14	
Race		D-10	ePat.14	TR 1.16	
Other Race- Supplemental under NTDB D-10				TR 1.28	
Ethnicity		D-11	ePat.14	TR 1.17	
Patient gender identity		D-12		TR 1.51	
Sex assigned at birth		D-13		TR 1.56	
Gender affirming hormone therapy		D-14		TR 1.55	
Height in inches		ED-21		TR 1.6.1	
Height in centimeters		ED-21		TR 1.6	
Estimated Body Weight lbs		ED-22		TR 1.6.6	
Estimated Body Weight Kgs		ED-22		TR 1.6.5	
Patient Home Address			ePat.05	TR 1.18	
Patient Home Address line 2				TR 1.18.1	
Patient Home Country		D-02	ePat.10	TR 1.19	
Patient's Home Postal Zip Code		D-01	ePat.09	TR 1.20	
Patient Home City		D-05	ePat.06	TR 1.21	

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Patient Home County		<b>D-04</b>	<b>ePat.07</b>	TR 1.22	
Patient Home State		<b>D-03</b>	<b>ePat.08</b>	TR 1.23	
Patient Alternate Home Residence without zip		<b>D-06</b>		TR 1.13	
Patient's Primary Address				TR 1.24	
Patient's State of Residence				TR 1.25	
Patient's Country of Residence				TR 1.26	
Patient's Phone Number			<b>ePat.18</b>	TR 1.34	
<b>3. INJURY INFORMATION SECTION</b>		<b>NTDB</b>	<b>NEMESIS</b>	<b>IT element</b>	
Incident Location Address- Autopop. from EMS			<b>eScene.15</b>	TR 5.5	
Incident Country		<b>I-10</b>	<b>eScene.22</b>	TR 5.11	
Incident Location Postal Code		<b>I-9</b>	<b>eScene.19</b>	TR 5.6	
Incident City- Autopop. from EMS		<b>I-13</b>	<b>eScene.17</b>	TR 5.10	
Incident County- Autopop. from EMS		<b>I-12</b>	<b>eScene.21</b>	TR 5.9	
Incident State- Autopop. from EMS		<b>I-11</b>	<b>eScene.18</b>	TR 5.7	
Injury Mechanism- Cause of injury				TR 5.8	
Injury description				TR 20.12	
ICD- 10 Place of Occurrence External Cause Code		<b>I-7</b>	<b>eScene.09</b>	TR 200.5	
ICD-10 Primary External Cause Code		<b>I-6</b>	<b>eInjury.01</b>	TR 200.3	
ICD- 10 Additional External Cause Code		<b>I-8</b>		TR 200.3	
Intentionality				TR 200.3.2	
Trauma Type- Defined Blunt, penetrating, Burn			<b>eInjury.02</b>	TR 200.3.3	
ICD- 10 Activity				TR 200.12	
ICD- 10 Activity comments				TR 200.12.2	
Primary Medical Event		<b>ED-30</b>		TR 18.220	
Report of Physical Abuse				TR 41.1	
Investigation of Physical Abuse				TR 41.2	
Caregiver at Discharge				TR 41.3	
Position in Vehicle			<b>eInjury.06</b>	TR 5.14	

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Area of Vehicle impacted			eInjury.05	TR 14.42	
Safety Device Used/ Protective devices		I-14	eInjury.07	TR 29.24	
Child Specific Restraints		I-15	eInjury.07	TR 29.31	Subset of TR 29.24
Airbag Deployment		I-16	eInjury.08	TR 29.32	Subset of TR 29.24
Safety Equipment Description				TR 29.10	Y Subset of TR 29.24
<b>4. REFERRING HOSPITAL</b>		<b>NTDB</b>	<b>NEMESIS</b>	<b>IT element</b>	
Referring Hospital Name				TR 33.1	
Referring Hospital Date				TR 33.2	
Referring Hospital Time				TR 33.3	
Referring Hospital Discharge Date				TR 33.30	
Referring Hospital Discharge Time				TR 33.31	
Transported to Referring Hospital by				TR 33.48	
Referring Hospital Physician Name- text				TR 33.4	
Referring Hospital MR #				TR 33.45	
Referring Hospital Trauma registry #				TR 33.46	
Referring Hospital Vitals Date				TR 33.54	
Referring Hospital Vitals Time				TR 33.56	
Referring Hospital SBP				TR 33.5	
Referring Hospital DBP				TR 33.40	
Referring Hospital Pulse Rate				TR 33.6	
Referring Hospital Temperature Celsius				TR 33.7	
Referring Hospital Temperature Fahrenheit				TR 33.7.1	
Referring Hospital Temperature Route				TR 33.7.2	
Referring Hospital Respiratory Rate				TR 33.8	
Respiratory Assistance				TR 33.9	
Referring Hospital Supplemental O2				TR 33.10	

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Referring Hospital O2 Sat				TR 33.11	
Late Referral				TR 33.79	
Late Referral Other				TR 33.80	
Referring Hospital GCS Eye				TR 33.12	
Referring Hospital GCS Verbal				TR 33.13.2	
Referring Hospital Pediatric GCS Verbal				TR 33.13.0	
Referring Hospital GCS Motor				TR 33.14.2	
Referring Hospital Pediatric GCS Motor				TR 33.14.0	
GCS Qualifier				TR 33.16	
Referring Hospital Manual GCS Total				TR 33.15	
Referring Hospital GCS auto-calculated				TR 33.50	
Manual RTS				TR 33.17	
RTS Auto populated				TR 33.51	
Pediatric Trauma Score Total				TR 33.32	
Referring Hospital ETCO2	<b>Not active</b>			TR 33.83	
Hospital ICU				TR 33.18	
Hospital OR				TR 33.19	
CPR performed				TR 33.20	
CT Head				TR 33.21	
CT Abdomen/ pelvis				TR 33.22	
CT Chest				TR 33.23	
Abdomen Ultrasound				TR 33.24	
Aortogram				TR 33.25	
Arteriogram				TR 33.26	
Airway Management				TR 33.27	
CT Cervical				TR 33.33	
Imaging Head				TR 33.34	
Imaging Chest				TR 33.35	

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Imaging Abdomen/ Pelvis				TR 33.36	
Echo				TR 33.37	
Referring Hospital destination determination				TR 33.29	
Referring Hospital Medications Given				TR 33.28	
Referring Hospital Procedure ICD-10 Code				TR 33.55	
Referring Hospital Procedure Start Date				TR 33.55.date	
Referring Hospital Procedure Start Time				TR 33.55.time	
Delay of Departure at Referring Hospital				TR 33.62	
<b>5. ED RESUSCITATION</b>		<b>NTDB</b>	<b>NEMESIS</b>	<b>IT element</b>	
Direct Admit to Hospital				TR 17.30	
ED/ Hospital arrival Date		<b>ED-04</b>		TR 18.55	
ED/ Hospital arrival Time		<b>ED-05</b>		TR 18.56	
ED Discharge Order Written Date		<b>ED-27</b>		TR 17.41	
ED Discharge Order Written Time		<b>ED-28</b>		TR 17.42	
Date physically discharged from ED				TR 17.25	
Time discharged from ED				TR 17.26	
LOS in ED- Minutes (Physical Discharge)				TR 17.99	
LOS in ED (Arrival time to discharge orders written time)				TR 17.99.written	
ED Discharge Disposition		<b>ED-26</b>		TR 17.27	
Log of Admission				TR 44	
Admission Date				TR 44.1	
Admission Time				TR 44.2	
Discharge Date				TR 44.7	
Discharge Time				TR 44.8	
Ward				TR 44.3	
Bed Number				TR 44.4	
Consultant				TR 44.5	



# Riverside Emergency Medical Services Information System

## Trauma Patient Registry

2025

Medical Specialty				TR 44.6	
Hospital Surgical Service				TR 44.13	
If ED DEATH:					
ED Death occurred Date				TR 25.36	
ED Death Occurred Time				TR 25.36.1	
Death circumstance				TR 25.32	
Circumstances of Death- free text				TR 25.53	
Organ Donation				TR 25.29	
Organs Donated				TR 25.70	
Autopsy performed				TR 25.37	
Autopsy site and ID				TR 25.71	
Advanced Directive				TR 28.28	
Was Medical Examiner notified				TR 25.65	
Did ME examine patients death				Tr 25.66	
OTHER ED DISPO:					
OR Discharge Disposition				TR 17.28	
Destination Determination				TR 17.59	
Other Destination Determination				TR 17.59.other	
Hospital Transferred to				TR 17.61	
Other facility transferred to				TR 17.62	
Discharge to other facility city				TR 25.40	
Discharge to other facility state				TR 25.41	
Transport mode				TR 17.60	
ED Transfer Delay				TR 17.45	
Reason for ED Transfer Delay				TR 17.44	
Other reason for ED Transfer Delay				TR 17.43	
Signs of Life				TR 27.14	
Admitting Physician				TR 18.98	

# Riverside Emergency Medical Services Information System

## Trauma Patient Registry

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Admitting Service				TR 18.99	
Primary Trauma Service Type		<b>ED- 29</b>		TR 18.205	
Trauma Team Activation Level				TR 17.21	
Trauma Team Activation Date				TR 17.31	
Trauma Team Activation Time				TR 17.34	
Highest Activation		<b>ED-01</b>		TR 17.21.1	
ED Physician				TR 17.9	
Service Type				TR 17.13	
Date called				TR 17.10	
Time called				TR 17.14	
Trauma Surgeon arrival date		<b>ED-02</b>		TR 17.15	
Trauma Surgeon arrival time		<b>ED-03</b>		TR 17.11	
Timely arrival of Trauma team				TR 17.12	
Revised Response Activation Date				TR 17.78.1	
Revised Response Activation Time				TR 17.78.1.1	
Upgrade/ Downgrade				TR 17.78.2	
New Activation Level				TR 17.78.3	
Old Activation Level				TR 17.78.4	
Consulting Services				TR 17.29	
Consulting Service Type				TR 17.32	
Consulting Staff				TR 17.33	
In- house Consult Called Date				TR 17.7	
In- house Consult Called Time				TR 17.8	
In- house Consult Arrival Date				TR 17.75	
In- house Consult Arrival Time				TR 17.76	
Timely Arrival				TR 17.77	
<b>6. INITIAL ASSESSMENT</b>		<b>NTDB</b>	<b>NEMSIS</b>	<b>IT element</b>	
<b>Vital signs:</b>					

# Riverside Emergency Medical Services Information System

## Trauma Patient Registry

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Initial Assessment Vitals Date				TR 18.104	
Initial Assessment Vitals Time				TR 18.110	
Initial ED/Hospital Systolic Blood Pressure (SBP)		<b>ED-06</b>		TR 18.11	
Initial Assessment DBP				TR 18.13	
Initial ED/ Hospital Pulse Rate		<b>ED-07</b>		TR 18.2	
Initial ED/ Hospital Temperature- Celsius	<b>Auto fill</b>	<b>ED-08</b>		TR 18.30	
Initial ED/ Hospital Temperature- Fahrenheit	<b>Auto fill</b>	<b>ED-08</b>		TR 18.30.1	
Initial ED/ Hospital Temperature- Route				TR 18.147	
Initial ED/ Hospital Oxygen Saturation		<b>ED-11</b>		TR 18.31	
Initial ED/ Hospital Respiratory Rate		<b>ED-09</b>		TR 18.7	
Initial ED/ Hospital Respiratory Assistance		<b>ED-10</b>		TR 18.10	
Initial ED/ Hospital Supplemental Oxygen		<b>ED-12</b>		TR 18.109	
RTS autogenerated				TR 18.135	
Manual RTS				TR 18.28	
Pediatric Trauma Score				TR 21.10	
Initial ED/Hospital GCS-Eyes		<b>ED-13</b>		TR 18.14	
Initial ED/Hospital GCS-Verbal		<b>ED-14</b>		TR 18.15.2	
Initial Assessment Pediatric GCS Verbal				TR 18.15.0	
Initial ED/Hospital GCS-Motor		<b>ED-15</b>		TR 18.16.2	
Initial Assessment Pediatric GCS Motor				TR 18.16.0	
Initial ED/Hospital GCS-Assessment Qualifiers		<b>ED-17</b>		TR 18.21	
Initial Assessment GCS Total		<b>ED-16</b>		TR 18.22	
Manual GCS Total				TR 18.19	
Initial ED/Hospital GCS-40 Eyes		<b>ED-18</b>		TR 18.40.2	
Initial ED/Hospital GCS-40 Verbal		<b>ED-19</b>		TR 18.41.2	
Initial ED/Hospital GCS-40 Motor		<b>ED-20</b>		TR 18.42.2	
AVPU				TR 18.53	
Initial Assessment ETCO2	<b>Facility specific</b>			TR 18.202	

# Riverside Emergency Medical Services Information System

## Trauma Patient Registry

2025

- Was CAGE assessment performed					
<b>RX:</b>					
- Initial ED Hospital Medications				TR 18.171	
- First Antibiotic Date				TR 18.190	
- First Antibiotic Time				TR 18.190.1	
- Initial Assessment Airway Management				TR 14.36	
- ED/ Hospital CPR Performed				TR 18.71	
- Blood Administered Date	<b>multiple</b>			TR 22.45	
- Blood Administered Time	<b>multiple</b>			TR 22.45.1	
- Blood product location				TR 22.20	
- Blood Product				TR 22.21	
Total Units of Blood- #				TR 22.22	
Blood Ordered Date				TR 22.14	
Blood Ordered Time				TR 22.17	
Crossmatch Date				TR 22.15	
Crossmatch Time				TR 22.18	
Blood Administered Date- first unit administered				TR 22.16	
Blood Administered Time- first unit administered				TR 22.19	
Placed on ventilator Date	<b>multiple</b>			TR 26.74	
Placed on ventilator Time	<b>multiple</b>			TR 26.74.1	
Taken off ventilator Date				TR 26.75	
Taken off ventilator Time				TR 26.75.1	
Ventilator details				TR 26.76	
Ventilator Total Days	<b>Autofill</b>			TR 26.58.1	
Ventilator Total Time- Days/ hours/ min	<b>Autofill</b>			TR 26.58.2	
<b>Radiology:</b>	<b>multiple</b>				
Radiology Type				TR 18.160	
Radiology region				TR 18.143	

# Riverside Emergency Medical Services Information System

## Trauma Patient Registry

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Radiology region other				TR 18.143.other	
Date ordered				TR 18.162	
Time ordered				TR 18.162.1	
Date sent				TR 18.144	
Time sent				TR 18.145	
Date performed				TR 18.163	
Time performed				TR 18.163.1	
Results read Date				TR 18.164	
Results read Time				TR 18.164.1	
Results				TR 18.161	
Radiology performed location				TR 18.183	
Abdominal Ultrasound				TR 18.75	
Arteriogram				TR 18.76	
Aortogram				TR 18.77	
<b>Mental Health Screening</b>					
Did pt meet MH screening criteria				TR 49.1	
Was MH screening performed				TR 49.2	
Which screening tool was used				TR 49.3	
What were screening results				TR 49.4	
What was the screening score				TR 49.5	
Was referral for treatment offered				TR 49.6	
Was referral for treatment accepted				TR 49.7	
MH screening comments				TR 49.8	
<b>Lab:</b>					
Alcohol Use Indicator/ alcohol screen		<b>ED-24</b>		TR 18.46	
Blood alcohol content (mg/dL)				TR 18.103.2	
Blood alcohol content (g/dL)		<b>ED-25</b>		TR 18.103	Displays when TR 18.46 = YES

# Riverside Emergency Medical Services Information System

## Trauma Patient Registry

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Drug Use Indicator				TR 18.45	
Drug Screen		<b>ED-23</b>		TR 18.91	
<b>SBIRT</b>					
Was SBIRT completed?				TR 45.1	
SBIRT provided by				TR 45.2	
Were the SBIRT screening results positive?				TR 45.4	
Was SBIRT brief <b>intervention</b> initiated?				TR 45.5	
Was SBIRT brief <b>treatment</b> initiated?				TR 45.6	
Was SBIRT referral to treatment provided?				TR 45.7	
Which SBIRT screening tool was used?				TR 45.3	
Hematocrit				TR 18.95	
Base Deficit				TR 18.93	
Lactic Acid results				TR 18.92	
PT				TR 18.47	
PTT				TR 18.48	
ABGs drawn				TR 18.182	
ABG pH				TR 18.179	
PAO2				TR 18.180	
PACO2				TR 18.181	
<b>7. PROCEDURES</b>		<b>NTDB</b>	<b>NEMESIS</b>	<b>IT element</b>	
Procedure performed				TR 22.30	
ICD- 10 Hospital Procedures		<b>HP-1</b>		TR 200.2	
Procedure performed location				TR 200.11	
Procedure / Operation Staff				TR 200.10	
Procedure Section Comments				TR 200.7	
Hospital Procedures Start Date		<b>HP-2</b>		TR 200.8	
Hospital Procedures Start Time		<b>HP-3</b>		TR 200.9	
Procedure / Operation Service Type				TR 200.6	

# Riverside Emergency Medical Services Information System

## Trauma Patient Registry

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Operation Number				TR 200.2.2.1	
Ward from				TR 200.2.2.6	
OR urgency				TR 200.2.2	
Date out of OR				TR 200.2.2.4	
Time out of OR				TR 200.2.2.4.1	
From OR to ward				TR 200.2.2.7	
Staff involved in procedure				TR 200.2.2.9	
<b>Radiology- opens when location selected</b>					
Staff				TR 200.10	
Comments				TR 200.7	
Hospital Procedures Start Date		<b>HP-2</b>		TR 200.8	
Hospital Procedures Start Time		<b>HP-3</b>		TR 200.9	
Procedure / Operation Service Type				TR 200.6	
Exam arrival Date				TR 200.2.1.6	
Exam arrival Time				TR 200.2.1.6.1	
Exam Start Date				TR 200.2.1.7	
Exam Start Time				TR 200.2.1.7.1	
Radiology results read Date				TR 200.2.3.2	
Radiology results read Time				TR 200.2.3.3	
Requesting staff				TR 200.2.1.3	
Exam Finished Date				TR 200.2.1.8	
Exam Finished Time				TR 200.2.1.8.1	
Request Date				TR 200.2.1.4	
Request Time				TR 200.2.1.4.1	
Reporting staff				TR 200.2.1.9	
Procedure Arterial Puncture Date				TR 200.15	
Procedure Arterial Puncture Time				TR 200.15.1	
Validating staff				TR 200.2.1.10	

# Riverside Emergency Medical Services Information System

## Trauma Patient Registry

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Exam name				TR 200.2.1.5	
Radiology results				TR 200.2.3.1	
Resources				TR 26.59	
<b>8. DIAGNOSIS</b>		<b>NTDB</b>	<b>NEMESIS</b>	<b>IT element</b>	
ICD-10 Injury Diagnosis		<b>DI-01</b>		TR 200.1	
ICD- 10 Diagnosis comments				TR 200.120	
ICD-10 AIS Codes		<b>DI-03</b>		TR 200.14.1	
AIS version – 2015 added		<b>DI-02</b>		TR 200.14.2	
AIS code				TR 200.1.1	
Additional AIS Code				TR 201.0	
Diagnosis Predot				TR 200.1.4	
AIS Severity				TR 21.2- TR 21.8	
ISS				TR 21.8	Need to confirm codes
Probability of survival- autofill				TR 21.9	Need to confirm codes
New ISS- autofill				TR 43.3	Need to confirm codes
<b>9. OUTCOME</b>		<b>NTDB</b>	<b>NEMESIS</b>	<b>IT element</b>	
<b>Discharge Information:</b>					
Hospital Admission				TR 25.56	
Hospital Discharge Service				TR 25.31	
Hospital Admission Date				TR 25.33	
Hospital Admission Time				TR 25.47	
Discharge order written Date		<b>ED-27</b>		TR 25.93	
Discharge order written Time		<b>ED-28</b>		TR 25.94	
Hospital discharge Date		<b>O-04</b>		TR 25.34	
Hospital discharge Time		<b>O-05</b>		TR 25.48	
Total Hospital Days (physical D/C)			<b>ADMIT- D/C</b>	TR 25.44	



# Riverside Emergency Medical Services Information System

## Trauma Patient Registry

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LOS until D/C orders written- (Calendar days)			D/C ORDERS WRITTEN UNTIL PHYSICAL D/C	TR 25.44.written	
Hospital LOS- physical D/C (Calendar days)				TR 25.44	
Hospital LOS- physical D/C (Total time)				TR 25.44 mins	
Impediments to discharge				TR 25.96	
Total ICU Days		<b>O-1</b>		TR 26.9	
Total Ventilator Days		<b>O-2</b>		TR 26.58	
Discharge Summary				TR 25.100	
<b>ED Disposition- same grid from ED Disposition</b>					
<b>Disability at Admission:</b>					
Feeding				TR 26.62	
Locomotion (Independence)				TR 26.63	
Expression (Motor)				TR 26.64	
Disability at admission score				TR 26.65	
<b>Disability at discharge:</b>					
Feeding				TR 26.54	
Locomotion (Independence)				TR 26.55	
Expression (Motor)				TR 26.56	
Disability at discharge score				TR 26.61	
General condition at discharge				TR 25.46	
<b>Financial Information:</b>					
Primary method of payment		<b>F-1</b>		TR2.5	
If other, Other billing source				TR 2.13	
Secondary method of payment				TR 2.7	
Secondary other billing source				TR 2.14	
Third method of payment				TR 2.18	
Third, "Other" billing source				TR 2.19	
Reimbursed charges				TR 2.8	

# Riverside Emergency Medical Services Information System

## Trauma Patient Registry

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Billed trauma charges- new				TR 2.9	
Work related		I-3	eSit.14	TR 2.10	
Occupational Industry		I-4	eSit.15	TR 2.6	Subset of TR 2.10
Industry description				TR 2.7	
Occupation		I-5	eSit.16	TR 2.11	
Occupation description				TR 2.12	
Hospital Discharge disposition		O-3		TR 25.27	
<b>If alive, transferred to another facility:</b>					
Hospital discharge destination determination				TR 25.42	
Hospital discharge destination determination-Other				TR 25.42.other	
Hospital transferred to				TR 25.35	
Other Facility Name				TR 25.39	
Other Facility City				TR 25.40	
Other Facility State				TR 25.41	
Transport mode				TR 25.43	
<b>If death:</b>					
ED Disposition				TR 17.27	
Date death occurred				TR 25.36	
Time death occurred				TR 25.36.1	
Death location					
Death Circumstance				TR 25.32	
Circumstance of death notes				TR 25.53	
Organ Donation				TR 25.29	
Autopsy performed				TR 25.37	
Organs donated				TR 25.70	
Advanced Directive				TR 25.28	
Medical Examiner notified				TR 25.65	
Did Medical examiner investigate pt death				TR 25.66	

# Riverside Emergency Medical Services Information System

## Trauma Patient Registry

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10. TQIP SECTION		NTDB	NEMESIS	IT element	
<b>VTE Prophylaxis:</b>					
TQIP Venous Thromboembolism Prophylaxis Type		<b>TQ-10</b>		TR 40.1	
TQIP Prophylaxis Date		<b>TQ-11</b>		TR 40.2	
TQIP Prophylaxis Time		<b>TQ-12</b>		TR 40.3	
<b>Antibiotic Therapy:</b>					
TQIP Antibiotic Therapy		<b>TQ-28</b>		TR 18.189	
TQIP Antibiotic Therapy Date		<b>TQ-29</b>		TR 18.190	
TQIP Antibiotic Therapy Time		<b>TQ-30</b>		TR 18.190.1	
<b>Angiography:</b>					
TQIP / BLOOD Angiography		<b>TQ-18</b>		TR 40.12	
TQIP / BLOOD Angiography Date		<b>TQ-20</b>		TR 40.13	
TQIP / BLOOD Angiography Time		<b>TQ-21</b>		TR 40.14	
TQIP / BLOOD Embolization Site		<b>TQ-19</b>		TR 40.18	
<b>Hemorrhage Control:</b>					
TQIP Surgery for Hemorrhagic Control Type		<b>TQ-22</b>		TR 40.19	
TQIP Surgery for Hemorrhagic Control Date		<b>TQ-23</b>		TR 40.20	
TQIP Surgery Hemorrhagic Control Time		<b>TQ-24</b>		TR 40.21	
<b>Withdrawal of Life Support:</b>					
TQIP Withdrawal of Life Support		<b>TQ-25</b>		TR 40.15	
TQIP Withdrawal of Life Support Treatment Date		<b>TQ-26</b>		TR 40.16	
TQIP Withdrawal of Life Support Treatment Time		<b>TQ-27</b>		TR 40.17	
<b>Lowest SBP</b>					
<b>Blood Product History given in the ED will appear in TQIP blood tab for reference when filling out blood volume at 4 and 24 hours</b>					
<b>TQIP- Blood usage</b>					
Whole Blood		<b>TQ-14</b>		TR 22.21	
<b>TQIP – Blood usage (PRBC):</b>					
TQIP / BLOOD Transfusion Blood 4hrs		<b>TQ-13</b>		TR 40.4	

# Riverside Emergency Medical Services Information System

## Trauma Patient Registry

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TQIP / BLOOD Transfusion Blood 24hrs				TR 40.8	
TQIP / BLOOD Transfusion Blood Measurements				TR 40.23	
TQIP / BLOOD Transfusion Blood Conversion				TR 40.24	
<b>TQIP- Plasma Usage:</b>					
TQIP / BLOOD Transfusion Plasma 4hrs		<b>TQ-15</b>		TR 40.5	
TQIP / BLOOD Transfusion Plasma 24hrs				TR 40.9	
TQIP / BLOOD Transfusion Plasma Blood Measurements				TR 40.25	
TQIP / BLOOD Transfusion Plasma Blood Conversion				TR 40.26	
<b>TQIP Platelet Usage:</b>					
TQIP / BLOOD Transfusion Platelets 4hrs		<b>TQ-16</b>		TR 40.6	
TQIP / BLOOD Transfusion Platelets 24hrs				TR 40.10	
TQIP / BLOOD Transfusion Platelets Blood Measurements				TR 40.27	
TQIP / BLOOD Transfusion Platelets Blood Conversion				TR 40.28	
<b>TQIP Cryoprecipitate Usage:</b>					
TQIP / BLOOD Cryoprecipitate 4hrs		<b>TQ-17</b>		TR 40.7	
TQIP / BLOOD Cryoprecipitate 24hrs				TR 40.11	
TQIP / BLOOD Cryoprecipitate Measurements				TR 40.29	
TQIP / BLOOD Cryoprecipitate Conversion				TR 40.30	
<b>TBI:</b>					
TQIP / TBI Highest Total GCS		<b>TQ-01</b>		TR 39.1	
TQIP / TBI GCS Motor Component of highest GCS		<b>TQ-02</b>		TR 39.2	
TQIP / TBI GCS Qualifiers with highest GCS total		<b>TQ-03</b>		TR 39.3	
Highest GCS 40- Motor		<b>TQ-04</b>		TR 39.40.2	
Highest GCS 40- Motor Pediatric				TR 40.2	
TQIP / TBI Initial ED/ Hospital Pupillary Response		<b>TQ-05</b>		TR 40.32	
TQIP / TBI Midline Shift		<b>TQ-06</b>		TR 40.33	
TQIP / TBI Cerebral Monitoring		<b>TQ-07</b>		TR 39.4	
TQIP / TBI Cerebral Monitor Date		<b>TQ-08</b>		TR 39.5	

# Riverside Emergency Medical Services Information System

## Trauma Patient Registry

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TQIP / TBI Cerebral Monitor Time		TQ-09		TR 39.6	
<b>11. NTDB Pre-existing/ Hospital Events- Elements listed in Appendix</b>		NTDB	NEMESIS	IT element	
Comorbid conditions- See end of document		PE-C 01-30		TR 21.21	
List of NTDB complications- can select all No then check the YES					
<b>12. New Comp PI</b>		NTDB	NEMESIS	IT element	
<b>Complication PI Overview</b>					
PI Nurse				TR 31.54	
Medical Record Injury Categories				TR 31.52	
Incident Overview				TR 31.53	
<b>Complication Hospital Events</b>					
Complication				TR 23.1	
Hospital Event					Same 23.1
Status				TR 23.15	
Last Reviewed				TR 23.1.11	
Last Review Type				TR 23.1.12	
<b>Performance Improvement Audit</b>					
No PI Audit Filters				TR 31.4.1	
Audit				TR 31.4	
PI Audit					Same 31.4
Status				TR 31.9	
Last Review				TR 31.11	
Last Review Type				TR 31.12	
<b>13. COMPLICATIONS/ PI</b>		NTDB	NEMESIS	IT element	
Complications				TR 23.1	
Severe Complications				TR 200.13	
Complication Status				TR 23.15	
Occurrence Date				TR 23.13	
Occurrence Time				TR 23.20	

# Riverside Emergency Medical Services Information System

## Trauma Patient Registry

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Location of occurrence				TR 23.19	
Complication staff involved (drop down)					
Peer Review Date				TR 23.6	
Peer Review Time				TR 23.18	
Actions				TR 23.9	
If "other" was selected, free text				TR 23.10	
Determination				TR 23.11	
Preventability				TR 23.12	
Findings				TR 23.14	
Further explanation/ actions				TR 23.8	
<b>Additional Notes:</b>					
Staff				TR 23.1.14	
Source				TR 23.1.13	
Type				TR 23.1.12	
Group				TR 23.1.16	
Notes				TR 23.1.15	
<b>PI Audits:</b>					
Audit				TR 31.4	
Patient Death Y/N				TR 23.30	
Mortality				TR 23.30.1	
Open / closed status				TR 31.9	
Occurrence Date				TR 31.7	
Occurrence Time				TR 31.8	
Location of occurrence				TR 31.17	
Audit staff involved				TR 31.14	
Peer Review Date				TR 31.8	
Peer Review Time				TR 31.19	
Action				TR 31.1	

# Riverside Emergency Medical Services Information System

## Trauma Patient Registry

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Determination				TR 31.3	
Further explanation				TR 31.10	
Preventability				TR 31.5	
Findings				TR 31.6	
Additional notes:					
Staff				TR 31.14	
Source				TR 31.13	
Type				TR 31.12	
Group				TR 31.16	
Notes				TR 31.15	
<b>NOTES SECTION</b>	<b>REMSA</b>	<b>NTDB</b>	<b>NEMESIS</b>	<b>IT element</b>	
Note type				TR 5.27	
Note				TR 5.24	
Note entered by				TR 5.26	
Date / Time				TR 5.25	
<b>SURGEON SPECIFIC REPORTING</b>	<b>REMSA</b>	<b>NTDB</b>	<b>NEMESIS</b>	<b>IT element</b>	
National Provider Identifier – <b>OPTIONAL AT THIS TIME</b>		<b>S-1</b>			

# Riverside Emergency Medical Services Information System

## Trauma Patient Registry

2025

2025 NTDB Pre-existing conditions (PE-C 01-30) TR 21.21	2025 NTDB Hospital Events (HE 01-21) TR 23.1
<p>ADVANCED DIRECTIVE LIMITING CARE ALCOHOL USE DISORDER ANTICOAGULANT THERAPY ATTENTION DEFICIT DISORDER/ATTENTION DEFICIT HYPERACTIVITY DISORDER *AUTISM SPECTRUM DISORDER (ASD) BIPOLAR I/II DISORDER BLEEDING DISORDER *BRONCHOPULMONARY DYSPLASIA/ CHRONIC LUNG DISEASE CEREBRAL VASCULAR ACCIDENT (CVA) CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) CHRONIC RENAL FAILURE CIRRHOSIS CONGENITAL ANOMALIES CONGESTIVE HEART FAILURE (CHF) CURRENT SMOKER CURRENTLY RECEIVING CHEMOTHERAPY FOR CANCER DEMENTIA DIABETES MELLITUS DISSEMINATED CANCER FUNCTIONALLY DEPENDENT HEALTH STATUS HYPERTENSION MAJOR DEPRESSIVE DISORDER MYOCARDIAL INFARCTION (MI) OTHER MENTAL/ PERSONALITY DISORDERS PERIPHERAL ARTERIAL DISEASE (PAD) POST- TRAUMATIC STRESS DISORDER PREGNANCY PREMATURITY SCHIZOAFFECTIVE DISORDER SCHIZOPHRENIA STEROID USE SUBSTANCE USE DISORDER *VENTILATOR DEPENDENCE</p>	<p>ACUTE KIDNEY INJURY (AKI) ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS) ALCOHOL WITHDRAWAL SYNDROME CARDIAC ARREST WITH CPR CATHETER-ASSOCIATED URINARY TRACT INFECTION (CAUTI) CENTRAL LINE-ASSOCIATED BLOOD STREAM INFECTION (CLABSI) DEEP SURGICAL SITE INFECTION DEEP VEIN THROMBOSIS (DVT) DELIRIUM MYOCARDIAL INFARCTION (MI) ORGAN/SPACE SURGICAL SITE INFECTION OSTEOMYELITIS PRESSURE ULCER PULMONARY EMBOLISM (PE) SEVERE SEPSIS STROKE/CVA SUPERFICIAL INCISIONAL SURGICAL SITE INFECTION UNPLANNED ADMISSION TO ICU UNPLANNED INTUBATION UNPLANNED VISIT TO THE OPERATING ROOM VENTILATOR-ASSOCIATED PNEUMONIA (VAP)</p>



Riverside Emergency Medical Services Information System  
Trauma Patient Registry

2025

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