

**NEW MEXICO DATA DICTIONARY**  
**APRIL 2005**

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**Field Name:** AGE\_NUMBER

Description:

If < 3 wks: this is days; < 3 months: weeks; < 3 yrs: months; years otherwise.

Field Information:

Field Type	Position 7
Single/Multi	Single Value
Output Conversion	
Input Pattern	

Display Information:

Heading	Age Number
Justification	R
Length	14

Help:

This is the patient's age, if under 3 weeks old this is the number of days, if under 3 months old this is the number of weeks, if under 3 years old this is the number of months or if older this is the number of years.

Pattern Information:

Description	Age Number Validation
Patterns	None
Low	0
Hi	120
Whole Numbers	Y
Required	N
Disabled	N
Default	{DEFAULT_AGE_NUMBER}
Verify Default	Y
Multiple Responses	N

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**Field Name:** AGE\_UNITS

Description:

This is the unit of age: 'D' for days, 'W' for weeks, 'M' for months or 'Y' for years.

Field Information:

Field Type	Position 8
Single/Multi	Single Value
Output Conversion	
Input Pattern	

Display Information:

Heading	Age Units
Justification	L
Length	2

Help:

This is the patient's age unit, if under 3 weeks old this is days, if under 3 months old this is weeks, if under 3 years old this is months or if older this is the years.

Pattern Information:

Description Age Units

Dictionary Information.....

Patterns

Y (Years)	
M (Months)	
W (Weeks)	
D (Days)	
Required	0
Disabled	0
Default	{DEFAULT_AGE_UNITS}
Verify Default	Y
Multiple Responses	N

-----  
**Field Name: AIS**

Description:

These are the AIS (Abbreviated Injury Scale) values.

Field Information:

Field Type	Position 93
Single/Multi	Multiple Value
Output Conversion	
Input Pattern	

Display Information:

Heading	AIS
Justification	R
Length	4

Help:

This is the abbreviated injury severity score for this diagnosis.

The information entered into this field is used to calculate the ISS (injury severity score).

Pattern Information:

Description AIS Severity Score

Patterns

1 (Minimal)	
2 ( )	
3 ( )	
4 ( )	
5 ( )	
6 (Unsurvivable)	
9 (Unknown or not applicable)	

Required	N
Default	[DEFAULT.AIS]

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**Field Name:** AIS\_CODE

Description:  
These are the full AIS (Abbreviated Injury Scale) values.

Field Information:  
Field Type Position 306  
Single/Multi Multiple Value  
Output Conversion

Input Pattern

Display Information:  
Heading AIS Code  
Justification L  
Length 8

Help:  
This is the full (6 digit) AIS code for this injury. The AIS severity code is the last digit (to the right of the decimal) in this code. The other digits indicate other characteristics about this injury. The full code is useful since these codes can be used to link different versions of the AIS.

Pattern Information:  
Description AIS Code  
Patterns None  
Required N  
Disabled N  
Default [FIND.ICDAIS]  
Validation Program CHECK.ICD(AIS,DISPLAY)  
Option Program [DISPLAY.ICD]

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**Field Name:** ARRIVAL\_TIME

Description:  
These are the times of arrival on the scene.

Field Information:  
Field Type Position 27  
Single/Multi Multiple Value  
Output Conversion [CONV,MT]  
Input Pattern [CONV,(MT)]

Display Information:  
Heading Agency Scene Arrival Time  
Justification R  
Length 10

Help:  
These are the times the prehospital provider arrived on scene. This may be different from the time of arrival at the patient.

[TIME]  
When entering in times, you will be using the 24 hour clock and do not need to

put any delimiter in between the hours and minutes. If you do not have minutes, you can simply enter in the hour.

For Example: 1313 will be converted to 13:13  
13 will be converted to 13:00

Pattern Information:

Description Arrival Time Validation  
Patterns None

---

**Field Name:** ARRIVE\_PT\_TIME

Description:

This is the time the unit arrived at the patient (at the scene).

Field Information:

Field Type Position 731  
Single/Multi Multiple Value  
Output Conversion [CONV,TIME]  
Input Pattern [CONV,TIME]

Display Information:

Heading Agency Arrive Patient  
Justification R  
Length 10

Help:

This is the time the prehospital provider arrived at the patient (at the scene).

[TIME]

When entering in times, you will be using the 24 hour clock and do not need to put any delimiter in between the hours and minutes. If you do not have minutes, you can simply enter in the hour.

For Example: 1313 will be converted to 13:13  
13 will be converted to 13:00

---

**Field Name:** AUTOPSY

Description:

This is the autopsy code. YY: done, charted; YN: done, uncharted; N: not done.

Field Information:

Field Type Position 90  
Single/Multi Single Value  
Output Conversion  
Input Pattern

Display Information:

Heading Autopsy Code  
Justification R  
Length 2

Help:

This is the whether the autopsy was performed and charted.

Pattern Information:

Description NM Autopsy Codes (02/2005)

Patterns

- YY (Autopsy was performed and charted) (SRC = YY)
- YN (Autopsy was performed but not charted) (SRC = YN)
- N (Autopsy was not performed.) (SRC = N)
- ND (Not Done or Not Documented) (SRC = ND)
- NA (Not Applicable, Patient Survived) (SRC = NA)
- UNK (Unknown) (SRC = UNK)

Check Blanks N  
Required N  
Disabled N

---

**Field Name:** CAUSE\_CODE

Description:

This is the cause code. Refer to the CAUSE file.

Field Information:

Field Type Position 76  
Single/Multi Single Value  
Output Conversion  
Input Pattern

Display Information:

Heading Cause Code  
Justification L  
Length 7

Help:

This is the cause of injury code.

Pattern Information:

Description Cause Code  
Patterns None  
Check Blanks N  
Required N  
Disabled N  
Validation <CAUSE>

---

**Field Name:** CAUSE\_E\_CODES

Description:

These are the ICD9 E codes for cause. 'E' is not required.

Field Information:

Field Type Position 125  
Single/Multi Multiple Value  
Output Conversion  
Input Pattern

Display Information:  
 Heading Cause E Codes  
 Justification R  
 Length 9

Help:

These are the ICD9 E codes for this Cause.Code. 'E' is not required. The compute will assist you in determining the codes if you need assistance. The first E Cod selected should be associated with the primary cause of injury.

Pattern Information:  
 Description ICD Mechanism Codes  
 Patterns None  
 Check Blanks N  
 Validation Program [CONV,ECODEX]  
 Option Program [DEFAULT.ECODE,~~~1]

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**Field Name: COUNTRY**  
 Description:  
 This is the country of residence.

Field Information:  
 Field Type Position 716  
 Single/Multi Single Value  
 Output Conversion  
 Input Pattern

Display Information:  
 Heading Residence Country  
 Justification L  
 Length 10

Help:

This is the country of residence.

Pattern Information:  
 Description NM Country Codes (03/2005)  
 Patterns  
   USA (United States) (SRC = USA)  
   MEX (Mexico) (SRC = MEX)  
   CAN (Canada) (SRC = CAN)  
   OTHER (Other) (SRC = OTHER)  
   ND (Not Done or Not Documented) (SRC = ND)  
   UNK (Unknown) (SRC = UNK)  
 Check Blanks N  
 Required N  
 Disabled N  
 Default USA

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**Field Name:** COUNTY\_STATE

Description:

This is the county or state code.

Field Information:

Field Type Position 121  
Single/Multi Single Value  
Output Conversion  
Input Pattern

Display Information:

Heading County State  
Justification L  
Length 6

Help:

Enter in the County or State (if county is not known) where the injury has occurred.

Pattern Information:

Description Injury County  
Patterns None  
Check Blanks N  
Required N  
Disabled N  
Verify Default N  
Validation <COUNTIES>  
Multiple Responses N

---

**Field Name:** DATE\_REPLIED

Description:

These are the dates the physicians replied to the calls.

Field Information:

Field Type Position 230  
Single/Multi Multiple Value  
Output Conversion [CONV,DATE]  
Input Pattern [CONV,DATE]

Display Information:

Heading MD Repl Date  
Justification R  
Length 11

Help:

This is the date of Provider response.

[DATE]

You may enter the date without dashes or slashes.

For example: 101090 will be converted to 10/10/90  
9/9/90 will be converted to 09/09/90  
9/9 will be converted to 09/09/91 (current year)

Pattern Information:  
Description                      Provider Reply Date  
Patterns                          None  
Required                          N  
Disabled                          N  
Default                           A/228/186

---

**Field Name:**                      **DC\_DESTINATION\_CODE**

Description:  
This is the discharge destination code. Refer to FACILITIES code file.

Field Information:  
Field Type                          Position 14  
Single/Multi                      Single Value  
Output Conversion  
Input Pattern

Display Information:  
Heading                              Hospital DC Dest Code  
Justification                      R  
Length                                7

Help:  
This is the patient's specific destination after discharge. Usually HOME is included here, as well as in the disposition field.

Pattern Information:  
Description                          Discharge Destination Code  
Patterns                              None  
Check Blanks                        N  
Required                              N  
Disabled                              N  
Default                                {DEFAULT\_DC\_DEST\_CODE}  
Validation                            <FACILITIES>

---

**Field Name:**                      **DC\_DISPOSITION\_CODE**

Description:  
This is the DC disposition code. Refer to the DISCHARGE.DISPOSITION file.

Field Information:  
Field Type                          Position 249  
Single/Multi                      Single Value  
Output Conversion  
Input Pattern

Display Information:  
Heading                              DC Disp Code  
Justification                      L  
Length                                5

Help:  
This classifies the patients disposition after inpatient discharge. This is

not the specific facility the patient was transferred to (that is DC\_DESTINATION\_CODE).

Pattern Information:

Description NM DC Disposition Codes (03/2005)

Patterns

- ACUTE (Acute Care Hospital) (SRC = ACUTE)
- D (Died) (SRC = D)
- HOME (Home or Self Care) (SRC = HOME)
- LTC (Long-Term Care) (SRC = LTC)
- NA (Not Applicable) (SRC = NA)
- ND (Not Done or Not Documented) (SRC = ND)
- REHAB (Rehab Facility) (SRC = REHAB)
- SNF (Skilled Nursing Facility) (SRC = SNF)
- TC (Trauma Center) (SRC = TC)

Check Blanks N  
 Required N  
 Disabled N

**Field Name: DEPARTURE\_TIME**

Description:

These are the times the agencies departed from the scene.

Field Information:

Field Type Position 29  
 Single/Multi Multiple Value  
 Output Conversion [CONV,MT]  
 Input Pattern [CONV,(MT)]

Display Information:

Heading Agency Scene Depart Time  
 Justification R  
 Length 10

Help:

This is the time the prehospital provider departed from the scene.

[TIME]

When entering in times, you will be using the 24 hour clock and do not need to put any delimiter in between the hours and minutes. If you do not have minutes, you can simply enter in the hour.

For Example: 1313 will be converted to 13:13  
 13 will be converted to 13:00

Pattern Information:

Description Departure Time Validation  
 Patterns None

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**Field Name:** **DESTINATION\_ARRIVAL\_TIME**

**Description:**

These are the times the agencies arrived at the destinations.

**Field Information:**

Field Type	Position 147
Single/Multi	Multiple Value
Output Conversion	[CONV,MT]
Input Pattern	[CONV,(MT)]

**Display Information:**

Heading	Agency Dest Arr. Time
Justification	R
Length	10

**Help:**

This is the time the prehospital provider arrived at the hospital destination.

[TIME]

When entering in times, you will be using the 24 hour clock and do not need to put any delimiter in between the hours and minutes. If you do not have minutes, you can simply enter in the hour.

For Example:	1313	will be converted to 13:13
	13	will be converted to 13:00

---

**Field Name:** **DISCHARGE\_DATE**

**Description:**

This is the hospital discharge date.

**Field Information:**

Field Type	Position 143
Single/Multi	Single Value
Output Conversion	[CONV,DATE]
Input Pattern	[CONV,DATE]

**Display Information:**

Heading	Hospital DC Date
Justification	R
Length	11

**Help:**

This is the date the patient was discharged from the hospital as an inpatient.

[DATE]

You may enter the date without dashes or slashes.

For example:	101090	will be converted to 10/10/90
	9/9/90	will be converted to 09/09/90
	9/9	will be converted to 09/09/91 (current year)

**Pattern Information:**

Description	Discharge Date Validation
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Patterns	None
Required	N
Disabled	N
Default	{DEFAULT_DISCHARGE_DATE}
Verify Default	Y
Validation Program	CALL/CHECK.TIME/BP/0/DISCHARGE_TIME//HOSPITAL_ARRIVAL_

-----

**Field Name:** DISCHARGE\_TIME

Description:  
This is the hospital discharge time.

Field Information:

Field Type	Position 144
Single/Multi	Single Value
Output Conversion	[CONV,MT]
Input Pattern	[CONV,(MT)]

Display Information:

Heading	Hospital DC Time
Justification	R
Length	10

Help:

This is the time the patient was discharged from the hospital as an inpatient.

[TIME]

When entering in times, you will be using the 24 hour clock and do not need to put any delimiter in between the hours and minutes. If you do not have minutes, you can simply enter in the hour.

For Example:	1313	will be converted to 13:13
	13	will be converted to 13:00

Pattern Information:

Description	Discharge Time Validation
Patterns	None
Required	N
Disabled	N
Default	{DEFAULT_DISCHARGE_TIME}
Verify Default	N
Multiple Responses	N

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**Field Name:** DISPATCH\_DATE

Description:  
This is the dispatch date.

Field Information:

Field Type	Position 746
Single/Multi	Multiple Value
Output Conversion	[CONV,DATE]
Input Pattern	[CONV,DATE]

Display Information:

Heading Agency Dispatch Date  
Justification L  
Length 11

Help:

This is the date the prehospital provider was dispatched to the scene.

[DATE]

You may enter the date without dashes or slashes.

For example: 101090 will be converted to 10/10/90  
9/9/90 will be converted to 09/09/90  
9/9 will be converted to 09/09/91 (current year)

Pattern Information:

Description Dispatch Date Validation  
Patterns None  
Required N  
Disabled N  
Default A/294/22  
Validation Program CALL/CHECK.TIME/BB/0/DISPATCH.TIME//INJURY.TIME/INJURY

-----  
**Field Name: DISPATCH\_TIME**

Description:

This is the time the agency was dispatched.

Field Information:

Field Type Position 294  
Single/Multi Multiple Value  
Output Conversion [CONV,MT]  
Input Pattern [CONV,(MT)]

Display Information:

Heading Agency Dispatch Time  
Justification R  
Length 10

Help:

This is the time the prehospital provider was dispatched to the scene.

[TIME]

When entering in times, you will be using the 24 hour clock and do not need to put any delimiter in between the hours and minutes. If you do not have minutes, you can simply enter in the hour.

For Example: 1313 will be converted to 13:13  
13 will be converted to 13:00

---

**Field Name:** DOB  
Description:  
This is the patients date of birth.

Field Information:  
Field Type Position 6  
Single/Multi Single Value  
Output Conversion [CONV,DATE]  
Input Pattern [CONV,DATE]

Display Information:  
Heading DOB  
Justification R  
Length 11

Help:  
This is the patient's date of birth.

If DOB is available, the Age Number and Age Unit will default.

You may enter the date without dashes or slashes unless the year of birth is before 1930. If prior to 1930, use MM-DD-YYYY, with dashes, slashes, or periods between the fields and the full 4 digit year. For example: 01/01/1929

For Example: 101045 will be converted to 10/10/1945  
101029 will not be converted correctly  
10/10/1945 will be converted correctly

Pattern Information:  
Description Date of Birth Validation  
Patterns None

---

**Field Name:** DOMESTIC\_VIOLENCE  
Description:  
This is a flag that determines whether or not the patient's injuries were a resu

Field Information:  
Field Type Position 487  
Single/Multi Single Value  
Output Conversion  
Input Pattern

Display Information:  
Heading Domestic Violence  
Justification L  
Length 10

Help:  
This is whether the mechanism of injury was the result of domestic violence.

Pattern Information:

Dictionary Information.....  
 Description NM Domestic Violence Codes (02/2005)  
 Patterns  
   N (Not domestic violence) (SRC = N)  
   ND (Not Done or Not Documented) (SRC = ND)  
   POSS (Possible but denied or not documented) (SRC = POSS)  
   UNK (Unknown) (SRC = UNK)  
   Y (Yes, related and documented) (SRC = Y)  
 Check Blanks N  
 Required N  
 Disabled N

-----  
**Field Name:** DOMESTIC\_VIOLENCE\_BY  
**Description:**  
 This is the perpetrator of the domestic violence.

**Field Information:**  
 Field Type Position 856  
 Single/Multi Single Value  
 Output Conversion  
 Input Pattern

**Display Information:**  
 Heading Domestic Violence By  
 Justification L  
 Length 10

**Help:**  
 This is the perpetrator of the domestic violence.

**Pattern Information:**  
 Description NM Abuser Codes (02/2005)  
 Patterns  
   SPOUSE (Spouse or Domestic Partner) (SRC = SPOUSE)  
   PARENT (Parent) (SRC = PARENT)  
   GP (Grandparent) (SRC = GP)  
   CHILD (Child) (SRC = CHILD)  
   GC (Grandchild) (SRC = GC)  
   CARE (Other Caregiver) (SRC = CARE)  
   OTHER (Other) (SRC = OTHER)  
   NA (Not Applicable (not abused)) (SRC = NA)  
   ND (Not Done or Not Documented) (SRC = ND)  
   UNK (Unknown) (SRC = UNK)  
 Check Blanks N  
 Required N  
 Disabled N

---

**Field Name:** ED\_ADM\_DATE

Description:

This is the ED Admission date.

Field Information:

Field Type	Position 469
Single/Multi	Single Value
Output Conversion	[CONV,DATE]
Input Pattern	[CONV,DATE]

Display Information:

Heading	ED Adm Date
Justification	R
Length	11

Help:

This is the date of ED admission (at your facility).

[DATE]

You may enter the date without dashes or slashes.

For example:	101090	will be converted to 10/10/90
	9/9/90	will be converted to 09/09/90
	9/9	will be converted to 09/09/91 (current year)

Pattern Information:

Description	ED Admit Date Validation
Patterns	None
Default	{ER_ADMISSION_DATE}
Validation Program	CALL/CHECK.TIME/BB/0/ED.ADM.TIME//INJURY.TIME/INJURY.D

---

**Field Name:** ED\_ADM\_TIME

Description:

This is the ED Admission time.

Field Information:

Field Type	Position 470
Single/Multi	Single Value
Output Conversion	[CONV,MT]
Input Pattern	[CONV,(MT)]

Display Information:

Heading	ED Adm Time
Justification	R
Length	10

Help:

This is the time of ED admission (at your facility).

[TIME]

When entering in times, you will be using the 24 hour clock and do not need to put any delimiter in between the hours and minutes. If you do not have minutes, you can simply enter in the hour.

For Example: 1313 will be converted to 13:13  
13 will be converted to 13:00

Pattern Information:

Description ED Admit Time Validation  
Patterns None  
Default {ER\_ADMISSION\_TIME}

---

**Field Name: ED\_DC\_DATE**

Description:  
This is the ED discharge date.

Field Information:

Field Type Position 262  
Single/Multi Single Value  
Output Conversion [CONV,DATE]  
Input Pattern [CONV,DATE]

Display Information:

Heading ED DC Date  
Justification R  
Length 11

Help:

This is the date of ED discharge (from your facility).

[DATE]

You may enter the date without dashes or slashes.

For example: 101090 will be converted to 10/10/90  
9/9/90 will be converted to 09/09/90  
9/9 will be converted to 09/09/91 (current year)

Pattern Information:

Description ED Discharge Date Validation  
Patterns None  
Default {ER\_DISCHARGE\_DATE}  
Validation Program CALL/CHECK.TIME/BB/0/ED.DC.TIME//ED.ADM.TIME/ED.ADM.DA

---

**Field Name: ED\_DC\_TIME**

Description:  
This is the ED discharge time.

Field Information:

Field Type Position 261  
Single/Multi Single Value  
Output Conversion [CONV,MT]  
Input Pattern [CONV,(MT)]

Display Information:

Heading ED DC Time  
Justification R

Length 10

Help:

This is the time of ED discharge (from your facility).

[TIME]

When entering in times, you will be using the 24 hour clock and do not need to put any delimiter in between the hours and minutes. If you do not have minutes, you can simply enter in the hour.

For Example: 1313 will be converted to 13:13  
13 will be converted to 13:00

Pattern Information:

Description ED Discharge Time Validation  
Patterns None  
Default {ER\_DISCHARGE\_TIME}

---

**Field Name: ED\_DISPOSITION\_CODE**

Description:

Entered ED Disposition Code.

Field Information:

Field Type Position 471  
Single/Multi Single Value  
Output Conversion  
Input Pattern

Display Information:

Heading ED Disp Code  
Justification L  
Length 10

Help:

This is the disposition of the patient when leaving your ED.

Pattern Information:

Description NM ED Disposition Codes (02/2005)

Patterns

- AMA (Against Medical Advice) (SRC = AMA)
- CPS (Child Protective Services) (SRC = CPS)
- D (Expired in ED) (SRC = D)
- FLOOR (Inpatient Unit) (SRC = FLOOR)
- HOME (Home) (SRC = HOME)
- ICU (ICU) (SRC = ICU)
- NA (Not Applicable - Direct Admit) (SRC = NA)
- ND (Not done or not documented) (SRC = ND)
- OBS (Observation (ED)) (SRC = OBS)
- OR (Operating Room) (SRC = OR)
- OTHER (Other) (SRC = OTHER)
- TRANS (Transfer) (SRC = TRANS)
- UNK (Unknown) (SRC = UNK)

Check Blanks N  
Required N  
Disabled N

Default {DEFAULT\_ED\_DISPOSITION\_TYPE}

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**Field Name:** ETHNICITY

Description:

This is the ethnicity of the patient. It is different from the RACE.

Field Information:

Field Type	Position 620
Single/Multi	Single Value
Output Conversion	
Input Pattern	

Display Information:

Heading	Ethnicity
Justification	L
Length	10

Help:

This is the ethnicity of the patient.

Pattern Information:

Description	NM Ethnicity Codes (02/2005)
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Patterns

- H (Hispanic) (SRC = H)
- N (Non-Hispanic) (SRC = N)
- ND (Not Done or Not Documented) (SRC = ND)
- UNK (Unknown) (SRC = UNK)

Check Blanks	N
Required	N
Disabled	N

---

**Field Name:** ETOH

Description:

This is the value of the blood alcohol.

Field Information:

Field Type	Position 66
Single/Multi	Single Value
Output Conversion	
Input Pattern	

Display Information:

Heading	ETOH Value
Justification	R
Length	6

Help:

This is the value of the blood alcohol.

Pattern Information:

Description	ETOH Values (09/2004)
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Patterns	None
Low	0

Hi 800  
Whole Numbers Y  
Required N  
Disabled N

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**Field Name: EYE\_OPENING**

**Description:**

These are the GCS eye openings: 1 = none, 2 = pain, 3 = voice or 4 = spontaneous

**Field Information:**

Field Type Position 59  
Single/Multi Multiple Value  
Output Conversion  
Input Pattern

**Display Information:**

Heading GCS Eye Opening  
Justification R  
Length 2

**Help:**

Glasgow coma scale eye opening.

- 1 = None
- 2 = Pain
- 3 = Voice
- 4 = Spontaneous

This field is used to calculate the GCS and RTS scores form the scene, ED and one hour-post hospital arrival. And is then used to determine other symbolic fields like the patients probability of survival.

**Pattern Information:**

Description Eye opening (09/2004)

**Patterns**

- 4 (Spontaneous)
- 3 (Voice)
- 2 (Pain)
- 1 (None)
- NOT (Not Done)
- UNK (Unknown)
- NA (Not Applicable)

Check Blanks N  
Required N  
Disabled N

---

**Field Name: FROM\_HOSPITAL**

**Description:**

This is the code from which the patient transferred (FACILITIES file).

**Field Information:**

Field Type Position 168

Single/Multi                      Single Value  
Output Conversion  
Input Pattern

Display Information:  
Heading                              Referring Hospital  
Justification                        R  
Length                                8

Help:  
This is the hospital/facility from which the patient came.

Pattern Information:  
Description                          Referring Hospital  
Patterns                              None  
Check Blanks                        N  
Required                              N  
Disabled                              N  
Validation                            <FACILITIES>

-----  
**Field Name:                              HOSPITAL\_ADMISSION\_DATE**

Description:  
This is the hospital admission date.

Field Information:  
Field Type                            Position 247  
Single/Multi                         Single Value  
Output Conversion                    [CONV,DATE]  
Input Pattern                         [CONV,DATE]

Display Information:  
Heading                               Hosp Admit Date  
Justification                        R  
Length                                11

Help:  
This is the date of INPATIENT admission (at your facility).

[DATE]  
You may enter the date without dashes or slashes.

For example:            101090    will be converted to 10/10/90  
                          9/9/90    will be converted to 09/09/90  
                          9/9        will be converted to 09/09/91 (current year)

Pattern Information:  
Description                          Hospital Admission Date Validation  
Patterns                              None  
Required                              N  
Disabled                              N  
Default                                {ADMISSION\_DATE}  
Verify Default                        Y  
Validation Program                    CALL/CHECK.TIME/BB/0/HOSPITAL\_ADMISSION\_TIME//INJURY\_T

---

**Field Name:** HOSPITAL\_ADMISSION\_TIME

**Description:**

This is the time the patient was admitted to the hospital

**Field Information:**

Field Type	Position 300
Single/Multi	Single Value
Output Conversion	[CONV,MT]
Input Pattern	[CONV,(MT)]

**Display Information:**

Heading	Hospital Admission Time
Justification	R
Length	10

**Help:**

This is the time of INPATIENT admission (at your facility).

[TIME]

When entering in times, you will be using the 24 hour clock and do not need to put any delimiter in between the hours and minutes. If you do not have minutes, you can simply enter in the hour.

For Example:	1313	will be converted to 13:13
	13	will be converted to 13:00

**Pattern Information:**

Description	Hospital Admission Time Validation
Patterns	None
Required	N
Disabled	N
Default	{ADMISSION_TIME}
Verify Default	Y
Multiple Responses	N

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**Field Name:** HOSPITAL\_ARRIVAL\_DATE

**Description:**

This is the date the patient arrived at the hospital.

**Field Information:**

Field Type	Position 32
Single/Multi	Single Value
Output Conversion	[CONV,DATE]
Input Pattern	[CONV,DATE]

**Display Information:**

Heading	Hospital Arr Date
Justification	R
Length	11

**Help:**

This is the date the patient arrived at your hospital. The defaulted date for this field is the last agency's hospital arrival date.



---

**Field Name:** HOSPITAL\_TRANSFER

**Description:**

This is whether the patient was transferred from another facility: Y (yes), N (n

**Field Information:**

Field Type Position 136  
Single/Multi Single Value  
Output Conversion  
Input Pattern

**Display Information:**

Heading Hospital Transfer  
Justification L  
Length 2

**Help:**

This is a 'flag' to indicate whether the patient was a transfer from another facility.

**Pattern Information:**

Description NM Hospital Transfer Codes (02/2005)  
Patterns  
Y (Yes) (SRC = Y)  
N (No) (SRC = N)  
Check Blanks N  
Required N  
Disabled N

---

**Field Name:** ICD9

**Description:**

These are the diagnosis ICD9 codes.

**Field Information:**

Field Type Position 95  
Single/Multi Multiple Value  
Output Conversion  
Input Pattern

**Display Information:**

Heading Diagnoses ICD9  
Justification R  
Length 8

**Help:**

This is the ICD9 code for the diagnosis. You may enter as many diagnostic codes as you need. You may enter injury and non-injury codes, but only the injury codes will have an AIS value and be included in the ISS.

**Pattern Information:**

Description ICD9  
Patterns None  
Required N

Default [FIND.ICDAIS]  
Validation Program CHECK.ICD(ICD9-INJURY\_CODES,DISPLAY)  
Option Program [DISPLAY.ICD]

---

**Field Name:** INCLUDE\_CATEGORY

Description:  
This is the inclusion category. This is used to supplement or expand the inclusion criteria.

Field Information:  
Field Type Position 96  
Single/Multi Single Value  
Output Conversion  
Input Pattern

Display Information:  
Heading Inclusion Category  
Justification L  
Length 10

Help:  
This is the inclusion category. This is used to supplement or expand the inclusion algorithm. Example: use this for Observation patients that do not have an injury ICD9 code.

Pattern Information:  
Description NM Special Inclusion Categories (03/2005)  
Patterns  
OBS (Eligible - Observation patient without injury ICD9s) (SRC = OBS)  
STD (This patient is included or excluded based on the standard algorithm) (S  
EXCLUDE (This patient should be excluded.)  
Check Blanks N  
Required N  
Disabled N

---

**Field Name:** INDUST\_ACC

Description:  
This is whether the accident is an industrial accident or not.

Field Information:  
Field Type Position 216  
Single/Multi Single Value  
Output Conversion  
Input Pattern

Display Information:  
Heading Indust Acc  
Justification L  
Length 2

Help:  
This is whether the injury was a result of or related to work (employment).

Pattern Information:  
Description NM Work Related (02/2005)  
Patterns  
Y (Work Related) (SRC = Y)  
N (Not Work Related) (SRC = N)  
UNK (Unknown) (SRC = UNK)  
ND (Not Done or Not Documented) (SRC = ND)  
Check Blanks N  
Required N  
Disabled N

---

**Field Name:** INJURY\_COUNTRY

Description:  
This is the country of injury.

Field Information:  
Field Type Position 870  
Single/Multi Single Value  
Output Conversion  
Input Pattern

Display Information:  
Heading Injury Country  
Justification L  
Length 10

Help:  
This is the country of injury.

Pattern Information:  
Description NM Country Codes (02/2005)  
Patterns  
US (United States) (SRC = US)  
MEX (Mexico) (SRC = MEX)  
CAN (Canada) (SRC = CAN)  
OTHER (Other) (SRC = OTHER)  
ND (Not Done or Not Documented) (SRC = ND)  
UNK (Unknown) (SRC = UNK)  
Check Blanks N  
Required N  
Disabled N

---

**Field Name:** INJURY\_DATE

Description:  
This is the date of the injury.

Field Information:  
Field Type Position 22  
Single/Multi Single Value  
Output Conversion [CONV,DATE]  
Input Pattern [CONV,DATE]

Display Information:

Heading Injury Date  
Justification R  
Length 11

Help:  
This is the date of the injury.

[DATE]  
You may enter the date without dashes or slashes.

For example: 101090 will be converted to 10/10/90  
9/9/90 will be converted to 09/09/90  
9/9 will be converted to 09/09/91 (current year)

Pattern Information:  
Description Injury Date Validation  
Patterns None  
Validation Program CALL/CHECK.TIME/DB/0///DOB//HOSPITAL.ARRIVAL.DATE

---

**Field Name: INJURY\_DETAILS**

Description:  
This is detail of the injury.

Field Information:  
Field Type Position 77  
Single/Multi Single Value  
Output Conversion  
Input Pattern

Display Information:  
Heading Injury Details  
Justification T  
Length 60

Help:  
Enter the details of the injury. This can be any supporting or supplemental data about the injury, conditions, etc. This information should not be redundant to data kept in other fields (Triage Codes, Risk Factors, Procedures, Vital Signs, or Diagnoses).

---

**Field Name: INJURY\_FIPS**

Description:  
This is the FIPS code of the location where the injury occurred.

Field Information:  
Field Type Position 696  
Single/Multi Single Value  
Output Conversion  
Input Pattern

Display Information:  
Heading Injury FIPS

Justification L  
Length 10

Help:

This is the FIPS code for the location of injury.

Pattern Information:

Description NM Injury FIPS Codes (04/2007)  
Patterns None  
Check Blanks N  
Required N  
Disabled N  
Alternate NM\_FIPS

---

**Field Name:** INJURY\_TIME

Description:

This is the time of injury.

Field Information:

Field Type Position 21  
Single/Multi Single Value  
Output Conversion [CONV,MT]  
Input Pattern [CONV,(MT)]

Display Information:

Heading Injury Time  
Justification R  
Length 10

Help:

This is the time of injury. It is entered using the 24 hour clock. This should be estimated as nearly as possible if exact data are unavailable.

[TIME]

When entering in times, you will be using the 24 hour clock and do not need to put any delimiter in between the hours and minutes. If you do not have minutes, you can simply enter in the hour.

For Example: 1313 will be converted to 13:13  
13 will be converted to 13:00

---

**Field Name:** INJURY\_ZIP

Description:

This is the zip code of the location where the injury occurred.

Field Information:

Field Type Position 219  
Single/Multi Single Value  
Output Conversion [CONV,ZIP]  
Input Pattern [CONV,ZIP]

Display Information:

Heading Injury Zip

Justification L  
Length 5

Help:

This is the zip code of the location where the injury occurred. It can be entered as 5 or 9 digits. If you are entering a 9 digit code, no dashes should be entered.

For Example: 801231212 would be converted to 80123-1212

Pattern Information:

Description (Client) Injury Zip Code  
Patterns None  
Low 10000  
Hi 100000  
Whole Numbers (remake)

---

**Field Name:** INSTITUTE\_NO

Description:

This is the institution number for the hospital.

Field Information:

Field Type Position 0  
Single/Multi Single Value  
Output Conversion  
Input Pattern

Display Information:

Heading Institute No  
Justification R  
Length 10

Help:

This is the institution number for the hospital - a hospital-specific identifying number.

The Institute Number is the second part of the two part key (Trauma Number is the first) that individualizes each patient record.

Pattern Information:

Description Institute Number  
Patterns None  
Check Blanks N  
Required Y  
Default [DEFAULT.INSTITUTE]  
Validation <INSTITUTE>

---

**Field Name:** ISS

Description:

This is the Injury Severity Score.

Field Information:

Field Type Position 51

Single/Multi                      Single Value  
Output Conversion  
Input Pattern

Display Information:

Heading                              ISS  
Justification                        R  
Length                                2

Help:

This field is the Injury Severity Score (ISS 1 - 75). It uses the fields REGION and AIS (above in the list of diagnoses) to calculate it. This field will be defaulted in for you if you push the enter key. And will automatically be updated if you add diagnoses to your list.

If you have any question about how this score is calculated please call us.

Pattern Information:

Description                        Injury Severity Score Validation  
Patterns                            None  
Low                                 1  
Hi                                  76  
Whole Numbers                    1 (remake)  
Check Blanks                     Y  
Default                            [DEFAULT.ISS]

---

**Field Name:**                      **LOCALE**

Description:

This is a text description of the location of the accident or injury.

Field Information:

Field Type                         Position 88  
Single/Multi                       Single Value  
Output Conversion  
Input Pattern

Display Information:

Heading                              Injury Locale  
Justification                        T  
Length                                30

Help:

Enter the location of the accident or injury as accurately as possible.

---

**Field Name:**                      **LOCATION**

Description:

This is the ICD9 'E' geographic location code. Refer to LOCATIONS file.

Field Information:

Field Type                         Position 145



---

**Field Name:** MD\_ARRIVAL\_DATE

Description:  
These are the dates the physicians arrived.

Field Information:

Field Type	Position 189
Single/Multi	Multiple Value
Output Conversion	[CONV,DATE]
Input Pattern	[CONV,DATE]

Display Information:

Heading	MD Arr Date
Justification	R
Length	11

Help:

This is the date the provider arrived at your hospital.

[DATE]

You may enter the date without dashes or slashes.

For example:	101090	will be converted to 10/10/90
	9/9/90	will be converted to 09/09/90
	9/9	will be converted to 09/09/91 (current year)

Pattern Information:

Description	Provider Arrival Date
Patterns	None
Required	N
Disabled	N
Default	A/190/230

---

**Field Name:** MD\_ARRIVAL\_TIME

Description:  
These are the times the physicians arrived.

Field Information:

Field Type	Position 190
Single/Multi	Multiple Value
Output Conversion	[CONV,MT]
Input Pattern	[CONV,(MT)]

Display Information:

Heading	MD Arr Time
Justification	R
Length	10

Help:

This is the time the provider arrived at your hospital.

[TIME]

When entering in times, you will be using the 24 hour clock and do not need to put any delimiter in between the hours and minutes. If you do not have

minutes, you can simply enter in the hour.

For Example: 1313 will be converted to 13:13  
13 will be converted to 13:00

---

**Field Name:** MD\_NOTIFY\_DATE

Description:  
These are the dates the physicians were notified.

Field Information:  
Field Type Position 186  
Single/Multi Multiple Value  
Output Conversion [CONV,DATE]  
Input Pattern [CONV,DATE]

Display Information:  
Heading MD Notif. Date  
Justification R  
Length 11

Help:  
This is the date the provider was notified to come to your hospital.

[DATE]  
You may enter the date without dashes or slashes.

For example: 101090 will be converted to 10/10/90  
9/9/90 will be converted to 09/09/90  
9/9 will be converted to 09/09/91 (current year)

Pattern Information:  
Description Provider Notification Date  
Patterns None  
Required N  
Disabled N  
Default B/32/186

---

**Field Name:** MD\_NOTIFY\_TIME

Description:  
These are the times the physicians were notified.

Field Information:  
Field Type Position 187  
Single/Multi Multiple Value  
Output Conversion [CONV,MT]  
Input Pattern [CONV,(MT)]

Display Information:  
Heading MD Notif. Time  
Justification R  
Length 10

Help:

This is the time the provider was notified to come to your hospital.

[TIME]

When entering in times, you will be using the 24 hour clock and do not need to put any delimiter in between the hours and minutes. If you do not have minutes, you can simply enter in the hour.

For Example: 1313 will be converted to 13:13  
13 will be converted to 13:00

---

**Field Name:** MOTOR\_RESPONSE

Description:

These are the GCS motor values: 1= none, 2= ext, 3= flex, 4= withd, 5= local, 6=

Field Information:

Field Type Position 62  
Single/Multi Multiple Value  
Output Conversion  
Input Pattern

Display Information:

Heading GCS Motor Response  
Justification R  
Length 2

Help:

Glasgow Coma Scale Motor Response.

- 1 = None
- 2 = Extension to pain
- 3 = Flexion to pain
- 4 = Withdraw to pain
- 5 = Localizes pain
- 6 = Obeys command

This field is used in calculating the GCS and RTS scores for the field, ED and one hour-post arrival. It is also used to help calculate the symbolic field for the probability of survival.

Pattern Information:

Description Motor responses (09/2004)

Patterns

- 6 (Obeys Command)
- 5 (Localizes Pain)
- 4 (Withdraws to Pain)
- 3 (Flexion to Pain)
- 2 (Extension to Pain)
- 1 (None)
- NOT (Not Done)
- UNK (Unknown)
- NA (Not Applicable)

Check Blanks N  
Required N  
Disabled N

---

**Field Name:** NEAREST\_TOWN

Description:  
This is the town nearest to the injury.

Field Information:  
Field Type Position 81  
Single/Multi Single Value  
Output Conversion  
Input Pattern

Display Information:  
Heading Nearest Town  
Justification T  
Length 15

Help:  
This is the town nearest to the injury. This is a free text field you may type in whatever you want to. If you want to set up specific patterns for this field, you can.

---

**Field Name:** ORGANS\_DONATED

Description:  
These are the organs that were donated by the patient.

Field Information:  
Field Type Position 126  
Single/Multi Multiple Value  
Output Conversion  
Input Pattern

Display Information:  
Heading Organs Donated  
Justification L  
Length 15

Help:  
These are the organs that were donated.

Pattern Information:  
Description NM Organ Donation (02/2005)  
Patterns

- BONE (Bone) (SRC = BONE)
- CORNEA (Cornea) (SRC = CORNEA)
- HEART (Heart) (SRC = HEART)
- HL (Heart And Lungs) (SRC = HL)
- KIDNEY (Kidney) (SRC = KIDNEY)
- LIVER (Liver) (SRC = LIVER)
- MUL (Multiple Or Unknown Organs) (SRC = MUL)
- NA (Patient Survived) (SRC = NA)
- ND (Not Done or Not Documented) (SRC = ND)
- NR (Not Requested) (SRC = NR)
- PAN (Pancreas) (SRC = PAN)

REF (Refused) (SRC = REF)  
 SKIN (Skin) (SRC = SKIN)  
 UNK (Unknown If Donor) (SRC = UNK)  
 UNSUIT (Unsuitable) (SRC = UNSUIT)  
 Check Blanks                    N  
 Required                         N  
 Disabled                         N

---

**Field Name:**                         **OUTCOME**

Description:  
 This is the patient's outcome: 'A' or 'D'.

Field Information:  
 Field Type                         Position 13  
 Single/Multi                       Single Value  
 Output Conversion  
 Input Pattern

Display Information:  
 Heading                             Outcome  
 Justification                       L  
 Length                              2

Help:  
 This is the patient's final outcome at hospital discharge.

A     (Alive)  
 D     (Died)

Pattern Information:  
 Description                         Outcome  
 Patterns  
   A (Alive)  
   D (Dead)  
 Check Blanks                       N  
 Required                            N  
 Disabled                            N  
 Default                             A

---

**Field Name:**                         **PAYMENT\_SOURCE**

Description:  
 These are the payment sources. Refer to PAYMENT.SOURCE file.

Field Information:  
 Field Type                         Position 138  
 Single/Multi                       Multiple Value  
 Output Conversion  
 Input Pattern

Display Information:  
 Heading                             Payment Source  
 Justification                       L  
 Length                              8

Help:

This is the source of payment.

Pattern Information:

Description NM Insurors (02/2005)

Patterns

AUTO (Automotive Carrier) (SRC = AUTO)  
CHAMP (Champus) (SRC = CHAMP)  
GI (Generic insurance plan) (SRC = GI)  
HMO (HMO or PPO) (SRC = HMO)  
INDIG (UH Indigent Fund) (SRC = INDIG)  
MCAID (Medicaid) (SRC = MCAID)  
MCARE (Medicare) (SRC = MCARE)  
ND (Not Done or Not Documented) (SRC = ND)  
OGOV (Other Government Contracts) (SRC = OGOV)  
OINDIG (Out of County Indigent Fund) (SRC = OINDIG)  
OMCAID (Out of State Medicaid) (SRC = OMCAID)  
OTHER (Other or Bad Debt) (SRC = OTHER)  
PMCAID (Pending Medicaid) (SRC = PMCAID)  
PRIV (Private carrier) (SRC = PRIV)  
SELF (Self Pay) (SRC = SELF)  
UNK (Unknown Payment Source) (SRC = UNK)  
UNM (UNM Care Plan) (SRC = UNM)  
USPHS (USPHS Contract Health) (SRC = USPHS)  
VIC (Victim's Fund) (SRC = VIC)  
WC (Workman's Comp) (SRC = WC)  
WEL (Welfare) (SRC = WEL)

Check Blanks N  
Required N  
Disabled N

---

**Field Name:** POSITION

Description:

This is the position of the patient in the vehicle.

Field Information:

Field Type Position 291  
Single/Multi Single Value  
Output Conversion  
Input Pattern

Display Information:

Heading Position  
Justification L  
Length 10

Help:

This is the postion of the patient in the vehicle.

Pattern Information:

Description NM Position Codes (02/2005)

Patterns

BDRIV (Back Driver Side) (SRC = BDRIV)

BED (In Bed of Truck) (SRC = BED)  
 BMID (Back Middle) (SRC = BMID)  
 BPASS (Back Passenger) (SRC = BPASS)  
 DRIVER (Driver) (SRC = DRIVER)  
 FMID (Front Middle) (SRC = FMID)  
 FPASS (Front Passenger) (SRC = FPASS)  
 HOOD (Hood) (SRC = HOOD)  
 NA (Not Applicable) (SRC = NA)  
 ND (Not Done or Not Documented) (SRC = ND)  
 OTHER (Other) (SRC = OTHER)  
 PASS (Passenger, Unspecified) (SRC = PASS)  
 UNK (Unknown) (SRC = UNK)

Check Blanks	N
Required	N
Disabled	N

---

**Field Name:** **PROCEDURE\_ICD9**

**Description:**  
 These are the ICD 9 codes for the procedures.

**Field Information:**

Field Type	Position 212
Single/Multi	Multiple Value
Output Conversion	
Input Pattern	

**Display Information:**

Heading	Proc ICD9
Justification	R
Length	6

**Help:**  
 This is the ICD 9 code for the procedure. If the Procedure Code has been tagged to a particular ICD9 code, that code will be a default for this field. If so, press the ENTER key to accept the default.

**Pattern Information:**

Description	Procedure ICD9 codes
Patterns	None
Check Blanks	N
Required	N
Disabled	N
Validation	<PROCEDURE_CODES>
Option Program	OPTIONS.PROCEDURE_ICD9
Multiple Responses	N

---

**Field Name:** **PROTECTIVE\_DEVICES**

**Description:**  
 These are the protections used: SEATBELT, CARSEAT, AIRBAG, HELMET, NONE, OTHER.

**Field Information:**

Field Type	Position 80
Single/Multi	Multiple Value

Output Conversion  
Input Pattern

Display Information:

Heading	Protective Devices
Justification	L
Length	10

Help:

Enter in the codes for the protective devices used by the patient at the time of of the injury.

Pattern Information:

Description NM Protective Devices (03/2005)

Patterns

AIR (Airbag only) (SRC = AIR)  
AIRB (Airbag and safety belt) (SRC = AIRB)  
CHILD (Infant or child seat) (SRC = CHILD)  
EYE (Eye Protection) (SRC = EYE)  
FLOAT (Flotation Device) (SRC = FLOAT)  
HEL (Helmet) (SRC = HEL)  
NA (Not applicable) (SRC = NA)  
ND (Not done or not documented) (SRC = ND)  
NONE (None) (SRC = NONE)  
OTHER (Other) (SRC = OTHER)  
PAD (Padding or clothing) (SRC = PAD)  
SB (Safety belt) (SRC = SB)  
SBH (Safety belt with harness) (SRC = SBH)  
UNK (Unknown) (SRC = UNK)

Check Blanks	N
Required	N
Disabled	N
Multiple Responses	Y

---

**Field Name:** PROTECTIVE\_DEVICES\_APPLY

Description:

This is how the devices were applied (correctly or incorrectly).

Field Information:

Field Type	Position 750
Single/Multi	Multiple Value
Output Conversion	
Input Pattern	

Display Information:

Heading	Prot Dev Apply
Justification	L
Length	10

Help:

This is whether the protective devices were applied correctly.

Pattern Information:

Description NM Protective Devices Applied (02/2005)

Patterns

Y (Yes, applied correctly) (SRC = Y)  
 N (Not applied correctly) (SRC = N)  
 NA (Not Applicable) (SRC = NA)  
 ND (Not Done or Not Documented) (SRC = ND)  
 UNK (Unknown) (SRC = UNK)  
 Check Blanks                   N  
 Required                        N  
 Disabled                        N

---

**Field Name:**                   **PROVIDERS\_CODE**

Description:  
 These are the codes for the providers on the case.

Field Information:  
 Field Type                       Position 4  
 Single/Multi                    Multiple Value  
 Output Conversion  
 Input Pattern

Display Information:  
 Heading                         Providers Code  
 Justification                  R  
 Length                         6

Help:  
 This is the provider who took care of the patient at your hospital.

Pattern Information:  
 Description                     Providers Code  
 Patterns                        None  
 Check Blanks                  N  
 Required                        N  
 Disabled                        N  
 Validation                     <PROVIDERS>  
 Multiple Responses             Y

---

**Field Name:**                   **PROVIDERS\_TYPE**

Description:  
 These are the types or specialties of the providers caring for the patient.

Field Information:  
 Field Type                       Position 5  
 Single/Multi                    Multiple Value  
 Output Conversion  
 Input Pattern

Display Information:  
 Heading                         Providers Type  
 Justification                  L  
 Length                         5

Help:  
 This is the function of the provider.

Pattern Information:

Description NM Provider Participation Codes (02/2005)

Patterns

ADM (Admitting) (SRC = ADM)  
ASSIST (Assistant) (SRC = ASSIST)  
ATT (Attending) (SRC = ATT)  
CONS (Consultant) (SRC = CONS)  
OTHER (Other) (SRC = OTHER)  
PRIN (Principal) (SRC = PRIN)  
Check Blanks N  
Required N  
Disabled N

---

**Field Name:** PULSE

Description:

These are the pulse rates.

Field Information:

Field Type Position 55  
Single/Multi Multiple Value  
Output Conversion  
Input Pattern

Display Information:

Heading TS Pulse  
Justification R  
Length 3

Help:

This is the pulse rate.

Pattern Information:

Description Pulse (09/2004)

Patterns

NA (Not Applicable)  
NOT (Not Done)  
UNK (Unknown)

Low 0  
Hi 400  
Whole Numbers Y  
Check Blanks N  
Required N  
Disabled N

---

**Field Name:** RACE

Description:

This is the patient's race. Refer to the RACES file.

Field Information:

Field Type Position 137  
Single/Multi Single Value  
Output Conversion

Input Pattern

Display Information:

Heading	Race
Justification	L
Length	5

Help:

This is the patient's race.

Pattern Information:

Description	NM Race Codes (02/2005)
-------------	-------------------------

Patterns

- ASIAN (Asian) (SRC = ASIAN)
- BL (Black or African American) (SRC = BL)
- NAT (American Indian) (SRC = NAT)
- ND (Not Done or Not Documented) (SRC = ND)
- PAC (Hawaiian or Pacific Islander) (SRC = PAC)
- UNK (Unknown) (SRC = UNK)
- W (White) (SRC = W)

Check Blanks	N
Required	N
Disabled	N

---

**Field Name:** REFERRING\_ADMIT\_TYPE

Description:

This is the admit type at the referring facility.

Field Information:

Field Type	Position 524
Single/Multi	Single Value
Output Conversion	
Input Pattern	

Display Information:

Heading	Referring Admit Type
Justification	L
Length	10

Help:

This is the type of admission at the referring hospital (the hospital where the

Pattern Information:

Description	NM Referring Admission Type (02/2005)
-------------	---------------------------------------

Patterns

- ADM (Inpatient admission, no operation) (SRC = ADM)
- ED (Patient in ED only, not admitted) (SRC = ED)
- IP (Inpatient care with operation) (SRC = IP)
- NA (Not Applicable) (SRC = NA)
- ND (Not Done or Not Documented) (SRC = ND)
- OR (Operation, not admitted) (SRC = OR)
- UNK (Unknown) (SRC = UNK)

Check Blanks	N
Required	N
Disabled	N

---

**Field Name:** REFERRING\_ARRIVAL\_DATE

**Description:**

This is the date the patient arrived at the referring hospital.

**Field Information:**

Field Type	Position 472
Single/Multi	Single Value
Output Conversion	[CONV,DATE]
Input Pattern	[CONV,DATE]

**Display Information:**

Heading	Referring Arr Date
Justification	R
Length	11

**Help:**

This is the date the patient arrived at the referring facility.

[DATE]

You may enter the date without dashes or slashes.

For example:	101090	will be converted to 10/10/90
	9/9/90	will be converted to 09/09/90
	9/9	will be converted to 09/09/91 (current year)

**Pattern Information:**

Description	Referring Arrival Date Validation
Patterns	None

Validation Program CALL/CHECK.TIME/BB/0/REFERRING.ARRIVAL.TIME//INJURY.TI

---

**Field Name:** REFERRING\_ARRIVAL\_TIME

**Description:**

This is the time the patient arrived at the referring hospital.

**Field Information:**

Field Type	Position 473
Single/Multi	Single Value
Output Conversion	[CONV,MT]
Input Pattern	[CONV,(MT)]

**Display Information:**

Heading	Referring Arr Time
Justification	R
Length	10

**Help:**

This is the time the patient arrived at the referring facility.

[TIME]

When entering in times, you will be using the 24 hour clock and do not need to put any delimiter in between the hours and minutes. If you do not have

minutes, you can simply enter in the hour.

For Example: 1313 will be converted to 13:13  
13 will be converted to 13:00

---

**Field Name:** REFERRING\_DISCHARGE\_DATE

Description:  
This is the date the patient was discharged from the referring hospital.

Field Information:  
Field Type Position 475  
Single/Multi Single Value  
Output Conversion [CONV,DATE]  
Input Pattern [CONV,DATE]

Display Information:  
Heading Referring DC Date  
Justification R  
Length 11

Help:  
This is the date the patient was discharged from the referring facility.

[DATE]  
You may enter the date without dashes or slashes.

For example: 101090 will be converted to 10/10/90  
9/9/90 will be converted to 09/09/90  
9/9 will be converted to 09/09/91 (current year)

Pattern Information:  
Description Referring Discharge Date Validation  
Patterns None  
Required N  
  
Default {REFERRING\_ARRIVAL\_DATE}  
Validation Program CALL/CHECK.TIME/BB/0/REFERRING.DISCHARGE.TIME//REFERRI

---

**Field Name:** REFERRING\_DISCHARGE\_TIME

Description:  
This is the time the patient was discharged from the referring hospital.

Field Information:  
Field Type Position 474  
Single/Multi Single Value  
Output Conversion [CONV,MT]  
Input Pattern [CONV,(MT)]

Display Information:  
Heading Referring DC Time  
Justification R  
Length 10

Help:

This is the time the patient was discharged from the referring facility.

[TIME]

When entering in times, you will be using the 24 hour clock and do not need to put any delimiter in between the hours and minutes. If you do not have minutes, you can simply enter in the hour.

For Example: 1313 will be converted to 13:13  
13 will be converted to 13:00

---

**Field Name:** REFERRING\_ED\_DC\_DATE

Description:

This is the ED discharge date from the referring hospital.

Field Information:

Field Type	Position 868
Single/Multi	Single Value
Output Conversion	[CONV,DATE]
Input Pattern	[CONV,DATE]

Display Information:

Heading	Referring ED DC Date
Justification	R
Length	10

Help:

This is the date the patient left the referring facility's ED.

[DATE]

You may enter the date without dashes or slashes.

For example: 101090 will be converted to 10/10/90  
9/9/90 will be converted to 09/09/90  
9/9 will be converted to 09/09/91 (current year)

---

**Field Name:** REFERRING\_ED\_DC\_TIME

Description:

This is the ED discharge time from the referring facility.

Field Information:

Field Type	Position 867
Single/Multi	Single Value
Output Conversion	[CONV,TIME]
Input Pattern	[CONV,TIME]

Display Information:

Heading	Referring ED DC Time
Justification	R
Length	10

Help:

This is the time the patient left the referring facility's ED.

[TIME]

When entering in times, you will be using the 24 hour clock and do not need to put any delimiter in between the hours and minutes. If you do not have minutes, you can simply enter in the hour.

For Example: 1313 will be converted to 13:13  
13 will be converted to 13:00

---

**Field Name:** REFERRING\_MRN  
**Description:**  
This is the Medical Record Number for the referring hospital.

**Field Information:**  
Field Type Position 869  
Single/Multi Single Value  
Output Conversion  
Input Pattern

**Display Information:**  
Heading Referring MRN  
Justification L  
Length 10

**Help:**  
This is the Medical Record Number of the patient at the referring facility.

---

**Field Name:** REGION  
**Description:**  
These are the regions of injury.

**Field Information:**  
Field Type Position 94  
Single/Multi Multiple Value  
Output Conversion  
Input Pattern

**Display Information:**  
Heading Diagnoses Region  
Justification R  
Length 6

**Help:**  
This is the region where diagnosis was found. The region can be derived from the ICD9, if the ICD9 is an injury code (800 - 959 range).

The information entered into this field is used to calculate the ISS (injury severity score).

**Pattern Information:**  
Description Body Region  
Patterns None

Check Blanks N  
Default [DEFAULT.REGION]  
Validation <AREA>

---

**Field Name:** RESP\_RATE

Description:  
These are the respiratory rates.

Field Information:

Field Type Position 53  
Single/Multi Multiple Value  
Output Conversion  
Input Pattern

Display Information:

Heading TS Resp Rate  
Justification R  
Length 2

Help:

Enter the respiratory rate.

Pattern Information:

Description Respiratory Rate (09/2004)

Patterns

NA (Not Applicable)

UNK (Unknown)

NOT (Not Done)

Low 0  
Hi 99  
Whole Numbers Y  
Check Blanks N  
Required N  
Disabled N

---

**Field Name:** RES\_CITY

Description:  
This is the city of residence.

Field Information:

Field Type Position 256  
Single/Multi Single Value  
Output Conversion  
Input Pattern

Display Information:

Heading Res City  
Justification T  
Length 15

Help:

This is the city of residence.

---

**Field Name:** RES\_FIPS  
Description:  
This is the FIPS code of the residence.

Field Information:  
Field Type Position 697  
Single/Multi Single Value  
Output Conversion  
Input Pattern

Display Information:  
Heading Res FIPS  
Justification L  
Length 10

Help:  
This is the FIPS code for the residence location.

Pattern Information:  
Description NM Residence FIPS Codes (04/2007)  
Patterns None  
Check Blanks N  
Required N  
Disabled N  
Alternate NM\_FIPS

---

**Field Name:** RES\_STATE  
Description:  
This is the state of residence.

Field Information:  
Field Type Position 448  
Single/Multi Single Value  
Output Conversion  
Input Pattern

Display Information:  
Heading Res State  
Justification L  
Length 10

Help:  
This is the state of residence.

Pattern Information:  
Description Residence State  
Patterns None  
Check Blanks N  
Required N  
Disabled N  
Default NM

Alternate STATES

---

**Field Name:** SEX

Description:

This is the patient's sex: 'M' for male, 'F' for female, or 'O' for other.

Field Information:

Field Type	Position 9
Single/Multi	Single Value
Output Conversion	
Input Pattern	

Display Information:

Heading	Sex
Justification	L
Length	2

Help:

This is the patients sex.

Pattern Information:

Description NM Sex Codes (02/2005)

Patterns

- M (Male) (SRC = M)
- F (Female) (SRC = F)
- ND (Not Done or Not Documented) (SRC = ND)

Check Blanks	N
Required	N
Disabled	N

---

**Field Name:** SYS\_BP

Description:

These are the systolic blood pressures.

Field Information:

Field Type	Position 56
Single/Multi	Multiple Value
Output Conversion	
Input Pattern	

Display Information:

Heading	TS Sys BP
Justification	R
Length	3

Help:

Enter the systolic blood pressure.

Pattern Information:

Description Systolic BP (09/2004)

Patterns

- NA (Not Applicable)
- UNK (Unknown)

NOT (Not Done)  
Low 0  
Hi 300  
Whole Numbers Y  
Check Blanks N  
Required N  
Disabled N

---

**Field Name:** TIME\_REPLIED

Description:  
These are the times the physicians replied to the calls.

Field Information:  
Field Type Position 228  
Single/Multi Multiple Value  
Output Conversion [CONV,MT]  
Input Pattern [CONV,(MT)]

Display Information:  
Heading MD Repl Time  
Justification R  
Length 10

Help:  
This is the time the provider responded to the call to come to the hospital.

[TIME]  
When entering in times, you will be using the 24 hour clock and do not need to put any delimiter in between the hours and minutes. If you do not have minutes, you can simply enter in the hour.

For Example: 1313 will be converted to 13:13  
13 will be converted to 13:00

---

**Field Name:** TOX

Description:  
This is the toxicology (drug screen) results. Separate with a comma (for lab com

Field Information:  
Field Type Position 533  
Single/Multi Multiple Value  
Output Conversion  
Input Pattern

Display Information:  
Heading Tox  
Justification L  
Length 10

Help:  
This is the substances that were found during drug screening.

Pattern Information:  
 Description NM Tox Codes (03/2005)  
 Patterns  
 AMPH (Amphetamine) (SRC = AMPH)  
 BARB (Barbiturates) (SRC = BARB)  
 BEN (Benzodiazepines) (SRC = BEN)  
 COC (Cocaine) (SRC = COC)  
 ETOH (Alcohol) (SRC = ETOH)  
 MARI (Marijuana Derivatives) (SRC = MARI)  
 OPIA (Opiates) (SRC = OPIA)  
 PCP (PCP) (SRC = PCP)  
 UNK (Unknown) (SRC = UNK)  
 NA (Not applicable) (SRC = NA)  
 ND (Not Done or Not Documented) (SRC = ND)  
 NONE (None found) (SRC = NONE)  
 NOT (Not Tested) (SRC = NOT)  
 Check Blanks N  
 Required N  
 Disabled N  
 Multiple Responses Y

-----  
**Field Name:** TRACKING\_NO  
 Description:  
 This is the patient's Tracking Number.

Field Information:  
 Field Type Position 0  
 Single/Multi Single Value  
 Output Conversion  
 Input Pattern

Display Information:  
 Heading Tracking Number  
 Justification R  
 Length 20

Help:  
 This is the patient's Tracking Number - a sequential number that identifies the case.

The < F2 > key will give you assistance in finding the case, if the Tracking Number is unknown.

It is a required number. It is part of the two part key that individualizes each patient record, yet helps to maintain the confidentiality of each record.

Pattern Information:  
 Description Tracking Number  
 Patterns None  
 Check Blanks N  
 Lowercase N  
 Required Y  
 Default [COUNTER,~PATIENTS]  
 Validation Program VALID\_TNO

**Field Name:** TRANS

## Description:

This is the transport code.

## Field Information:

Field Type	Position 169
Single/Multi	Single Value
Output Conversion	
Input Pattern	

## Display Information:

Heading	Trans
Justification	L
Length	3

## Help:

Enter in the main means of transport for this patient.

## Pattern Information:

Description	NM Transport Mode (02/2005)
-------------	-----------------------------

## Patterns

- AIR (Fixed Wing Aircraft) (SRC = AIR)
- ALS (ALS Unit) (SRC = ALS)
- AMB (Ambulance) (SRC = AMB)
- BLS (BLS Unit) (SRC = BLS)
- CAB (Taxi) (SRC = CAB)
- FR (Fire Rescue) (SRC = FR)
- HEL (Helicopter) (SRC = HEL)
- ND (Not Done or Not Documented) (SRC = ND)
- OTHER (Other) (SRC = OTHER)
- POL (Police Vehicle) (SRC = POL)
- POV (Private Vehicle) (SRC = POV)
- TRA (Transport Service) (SRC = TRA)
- UNK (Unknown) (SRC = UNK)
- WAL (Walked) (SRC = WAL)

Check Blanks	N
--------------	---

Required	N
----------	---

Disabled	N
----------	---

**Field Name:** TRANSFER\_DETAILS

## Description:

These are details regarding this transfer from the referring hospital.

## Field Information:

Field Type	Position 430
Single/Multi	Single Value
Output Conversion	
Input Pattern	

## Display Information:

Heading	Transfer Details
---------	------------------

Justification L  
Length 10

Help:

These are details regarding the transfer (when the patient left your facility fo

Pattern Information:

Description NM Transfer Decision (02/2005)

Patterns

MD (Physician) (SRC = MD)  
PT (Patient) (SRC = PT)  
NA (Not Applicable) (SRC = NA)  
ND (Not Done or Not Documented) (SRC = ND)  
UNK (Unknown) (SRC = UNK)

Check Blanks N  
Required N  
Disabled N  
Verify Default N  
Multiple Responses N

-----  
**Field Name:** TRANSFER\_REASON

Description:

This is the reason for transfer from the referring facility.

Field Information:

Field Type Position 429  
Single/Multi Single Value  
Output Conversion  
Input Pattern

Display Information:

Heading Transfer Reason  
Justification L  
Length 10

Help:

These are the reasons why the patient left your facility for another facility.

Pattern Information:

Description NM Transfer Reason (02/2005)

Patterns

MED (Medical Reason) (SRC = MED)  
PERS (Personal Reason) (SRC = PERS)  
ECON (Economic Reason) (SRC = ECON)  
NA (Not Applicable) (SRC = NA)  
ND (Not Done or Not Documented) (SRC = ND)  
UNK (Unknown) (SRC = UNK)

Check Blanks N  
Required N  
Disabled N

---

**Field Name:** TRANSPORT\_AGENCY\_CODE

Description:

This is the transporting agency code. Refer to AGENCY code file.

Field Information:

Field Type	Position 17
Single/Multi	Multiple Value
Output Conversion	
Input Pattern	

Display Information:

Heading	Agency Code
Justification	L
Length	10

Help:

This is the prehospital provider code.

Pattern Information:

Description	Transport Agency Code
Patterns	None
Check Blanks	N
Required	N
Disabled	N
Validation	<AGENCY>
Multiple Responses	Y

---

**Field Name:** TRANSPORT\_AGENCY\_UNIT

Description:

These are the unit identifications for the transporting agencies.

Field Information:

Field Type	Position 204
Single/Multi	Multiple Value
Output Conversion	
Input Pattern	

Display Information:

Heading	Agency Unit
Justification	R
Length	10

Help:

This is the specific unit number for the prehospital provider.

---

**Field Name:** TRANSPORT\_DESTINATION

Description:

These are the transport destinations.

Field Information:

Field Type	Position 162
------------	--------------

Single/Multi Multiple Value  
Output Conversion  
Input Pattern

Display Information:

Heading Agency Dest  
Justification L  
Length 15

Help:

These are the transport destinations.

Pattern Information:

Description Transport Destination (03/2005)  
Patterns None  
Check Blanks N  
Allowable Entries TEXT  
Required N  
Disabled N  
Validation <FACILITIES>

---

**Field Name:** TRANSPORT\_LEVEL

Description:

These are the levels of life support available.

Field Information:

Field Type Position 123  
Single/Multi Multiple Value  
Output Conversion  
Input Pattern

Display Information:

Heading Agency Transport Level  
Justification L  
Length 10

Help:

This is the level of prehospital care.

Pattern Information:

Description NM Transport Level (02/2005)

Patterns

ALS (Advanced Life Support) (SRC = ALS)  
BLS (Basic Life Support) (SRC = BLS)  
BOTH (Both ALS and BLS) (SRC = BOTH)  
NONE (No life support used) (SRC = NONE)  
OTH (Another type of life support) (SRC = OTH)  
ND (Not Done or Not Documented) (SRC = ND)  
NA (Not Applicable) (SRC = NA)  
UNK (Unknown) (SRC = UNK)

Check Blanks N  
Required N  
Disabled N

---

**Field Name:** TRANSPORT\_ORIGIN

Description:

These are the origins of the transport segments.

Field Information:

Field Type	Position 278
Single/Multi	Multiple Value
Output Conversion	
Input Pattern	

Display Information:

Heading	Agency Origin
Justification	L
Length	10

Help:

These are the origins of the transport segments.

Pattern Information:

Description	NM Transport Origin (03/2005)
-------------	-------------------------------

Patterns

- SCENE (Transport Originated at Scene) (SRC = SCENE)
- REF (Transport Originated at Referring Facility) (SRC = REF)
- OTHER (Other) (SRC = OTHER)
- NDC (Not Documented) (SRC = NDC)
- UNK (Unknown) (SRC = UNK)

Check Blanks	N
Required	N
Disabled	N

---

**Field Name:** TRANSPORT\_RECORD\_NO

Description:

This is the patient's transport record number (transport ID number).

Field Information:

Field Type	Position 287
Single/Multi	Multiple Value
Output Conversion	
Input Pattern	

Display Information:

Heading	Agency Transport Rec No
Justification	R
Length	10

Help:

This is the prehospital record number.



-----  
**Field Name:** TRIAGE\_CODES

Description:

These are the triage codes.

Field Information:

Field Type Position 263  
Single/Multi Multiple Value  
Output Conversion  
Input Pattern

Display Information:

Heading Triage Codes  
Justification L  
Length 6

Help:

This is the reason or situations for transport for the triage or transport decision.

Pattern Information:

Description NM Triage Codes (03/2005)

Patterns

AIRWAY (Airway) (SRC = AIRWAY)  
AMP (Amputation) (SRC = AMP)  
BIKE (Bicycle) (SRC = BIKE)  
BURNS (Combination Trauma And Burns) (SRC = BURNS)  
DEFORM (Motor vehicle damage) (SRC = DEFORM)  
EJECT (Motor vehicle ejection) (SRC = EJECT)  
FALL (Fall) (SRC = FALL)  
FATAL (Motor vehicle death) (SRC = FATAL)  
FX (Fractures) (SRC = FX)  
MCYCLE (Motorcycle) (SRC = MCYCLE)  
NA (Not Applicable) (SRC = NA)  
ND (Not Done or Not Documented) (SRC = ND)  
NONE (None known) (SRC = NONE)  
OAN (Other anatomic criteria) (SRC = OAN)  
OMV (Other motor vehicle criteria) (SRC = OMV)  
OTHER (Other etiology criteria) (SRC = OTHER)  
PARAL (Paralysis) (SRC = PARAL)  
PEDES (Pedestrian) (SRC = PEDES)  
PEN (Penetration) (SRC = PEN)  
ROLL (Motor vehicle rollover) (SRC = ROLL)  
TRAP (Motor vehicle extrication) (SRC = TRAP)  
UNK (Unknown) (SRC = UNK)

Check Blanks N  
Required N  
Disabled N  
Multiple Responses Y

---

**Field Name:** TRIP\_FORM  
Description:  
This is whether the trip form was completed.

Field Information:  
Field Type Position 19  
Single/Multi Multiple Value  
Output Conversion  
Input Pattern

Display Information:  
Heading Agency Trip Form  
Justification L  
Length 10

Help:  
This is whether the prehospital record is present.

Pattern Information:  
Description NM Trip Form (02/2005)

Patterns  
Y (Yes) (SRC = Y)  
N (No) (SRC = N)  
UNK (Unknown) (SRC = UNK)  
NA (Not applicable) (SRC = NA)  
ND (Not Done or Not Documented) (SRC = ND)  
Check Blanks N  
Required N  
Disabled N

---

**Field Name:** VERBAL\_RESPONSE  
Description:  
These are GCS verbal responses: 1= none, 2= incomp, 3= inapp, 4= confused, 5= or

Field Information:  
Field Type Position 61  
Single/Multi Multiple Value  
Output Conversion  
Input Pattern

Display Information:  
Heading GCS Verb Response  
Justification R  
Length 2

Help:  
Glasgow Coma Scale Verbal Response

- 1 = None
- 2 = Incomprehensible Words
- 3 = Inappropriate Words
- 4 = Confused
- 5 = Oriented

This field is used in the calculation for the GCS and RTS scores for the Scene, ED and one hour-post hospital arrival. This information is also used to calculate the symbolic field for the probability of survival.

Pattern Information:

Description GCS Verbal Responses (09/2004)

Patterns

- 5 (Oriented)
- 4 (Confused)
- 3 (Inappropriate Words)
- 2 (Incomprehensible Words)
- 1 (None)
- NOT (Not Done)
- UNK (Unknown)
- NA (Not Applicable)

Check Blanks N  
Required N  
Disabled N

---

**Field Name:** VS\_LOCATION\_CODE

Description:

These are where the Vital Signs were measured.

Field Information:

Field Type Position 65  
Single/Multi Multiple Value  
Output Conversion  
Input Pattern

Display Information:

Heading VS Loc Code  
Justification L  
Length 5

Help:

These are where the Vital Signs were measured.

Pattern Information:

Description Vital Sign Locations  
Patterns None  
Check Blanks N  
Required N  
Disabled N  
Validation <NURSING\_STATION>

---

**Field Name:** VS\_NUMBER

Description:

Vital Sign numbers: scene (1), ER (2), One-Hour (3). Decimals are extra scores.

Field Information:

Field Type	Position 166
Single/Multi	Multiple Value
Output Conversion	
Input Pattern	

Display Information:

Heading	VS Number
Justification	R
Length	4

Help:

Vital Sign numbers: scene (1), ER (2), One-Hour (3). Decimals are extra scores.

Pattern Information:

Description	VS Number
-------------	-----------

Patterns

- 1 (First Scene)
- 1.1 (Second Scene)
- 1.2 (Third Scene)
- 1.3 (Fourth Scene)
- 2 (First ED)
- 2.1 (Second ED)
- 2.2 (Third ED)
- 2.3 (Fourth ED)
- 3 (Pre Operative)
- 4 (Referring Facility)

Required	N
Disabled	N

---

**Field Name:** ZIP\_CODE

Description:

This is the patient's Zip Code.

Field Information:

Field Type	Position 183
Single/Multi	Single Value
Output Conversion	[CONV,ZIP]
Input Pattern	[CONV,ZIP]

Display Information:

Heading	Zip Code
Justification	L
Length	20

Help:

This is the patient's Zip Code. It can be entered as 5 or 9 digits. If you are entering a 9 digit code, no dashes need to be entered.

For Example: 80104-1022 would be entered as 801041022

Pattern Information:

Description	(Client) Zip Code
Patterns	None
Low	10000
Hi	100000
Whole Numbers	Y
Check Blanks	H