



International Trauma Data Exchange (ITDX)

# 2025 Data Dictionary

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## Table of Contents

|  |    |
|--|----|
| Table of Contents .....  | 2  |
| ITDX Data Dictionary Element List .....                                | 8  |
| Demographics.....  | 8  |
| Injury Information .....   | 8  |
| Prehospital Information .....  | 9  |
| Emergency Department Information.....                                  | 10 |
| Hospital Procedure Information .....                                   | 11 |
| Diagnosis Information.....   | 11 |
| Injury Severity Information.....                                       | 11 |
| Outcome Information.....   | 11 |
| Financial Information.....   | 12 |
| Hospital Events.....   | 12 |
| Trauma Quality Improvement Program Measures for Processes of Care..... | 12 |
| Surgeon Specific Reporting.....  | 13 |
| ITDX Record Control Information.....                                   | 13 |
| ITDX Explicit Negatives.....   | 14 |
| ITDX Explicit Timeliness.....  | 14 |
| ITDX Data Dictionary Element Details.....                              | 15 |
| Null Values.....   | 15 |
| ITDX Data Element Details – Demographics .....                         | 16 |
| Patient's Home ZIP / Postal Code.....                                  | 17 |
| Patient's Home Country .....   | 18 |
| Patient's Home State .....   | 19 |
| Patient's Home County.....   | 20 |
| Patient's Home City .....  | 21 |
| Alternate Home Residence.....  | 22 |
| Date of Birth.....   | 23 |
| Age .....  | 24 |
| Age Units.....   | 25 |
| Race .....   | 26 |
| Ethnicity .....  | 27 |
| Sex .....  | 28 |
| Gender Identity.....   | 29 |
| Gender Affirming Hormone Therapy.....                                  | 30 |

|   |    |
|---|----|
| ITDX Data Element Details – Injury Information .....              | 29 |
| Injury Incident Date .....  | 32 |
| Injury Incident Time.....   | 33 |
| Work-Related.....   | 34 |
| Patient's Occupational Industry .....                             | 35 |
| Patient's Occupation.....   | 36 |
| ICD-10 Primary External Cause Code .....                          | 38 |
| ICD-10 Place of Occurrence External Cause Code.....               | 39 |
| ICD-10 Additional External Cause Code.....                        | 40 |
| Incident Location ZIP / Postal Code .....                         | 41 |
| Incident Country.....   | 42 |
| Incident State.....   | 43 |
| Incident County.....  | 44 |
| Incident City .....   | 45 |
| Protective Devices .....  | 46 |
| Child Specific Restraint .....                                    | 47 |
| Airbag Deployment.....  | 48 |
| Report of Physical Abuse.....                                     | 49 |
| Investigation of Physical Abuse .....                             | 50 |
| Caregiver at Discharge.....                                       | 51 |
| Trauma Type .....   | 52 |
| ITDX Data Element Details – Prehospital Information.....          | 53 |
| EMS Dispatch Date.....  | 54 |
| EMS Dispatch Time .....   | 55 |
| EMS Unit Arrival Date at Scene or Transferring Facility.....      | 56 |
| EMS Unit Arrival Time at Scene or Transferring Facility .....     | 57 |
| EMS Unit Departure Date from Scene or Transferring Facility. .... | 58 |
| EMS Unit Departure Time from Scene or Transferring Facility.....  | 59 |
| Transport Mode .....  | 60 |
| Other Transport Mode.....   | 61 |
| State Trauma Number.....  | 62 |
| Regional Trauma Number .....                                      | 63 |
| Hospital System Trauma Number .....                               | 64 |
| Initial Field Systolic Blood Pressure.....                        | 65 |
| Initial Field Diastolic Blood Pressure.....                       | 66 |
| Initial Field Pulse Rate.....                                     | 67 |

|   |           |
|---|-----------|
| Initial Field Respiratory Rate.....                                       | 68        |
| Initial Field Oxygen Saturation.....                                      | 69        |
| Intubation Prior to Arrival.....  | 70        |
| Intubation Location.....  | 71        |
| Initial Field GCS - Eye.....  | 72        |
| Initial Field GCS - Verbal.....   | 73        |
| Initial Field GCS - Motor.....  | 74        |
| Initial Field GCS - Total.....  | 75        |
| Initial Field GCS 40 - Eye.....   | 76        |
| Initial Field GCS 40 - Verbal.....  | 77        |
| Initial Field GCS 40 - Motor.....   | 78        |
| Inter-Facility Transfer .....   | 79        |
| Trauma Center Criteria.....   | 80        |
| National Field Triage Criteria.....                                       | 81        |
| National Field Triage 2022 .....  | 82        |
| Vehicular, Pedestrian, Other Risk Injury.....                             | 85        |
| Prehospital Cardiac Arrest .....  | 87        |
| Transporting EMS Agency NPI Number .....                                  | 88        |
| EMS Incident Number.....  | 89        |
| <b>ITDX Data Element Details – Emergency Department Information .....</b> | <b>90</b> |
| Highest Activation .....  | 91        |
| Trauma Surgeon Arrival Date.....  | 92        |
| Trauma Surgeon Arrival Time.....  | 93        |
| ED / Hospital Arrival Date.....   | 94        |
| ED / Hospital Arrival Time .....  | 95        |
| Initial ED / Hospital Systolic Blood Pressure.....                        | 96        |
| Initial ED / Hospital Diastolic Blood Pressure.....                       | 97        |
| Initial ED / Hospital Pulse Rate.....                                     | 98        |
| Initial ED / Hospital Temperature.....                                    | 99        |
| Initial ED / Hospital Respiratory Rate.....                               | 100       |
| Initial ED / Hospital Respiratory Assistance.....                         | 101       |
| Initial ED / Hospital Oxygen Saturation.....                              | 102       |
| Initial ED / Hospital Supplemental Oxygen.....                            | 103       |
| Initial ED / Hospital GCS - Eye .....                                     | 104       |
| Initial ED / Hospital GCS - Verbal.....                                   | 105       |
| Initial ED / Hospital GCS - Motor.....                                    | 106       |

|   |     |
|---|-----|
| Initial ED / Hospital GCS - Total .....                             | 107 |
| Initial ED / Hospital GCS Assessment Qualifiers .....               | 108 |
| Initial ED / Hospital GCS 40 - Eye .....                            | 109 |
| Initial ED / Hospital GCS 40 - Verbal .....                         | 110 |
| Initial ED / Hospital GCS 40 - Motor .....                          | 111 |
| Initial ED / Hospital Height.....                                   | 112 |
| Initial ED / Hospital Weight.....                                   | 113 |
| Drug Screen.....  | 114 |
| Alcohol Screen.....   | 115 |
| Alcohol Screen Results .....  | 116 |
| ED Discharge Disposition.....                                       | 117 |
| Trauma Team Involvement.....  | 119 |
| Signs of Life.....  | 120 |
| ED Discharge Orders Written Date.....                               | 121 |
| ED Discharge Orders Written Time .....                              | 122 |
| ED Discharge Physical Date .....                                    | 123 |
| ED Discharge Physical Time.....                                     | 124 |
| Primary Trauma Service Type.....                                    | 125 |
| Primary Medical Event.....  | 126 |
| <br>ITDX Data Element Details – Hospital Procedure Information..... | 127 |
| ICD-10 Hospital Procedures.....                                     | 128 |
| Hospital Procedure Start Date .....                                 | 129 |
| Hospital Procedure Start Time .....                                 | 130 |
| ITDX Data Element Details – Diagnosis Information.....              | 131 |
| Pre-existing/Comorbid Conditions .....                              | 132 |
| ICD-10 Injury Diagnoses .....                                       | 134 |
| ITDX Data Element Details – Injury Severity Information.....        | 135 |
| AIS Predot Code.....  | 136 |
| AIS Severity .....  | 137 |
| ISS Body Region .....   | 138 |
| AIS Version.....  | 139 |
| Locally Calculated ISS.....   | 140 |
| ITDX Data Element Details – Outcome Information.....                | 141 |
| Total ICU Length of Stay.....                                       | 142 |
| Total Ventilator Days.....  | 143 |

|   |     |
|---|-----|
| Hospital Discharge Orders Written Date .....  | 144 |
| Hospital Discharge Orders Written Time .....  | 145 |
| Hospital Physical Discharge Date .....  | 146 |
| Hospital Physical Discharge Time .....  | 147 |
| Hospital Discharge Disposition .....  | 148 |
| ITDX Data Element Details – Financial Information .....   | 150 |
| Primary Method of Payment.....  | 151 |
| ITDX Data Element Details – Hospital Complications .....  | 152 |
| Hospital Events.....  | 153 |
| ITDX Data Element Details – Trauma Quality Improvement Program Measures for Processes of Care ..... | 155 |
| Highest GCS Total.....  | 156 |
| Highest GCS Motor.....  | 157 |
| GCS Assessment Qualifier Component of Highest GCS Total .....                                       | 158 |
| Highest GCS 40 - Motor.....   | 159 |
| Initial ED / Hospital Pupillary Response.....   | 160 |
| Midline Shift .....   | 161 |
| Cerebral Monitor .....  | 162 |
| Cerebral Monitor Date .....   | 163 |
| Cerebral Monitor Time.....  | 164 |
| Venous Thromboembolism Prophylaxis Type .....   | 165 |
| Venous Thromboembolism Prophylaxis Date .....   | 166 |
| Venous Thromboembolism Prophylaxis Time .....   | 167 |
| Packed Red Blood Cells (4 Hours).....   | 168 |
| Whole Blood (4 Hours) .....   | 169 |
| Transfusion Plasma (4 Hours).....   | 170 |
| Transfusion Platelets (4 Hours) .....   | 171 |
| Cryoprecipitate (4 Hours).....  | 172 |
| Lowest ED / Hospital Systolic Blood Pressure .....  | 173 |
| Angiography.....  | 174 |
| Embolization Site .....   | 175 |
| Angiography Date .....  | 176 |
| Angiography Time .....  | 177 |
| Surgery for Hemorrhage Control Type.....  | 178 |
| Surgery for Hemorrhage Control Date.....  | 179 |
| Surgery for Hemorrhage Control Time.....  | 180 |

|  |     |
|--|-----|
| Withdrawal of Life Supporting Treatment .....                    | 181 |
| Withdrawal of Life Supporting Treatment Date.....                | 182 |
| Withdrawal of Life Supporting Treatment Time .....               | 183 |
| Antibiotic Therapy .....   | 184 |
| Antibiotic Therapy Date.....                                     | 185 |
| Antibiotic Therapy Time .....                                    | 186 |
| ITDX Data Element Details – Surgeon Specific Reporting .....     | 187 |
| National Provider Identifier (NPI) .....                         | 188 |
| ITDX Data Element Details – ITDX Record Control Information..... | 189 |
| Last Modified Date Time.....                                     | 190 |
| Patient Identifier.....  | 191 |
| Facility Identifier.....   | 192 |
| Record Linkage Type .....  | 193 |
| Record Linkage State Identifier.....                             | 194 |
| Record Linkage Facility Identifier.....                          | 195 |
| Record Linkage Record Identifier.....                            | 196 |
| Record Linkage Global Key  | 197 |
| Software Vendor .....  | 198 |
| Software Product .....   | 199 |
| Software Version.....  | 200 |
| ITDX Data Element Details – ITDX Explicit Negatives.....         | 201 |
| Explicit Negatives - Element Type.....                           | 202 |
| Explicit Negatives - Menu Value.....                             | 203 |
| Explicit Negative .....  | 204 |
| ITDX Data Element Details – ITDX Explicit Timeliness.....        | 205 |
| Explicit Timeliness - Element Type .....                         | 206 |
| Explicit Timeliness - Date.....                                  | 207 |
| Explicit Timeliness - Time .....                                 | 208 |
| Explicit Timeliness .....  | 209 |
| Appendix A – Registry Best Practices.....                        | 210 |
| Appendix B – 2025 Change Log .....                               | 211 |
| Appendix C– Acronyms .....                                       | 212 |

## ITDX Data Dictionary Element List

This table is a listing of all 2025 ITDX data elements, including their respective tag names in the XML file as well as their Technical Standard – NTDS field or ITDX extension field. For further details about the use of the ITDX extension fields, please review the ITDX Data Dictionary Extensions Summary section of this guide.

### Demographics

| Field Name                       | Tag Name                      | Technical Standard |
|----------------------------------|-------------------------------|--------------------|
| Patient's Home ZIP / Postal Code | HomeZip                       | NTDS               |
| Patient's Home Country           | HomeCountry                   | NTDS               |
| Patient's Home State             | HomeState                     | NTDS               |
| Patient's Home County            | HomeCounty                    | NTDS               |
| Patient's Home City              | HomeCity                      | NTDS               |
| Alternate Home Residence         | HomeResidence                 | NTDS               |
| Date of Birth                    | DateOfBirth                   | NTDS               |
| Age                              | Age                           | NTDS               |
| Age Units                        | AgeUnits                      | NTDS               |
| Race                             | Race                          | NTDS               |
| Ethnicity                        | Ethnicity                     | NTDS               |
| Sex                              | Sex                           | NTDS               |
| Gender Identity                  | Gender                        | NTDS               |
| Gender Affirming Hormone Therapy | GenderAffirmingHormoneTherapy | NTDS               |

### Injury Information

| Field Name                                     | Tag Name                     | Technical Standard |
|--|------------------------------|--------------------|
| Injury Incident Date                           | IncidentDate                 | NTDS               |
| Injury Incident Time                           | IncidentTime                 | NTDS               |
| Work-Related                                   | WorkRelated                  | NTDS               |
| Patient's Occupational Industry                | PatientsOccupationalIndustry | NTDS               |
| Patient's Occupation                           | PatientsOccupation           | NTDS               |
| ICD-10 Primary External Cause Code             | PrimaryECodeICD10            | NTDS               |
| ICD-10 Place of Occurrence External Cause Code | PlaceOfInjuryCode            | NTDS               |
| ICD-10 Additional External Cause Code          | AdditionalECodeICD10         | NTDS               |
| Incident Location ZIP / Postal Code            | InjuryZip                    | NTDS               |
| Incident Country                               | IncidentCountry              | NTDS               |
| Incident State                                 | IncidentState                | NTDS               |
| Incident County                                | IncidentCounty               | NTDS               |
| Incident City                                  | IncidentCity                 | NTDS               |
| Protective Devices                             | ProtectiveDevice             | NTDS               |
| Child Specific Restraint                       | ChildSpecificRestraint       | NTDS               |
| Airbag Deployment                              | AirbagDeployment             | NTDS               |

|  |                      |      |
|--|----------------------|------|
| <i>Report of Physical Abuse</i>        | AbuseReport          | ITDX |
| <i>Investigation of Physical Abuse</i> | AbuseInvestigation   | ITDX |
| <i>Caregiver at Discharge</i>          | CaregiverAtDischarge | ITDX |
| <i>Trauma Type</i>                     | TraumaType           | ITDX |

## Prehospital Information

| Field Name   | Tag Name                   | Technical Standard       |
|--|----------------------------|--------------------------|
| <i>EMS Dispatch Date</i>   | EmsNotifyDate              | ITDX                     |
| <i>EMS Dispatch Time</i>   | EmsNotifyTime              | ITDX                     |
| <i>EMS Unit Arrival Date at Scene or Transferring Facility</i>     | EmsArrivalDate             | ITDX                     |
| <i>EMS Unit Arrival Time at Scene or Transferring Facility</i>     | EmsArrivalTime             | ITDX                     |
| <i>EMS Unit Departure Date from Scene or Transferring Facility</i> | EmsLeftDate                | ITDX                     |
| <i>EMS Unit Departure Time from Scene or Transferring Facility</i> | EmsLeftTime                | ITDX                     |
| Transport Mode   | TransportMode              | NTDS                     |
| Other Transport Mode   | OtherTransportMode         | NTDS                     |
| EMS Patient Care Report Universally Unique Identifier (UUID)       | See LinkageGlobalKey       | NTDS                     |
| <i>State Trauma Number</i>   | StateTraumaNumber          | ITDX                     |
| <i>Regional Trauma Number</i>                                      | RegionalTraumaNumber       | ITDX                     |
| <i>Hospital System Trauma Number</i>                               | HospitalSystemTraumaNumber | ITDX                     |
| <i>Initial Field Systolic Blood Pressure</i>                       | EmsSbp                     | ITDX                     |
| <i>Initial Field Pulse Rate</i>                                    | EmsPulseRate               | ITDX                     |
| <i>Initial Field Respiratory Rate</i>                              | EmsRespiratoryRate         | ITDX                     |
| <i>Initial Field Oxygen Saturation</i>                             | EmsPulseOximetry           | ITDX                     |
| <i>Initial Field GCS - Eye</i>                                     | EmsGcsEye                  | ITDX                     |
| <i>Initial Field GCS - Verbal</i>                                  | EmsGcsVerbal               | ITDX                     |
| <i>Initial Field GCS - Motor</i>                                   | EmsGcsMotor                | ITDX                     |
| <i>Initial Field GCS - Total</i>                                   | EmsTotalGcs                | ITDX                     |
| <i>Initial Field GCS 40 - Eye</i>                                  | EmsGcs40Eye                | ITDX                     |
| <i>Initial Field GCS 40 - Verbal</i>                               | EmsGcs40Verbal             | ITDX                     |
| <i>Initial Field GCS 40 - Motor</i>                                | EmsGcs40Motor              | ITDX                     |
| Inter-Facility Transfer  | InterFacilityTransfer      | NTDS                     |
| <i>Trauma Center Criteria</i>                                      | TraumaCenterCriterion      | ITDX                     |
| <i>National Field Triage 2021</i>                                  |                            | ITDX                     |
| <i>National Field Triage Criteria</i>                              |                            | ITDX                     |
| <i>Vehicular, Pedestrian, Other Risk Injury</i>                    | VehicularPedestrianOther   | ITDX                     |
| Prehospital Cardiac Arrest   | PrehospitalCardiacArrest   | NTDS                     |
| <i>Transporting EMS Agency NPI Number</i>                          | EMSNPINumber               | Pilot Data Element, 2023 |
| <i>EMS Incident Number</i>   | EMSIincidentNumber         | Pilot Data Element, 2023 |

## Emergency Department Information

| Field Name                                      | Tag Name                           | Technical Standard |
|---|------------------------------------|--------------------|
| Highest Activation                              | HighestTraumaActivation            | NTDS               |
| Trauma Surgeon Arrival Date                     | TraumaSurgeonHighestActivationDate | NTDS               |
| Trauma Surgeon Arrival Time                     | TraumaSurgeonHighestActivationTime | NTDS               |
| ED / Hospital Arrival Date                      | HospitalArrivalDate                | NTDS               |
| ED / Hospital Arrival Time                      | HospitalArrivalTime                | NTDS               |
| Initial ED / Hospital Systolic Blood Pressure   | Sbp                                | NTDS               |
| Initial ED / Hospital Pulse Rate                | PulseRate                          | NTDS               |
| Initial ED / Hospital Temperature               | Temperature                        | NTDS               |
| Initial ED / Hospital Respiratory Rate          | RespiratoryRate                    | NTDS               |
| Initial ED / Hospital Respiratory Assistance    | RespiratoryAssistance              | NTDS               |
| Initial ED / Hospital Oxygen Saturation         | PulseOximetry                      | NTDS               |
| Initial ED / Hospital Supplemental Oxygen       | SupplementalOxygen                 | NTDS               |
| Intubation Prior to Arrival                     | IntubationPriorToArrival           | NTDS               |
| Intubation Location                             | IntubationLocation                 | NTDS               |
| Initial ED / Hospital GCS - Eye                 | GcsEye                             | NTDS               |
| Initial ED / Hospital GCS - Verbal              | GcsVerbal                          | NTDS               |
| Initial ED / Hospital GCS - Motor               | GcsMotor                           | NTDS               |
| Initial ED / Hospital GCS - Total               | TotalGcs                           | NTDS               |
| Initial ED / Hospital GCS Assessment Qualifiers | GcsQualifier                       | NTDS               |
| Initial ED / Hospital GCS 40 - Eye              | Gcs40Eye                           | NTDS               |
| Initial ED / Hospital GCS 40 - Verbal           | Gcs40Verbal                        | NTDS               |
| Initial ED / Hospital GCS 40 - Motor            | Gcs40Motor                         | NTDS               |
| Initial ED / Hospital Height                    | Height                             | NTDS               |

|                                   |                              |      |
|-----------------------------------|------------------------------|------|
| Initial ED / Hospital Weight      | Weight                       | NTDS |
| Drug Screen                       | DrugScreen                   | NTDS |
| Alcohol Screen                    | AlcoholScreen                | NTDS |
| Alcohol Screen Results            | AlcoholScreenResult          | NTDS |
| ED Discharge Disposition          | EDDischargeDisposition       | NTDS |
| <i>Trauma Team Involvement</i>    | TraumaTeamInvolvement        | ITDX |
| <i>Signs of Life</i>              | DeathInED                    | ITDX |
| ED Discharge Orders Written Date  | EDDischargeOrdersWrittenDate | NTDS |
| ED Discharge Orders Written Time  | EDDischargeOrdersWrittenTime | NTDS |
| <i>ED Discharge Physical Date</i> | EDDischargePhysicalDate      | ITDX |
| <i>ED Discharge Physical Time</i> | EDDischargePhysicalTime      | ITDX |
| Primary Trauma Service Type       | PrimaryTraumaServiceType     | NTDS |
| Primary Medical Event             | PrimaryMedicalEvent          | NTDS |

## Hospital Procedure Information

| Field Name                    | Tag Name                   | Technical Standard |
|-------------------------------|----------------------------|--------------------|
| ICD-10 Hospital Procedures    | HospitalProcedureICD10     | NTDS               |
| Hospital Procedure Start Date | HospitalProcedureStartDate | NTDS               |
| Hospital Procedure Start Time | HospitalProcedureStartTime | NTDS               |

## Diagnosis Information

| Field Name              | Tag Name          | Technical Standard |
|-------------------------|-------------------|--------------------|
| Comorbid Conditions     | ComorbidCondition | ITDX               |
| ICD-10 Injury Diagnoses | DiagnosisICD10    | NTDS               |

## Injury Severity Information

| Field Name                    | Tag Name      | Technical Standard |
|-------------------------------|---------------|--------------------|
| <i>AIS Predot Code</i>        | AisPredot     | ITDX               |
| <i>AIS Severity</i>           | AisSeverity   | ITDX               |
| <i>ISS Body Region</i>        | IssRegion     | ITDX               |
| AIS Version                   | AisVersion    | NTDS               |
| <i>Locally Calculated ISS</i> | IssCalculated | ITDX               |

## Outcome Information

| Field Name                              | Tag Name                           | Technical Standard |
|---|------------------------------------|--------------------|
| Total ICU Length of Stay                | TotalICuLos                        | NTDS               |
| Total Ventilator Days                   | TotalVentDays                      | NTDS               |
| Hospital Discharge Orders Written Date  | HospitalDischargeOrdersWrittenDate | NTDS               |
| Hospital Discharge Orders Written Time  | HospitalDischargeOrdersWrittenTime | NTDS               |
| <i>Hospital Physical Discharge Date</i> | HospitalPhysicalDischargeDate      | ITDX               |
| <i>Hospital Physical Discharge Time</i> | HospitalPhysicalDischargeTime      | ITDX               |
| Hospital Discharge Disposition          | HospitalDischargeDisposition       | NTDS               |

## Financial Information

| Field Name                | Tag Name             | Technical Standard |
|---------------------------|----------------------|--------------------|
| Primary Method of Payment | PrimaryMethodPayment | NTDS               |

## Hospital Events

| Field Name                           | Tag Name             | Technical Standard |
|--------------------------------------|----------------------|--------------------|
| <i>Hospital Events/Complications</i> | HospitalComplication | ITDX               |

## Trauma Quality Improvement Program Measures for Processes of Care

| Field Name  | Tag Name               | Technical Standard |
|---|------------------------|--------------------|
| Highest GCS Total                                       | TbiHighestTotalGcs     | NTDS               |
| Highest GCS Motor                                       | TbiGcsMotor            | NTDS               |
| GCS Assessment Qualifier Component of Highest GCS Total | TbiGcsQualifier        | NTDS               |
| Highest GCS 40 - Motor                                  | TbiGcs40Motor          | NTDS               |
| Initial ED / Hospital Pupillary Response                | TbiPupillaryResponse   | NTDS               |
| Midline Shift   | TbiMidlineShift        | NTDS               |
| Cerebral Monitor  | TbiCerebralMonitor     | NTDS               |
| Cerebral Monitor Date                                   | TbiCerebralMonitorDate | NTDS               |
| Cerebral Monitor Time                                   | TbiCerebralMonitorTime | NTDS               |
| Venous Thromboembolism Prophylaxis Type                 | VteProphylaxisType     | NTDS               |
| Venous Thromboembolism Prophylaxis Date                 | VteProphylaxisDate     | NTDS               |

|   |   |      |
|---|---|------|
| Venous Thromboembolism Prophylaxis Time             | VteProphylaxisTime                      | NTDS |
| Packed Red Blood Cells (4 Hours)                    | TransfusionBlood4Hours                  | NTDS |
| Whole Blood (4 Hours)                               | WholeBlood4Hours                        | NTDS |
| Transfusion Plasma (4 Hours)                        | TransfusionPlasma4Hours                 | NTDS |
| Transfusion Platelets (4 Hours)                     | TransfusionPlatelets4Hours              | NTDS |
| Cryoprecipitate (4 Hours)                           | Cryoprecipitate4Hours                   | NTDS |
| <i>Lowest ED / Hospital Systolic Blood Pressure</i> | LowestSbp                               | ITDX |
| Angiography   | Angiography                             | NTDS |
| Embolization Site                                   | EmbolizationSite                        | NTDS |
| Angiography Date                                    | AngiographyDate                         | NTDS |
| Angiography Time                                    | AngiographyTime                         | NTDS |
| Surgery for Hemorrhage Control Type                 | HemorrhageControlSurgeryType            | NTDS |
| Surgery for Hemorrhage Control Date                 | HemorrhageControlSurgeryDate            | NTDS |
| Surgery for Hemorrhage Control Time                 | HemorrhageControlSurgeryTime            | NTDS |
| Withdrawal of Life Supporting Treatment             | WithdrawalOfLifeSupportingTreatment     | NTDS |
| Withdrawal of Life Supporting Treatment Date        | WithdrawalOfLifeSupportingTreatmentDate | NTDS |
| Withdrawal of Life Supporting Treatment Time        | WithdrawalOfLifeSupportingTreatmentTime | NTDS |
| Antibiotic Therapy                                  | AntibioticTherapy                       | NTDS |
| Antibiotic Therapy Date                             | AntibioticTherapyDate                   | NTDS |
| Antibiotic Therapy Time                             | AntibioticTherapyTime                   | NTDS |

## Surgeon Specific Reporting

| Field Name                         | Tag Name                   | Technical Standard |
|------------------------------------|----------------------------|--------------------|
| National Provider Identifier (NPI) | NationalProviderIdentifier | NTDS               |

## ITDX Record Control Information

| Field Name                     | Tag Name             | Technical Standard |
|--------------------------------|----------------------|--------------------|
| <i>Last Modified Date Time</i> | LastModifiedDateTime | ITDX               |
| <i>Patient Identifier</i>      | PatientId            | ITDX               |

|   |                   |      |
|---|-------------------|------|
| <i>Facility Identifier</i>                | FacilityId        | ITDX |
| <i>Record Linkage Type</i>                | LinkageType       | ITDX |
| <i>Record Linkage State Identifier</i>    | LinkageStateId    | ITDX |
| <i>Record Linkage Facility Identifier</i> | LinkageFacilityId | ITDX |
| <i>Record Linkage Record Identifier</i>   | LinkageRecordId   | ITDX |
| <i>Record Linkage Global Key</i>          | LinkageGlobalKey  | ITDX |
| <i>Software Vendor</i>                    | SoftwareVendor    | ITDX |
| <i>Software Product</i>                   | SoftwareProduct   | ITDX |
| <i>Software Version</i>                   | SoftwareVersion   | ITDX |

## ITDX Explicit Negatives

| Field Name                               | Tag Name         | Technical Standard |
|--|------------------|--------------------|
| <i>Explicit Negatives - Element Type</i> | ElementKey       | ITDX               |
| <i>Explicit Negatives - Menu Value</i>   | ValueKey         | ITDX               |
| <i>Explicit Negative</i>                 | ExplicitNegative | ITDX               |

## ITDX Explicit Timeliness

| Field Name                                | Tag Name      | Technical Standard |
|---|---------------|--------------------|
| <i>Explicit Timeliness - Element Type</i> | TimelinessKey | ITDX               |
| <i>Explicit Timeliness - Date</i>         | EtDate        | ITDX               |
| <i>Explicit Timeliness - Time</i>         | EtTime        | ITDX               |
| <i>Explicit Timeliness</i>                | EtTimely      | ITDX               |

## ITDX Data Dictionary Element Details

The pages below are descriptions of each data element in the ITDX data dictionary.

### Null Values

The following values may be used within the ITDX data standard.

The acceptable null values are:

- 1 Not Applicable (NA)
- 2 Unknown/Not Documented (UNK/NOT)

### Additional Information

- Each ITDX data element includes an “**accepts null values**” indication.
  - Yes = accepting null values for this data element
  - No = not accepting null values for this data element
- Not Applicable (NA): This null value code is appropriate if the data element was “Not Applicable” to the patient during the time of prehospital or hospitalization. For example, prehospital data elements would be “Not Applicable” if a patient arrives at the hospital via private vehicle.
- Unknown/Not Documented (UNK/NOT) This null value applies if the information for the data element is not known or knowable by the patient or family or if the data is not recorded in patient documentation by any health care provider. This value documents that information was attempted to be found but was unsuccessful. An example would be “Unknown/Not Documented” if the patient was discovered and no one knew the injury time. Another example would be if an EMS run sheet was not available, the scene vitals signs would be “Unknown/Not Documented.”

# **ITDX Data Element Details**

## **Demographics**

## Patient's Home ZIP / Postal Code

*The patient's home ZIP/Postal code of primary residence.*

| NTDS Core           |            |
|---------------------|------------|
| Tag Name            | HomeZip    |
| Data Type           | String     |
| Tag Group           | ItdxRecord |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes        |

## Patient's Home Country

*The country where the patient resides.*

| NTDS Core           |             |
|---------------------|-------------|
| Tag Name            | HomeCountry |
| Data Type           | String      |
| Tag Group           | ItdxRecord  |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes         |

## Patient's Home State

*The state (territory, province, or District of Columbia) where the patient resides.*

| NTDS Core           |            |
|---------------------|------------|
| Tag Name            | HomeState  |
| Data Type           | String     |
| Tag Group           | ItdxRecord |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes        |

## Patient's Home County

*The patient's county (or parish) of residence.*

| NTDS Core           |            |
|---------------------|------------|
| Tag Name            | HomeCounty |
| Data Type           | String     |
| Tag Group           | ItdxRecord |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes        |

## Patient's Home City

*The patient's city (or township, or village) of residence.*

| NTDS Core           |            |
|---------------------|------------|
| Tag Name            | HomeCity   |
| Data Type           | String     |
| Tag Group           | ItdxRecord |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes        |

## Alternate Home Residence

*Documentation of the type of patient without a home ZIP/Postal Code.*

| NTDS Core           |                                |
|---------------------|--------------------------------|
| Tag Name            | HomeResidence                  |
| Data Type           | Integer                        |
| Tag Group           | HomeResidences (up to 3 times) |
| Tag Usage           | Mandatory                      |
| Accepts Null Values | Yes                            |

|              |   |
|--------------|---|
| Field Values | 1. Homeless<br>2. Undocumented Citizen<br>3. Migrant Worker |
|--------------|---|

## Date of Birth

*The patient's birth date.*

| NTDS Core           |             |
|---------------------|-------------|
| Tag Name            | DateOfBirth |
| Data Type           | Date        |
| Tag Group           | ItdxRecord  |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes         |

## Age

*The patient's age at the time of injury (best approximation).*

| NTDS Core           |            |
|---------------------|------------|
| Tag Name            | Age        |
| Data Type           | Integer    |
| Tag Group           | ItdxRecord |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes        |

## Age Units

*The units used to document the patient's age (Minutes, Hours, Days, Weeks, Months, Years).*

| NTDS Core           |            |
|---------------------|------------|
| Tag Name            | AgeUnits   |
| Data Type           | Integer    |
| Tag Group           | ItdxRecord |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes        |

|              |            |
|--------------|------------|
| Field Values | 1. Hours   |
|              | 2. Days    |
|              | 3. Months  |
|              | 4. Years   |
|              | 5. Minutes |
|              | 6. Weeks   |

## Race

*The patient's race.*

| NTDS Core           |                       |
|---------------------|-----------------------|
| Tag Name            | Race                  |
| Data Type           | Integer               |
| Tag Group           | Races (up to 6 times) |
| Tag Usage           | Mandatory             |
| Accepts Null Values | Yes                   |

|              |   |
|--------------|---|
| Field Values | 1. Asian<br>2. Native Hawaiian or Other Pacific Islander<br>3. Other Race<br>4. American Indian<br>5. Black or African American<br>6. White |
|--------------|---|

## Ethnicity

*The patient's ethnicity.*

| NTDS Core           |            |
|---------------------|------------|
| Tag Name            | Ethnicity  |
| Data Type           | Integer    |
| Tag Group           | ItdxRecord |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes        |

|              |                           |
|--------------|---------------------------|
| Field Values | 1. Hispanic or Latino     |
|              | 2. Not Hispanic or Latino |

## Sex

*Birth assigned sex.*

| NTDS Core           |            |
|---------------------|------------|
| Tag Name            | Sex        |
| Data Type           | Integer    |
| Tag Group           | ItdxRecord |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes        |

|              |                                     |
|--------------|-------------------------------------|
| Field Values | 1. Male<br>2. Female<br>4. Intersex |
|--------------|-------------------------------------|

## Gender Identity

*The patient's gender identity at the time of injury.*

| NTDS Core           |            |
|---------------------|------------|
| Tag Name            | Gender     |
| Data Type           | Integer    |
| Tag Group           | IIdxRecord |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes        |

|              |   |
|--------------|---|
| Field Values | <ul style="list-style-type: none"><li>1. Man</li><li>2. Woman</li><li>3. Non-Binary, genderqueer, gender nonconforming</li><li>4. Non-disclosed</li></ul> |
|--------------|---|

## Gender Affirming Hormone Therapy

*Has the patient been using hormone therapy within the past month (30 days)?*

| NTDS Core           |                               |
|---------------------|-------------------------------|
| Tag Name            | GenderAffirmingHormoneTherapy |
| Data Type           | Integer                       |
| Tag Group           | ItdxRecord                    |
| Tag Usage           | Mandatory                     |
| Accepts Null Values | Yes                           |

| Field Values | 1. Yes           |
|--------------|------------------|
|              | 2. No            |
|              | 3. Non-disclosed |

# **ITDX Data Element Details**

## **Injury Information**

## Injury Incident Date

*The date the injury occurred.*

| NTDS Core           |              |
|---------------------|--------------|
| Tag Name            | IncidentDate |
| Data Type           | Date         |
| Tag Group           | ItdxRecord   |
| Tag Usage           | Mandatory    |
| Accepts Null Values | Yes          |

## Injury Incident Time

*The time the injury occurred.*

| NTDS Core           |              |
|---------------------|--------------|
| Tag Name            | IncidentTime |
| Data Type           | Time         |
| Tag Group           | IidxRecord   |
| Tag Usage           | Mandatory    |
| Accepts Null Values | Yes          |

## Work-Related

*Indication of whether the injury occurred during paid employment.*

| NTDS Core           |             |
|---------------------|-------------|
| Tag Name            | WorkRelated |
| Data Type           | Integer     |
| Tag Group           | ItdxRecord  |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes         |

|              |        |
|--------------|--------|
| Field Values | 1. Yes |
|              | 2. No  |

## Patient's Occupational Industry

*The occupational industry associated with the patient's work environment.*

| NTDS Core           |                              |
|---------------------|------------------------------|
| Tag Name            | PatientsOccupationalIndustry |
| Data Type           | Integer                      |
| Tag Group           | ltdxRecord                   |
| Tag Usage           | Mandatory                    |
| Accepts Null Values | Yes                          |

|              |   |
|--------------|---|
| Field Values | 1. Finance, Insurance, and Real Estate<br>2. Manufacturing<br>3. Retail Trade<br>4. Transportation and Public Utilities<br>5. Agriculture, Forestry, Fishing<br>6. Professional and Business Services<br>7. Education and Health Services<br>8. Construction<br>9. Government<br>10. Natural Resources and Mining<br>11. Information Services<br>12. Wholesale Trade<br>13. Leisure and Hospitality<br>14. Other Services |
|--------------|---|

## Patient's Occupation

*The occupation of the patient.*

| NTDS Core           |                    |
|---------------------|--------------------|
| Tag Name            | PatientsOccupation |
| Data Type           | Integer            |
| Tag Group           | ItdxRecord         |
| Tag Usage           | Mandatory          |
| Accepts Null Values | Yes                |

|              |   |
|--------------|---|
| Field Values | 1. Business and Financial Operations Occupations<br>2. Architecture and Engineering Occupations<br>3. Community and Social Services Occupations<br>4. Education, Training, and Library Occupations<br>5. Healthcare Practitioners and Technical Occupations<br>6. Protective Service Occupations<br>7. Building and Grounds Cleaning and Maintenance<br>8. Sales and Related Occupations<br>9. Farming, Fishing, and Forestry Occupations<br>10. Installation, Maintenance, and Repair Occupations<br>11. Transportation and Material Moving Occupations<br>12. Management Occupations<br>13. Computer and Mathematical Occupations<br>14. Life, Physical, and Social Science Occupations |
|--------------|---|

- 
- 15. Legal Occupations
  - 16. Arts, Design, Entertainment, Sports, and Media
  - 17. Healthcare Support Occupations
  - 18. Food Preparation and Serving Related
  - 19. Personal Care and Service Occupations
  - 20. Office and Administrative Support Occupations
  - 21. Construction and Extraction Occupations
  - 22. Production Occupations
  - 23. Military Specific Occupations
-

## ICD-10 Primary External Cause Code

*External cause code used to describe the mechanism (or external factor) that caused the injury event.*

| NTDS Core           |                   |
|---------------------|-------------------|
| Tag Name            | PrimaryECodeICD10 |
| Data Type           | String            |
| Tag Group           | IidxRecord        |
| Tag Usage           | Mandatory         |
| Accepts Null Values | Yes               |

## ICD-10 Place of Occurrence External Cause Code

*Place of occurrence external cause code used to describe the place/site/location of the injury event (Y92.x).*

| NTDS Core           |                   |
|---------------------|-------------------|
| Tag Name            | PlaceOfInjuryCode |
| Data Type           | String            |
| Tag Group           | ItdxRecord        |
| Tag Usage           | Mandatory         |
| Accepts Null Values | Yes               |

## ICD-10 Additional External Cause Code

*Additional External Cause Code used in conjunction with the Primary External Cause Code if multiple External Cause Codes are required to describe the injury event.*

| NTDS Core           |                                 |
|---------------------|---------------------------------|
| Tag Name            | AdditionalECodeICD10            |
| Data Type           | String                          |
| Tag Group           | AdditionalECodeICD10s (up to 2) |
| Tag Usage           | Mandatory                       |
| Accepts Null Values | Yes                             |

## Incident Location ZIP / Postal Code

*The ZIP/Postal code of the incident location.*

| NTDS Core           |            |
|---------------------|------------|
| Tag Name            | InjuryZip  |
| Data Type           | String     |
| Tag Group           | ItdxRecord |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes        |

## Incident Country

*The country where the patient was found, or incident occurred*

| NTDS Core           |                 |
|---------------------|-----------------|
| Tag Name            | IncidentCountry |
| Data Type           | String          |
| Tag Group           | ItdxRecord      |
| Tag Usage           | Mandatory       |
| Accepts Null Values | Yes             |

## Incident State

*The state, territory, or province where the patient was found, or incident occurred*

| NTDS Core           |               |
|---------------------|---------------|
| Tag Name            | IncidentState |
| Data Type           | String        |
| Tag Group           | ItdxRecord    |
| Tag Usage           | Mandatory     |
| Accepts Null Values | Yes           |

## Incident County

*The county or parish where the patient was found, or incident occurred.*

| NTDS Core           |                |
|---------------------|----------------|
| Tag Name            | IncidentCounty |
| Data Type           | String         |
| Tag Group           | ItdxRecord     |
| Tag Usage           | Mandatory      |
| Accepts Null Values | Yes            |

## Incident City

*The city or township where the patient was found, or incident occurred.*

| NTDS Core           |              |
|---------------------|--------------|
| Tag Name            | IncidentCity |
| Data Type           | String       |
| Tag Group           | ItdxRecord   |
| Tag Usage           | Mandatory    |
| Accepts Null Values | Yes          |

## Protective Devices

*Protective devices (safety equipment) in use or worn by the patient at the time of the injury.*

| NTDS Core           |                                    |
|---------------------|------------------------------------|
| Tag Name            | ProtectiveDevice                   |
| Data Type           | Integer                            |
| Tag Group           | ProtectiveDevices (up to 10 times) |
| Tag Usage           | Mandatory                          |
| Accepts Null Values | Yes                                |

|              |   |
|--------------|---|
| Field Values | 1. None   |
|              | 2. Lap Belt   |
|              | 3. Personal Floatation Device                       |
|              | 4. Protective Non-Clothing Gear (E.g. Shin Guard)   |
|              | 5. Eye Protection                                   |
|              | 6. Child Restraint (Booster Seat or Child Car Seat) |
|              | 7. Helmet (E.g. Bicycle, Skiing, Motorcycle)        |
|              | 8. Airbag Present                                   |
|              | 9. Protective Clothing (E.g. Padded Leather Pants)  |
|              | 10. Shoulder Belt                                   |
|              | 11. Other   |

## Child Specific Restraint

*Protective child restraint devices used by patient at the time of injury.*

| NTDS Core           |                        |
|---------------------|------------------------|
| Tag Name            | ChildSpecificRestraint |
| Data Type           | Integer                |
| Tag Group           | ItdxRecord             |
| Tag Usage           | Mandatory              |
| Accepts Null Values | Yes                    |

|              |                       |
|--------------|-----------------------|
| Field Values | 1. Child Car Seat     |
|              | 2. Infant Car Seat    |
|              | 3. Child Booster Seat |

## Airbag Deployment

*Indication of airbag deployment during a motor vehicle crash.*

| NTDS Core           |                                   |
|---------------------|-----------------------------------|
| Tag Name            | AirbagDeployment                  |
| Data Type           | Integer                           |
| Tag Group           | AirbagDeployments (up to 4 times) |
| Tag Usage           | Mandatory                         |
| Accepts Null Values | Yes                               |

|              |  |
|--------------|--|
| Field Values | 1. Airbag Not Deployed                                   |
|              | 2. Airbag Deployed Front                                 |
|              | 3. Airbag Deployed Side                                  |
|              | 4. Airbag Deployed Other (Knee, Air Belt, Curtain, Etc.) |

## Report of Physical Abuse

*A report of suspected physical abuse was made to law enforcement and/or protective services.*

| ITDX Extension      |   |
|---------------------|---|
| Extension Rationale | For data consistency and continuity of data collection, the report of physical abuse data element will be retained despite being retired from the NTDS data dictionary. |
| Tag Name            | AbuseReport   |
| Data Type           | Integer   |
| Tag Group           | ItdxRecord  |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes   |

|              |        |
|--------------|--------|
| Field Values | 1. Yes |
|              | 2. No  |

## Investigation of Physical Abuse

*An investigation by law enforcement and/or protective services was initiated because of the suspected physical abuse.*

| ITDX Extension      |  |
|---------------------|--|
| Extension Rationale | For data consistency and continuity of data collection, investigation of physical abuse data element will be retained despite being retired from the NTDS data dictionary. |
| Tag Name            | AbuseInvestigation   |
| Data Type           | Integer  |
| Tag Group           | lidxRecord   |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes  |

|              |        |
|--------------|--------|
| Field Values | 1. Yes |
|              | 2. No  |

## Caregiver at Discharge

*The patient was discharged to a caregiver different than the caregiver at admission due to suspected physical abuse.*

| ITDX Extension      |   |
|---------------------|---|
| Extension Rationale | For data consistency and continuity of data collection, caregiver at discharge data element will be retained despite being retired from the NTDS data dictionary. |
| Tag Name            | CaregiverAtDischarge  |
| Data Type           | Integer   |
| Tag Group           | ltdxRecord  |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes   |

| Field Values | 1. Yes |
|--------------|--------|
|              | 2. No  |

## Trauma Type

*The primary source of the trauma injury sustained by the patient.*

| ITDX Extension      |                                   |
|---------------------|-----------------------------------|
| Extension Rationale | Allows for reporting trauma type. |
| Tag Name            | TraumaType                        |
| Data Type           | Integer                           |
| Tag Group           | ItidxRecord                       |
| Tag Usage           | Mandatory                         |
| Accepts Null Values | Yes                               |

|              |                |
|--------------|----------------|
| Field Values | 1. Blunt       |
|              | 2. Penetrating |
|              | 3. Burn        |
|              | 4. Other       |

# **ITDX Data Element Details**

## **Prehospital Information**

## EMS Dispatch Date

*The date the unit transporting to your hospital was notified by dispatch.*

| ITDX Extension      |               |
|---------------------|---------------|
| Tag Name            | EmsNotifyDate |
| Data Type           | Date          |
| Tag Group           | ItdxRecord    |
| Tag Usage           | Mandatory     |
| Accepts Null Values | Yes           |

## EMS Dispatch Time

*The time the unit transporting to your hospital was notified by dispatch.*

| ITDX Extension      |               |
|---------------------|---------------|
| Tag Name            | EmsNotifyTime |
| Data Type           | Time          |
| Tag Group           | ItdxRecord    |
| Tag Usage           | Mandatory     |
| Accepts Null Values | Yes           |

## EMS Unit Arrival Date at Scene or Transferring Facility

*The date the unit transporting to your hospital arrived on the scene/transferring facility.*

| ITDX Extension      |                |
|---------------------|----------------|
| Tag Name            | EmsArrivalDate |
| Data Type           | Date           |
| Tag Group           | ItidxRecord    |
| Tag Usage           | Mandatory      |
| Accepts Null Values | Yes            |

## EMS Unit Arrival Time at Scene or Transferring Facility

*The time the unit transporting to your hospital arrived on the scene/transferring facility.*

| ITDX Extension      |                |
|---------------------|----------------|
| Tag Name            | EmsArrivalTime |
| Data Type           | Time           |
| Tag Group           | ItdxRecord     |
| Tag Usage           | Mandatory      |
| Accepts Null Values | Yes            |

## EMS Unit Departure Date from Scene or Transferring Facility

*The date the unit transporting to your hospital left the scene/transferring facility.*

| ITDX Extension      |             |
|---------------------|-------------|
| Tag Name            | EmsLeftDate |
| Data Type           | Date        |
| Tag Group           | ltdxRecord  |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes         |

## EMS Unit Departure Time from Scene or Transferring Facility

*The time the unit transporting to your hospital left the scene/transferring facility.*

| ITDX Extension      |             |
|---------------------|-------------|
| Tag Name            | EmsLeftTime |
| Data Type           | Time        |
| Tag Group           | ltdxRecord  |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes         |

## Transport Mode

*The mode of transport delivering the patient to your hospital.*

| NTDS Core          |               |
|--------------------|---------------|
| Tag Name           | TransportMode |
| Data Type          | Integer       |
| Tag Group          | ltdxRecord    |
| Tag Usage          | Mandatory     |
| Accepts Null Value | Yes           |

  

| Field Values | 1. Ground Ambulance               |
|--------------|-----------------------------------|
|              | 2. Helicopter Ambulance           |
|              | 3. Fixed-Wing Ambulance           |
|              | 4. Private/Public Vehicle/Walk-In |
|              | 5. Police                         |
|              | 6. Other                          |

## Other Transport Mode

*All other modes of transport used during patient care event (prior to arrival at your hospital), except the mode delivering the patient to the hospital.*

| NTDS Core           |                                     |
|---------------------|-------------------------------------|
| Tag Name            | OtherTransportMode                  |
| Data Type           | Integer                             |
| Tag Group           | OtherTransportModes (up to 5 times) |
| Tag Usage           | Mandatory                           |
| Accepts Null Values | Yes                                 |

|              |                                   |
|--------------|-----------------------------------|
| Field Values | 1. Ground Ambulance               |
|              | 2. Helicopter Ambulance           |
|              | 3. Fixed-Wing Ambulance           |
|              | 4. Private/Public Vehicle/Walk-In |
|              | 5. Police                         |
|              | 6. Other                          |

## State Trauma Number

*Allows for the collection of State-specific identifiers.*

| ITDX Extension      |                   |
|---------------------|-------------------|
| Tag Name            | StateTraumaNumber |
| Data Type           | String            |
| Tag Group           | ItdxRecord        |
| Tag Usage           | Optional          |
| Accepts Null Values | Yes               |

## Regional Trauma Number

*Allows for the collection of Regional-specific identifiers.*

| ITDX Extension      |                      |
|---------------------|----------------------|
| Tag Name            | RegionalTraumaNumber |
| Data Type           | String               |
| Tag Group           | ItdxRecord           |
| Tag Usage           | Optional             |
| Accepts Null Values | Yes                  |

## Hospital System Trauma Number

*Allows for the collection of Hospital System-specific identifiers.*

| ITDX Extension      |                            |
|---------------------|----------------------------|
| Tag Name            | HospitalSystemTraumaNumber |
| Data Type           | String                     |
| Tag Group           | ItdxRecord                 |
| Tag Usage           | Optional                   |
| Accepts Null Values | Yes                        |

## Initial Field Systolic Blood Pressure

*First recorded systolic blood pressure measured.*

| ITDX Extension      |            |
|---------------------|------------|
| Tag Name            | EmsSbp     |
| Data Type           | Integer    |
| Tag Group           | ItdxRecord |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes        |

## Initial Field Diastolic Blood Pressure

*First recorded diastolic blood pressure measured.*

| ITDX Extension      |            |
|---------------------|------------|
| Tag Name            | EmsDbp     |
| Data Type           | Integer    |
| Tag Group           | ItdxRecord |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes        |

## Initial Field Pulse Rate

*First recorded pulse measured (palpated or auscultated), expressed as a number per minute.*

| ITDX Extension      |              |
|---------------------|--------------|
| Tag Name            | EmsPulseRate |
| Data Type           | Integer      |
| Tag Group           | ItdxRecord   |
| Tag Usage           | Mandatory    |
| Accepts Null Values | Yes          |

## Initial Field Respiratory Rate

*First recorded respiratory rate measured (expressed as a number per minute).*

| ITDX Extension      |                    |
|---------------------|--------------------|
| Tag Name            | EmsRespiratoryRate |
| Data Type           | Integer            |
| Tag Group           | ItdxRecord         |
| Tag Usage           | Mandatory          |
| Accepts Null Values | Yes                |

## Initial Field Oxygen Saturation

*First recorded oxygen saturation measured (expressed as a percentage).*

| ITDX Extension      |                  |
|---------------------|------------------|
| Tag Name            | EmsPulseOximetry |
| Data Type           | Integer          |
| Tag Group           | ItdxRecord       |
| Tag Usage           | Mandatory        |
| Accepts Null Values | Yes              |

## Intubation Prior to Arrival

*The patient was intubated with a definitive airway (below the vocal cords) after sustaining traumatic injury prior to arrival at your hospital.*

| NTDS Core          |                          |
|--------------------|--------------------------|
| Tag Name           | IntubationPriorToArrival |
| Data Type          | Integer                  |
| Tag Group          | ItdxRecord               |
| Tag Usage          | Mandatory                |
| Accepts Null Value | Yes                      |

| Field Values | 1. Yes |
|--------------|--------|
|              | 2. No  |

## Intubation Location

*The physical location patient intubation occurred prior to your hospital arrival.*

| NTDS Core          |                    |
|--------------------|--------------------|
| Tag Name           | IntubationLocation |
| Data Type          | Integer            |
| Tag Group          | ItdxRecord         |
| Tag Usage          | Mandatory          |
| Accepts Null Value | Yes                |

| Field Values | 1. Out of Hospital Intubation |
|--------------|-------------------------------|
|              | 2. Transferring Facility      |

## Initial Field GCS - Eye

*First recorded Glasgow Coma Score (Eye) measured.*

| ITDX Extension      |            |
|---------------------|------------|
| Tag Name            | EmsGcsEye  |
| Data Type           | Integer    |
| Tag Group           | ItdxRecord |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes        |

|              |   |
|--------------|---|
| Field Values | 1. No Eye Movement When Assessed                |
|              | 2. Open Eyes in Response to Painful Stimulation |
|              | 3. Opens Eyes in Response to Verbal Stimulation |
|              | 4. Opens Eyes Spontaneously                     |

## Initial Field GCS - Verbal

*First recorded Glasgow Coma Score (Verbal) measured.*

| ITDX Extension      |              |
|---------------------|--------------|
| Tag Name            | EmsGcsVerbal |
| Data Type           | Integer      |
| Tag Group           | ltdxRecord   |
| Tag Usage           | Mandatory    |
| Accepts Null Values | Yes          |

|   |   |
|---|---|
| <b>Field Values Pediatric (&lt;= 2 years)</b> | 1. No Vocal Response<br>2. Inconsolable, Agitated<br>3. Inconsistently Consolable, Moaning<br>4. Cries but is Consolable, Inappropriate Interactions<br>5. Smiles, Oriented to Sounds, Follows Objects, Interacts |
| <b>Adult</b>                                  | 1. No Verbal Response<br>2. Incomprehensible Sounds<br>3. Inappropriate Words<br>4. Confused<br>5. Oriented   |

## Initial Field GCS - Motor

*First recorded Glasgow Coma Score (Motor) measured.*

| ITDX Extension      |             |
|---------------------|-------------|
| Tag Name            | EmsGcsMotor |
| Data Type           | Integer     |
| Tag Group           | lidxRecord  |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes         |

|   |   |
|---|---|
| <b>Field Values Pediatric (&lt;= 2 years)</b> | 1. No Motor Response<br>2. Extension to Pain<br>3. Flexion to Pain<br>4. Withdrawal from Pain<br>5. Localizing Pain<br>6. Appropriate Response to Stimulation |
| <b>Adult</b>                                  | 1. No Motor Response<br>2. Extension to Pain<br>3. Flexion to Pain<br>4. Withdrawal from Pain<br>5. Localizing Pain<br>6. Obeys Commands                      |

## Initial Field GCS - Total

*First recorded Glasgow Coma Score (Total) measured.*

| ITDX Extension      |             |
|---------------------|-------------|
| Tag Name            | EmsTotalGcs |
| Data Type           | Integer     |
| Tag Group           | ItdxRecord  |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes         |

## Initial Field GCS 40 - Eye

*First recorded Glasgow Coma Score 40 (Eye) measured.*

| ITDX Extension      |             |
|---------------------|-------------|
| Tag Name            | EmsGcs40Eye |
| Data Type           | Integer     |
| Tag Group           | ltdxRecord  |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes         |

|                                  |  |
|----------------------------------|--|
| Field Values Pediatric < 5 years | 1. None<br>2. To Pain<br>3. To Sounds<br>4. Spontaneous<br>0. Not Testable     |
| Adult                            | 1. None<br>2. To Pressure<br>3. To Sounds<br>4. Spontaneous<br>0. Not Testable |

## Initial Field GCS 40 - Verbal

*First recorded Glasgow Coma Score 40 (Verbal) measured.*

| ITDX Extension      |                |
|---------------------|----------------|
| Tag Name            | EmsGcs40Verbal |
| Data Type           | Integer        |
| Tag Group           | ItdxRecord     |
| Tag Usage           | Mandatory      |
| Accepts Null Values | Yes            |

|  |  |
|--|--|
| <b>Field Values Pediatric &lt; 5 years</b> | 1. None<br>2. Cries<br>3. Vocal Sounds<br>4. Words<br>5. Talks Normally<br>0. Not Testable |
| <b>Adult</b>                               | 1. None<br>2. Sounds<br>3. Words<br>4. Confused<br>5. Oriented<br>0. Not Testable          |

## Initial Field GCS 40 - Motor

*First recorded Glasgow Coma Score 40 (Motor) measured.*

| ITDX Extension      |               |
|---------------------|---------------|
| Tag Name            | EmsGcs40Motor |
| Data Type           | Integer       |
| Tag Group           | ItdxRecord    |
| Tag Usage           | Mandatory     |
| Accepts Null Values | Yes           |

|                                  |  |
|----------------------------------|--|
| Field Values Pediatric < 5 years | 1. None<br>2. Extension to Pain<br>3. Flexion to Pain<br>4. Localizes Pain<br>5. Obeys Commands<br>0. Not Testable           |
| Adult                            | 1. None<br>2. Extension<br>3. Abnormal Flexion<br>4. Normal Flexion<br>5. Localizing<br>6. Obeys Commands<br>0. Not Testable |

## Inter-Facility Transfer

*Was the patient transferred to your facility from another acute care facility?*

| NTDS Core           |                       |
|---------------------|-----------------------|
| Tag Name            | InterFacilityTransfer |
| Data Type           | Integer               |
| Tag Group           | ItdxRecord            |
| Tag Usage           | Mandatory             |
| Accepts Null Values | Yes                   |

|              |        |
|--------------|--------|
| Field Values | 1. Yes |
|              | 2. No  |

## Trauma Center Criteria

*Physiologic and anatomic EMS trauma triage criteria for transport to a trauma center as defined by the Centers for Disease Control and Prevention and the American College of Surgeons- Committee on Trauma. This information must be found on the scene of injury EMS Run Report.*

| ITDX Extension      |                                       |
|---------------------|---------------------------------------|
| Tag Name            | TraumaCenterCriterion                 |
| Data Type           | Integer                               |
| Tag Group           | TraumaCenterCriteria (up to 11 times) |
| Tag Usage           | Mandatory                             |
| Accepts Null Values | Yes                                   |

|              |  |
|--------------|--|
| Field Values | 1. Glasgow Coma Score <= 13<br>2. Systolic Blood Pressure < 90 mmHg<br>3. Respiratory Rate < 10 or > 29 Breaths per Minute (< 20 in Infants Aged < 1 Year) or Need for Ventilatory Support<br>4. All Penetrating Injuries to Head, Neck, Torso and Extremities Proximal to Elbow or Knee<br>5. Chest Wall Instability or Deformity (E.g. Flail Chest)<br>6. Two or More Proximal Long Bone Fractures<br>7. Crushed, Degloved, Mangled, or Pulseless Extremity<br>8. Amputation Proximal to Wrist or Ankle<br>9. Pelvic Fracture<br>10. Open or Depressed Skull Fracture<br>11. Paralysis |
|--------------|--|

## National Field Triage Criteria

*American College of Surgeons Committee on Trauma (COT), 2022 revised National Guideline for the Field Triage of Injured Patients (ACS, 2022).*

Reference: Newgard, Craig D. MD, MPH, FACEP; Fischer, Peter E. MD; Gestring, Mark MD; Michaels, Holly N. MPH; Jurkovich, Gregory J. MD, FACS; Lerner, E. Brooke PhD, FAEMS; Fallat, Mary E. MD; Delbridge, Theodore R. MD, MPH; Brown, Joshua B. MD, MSc, FACS; Bulger, Eileen M. MD; the Writing Group for the 2021 National Expert Panel on Field Triage. National guideline for the field triage of injured patients: Recommendations of the National Expert Panel on Field Triage, 2021. Journal of Trauma and Acute Care Surgery: August 2022 - Volume 93 - Issue 2 - p e49-e60 doi: 10.1097/TA.0000000000003627.

| ITDX Extension      |                             |
|---------------------|-----------------------------|
| Tag Name            | NationalFieldTriageCriteria |
| Data Type           | Integer                     |
| Tag Group           | NationalFieldTriageCriteria |
| Tag Usage           | Optional                    |
| Accepts Null Values | Yes                         |

|              |   |
|--------------|---|
| Field Values | 1. Red Criteria, High Risk for Serious Injury<br>2. Yellow Criteria, Moderate Risk for Serious Injury |
|--------------|---|

## National Field Triage 2022

American College of Surgeons Committee on Trauma (COT), 2022 revised National Guideline for the Field Triage of Injured Patients (ACS, 2022).

Reference: Newgard, Craig D. MD, MPH, FACEP; Fischer, Peter E. MD; Gestring, Mark MD; Michaels, Holly N. MPH; Jurkovich, Gregory J. MD, FACS; Lerner, E. Brooke PhD, FAEMS; Fallat, Mary E. MD; Delbridge, Theodore R. MD, MPH; Brown, Joshua B. MD, MSc, FACS; Bulger, Eileen M. MD; the Writing Group for the 2021 National Expert Panel on Field Triage. National guideline for the field triage of injured patients: Recommendations of the National Expert Panel on Field Triage, 2021. Journal of Trauma and Acute Care Surgery: August 2022 - Volume 93 - Issue 2 - p e49-e60 doi: 10.1097/TA.0000000000003627.

| ITDX Extension      |   |
|---------------------|---|
| Tag Name            | NationalFieldTriage   |
| Data Type           | Integer   |
| Tag Group           | NationalFieldTriage (up to 37 times)  |
| Tag Usage           | Optional  |
| Accepts Null Values | Yes   |
| Field Values        | <ol style="list-style-type: none"><li>1. Penetrating injuries to head, neck, torso, and proximal extremities (Injury Pattern)</li><li>2. Skull deformity, suspected skull fracture (Injury Pattern)</li><li>3. Suspected spinal injury with new motor or sensory loss (Injury Pattern)</li><li>4. Chest wall instability, deformity, or suspected flail chest (Injury Pattern)</li><li>5. Suspected pelvic fracture (Injury Pattern)</li><li>6. Suspected fracture of two or more proximal long bones (Injury Pattern)</li><li>7. Crushed, degloved, mangled, or pulseless extremity (Injury Pattern)</li><li>8. Amputation proximal to wrist or ankle (Injury Pattern)</li></ol> |

9. Active bleeding requiring a tourniquet or wound packing with continuous pressure (Injury Pattern)
10. High-Risk Auto Crash (MOI)
11. Partial or complete ejection (MOI)
12. Significant intrusion (including roof) (MOI)
13. Significant intrusion, > 12 inches occupant site (MOI)
14. Significant intrusion, > 18 inches any site (MOI)
15. Significant intrusion, need for extrication for entrapped patient (MOI)
16. Death in passenger compartment (MOI)
17. Child (Age 0-9) unrestrained or in unsecured child safety seat (MOI)
18. Vehicle telemetry data consistent with severe injury (MOI)
19. Rider separated from transport vehicle with significant impact (MOI)
20. Pedestrian/bicycle rider thrown, run over, or with significant impact (MOI)
21. Fall from height > 10 feet (all ages) (MOI)
22. All patients unable to follow commands motor GCS < 6 (MS & VS)
23. All patients RR < 10 or > 29 breaths/min (MS & VS)
24. All patients respiratory distress or need for respiratory support (MS & VS)
25. All patients room-air pulse oximetry < 90% (MS & VS)
26. Age 0-9 years SBP < 70 mmHg + 2 x age years (MS & VS)
27. Age 10-64 years SBP < 90 mmHg (MS & VS)
28. Age 10-64 years HR > SBP (MS & VS)
29. Age ≥ 65 years SBP < 110 mmHg (MS & VS)
30. Age ≥ 65 years HR > SBP (MS & VS)
31. Low-level falls in young children (age ≤ 5 years) or older adults (age ≥ 65 years) with significant head impact (EMS Judgement)
32. Anticoagulant use (EMS Judgement)
33. Suspicion of child abuse (EMS Judgement)

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34. Special, high-resource healthcare needs (EMS Judgement)

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35. Pregnancy > 20 weeks (EMS Judgement)

---

36. Burns in conjunction with trauma (EMS Judgement)

---

37. Pediatric capable center (EMS Judgement)

## Vehicular, Pedestrian, Other Risk Injury

*EMS trauma triage mechanism of injury criteria for transport to a trauma center as defined by the Centers for Disease Control and Prevention and the American College of Surgeons- Committee on Trauma. This information must be found on the scene of injury EMS Run Report.*

| ITDX Extension      |  |
|---------------------|--|
| Tag Name            | VehicularPedestrianOther   |
| Data Type           | Integer  |
| Tag Group           | VehicularPedestrianOthers (up to 14 times)   |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes  |
| Field Values        | <ol style="list-style-type: none"><li>1. Fall Adults: &gt; 20 ft. (One Story is Equal to 10 ft.)</li><li>2. Fall Children: &gt; 10 ft. or 2-3 Times the Height of the Child</li><li>3. Crash Intrusion, Including Roof: &gt; 12 in. Occupant Site; &gt; 18 in. Any Site</li><li>4. Crash Ejection (Partial or Complete) from Automobile</li><li>5. Crash Death in Same Passenger Compartment</li><li>6. Crash Vehicle Telemetry Data (AACN) Consistent with High Risk Injury</li><li>7. Auto v. Pedestrian/Bicyclist Thrown, Run Over, or &gt; 20 mph Impact</li><li>8. Motorcycle Crash &gt; 20 mph</li><li>9. For Adults &gt; 65; SBP &lt; 110</li><li>10. Patients on Anticoagulants and Bleeding Disorders</li></ol> |

---

11. Pregnancy > 20 weeks

---

12. EMS Provider Judgment

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13. Burns

---

14. Burns with Trauma

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## Pre-hospital Cardiac Arrest

*Indication of whether patient experienced cardiac arrest prior to ED/Hospital arrival.*

| NTDS Core           |                          |
|---------------------|--------------------------|
| Tag Name            | PrehospitalCardiacArrest |
| Data Type           | Integer                  |
| Tag Group           | ItdxRecord               |
| Tag Usage           | Mandatory                |
| Accepts Null Values | Yes                      |

|              |        |
|--------------|--------|
| Field Values | 1. Yes |
|              | 2. No  |

## **Transporting EMS Agency NPI Number**

*(Pilot Data Element, 2023)*

*The Centers for Medicare and Medicaid Services (CMS) EMS Agency National Provider Identifier for the EMS agency that transported the patient to the receiving facility.*

*Pilot Data Element: A pilot data element is to allow for optional registry data collection. This data element will not be included in data submissions from your registry.*

| Pilot Data Element  |                          |
|---------------------|--------------------------|
| Tag Name            | TransportingEMSNPInumber |
| Data Type           | String                   |
| Tag Group           | ItdxRecord               |
| Accepts Null Values | Yes                      |

## **EMS Incident Number**

*(Pilot Data Element, 2023)*

NEMSIS v3.5; this number can be used to associate multiple EMS responses, dispatch information, and other information to the same EMS event or patient.

Pilot Data Element: A pilot data element is to allow for optional registry data collection. This data element will not be included in data submissions from your registry.

| Pilot Data Element  |                    |
|---------------------|--------------------|
| Tag Name            | EMSIIncidentNumber |
| Data Type           | String             |
| Tag Group           | ItdxRecord         |
| Accepts Null Values | Yes                |

# **ITDX Data Element Details**

## **Emergency Department**

### **Information**

## Highest Activation

*Patient received highest level of trauma activation at your hospital.*

| NTDS Core           |                         |
|---------------------|-------------------------|
| Tag Name            | HighestTraumaActivation |
| Data Type           | Integer                 |
| Tag Group           | ItdxRecord              |
| Tag Usage           | Mandatory               |
| Accepts Null Values | Yes                     |

|              |        |
|--------------|--------|
| Field Values | 1. Yes |
|              | 2. No  |

## Trauma Surgeon Arrival Date

*For the highest activation: the date the first trauma surgeon arrived at the patient's bedside.*

| NTDS Core           |   |
|---------------------|---|
| Tag Name            | TraumaSurgeonHighestActivationArrivalDate |
| Data Type           | Date                                      |
| Tag Group           | ItdxRecord                                |
| Tag Usage           | Mandatory                                 |
| Accepts Null Values | Yes                                       |

## Trauma Surgeon Arrival Time

*For the highest activation: the time the first trauma surgeon arrived at the patient's bedside.*

| NTDS Core           |   |
|---------------------|---|
| Tag Name            | TraumaSurgeonHighestActivationArrivalTime |
| Data Type           | Time                                      |
| Tag Group           | ItdxRecord                                |
| Tag Usage           | Mandatory                                 |
| Accepts Null Values | Yes                                       |

## **ED / Hospital Arrival Date**

*The date the patient arrived to the ED/hospital.*

| NTDS Core           |                     |
|---------------------|---------------------|
| Tag Name            | HospitalArrivalDate |
| Data Type           | Date                |
| Tag Group           | ItdxRecord          |
| Tag Usage           | Mandatory           |
| Accepts Null Values | Yes                 |

## ED / Hospital Arrival Time

*The time the patient arrived to the ED/hospital.*

| NTDS Core           |                     |
|---------------------|---------------------|
| Tag Name            | HospitalArrivalTime |
| Data Type           | Time                |
| Tag Group           | IidxRecord          |
| Tag Usage           | Mandatory           |
| Accepts Null Values | Yes                 |

## Initial ED / Hospital Systolic Blood Pressure

*First recorded systolic blood pressure in the ED/hospital within 30 minutes or less of ED/hospital arrival.*

| NTDS Core           |            |
|---------------------|------------|
| Tag Name            | Sbp        |
| Data Type           | Integer    |
| Tag Group           | ItdxRecord |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes        |

## Initial ED / Hospital Diastolic Blood Pressure

*First recorded diastolic blood pressure in the ED/hospital within 30 minutes or less of ED/hospital arrival.*

| ITDX Extension      |            |
|---------------------|------------|
| Tag Name            | Dbp        |
| Data Type           | integer    |
| Tag Group           | ItdxRecord |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes        |

## Initial ED / Hospital Pulse Rate

*First recorded pulse in the ED/hospital (palpated or auscultated) within 30 minutes or less of ED/hospital arrival (expressed as a number per minute).*

| NTDS Core           |            |
|---------------------|------------|
| Tag Name            | PulseRate  |
| Data Type           | Integer    |
| Tag Group           | ItdxRecord |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes        |

## Initial ED / Hospital Temperature

*First recorded temperature (in degrees Celsius [Centigrade]) in the ED/hospital within 30 minutes or less of ED/hospital arrival.*

| NTDS Core           |             |
|---------------------|-------------|
| Tag Name            | Temperature |
| Data Type           | Decimal     |
| Tag Group           | ItdxRecord  |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes         |

## Initial ED / Hospital Respiratory Rate

*First recorded respiratory rate in the ED/hospital within 30 minutes or less of ED/hospital arrival (expressed as a number per minute).*

| NTDS Core           |                 |
|---------------------|-----------------|
| Tag Name            | RespiratoryRate |
| Data Type           | Integer         |
| Tag Group           | ItdxRecord      |
| Tag Usage           | Mandatory       |
| Accepts Null Values | Yes             |

## Initial ED / Hospital Respiratory Assistance

*Determination of respiratory assistance associated with the initial ED/hospital respiratory rate within 30 minutes or less of ED/hospital arrival.*

| NTDS Core           |                       |
|---------------------|-----------------------|
| Tag Name            | RespiratoryAssistance |
| Data Type           | Integer               |
| Tag Group           | ItdxRecord            |
| Tag Usage           | Mandatory             |
| Accepts Null Values | Yes                   |

|              |  |
|--------------|--|
| Field Values | 1. Unassisted Respiratory Rate<br>2. Assisted Respiratory Rate |
|--------------|--|

## Initial ED / Hospital Oxygen Saturation

*First recorded oxygen saturation in the ED/hospital within 30 minutes or less of ED/hospital arrival (expressed as a percentage).*

| NTDS Core           |               |
|---------------------|---------------|
| Tag Name            | PulseOximetry |
| Data Type           | Integer       |
| Tag Group           | ItdxRecord    |
| Tag Usage           | Mandatory     |
| Accepts Null Values | Yes           |

## Initial ED / Hospital Supplemental Oxygen

*Determination of the presence of supplemental oxygen during assessment of initial ED/hospital oxygen saturation level within 30 minutes or less of ED/hospital arrival.*

| NTDS Core           |                    |
|---------------------|--------------------|
| Tag Name            | SupplementalOxygen |
| Data Type           | Integer            |
| Tag Group           | ItdxRecord         |
| Tag Usage           | Mandatory          |
| Accepts Null Values | Yes                |

  

| Field Values | 1. No Supplemental Oxygen |
|--------------|---------------------------|
|              | 2. Supplemental Oxygen    |

## Initial ED / Hospital GCS - Eye

*First recorded Glasgow Coma Score (Eye) in the ED/hospital within 30 minutes or less of ED/hospital arrival.*

| NTDS Core           |            |
|---------------------|------------|
| Tag Name            | GcsEye     |
| Data Type           | Integer    |
| Tag Group           | ItdxRecord |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes        |

|              |   |
|--------------|---|
| Field Values | 1. No Eye Movement When Assessed<br>2. Open Eyes in Response to Painful Stimulation<br>3. Opens Eyes in Response to Verbal Stimulation<br>4. Opens Eyes Spontaneously |
|--------------|---|

## Initial ED / Hospital GCS - Verbal

*First recorded Glasgow Coma Score (Verbal) within 30 minutes or less of ED/hospital arrival.*

| NTDS Core           |            |
|---------------------|------------|
| Tag Name            | GcsVerbal  |
| Data Type           | Integer    |
| Tag Group           | IIdxRecord |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes        |

|   |   |
|---|---|
| <b>Field Values Pediatric (&lt;= 2 years)</b> | 1. No Vocal Response<br>2. Inconsolable, Agitated<br>3. Inconsistently Consolable, Moaning<br>4. Cries but is Consolable, Inappropriate Interactions<br>5. Smiles, Oriented to Sounds, Follows Objects, Interacts |
| <b>Adult</b>                                  | 1. No Verbal Response<br>2. Incomprehensible Sounds<br>3. Inappropriate Words<br>4. Confused<br>5. Oriented   |

## Initial ED / Hospital GCS - Motor

*First recorded Glasgow Coma Score (Motor) within 30 minutes or less of ED/hospital arrival.*

| NTDS Core           |            |
|---------------------|------------|
| Tag Name            | GcsMotor   |
| Data Type           | Integer    |
| Tag Group           | lIdxRecord |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes        |

|   |   |
|---|---|
| <b>Field Values Pediatric (&lt;= 2 years)</b> | 1. No Motor Response<br>2. Extension to Pain<br>3. Flexion to Pain<br>4. Withdrawal from Pain<br>5. Localizing Pain<br>6. Appropriate Response to Stimulation |
| <b>Adult</b>                                  | 1. No Motor Response<br>2. Extension to Pain<br>3. Flexion to Pain<br>4. Withdrawal from Pain<br>5. Localizing Pain<br>6. Obeys Commands                      |

## Initial ED / Hospital GCS - Total

*First recorded Glasgow Coma Score (Total) within 30 minutes or less of ED/hospital arrival.*

| NTDS Core           |            |
|---------------------|------------|
| Tag Name            | TotalGcs   |
| Data Type           | Integer    |
| Tag Group           | ItdxRecord |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes        |

## Initial ED / Hospital GCS Assessment Qualifiers

*Documentation of factors potentially affecting the first assessment of GCS within 30 minutes or less of ED/hospital arrival.*

| NTDS Core           |                               |
|---------------------|-------------------------------|
| Tag Name            | GcsQualifier                  |
| Data Type           | Integer                       |
| Tag Group           | GcsQualifiers (up to 3 times) |
| Tag Usage           | Mandatory                     |
| Accepts Null Values | Yes                           |

  

| Field Values | 1. Patient Chemically Sedated or Paralyzed  |
|--------------|---|
|              | 2. Obstruction to the Patient's Eye   |
|              | 3. Patient Intubated  |
|              | 4. Valid GCS: Patient Not Sedated, Not Intubated, and Did Not Have Obstruction to Eye |

## Initial ED / Hospital GCS 40 - Eye

*First recorded Glasgow Coma Score 40 (Eye) in the ED/hospital within 30 minutes or less of ED/hospital arrival.*

| NTDS Core           |            |
|---------------------|------------|
| Tag Name            | Gcs40Eye   |
| Data Type           | Integer    |
| Tag Group           | ItdxRecord |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes        |

|                                  |  |
|----------------------------------|--|
| Field Values Pediatric < 5 years | 1. None<br>2. To Pain<br>3. To Sounds<br>4. Spontaneous<br>0. Not Testable     |
| Adult                            | 1. None<br>2. To Pressure<br>3. To Sounds<br>4. Spontaneous<br>0. Not Testable |

## Initial ED / Hospital GCS 40 - Verbal

*First recorded Glasgow Coma Score at 40 (Verbal Response) within 30 minutes or less of ED/hospital arrival.*

| NTDS Core           |             |
|---------------------|-------------|
| Tag Name            | Gcs40Verbal |
| Data Type           | Integer     |
| Tag Group           | lIdxRecord  |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes         |

|  |  |
|--|--|
| <b>Field Values Pediatric &lt; 5 years</b> | 1. None<br>2. Cries<br>3. Vocal Sounds<br>4. Words<br>5. Talks Normally<br>0. Not Testable |
| <b>Adult</b>                               | 1. None<br>2. Sounds<br>3. Words<br>4. Confused<br>5. Oriented<br>0. Not Testable          |

## Initial ED / Hospital GCS 40 - Motor

*First recorded Glasgow Coma Score at 40 (Best Motor Response) within 30 minutes or less of ED/hospital arrival.*

| NTDS Core           |            |
|---------------------|------------|
| Tag Name            | Gcs40Motor |
| Data Type           | Integer    |
| Tag Group           | ItdxRecord |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes        |

|  |  |
|--|--|
| <b>Field Values Pediatric &lt; 5 years</b> | 1. None<br>2. Extension to Pain<br>3. Flexion to Pain<br>4. Localizes Pain<br>5. Obeys Commands<br>0. Not Testable           |
| <b>Adult</b>                               | 1. None<br>2. Extension<br>3. Abnormal Flexion<br>4. Normal Flexion<br>5. Localizing<br>6. Obeys Commands<br>0. Not Testable |

## Initial ED / Hospital Height

*First recorded height after ED/hospital arrival.*

| NTDS Core           |            |
|---------------------|------------|
| Tag Name            | Height     |
| Data Type           | Decimal    |
| Tag Group           | ItdxRecord |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes        |

## Initial ED / Hospital Weight

*First recorded, measured or estimated baseline weight upon ED/Hospital arrival.*

| NTDS Core           |  |
|---------------------|--|
| Extension Rationale | To allow patient's weight to be collected regardless of the time it was collected. |
| Tag Name            | Weight   |
| Data Type           | Decimal  |
| Tag Group           | ItdxRecord   |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes  |

## Drug Screen

*First recorded positive drug screen results within 24 hours after first hospital encounter (select all that apply).*

| NTDS Core           |                              |
|---------------------|------------------------------|
| Tag Name            | DrugScreen                   |
| Data Type           | Integer                      |
| Tag Group           | DrugScreens (up to 15 times) |
| Tag Usage           | Mandatory                    |
| Accepts Null Values | Yes                          |

|              |  |
|--------------|--|
| Field Values | 1. AMP (Amphetamine)<br>2. BAR (Barbiturate)<br>3. BZO (Benzodiazepines)<br>4. COC (Cocaine)<br>5. mAMP (Methamphetamine)<br>6. MDMA (Ecstasy)<br>7. MTD (Methadone)<br>8. OPI (Opioid)<br>9. OXY (Oxycodone)<br>10. PCP (Phencyclidine)<br>11. TCA (Tricyclic Antidepressant)<br>12. THC (Cannabinoid)<br>13. Other<br>14. None<br>15. Not Tested |
|--------------|--|

## Alcohol Screen

*A blood alcohol concentration (BAC) test was performed on the patient within 24 hours after first hospital encounter.*

| NTDS Core           |               |
|---------------------|---------------|
| Tag Name            | AlcoholScreen |
| Data Type           | Integer       |
| Tag Group           | ItdxRecord    |
| Tag Usage           | Mandatory     |
| Accepts Null Values | Yes           |

|              |        |
|--------------|--------|
| Field Values | 1. Yes |
|              | 2. No  |

## Alcohol Screen Results

*First recorded blood alcohol concentration (BAC) results within 24 hours after first hospital encounter.*

| NTDS Core           |                     |
|---------------------|---------------------|
| Tag Name            | AlcoholScreenResult |
| Data Type           | Decimal             |
| Tag Group           | ItdxRecord          |
| Tag Usage           | Mandatory           |
| Accepts Null Values | Yes                 |

## ED Discharge Disposition

*The disposition of the patient at the time of discharge from the ED.*

| NTDS Core           |                        |
|---------------------|------------------------|
| Tag Name            | EDDischargeDisposition |
| Data Type           | Integer                |
| Tag Group           | ItdxRecord             |
| Tag Usage           | Mandatory              |
| Accepts Null Values | Yes                    |

|              |   |
|--------------|---|
| Field Values | 1. Floor Bed (General Admission, Non-Specialty Unit Bed)<br>2. Observation Unit (Unit That Provides < 24 Hour Stays)<br>3. Telemetry/Step-Down Unit (Less Acuity than ICU)<br>4. Home with Services<br>5. Deceased/Expired<br>6. Other (Jail, Institutional Care, Mental Health, Etc.)<br>7. Operating Room (Hybrid OR)<br>8. Intensive Care Unit (ICU)<br>9. Home Without Services<br>10. Left Against Medical Advice<br>11. Transferred to Another Hospital |
|--------------|---|

---

12 Interventional Radiology Suite

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13. Hospice (Hospice Facility, Hospice Unit, Home Hospice, etc.)

---

## Trauma Team Involvement

*Indicates if the trauma team was activated at any level including a trauma consult. The goal is to identify if a member of the trauma team was involved in the care of the patient in any capacity.*

| ITDX Extension      |  |
|---------------------|--|
| Extension Rationale | This is a helper field which could be used in determining inclusion criteria for the patient record. |
| Tag Name            | TraumaTeamInvolvement  |
| Data Type           | Integer  |
| Tag Group           | ItidxRecord  |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes  |

|              |        |
|--------------|--------|
| Field Values | 1. Yes |
|              | 2. No  |

## Signs of Life

*Indication of whether patient arrived at ED/Hospital with signs of life.*

| ITDX Extension      |   |
|---------------------|---|
| Extension Rationale | For data consistency and continuity of data collect, signs of life data element will be retained despite being retired from the NTDS data dictionary. |
| Tag Name            | DeathInED   |
| Data Type           | Integer   |
| Tag Group           | ItidxRecord   |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes   |

|              |                                  |
|--------------|----------------------------------|
| Field Values | 1. Arrived with NO Signs of Life |
|              | 2. Arrived with Signs of Life    |

## ED Discharge Orders Written Date

*The date the order was written for the patient to be discharged from the ED.*

| NTDS Core           |                              |
|---------------------|------------------------------|
| Tag Name            | EDDischargeOrdersWrittenDate |
| Data Type           | Date                         |
| Tag Group           | ItdxRecord                   |
| Tag Usage           | Mandatory                    |
| Accepts Null Values | Yes                          |

## ED Discharge Orders Written Time

*The time the order was written for the patient to be discharged from the ED.*

| NTDS Core           |                              |
|---------------------|------------------------------|
| Tag Name            | EDDischargeOrdersWrittenTime |
| Data Type           | Time                         |
| Tag Group           | ItdxRecord                   |
| Tag Usage           | Mandatory                    |
| Accepts Null Values | Yes                          |

## ED Discharge Physical Date

*The date the patient was physically discharged from the ED.*

| ITDX Extension      |   |
|---------------------|---|
| Extension Rationale | Allows collection of both physical/actual ED discharge date to support computation of the actual length of stay (LOS) for continuity and analytic purposes. |
| Tag Name            | EDDischargePhysicalDate   |
| Data Type           | Date  |
| Tag Group           | ItdxRecord  |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes   |

## ED Discharge Physical Time

*The time the patient was physically discharged from the ED.*

| ITDX Extension      |   |
|---------------------|---|
| Extension Rationale | Allows collection of both physical/actual ED discharge time to support computation of the actual length of stay (LOS) for continuity and analytic purposes. |
| Tag Name            | EDDischargePhysicalTime   |
| Data Type           | Time  |
| Tag Group           | ItdxRecord  |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes   |

## Primary Trauma Service Type

*The primary service type responsible for the care of this patient.*

| NTDS Core           |                          |
|---------------------|--------------------------|
| Tag Name            | PrimaryTraumaServiceType |
| Data Type           | Integer                  |
| Tag Group           | ItdxRecord               |
| Tag Usage           | Mandatory                |
| Accepts Null Values | Yes                      |

|              |              |
|--------------|--------------|
| Field Values | 1. Adult     |
|              | 2. Pediatric |

## Primary Medical Event

*The patient suffered a documented major medical incident (such as seizure, heart attack, arrhythmia, syncope, or hypoglycemia) immediately before the traumatic injury occurred.*

| NTDS Core           |                     |
|---------------------|---------------------|
| Tag Name            | PrimaryMedicalEvent |
| Data Type           | Integer             |
| Tag Group           | ItdxRecord          |
| Tag Usage           | Mandatory           |
| Accepts Null Values | Yes                 |

|              |        |
|--------------|--------|
| Field Values | 1. Yes |
|              | 2. No  |

# **ITDX Data Element Details**

## **Hospital Procedure**

### **Information**

## ICD-10 Hospital Procedures

*Operative and selected non-operative procedures conducted during hospital stay.  
Operative and selected non-operative procedures are those that were essential to the diagnosis, stabilization, or treatment of the patient's specific injuries or complications.*

| NTDS Core           |                              |
|---------------------|------------------------------|
| Tag Name            | HospitalProcedureICD10       |
| Data Type           | String                       |
| Tag Group           | ItdxRecord (up to 200 times) |
| Tag Usage           | Mandatory                    |
| Accepts Null Values | Yes                          |

## Hospital Procedure Start Date

*The date operative and selected non-operative procedures were performed.*

| NTDS Core           |                                      |
|---------------------|--------------------------------------|
| Tag Name            | HospitalProcedureStartDate           |
| Data Type           | Date                                 |
| Tag Group           | HospitalProcedures (up to 200 times) |
| Tag Usage           | Mandatory                            |
| Accepts Null Values | Yes                                  |

## Hospital Procedure Start Time

*The time operative and selected non-operative procedures were performed.*

| NTDS Core           |                                      |
|---------------------|--------------------------------------|
| Tag Name            | HospitalProcedureStartTime           |
| Data Type           | Time                                 |
| Tag Group           | HospitalProcedures (up to 200 times) |
| Tag Usage           | Mandatory                            |
| Accepts Null Values | Yes                                  |

# **ITDX Data Element Details**

## **Diagnosis Information**

## Comorbid Conditions

*Pre-existing comorbid factors.*

| NTDS Core           |                                     |
|---------------------|-------------------------------------|
| Tag Name            | ComorbidCondition                   |
| Data Type           | Integer                             |
| Tag Group           | ComorbidConditions (up to 34 times) |
| Tag Usage           | Mandatory                           |
| Accepts Null Values | Yes                                 |

|              |   |
|--------------|---|
| Field Values | 1. Other<br>2. Alcohol Use Disorder<br>4. Bleeding Disorder<br>5. Currently Receiving Chemotherapy for Cancer<br>6. Congenital Anomalies<br>7. Congestive Heart Failure<br>8. Current Smoker<br>9. Chronic Renal Failure<br>10. Cerebrovascular Accident (CVA)<br>11. Diabetes Mellitus |
|--------------|---|

- 
12. Disseminated Cancer
- 
13. Advanced Directive Limiting Care
- 
15. Functionally Dependent Health Status
- 
19. Hypertension
- 
23. Chronic Obstructive Pulmonary Disease (COPD)
- 
24. Steroid Use
- 
25. Cirrhosis
- 
26. Dementia
- 
30. Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)
- 
31. Anticoagulant Therapy
- 
34. Myocardial Infarction (MI)
- 
35. Peripheral Arterial Disease (PAD)
- 
36. Substance Use Disorder
- 
37. Prematurity
- 
38. Pregnancy
- 
39. BiPolar I/II Disorder
- 
40. Major Depressive Disorder
- 
41. Other Mental/Personality Disorders
- 
42. Post-Traumatic Stress Disorder
- 
43. Schizoaffective Disorder
- 
44. Schizophrenia
- 
45. Autism Spectrum Disorder (ASD)
- 
46. Bronchopulmonary Dysplasia/Chronic Lung Disease
- 
47. Ventilator Dependence
-

## ICD-10 Injury Diagnoses

*Diagnoses related to all identified injuries.*

| NTDS Core           |                             |
|---------------------|-----------------------------|
| Tag Name            | DiagnosisICD10              |
| Data Type           | String                      |
| Tag Group           | ItdxRecord (up to 50 times) |
| Tag Usage           | Mandatory                   |
| Accepts Null Values | Yes                         |

# **ITDX Data Element Details**

## **Injury Severity Information**

## AIS Predot Code

*The Abbreviated Injury Scale (AIS) pre-dot codes that reflect the patient's injuries.*

| NTDS Core           |                           |
|---------------------|---------------------------|
| Tag Name            | AisPredot                 |
| Data Type           | String                    |
| Tag Group           | AisCodes (up to 50 times) |
| Tag Usage           | Mandatory                 |
| Accepts Null Values | Yes                       |

## AIS Severity

*The Abbreviated Injury Scale (AIS) severity codes that reflect the patient's injuries.*

| ITDX Extension      |                           |
|---------------------|---------------------------|
| Tag Name            | AisSeverity               |
| Data Type           | Integer                   |
| Tag Group           | AisCodes (up to 50 times) |
| Tag Usage           | Mandatory                 |
| Accepts Null Values | Yes                       |

  

| Field Values | 1. Minor Injury                           |
|--------------|---|
|              | 2. Moderate Injury                        |
|              | 3. Serious Injury                         |
|              | 4. Severe Injury                          |
|              | 5. Critical Injury                        |
|              | 6. Maximum Injury, Virtually Unsurvivable |
|              | 9. Not Possible to Assign                 |

## ISS Body Region

*The Injury Severity Score (ISS) body region codes that reflect the patient's injuries.*

| ITDX Extension      |   |
|---------------------|---|
| Extension Rationale | For data consistency and continuity of data collection, the report of physical abuse data element will be retained despite being retired from the NTDS data dictionary. |
| Tag Name            | IssRegion   |
| Data Type           | Integer   |
| Tag Group           | AisCodes (up to 50 times)   |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes   |

|              |   |
|--------------|---|
| Field Values | 1. Head or Neck<br>2. Face<br>3. Chest<br>4. Abdominal or Pelvic Contents<br>5. Extremities or Pelvic Girdle<br>6. External |
|--------------|---|

## AIS Version

*The software (and version) used to calculate Abbreviated Injury Scale (AIS) severity codes.*

| NTDS Core           |            |
|---------------------|------------|
| Tag Name            | AisVersion |
| Data Type           | Integer    |
| Tag Group           | ItdxRecord |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes        |

| Field Values |              |
|--------------|--------------|
|              | 16. AIS 2015 |

## Locally Calculated ISS

*The Injury Severity Score (ISS) that reflects the patient's injuries.*

| ITDX Extension      |   |
|---------------------|---|
| Extension Rationale | For data consistency and continuity of data collection, the report of locally calculated ISS data element will be retained despite being retired from the NTDS data dictionary. |
| Tag Name            | IssCalculated   |
| Data Type           | Integer   |
| Tag Group           | ItidxRecord   |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes   |

# **ITDX Data Element Details**

## **Outcome Information**

## Total ICU Length of Stay

*The cumulative amount of time spent in the ICU. Each partial or full day should be measured as one calendar day.*

| NTDS Core           |             |
|---------------------|-------------|
| Tag Name            | TotalIcuLos |
| Data Type           | Integer     |
| Tag Group           | ItdxRecord  |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes         |

## Total Ventilator Days

*The cumulative amount of time spent on the ventilator. Each partial or full day should be measured as one calendar day.*

| NTDS Core           |               |
|---------------------|---------------|
| Tag Name            | TotalVentDays |
| Data Type           | Integer       |
| Tag Group           | ItdxRecord    |
| Tag Usage           | Mandatory     |
| Accepts Null Values | Yes           |

## Hospital Discharge Orders Written Date

*The date the order was written for the patient to be discharged from the hospital.*

| NTDS Core           |                                    |
|---------------------|------------------------------------|
| Tag Name            | HospitalDischargeOrdersWrittenDate |
| Data Type           | Date                               |
| Tag Group           | ItdxRecord                         |
| Tag Usage           | Mandatory                          |
| Accepts Null Values | Yes                                |

## Hospital Discharge Orders Written Time

*The time the order was written for the patient to be discharged from the hospital.*

| NTDS Core           |                                    |
|---------------------|------------------------------------|
| Tag Name            | HospitalDischargeOrdersWrittenTime |
| Data Type           | Time                               |
| Tag Group           | ItdxRecord                         |
| Tag Usage           | Mandatory                          |
| Accepts Null Values | Yes                                |

## Hospital Physical Discharge Date

*The date the patient was physically discharged from the hospital.*

| ITDX Extension      |   |
|---------------------|---|
| Extension Rationale | Allows collection of both physical/actual hospital discharge date to support computation of the actual length of stay (LOS) for continuity and analytic purposes. |
| Tag Name            | HospitalPhysicalDischargeDate   |
| Data Type           | Date  |
| Tag Group           | ItidxRecord   |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes   |

## Hospital Physical Discharge Time

*The time the patient was physically discharged from the hospital.*

| ITDX Extension      |   |
|---------------------|---|
| Extension Rationale | Allows collection of both physical/actual hospital discharge time to support computation of the actual length of stay (LOS) for continuity and analytic purposes. |
| Tag Name            | HospitalPhysicalDischargeTime   |
| Data Type           | Time  |
| Tag Group           | ItidxRecord   |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes   |

## Hospital Discharge Disposition

*The disposition of the patient when discharged from the hospital.*

| NTDS Core           |                              |
|---------------------|------------------------------|
| Tag Name            | HospitalDischargeDisposition |
| Data Type           | Integer                      |
| Tag Group           | ItdxRecord                   |
| Tag Usage           | Mandatory                    |
| Accepts Null Values | Yes                          |

|              |  |
|--------------|--|
| Field Values | 1. Discharged/Transferred to a Short-Term General Hospital for Inpatient Care<br>2. Discharged/Transferred to an Intermediate Care Facility (ICF)<br>3. Discharged/Transferred to Home Under Care of Organized Home Health Service<br>4. Left Against Medical Advice or Discontinued Care<br>5. Deceased/Expired<br>6. Discharged to Home or Self-Care (Routine Discharge)<br>7. Discharged/Transferred to Skilled Nursing Facility (SNF)<br>8. Discharged/Transferred to Hospice Care |
|--------------|--|

- 
- 10. Discharged/Transferred to Court/Law Enforcement
  - 11. Discharged/Transferred to Inpatient Rehab or Designated Unit
  - 12. Discharged/Transferred to Long Term Care Hospital (LTCH)
  - 13. Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital
  - 14. Discharged/Transferred to Another Type of Institution Not Defined Elsewhere
-

# **ITDX Data Element Details**

## **Financial Information**

## Primary Method of Payment

*Primary source of payment for hospital care.*

| NTDS Core           |                      |
|---------------------|----------------------|
| Tag Name            | PrimaryMethodPayment |
| Data Type           | Integer              |
| Tag Group           | ItdxRecord           |
| Tag Usage           | Mandatory            |
| Accepts Null Values | Yes                  |

|              |                                 |
|--------------|---------------------------------|
| Field Values | 1. Medicaid                     |
|              | 2. Not Billed (For Any Reason)  |
|              | 3. Self-Pay                     |
|              | 4. Private/Commercial Insurance |
|              | 6. Medicare                     |
|              | 7. Other Government             |
|              | 10. Other                       |

# **ITDX Data Element Details**

## **Hospital Complications**

## Hospital Events

*Any medical complication that occurred during the patient's stay at your hospital.*

| NTDS Core           |  |
|---------------------|--|
| Tag Name            | HospitalComplication                   |
| Data Type           | Integer                                |
| Tag Group           | HospitalComplications (up to 23 times) |
| Tag Usage           | Mandatory                              |
| Accepts Null Values | Yes                                    |

|              |   |
|--------------|---|
| Field Values | 1. Other                                      |
|              | 4. Acute Kidney Injury                        |
|              | 5. Acute Respiratory Distress Syndrome (ARDS) |
|              | 8. Cardiac Arrest with CPR                    |
|              | 12. Deep Surgical Site Infection              |
|              | 14. Deep Vein Thrombosis (DVT)                |
|              | 15. Extremity Compartment Syndrome            |
|              | 18. Myocardial Infarction                     |
|              | 19. Organ/Space Surgical Site Infection       |
|              | 21. Pulmonary Embolism                        |

- 
22. Stroke / CVA
- 
25. Unplanned Intubation
- 
29. Osteomyelitis
- 
31. Unplanned Admission to the ICU
- 
32. Severe Sepsis
- 
33. Catheter-Associated Urinary Tract Infection (CAUTI)
- 
34. Central Line-Associated Bloodstream Infection (CLABSI)
- 
35. Ventilator-Associated Pneumonia (VAP)
- 
36. Alcohol Withdrawal Syndrome
- 
37. Pressure Ulcer
- 
38. Superficial Incisional Surgical Site Infection
- 
39. Delirium
- 
40. Unplanned Visit to the Operating Room

# **ITDX Data Element Details**

## **Trauma Quality**

### **Improvement Program**

#### **Measures for Processes**

##### **of Care**

## Highest GCS Total

*Highest total GCS within 24 hours of ED/Hospital arrival.*

| NTDS Core           |                    |
|---------------------|--------------------|
| Tag Name            | TbiHighestTotalGcs |
| Data Type           | Integer            |
| Tag Group           | IdxRecord          |
| Tag Usage           | Mandatory          |
| Accepts Null Values | Yes                |

## Highest GCS Motor

*Highest motor GCS within 24 hours of ED/Hospital arrival.*

| NTDS Core           |             |
|---------------------|-------------|
| Tag Name            | TbiGcsMotor |
| Data Type           | Integer     |
| Tag Group           | lIdxRecord  |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes         |

|   |   |
|---|---|
| <b>Field Values Pediatric (&lt;= 2 years)</b> | 1. No Motor Response<br>2. Extension to Pain<br>3. Flexion to Pain<br>4. Withdrawal from Pain<br>5. Localizing Pain<br>6. Appropriate Response to Stimulation |
| <b>Adult</b>                                  | 1. No Motor Response<br>2. Extension to Pain<br>3. Flexion to Pain<br>4. Withdrawal from Pain<br>5. Localizing Pain<br>6. Obeys Commands                      |

## GCS Assessment Qualifier Component of Highest GCS Total

*Documentation of factors potentially affecting the highest GCS within 24 hours of ED/hospital arrival.*

| NTDS Core           |                                  |
|---------------------|----------------------------------|
| Tag Name            | TbiGcsQualifier                  |
| Data Type           | Integer                          |
| Tag Group           | TbiGcsQualifiers (up to 3 times) |
| Tag Usage           | Mandatory                        |
| Accepts Null Values | Yes                              |

|              |   |
|--------------|---|
| Field Values | <ol style="list-style-type: none"><li>1. Patient Chemically Sedated or Paralyzed</li><li>2. Obstruction to the Patient's Eye</li><li>3. Patient Intubated</li><li>4. Valid GCS: Patient Was Not Sedated, Not Intubated, and Did Not Have Obstruction to the Eye</li></ol> |
|--------------|---|

## Highest GCS 40 - Motor

*Highest GCS 40 motor on calendar day after ED/Hospital arrival.*

| NTDS Core           |               |
|---------------------|---------------|
| Tag Name            | TbiGcs40Motor |
| Data Type           | Integer       |
| Tag Group           | ItdxRecord    |
| Tag Usage           | Mandatory     |
| Accepts Null Values | Yes           |

|  |  |
|--|--|
| <b>Field Values Pediatric &lt; 5 years</b> | 1. None<br>2. Extension to Pain<br>3. Flexion to Pain<br>4. Localizes Pain<br>5. Obeys commands<br>0. Not Testable           |
| <b>Adult</b>                               | 1. None<br>2. Extension<br>3. Abnormal flexion<br>4. Normal flexion<br>5. Localizing<br>6. Obeys commands<br>0. Not Testable |

## Initial ED / Hospital Pupillary Response

*Physiological response of the pupil size within 30 minutes or less of ED/hospital arrival.*

| NTDS Core           |                      |
|---------------------|----------------------|
| Tag Name            | TbiPupillaryResponse |
| Data Type           | Integer              |
| Tag Group           | ItdxRecord           |
| Tag Usage           | Mandatory            |
| Accepts Null Values | Yes                  |

|              |                     |
|--------------|---------------------|
| Field Values | 1. Both Reactive    |
|              | 2. One Reactive     |
|              | 3. Neither Reactive |

## Midline Shift

*> 5mm shift of the brain past its center line within 24 hours after time of injury.*

| NTDS Core           |                 |
|---------------------|-----------------|
| Tag Name            | TbiMidlineShift |
| Data Type           | Integer         |
| Tag Group           | ItdxRecord      |
| Tag Usage           | Mandatory       |
| Accepts Null Values | Yes             |

|              |                                   |
|--------------|-----------------------------------|
| Field Values | 1. Yes                            |
|              | 2. No                             |
|              | 3. Not Imaged (E.g. CT Scan, MRI) |

## Cerebral Monitor

*Indicate all cerebral monitors that were placed, including any of the following: ventriculostomy, subarachnoid bolt, camino bolt, external ventricular drain (EVD), licox monitor, jugular venous bulb.*

| NTDS Core           |                                     |
|---------------------|-------------------------------------|
| Tag Name            | TbiCerebralMonitor                  |
| Data Type           | Integer                             |
| Tag Group           | TbiCerebralMonitors (up to 4 times) |
| Tag Usage           | Mandatory                           |
| Accepts Null Values | Yes                                 |

  

| Field Values | 1. Intraventricular Drain/Catheter (E.g. Ventriculostomy, External Ventricular Drain)                 |
|--------------|---|
|              | 2. Intraparenchymal Pressure Monitor (E.g. Camino Bolt, Subarachnoid Bolt, Intraparenchymal Catheter) |
|              | 3. Intraparenchymal Oxygen Monitor (E.g. Licox)   |
|              | 4. Jugular Venous Bulb  |
|              | 5. None   |

## Cerebral Monitor Date

*Date of first cerebral monitor placement.*

| NTDS Core           |                        |
|---------------------|------------------------|
| Tag Name            | TbiCerebralMonitorDate |
| Data Type           | Date                   |
| Tag Group           | ItdxRecord             |
| Tag Usage           | Mandatory              |
| Accepts Null Values | Yes                    |

## Cerebral Monitor Time

*Time of first cerebral monitor placement.*

| NTDS Core           |                        |
|---------------------|------------------------|
| Tag Name            | TbiCerebralMonitorTime |
| Data Type           | Time                   |
| Tag Group           | ItdxRecord             |
| Tag Usage           | Mandatory              |
| Accepts Null Values | Yes                    |

## Venous Thromboembolism Prophylaxis Type

*Type of first dose of VTE prophylaxis administered to patient at your hospital.*

| NTDS Core           |                    |
|---------------------|--------------------|
| Tag Name            | VteProphylaxisType |
| Data Type           | Integer            |
| Tag Group           | ItdxRecord         |
| Tag Usage           | Mandatory          |
| Accepts Null Values | Yes                |

|              |   |
|--------------|---|
| Field Values | 5. None   |
|              | 6. LMWH (Dalteparin, Enoxaparin, Etc.)          |
|              | 7. Direct Thrombin Inhibitor (Dabigatran, Etc.) |
|              | 8. Xa Inhibitor (Rivaroxaban, Etc.)             |
|              | 10. Other                                       |
|              | 11. Unfractionated Heparin (UH)                 |

## Venous Thromboembolism Prophylaxis Date

*Date of administration to patient of first prophylactic dose of heparin or other anticoagulants at your hospital.*

| NTDS Core           |                    |
|---------------------|--------------------|
| Tag Name            | VteProphylaxisDate |
| Data Type           | Date               |
| Tag Group           | ltdxRecord         |
| Tag Usage           | Mandatory          |
| Accepts Null Values | Yes                |

## Venous Thromboembolism Prophylaxis Time

*Time of administration to patient of first prophylactic dose of heparin or other anticoagulants at your hospital.*

| NTDS Core           |                    |
|---------------------|--------------------|
| Tag Name            | VteProphylaxisTime |
| Data Type           | Time               |
| Tag Group           | ItdxRecord         |
| Tag Usage           | Mandatory          |
| Accepts Null Values | Yes                |

## Packed Red Blood Cells (4 Hours)

*Volume of packed red blood cells transfused (units or CCs) within first 4 hours after ED/hospital arrival.*

| NTDS Core           |                        |
|---------------------|------------------------|
| Tag Name            | TransfusionBlood4Hours |
| Data Type           | Integer                |
| Tag Group           | ItdxRecord             |
| Tag Usage           | Mandatory              |
| Accepts Null Values | Yes                    |

## Whole Blood (4 Hours)

*Refers to amount of transfused whole blood (CCs [mLs]) within first 4 hours after arrival to your hospital.*

| NTDS Core           |                  |
|---------------------|------------------|
| Tag Name            | WholeBlood4Hours |
| Data Type           | Integer          |
| Tag Group           | ItdxRecord       |
| Tag Usage           | Mandatory        |
| Accepts Null Values | Yes              |

## Transfusion Plasma (4 Hours)

*Volume of fresh, frozen, or thawed plasma (CCs [mLs]) transfused within first 4 hours after ED/hospital arrival.*

| NTDS Core           |                         |
|---------------------|-------------------------|
| Tag Name            | TransfusionPlasma4Hours |
| Data Type           | Integer                 |
| Tag Group           | ItdxRecord              |
| Tag Usage           | Mandatory               |
| Accepts Null Values | Yes                     |

## Transfusion Platelets (4 Hours)

*Volume of platelets (CCs [mLs]) transfused within first 4 hours after ED/hospital arrival.*

| NTDS Core           |                            |
|---------------------|----------------------------|
| Tag Name            | TransfusionPlatelets4Hours |
| Data Type           | Integer                    |
| Tag Group           | ItdxRecord                 |
| Tag Usage           | Mandatory                  |
| Accepts Null Values | Yes                        |

## Cryoprecipitate (4 Hours)

*Volume of solution enriched with clotting factors transfused (CCs [mLs]) within first 4 hours after ED/hospital arrival.*

| NTDS Core           |                       |
|---------------------|-----------------------|
| Tag Name            | Cryoprecipitate4Hours |
| Data Type           | Integer               |
| Tag Group           | ItdxRecord            |
| Tag Usage           | Mandatory             |
| Accepts Null Values | Yes                   |

## Lowest ED / Hospital Systolic Blood Pressure

*Lowest sustained (>5 min) systolic blood pressure measured within the first hour of ED/hospital arrival.*

| ITDX Extension      |            |
|---------------------|------------|
| Tag Name            | LowestSbp  |
| Data Type           | Integer    |
| Tag Group           | ItdxRecord |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes        |

## Angiography

*First interventional angiogram with or without embolization within first 24 hours of ED/Hospital arrival.*

| NTDS Core           |             |
|---------------------|-------------|
| Tag Name            | Angiography |
| Data Type           | Integer     |
| Tag Group           | ItdxRecord  |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes         |

|              |                                |
|--------------|--------------------------------|
| Field Values | 1. None                        |
|              | 2. Angiogram Only              |
|              | 3. Angiogram with Embolization |
|              | 4. Angiogram with Stenting     |

## Embolization Site

*Organ / site of embolization for hemorrhage control.*

| NTDS Core           |                                   |
|---------------------|-----------------------------------|
| Tag Name            | EmbolizationSite                  |
| Data Type           | Integer                           |
| Tag Group           | EmbolizationSites (up to 7 times) |
| Tag Usage           | Mandatory                         |
| Accepts Null Values | Yes                               |

|              |  |
|--------------|--|
| Field Values | 1. Liver                                   |
|              | 2. Spleen                                  |
|              | 3. Kidneys                                 |
|              | 4. Pelvic (Iliac, Gluteal, Obturator)      |
|              | 5. Retroperitoneum (Lumbar, Sacral)        |
|              | 6. Peripheral Vascular (Neck, Extremities) |
|              | 8. Other                                   |

## Angiography Date

*Date the first angiogram with or without embolization was performed.*

| NTDS Core           |                 |
|---------------------|-----------------|
| Tag Name            | AngiographyDate |
| Data Type           | Date            |
| Tag Group           | ItdxRecord      |
| Tag Usage           | Mandatory       |
| Accepts Null Values | Yes             |

## Angiography Time

*Time the first angiogram with or without embolization was performed.*

| NTDS Core           |                 |
|---------------------|-----------------|
| Tag Name            | AngiographyTime |
| Data Type           | Time            |
| Tag Group           | ItdxRecord      |
| Tag Usage           | Mandatory       |
| Accepts Null Values | Yes             |

## Surgery for Hemorrhage Control Type

*First type of surgery for hemorrhage control within the first 24 hours of ED/hospital arrival.*

| NTDS Core           |                              |
|---------------------|------------------------------|
| Tag Name            | HemorrhageControlSurgeryType |
| Data Type           | Integer                      |
| Tag Group           | ltdxRecord                   |
| Tag Usage           | Mandatory                    |
| Accepts Null Values | Yes                          |

|              |   |
|--------------|---|
| Field Values | 1. None   |
|              | 2. Laparotomy                                     |
|              | 3. Thoracotomy                                    |
|              | 4. Sternotomy                                     |
|              | 5. Extremity                                      |
|              | 6. Neck   |
|              | 7. Mangled Extremity/Traumatic Amputation         |
|              | 8. Other Skin/Soft Tissue (E.g. Scalp Laceration) |
|              | 9. Extraperitoneal Pelvic Packing                 |

## Surgery for Hemorrhage Control Date

*Date of first surgery for hemorrhage control within first 24 hours of ED/hospital arrival.*

| NTDS Core           |                              |
|---------------------|------------------------------|
| Tag Name            | HemorrhageControlSurgeryDate |
| Data Type           | Date                         |
| Tag Group           | ItdxRecord                   |
| Tag Usage           | Mandatory                    |
| Accepts Null Values | Yes                          |

## Surgery for Hemorrhage Control Time

*Time of first surgery for hemorrhage control within first 24 hours of ED/hospital arrival.*

| NTDS Core           |                              |
|---------------------|------------------------------|
| Tag Name            | HemorrhageControlSurgeryTime |
| Data Type           | Time                         |
| Tag Group           | ItdxRecord                   |
| Tag Usage           | Mandatory                    |
| Accepts Null Values | Yes                          |

## Withdrawal of Life Supporting Treatment

*Treatment was withdrawn based on a decision to either remove or withhold further life supporting intervention. This decision must be documented in the medical record and is often, but not always, associated with a discussion with the legal next of kin.*

| NTDS Core           |                                     |
|---------------------|-------------------------------------|
| Tag Name            | WithdrawalOfLifeSupportingTreatment |
| Data Type           | Integer                             |
| Tag Group           | ItdxRecord                          |
| Tag Usage           | Mandatory                           |
| Accepts Null Values | Yes                                 |

|              |        |
|--------------|--------|
| Field Values | 1. Yes |
|              | 2. No  |

## Withdrawal of Life Supporting Treatment Date

*The date treatment was withdrawn.*

| NTDS Core           |   |
|---------------------|---|
| Tag Name            | WithdrawalOfLifeSupportingTreatmentDate |
| Data Type           | Date                                    |
| Tag Group           | ItdxRecord                              |
| Tag Usage           | Mandatory                               |
| Accepts Null Values | Yes                                     |

## Withdrawal of Life Supporting Treatment Time

*The time treatment was withdrawn.*

| NTDS Core           |   |
|---------------------|---|
| Tag Name            | WithdrawalOfLifeSupportingTreatmentTime |
| Data Type           | Time                                    |
| Tag Group           | ItdxRecord                              |
| Tag Usage           | Mandatory                               |
| Accepts Null Values | Yes                                     |

## Antibiotic Therapy

*Intravenous antibiotic therapy was administered to the patient within 24 hours after injury.*

| NTDS Core           |                   |
|---------------------|-------------------|
| Tag Name            | AntibioticTherapy |
| Data Type           | Integer           |
| Tag Group           | ItdxRecord        |
| Tag Usage           | Mandatory         |
| Accepts Null Values | Yes               |

  

| Field Values |        |
|--------------|--------|
|              | 1. Yes |
|              | 2. No  |

## Antibiotic Therapy Date

*The date of first recorded intravenous antibiotic therapy administered to the patient within 24 hours after injury.*

| NTDS Core           |                       |
|---------------------|-----------------------|
| Tag Name            | AntibioticTherapyDate |
| Data Type           | Date                  |
| Tag Group           | ItdxRecord            |
| Tag Usage           | Mandatory             |
| Accepts Null Values | Yes                   |

## Antibiotic Therapy Time

*The time of first recorded intravenous antibiotic therapy administered to the patient within 24 hours after injury.*

| NTDS Core           |                       |
|---------------------|-----------------------|
| Tag Name            | AntibioticTherapyTime |
| Data Type           | Time                  |
| Tag Group           | ItdxRecord            |
| Tag Usage           | Mandatory             |
| Accepts Null Values | Yes                   |

# **ITDX Data Element Details**

## **Surgeon Specific**

### **Reporting**

## National Provider Identifier (NPI)

*The National Provider Identifier (NPI) of the admitting surgeon.*

| NTDS Core           |                            |
|---------------------|----------------------------|
| Tag Name            | NationalProviderIdentifier |
| Data Type           | String                     |
| Tag Group           | ItdxRecord                 |
| Tag Usage           | Mandatory                  |
| Accepts Null Values | Yes                        |

# **ITDX Data Element Details**

## **ITDX Record Control**

### **Information**

## Last Modified Date Time

*The date/time that the ITDX source record was last modified in its Trauma Registry.*

| ITDX Extension      |   |
|---------------------|---|
| Extension Rationale | Tracking field to allow for centralized deduplication of submitted records. |
| Tag Name            | LastModifiedDateTime  |
| Data Type           | Datetime  |
| Tag Group           | ItidxRecord   |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes   |

## Patient Identifier

*An identifier in the Trauma Registry that uniquely identifies the record - usually Trauma Number.*

| ITDX Extension      |   |
|---------------------|---|
| Extension Rationale | Tracking field to allow for centralized deduplication of submitted records. |
| Tag Name            | PatientId   |
| Data Type           | String  |
| Tag Group           | ItidxRecord   |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes   |

## Facility Identifier

*An identifier in the Trauma Registry that uniquely identifies the trauma facility based on the intended recipient of the data;— e.g. NTDB ID for NTDS (TQIP®) or the ASN Facility ID for Vendor Aggregator.*

| ITDX Extension      |   |
|---------------------|---|
| Extension Rationale | Tracking field to allow for centralized deduplication of submitted records. |
| Tag Name            | FacilityId  |
| Data Type           | String  |
| Tag Group           | ItdxRecord  |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes   |

## Record Linkage Type

*The type of record referenced in the linked record; for example, Prehospital.*

| ITDX Extension      |   |
|---------------------|---|
| Extension Rationale | Allows for the association of multiple standardized record linkages to a trauma patient record (such as EMS ePCR linkage, hospital interfacility transfer linkage, EMR linkage, Rehab linkage). |
| Tag Name            | LinkageType   |
| Data Type           | Integer   |
| Tag Group           | RecordLinkages (up to 20 times)   |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes   |

## Record Linkage State Identifier

*NEMSIS v3 State ID for EMS linkage. NEMSIS v3.5 Agency Number for EMS linkage upon State adoption.*

| ITDX Extension      |   |
|---------------------|---|
| Extension Rationale | Allows for system-wide ID assignments/schemes to be correlated to individual trauma records to support linkages of many types with other state/system registries. |
| Tag Name            | LinkageStateId  |
| Data Type           | String  |
| Tag Group           | RecordLinkages (up to 20 times)   |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes   |

## Record Linkage Facility Identifier

*NEMSIS v3 Agency Number for EMS linkage. NEMSIS v3.5 Agency Number for EMS linkage upon State adoption. The universally unique identifier (UUID) of the patient care report (PCR) of each emergency service (EMS) unit treating the patient from the time of injury to arrival at your ED/hospital. Must be represented in canonical form, matching the following regular expression: [a-fA-F0-9]{8}-[a-fA-F0-9]{4}-[1-5][a-fA-F0-9]{3}-[89abAB][a-fA-F0-9]{3}-[a-fA-F0-9]{12}*

| ITDX Extension      |   |
|---------------------|---|
| Extension Rationale | Identification of the organization ID providing a data source linked to the trauma registry record (e.g. an EMS agency ID or hospital ID number). To support industry-wide immutable globally unique identifiers (GUIDs) initiatives to help support unambiguous data linkage to other centralized registries from submitted trauma registry records. |
| Tag Name            | LinkageFacilityId   |
| Data Type           | string  |
| Tag Group           | RecordLinkages (up to 20 times)   |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes   |

## Record Linkage Record Identifier

*NEMSIS v3 Patient Care Report number for EMS linkage. NEMSIS v3.5 Agency Number for EMS linkage upon State adoption.*

| ITDX Extension      |  |
|---------------------|--|
| Extension Rationale | Allows for the linking of the target record's unique identifier. |
| Tag Name            | LinkageRecordId  |
| Data Type           | String   |
| Tag Group           | RecordLinkages (up to 20 times)                                  |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes  |

## Record Linkage Global Key

*NEMSIS v3 Agency Number for EMS linkage. NEMSIS v3.5 Agency Number for EMS linkage upon State adoption. The universally unique identifier (UUID) of the patient care report (PCR) of each emergency service (EMS) unit treating the patient from the time of injury to arrival at your ED/hospital. Must be represented in canonical form, matching the following regular expression: [a-fA-F0-9]{8}-[a-fA-F0-9]{4}-[1-5][a-fA-F0-9]{3}-[89abAB][a-fA-F0-9]{3}-[a-fA-F0-9]{12}*

| NTDS Core           |   |
|---------------------|---|
| Extension Rationale | Identification of the organization ID providing a data source linked to the trauma registry record (e.g. an EMS agency ID or hospital ID number). To support industry-wide immutable globally unique identifiers (GUIDs) initiatives to help support unambiguous data linkage to other centralized registries from submitted trauma registry records. |
| Tag Name            | LinkageGlobalKey  |
| Data Type           | string  |
| Tag Group           | RecordLinkages (up to 20 times)   |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes   |

## Software Vendor

*Name of the software vendor providing the system in which the record was created.*

| ITDX Extension      |  |
|---------------------|--|
| Extension Rationale | To assist central registries in interpreting nuances of data collection variations specific to a given vendor; and to have a way to categorize potential variations across sites that could indicate a product specific mapping or data collection issue in a given source system. |
| Tag Name            | SoftwareVendor   |
| Data Type           | Integer  |
| Tag Group           | ItidxRecord  |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes  |

|              |                             |
|--------------|-----------------------------|
| Field Values | 0. Other                    |
|              | 1. Clinical Data Management |
|              | 2. Digital Innovation       |
|              | 3. Image Trend              |
|              | 4. Lancet Technology        |
|              | 5. ESO                      |

## Software Product

*Name of the software product in which the record was created.*

| ITDX Extension      |  |
|---------------------|--|
| Extension Rationale | To assist central registries in interpreting nuances of data collection variations specific to a given vendor's product; and to have a way to categorize potential variations across sites that could indicate a product specific mapping or data collection issue in a given source system. |
| Tag Name            | SoftwareProduct  |
| Data Type           | Integer  |
| Tag Group           | ItidxRecord  |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes  |

|              |                           |
|--------------|---------------------------|
| Field Values | 0. Other Vendor Product   |
|              | 101. TraumaBase           |
|              | 102. eTraumaBase          |
|              | 201. V5                   |
|              | 202. CV4/CVW              |
|              | 203. NTRACS               |
|              | 204. Web Collector        |
|              | 301. Patient Registry     |
|              | 401. Trauma One           |
|              | 402. Trauma One Web       |
|              | 403. TEMIS                |
|              | 501. ESO Patient Registry |

## Software Version

*Version number of the software product in which the record was created.*

| ITDX Extension      |  |
|---------------------|--|
| Extension Rationale | To assist central registries in interpreting nuances of data collection variations specific to a given vendor's product version; and to have a way to categorize potential variations across sites that could indicate a product specific mapping or data collection issue in a given source system. |
| Tag Name            | SoftwareVersion  |
| Data Type           | String   |
| Tag Group           | ItdxRecord   |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes  |

# **ITDX Data Element Details**

## **ITDX Explicit Negatives**

## Explicit Negatives - Element Type

*The element type for which this explicit negative is being defined (e.g. complication, comorbidity).*

| ITDX Extension      |   |
|---------------------|---|
| Extension Rationale | Allows for the unlimited future expansion of the explicit negative innovation for items such as complications, comorbidities, etc. This allows the continued collection of positive only selections to streamline registrar data entry and provide critical continuity for analytics and reporting. This is achieved by allowing a separate explicit negatives list to capture only the rare events of unknown and not applicable selections. This data is stored separately from the affirmative responses. Collecting the information this way avoids having to enter "no" values for items such as comorbidities and complications on every record. The Element Type provides the name of the data point to which the explicit negative fields are associated, such as comorbidity or complications. |
| Tag Name            | ElementKey  |
| Data Type           | Integer   |
| Tag Group           | ExplicitNegatives (up to 57 times)  |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes   |

|              |  |
|--------------|--|
| Field Values | 1. Hospital Events<br>2. Pre-existing Conditions |
|--------------|--|

## Explicit Negatives – Menu Value

*The menu value for the element defined in the ElementKey.*

| ITDX Extension      |   |
|---------------------|---|
| Extension Rationale | Elements with multiple values, such as comorbidity and complications, need a distinct menu value to which to associate the explicit negative value. These correspond to the menu value in the specific field. E.g. hospital events are based on the values in the hospital events list. |
| Tag Name            | ValueKey  |
| Data Type           | Integer   |
| Tag Group           | ExplicitNegatives (up to 57 times)  |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes   |

## Explicit Negative

*The explicit menu value for the selected menu value. Usually one of No, N/A or Unknown.*

| ITDX Extension      |   |
|---------------------|---|
| Extension Rationale | This is the explicit negative or null value to the associated element and menu value. |
| Tag Name            | ExplicitNegative  |
| Data Type           | Integer   |
| Tag Group           | ExplicitNegatives (up to 57 times)  |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes   |

### Field Values

2. No

# **ITDX Data Element Details**

## **ITDX Explicit Timeliness**

## Explicit Timeliness - Element Type

*The element type for which this explicit timeliness information is being defined (for example, height and weight).*

| ITDX Extension      |   |
|---------------------|---|
| Extension Rationale | Allows for unlimited ability to associate timeliness and/or specific times to an underlying data point. This allows the underlying data point to be captured irrespective of timeliness, so local and centralized registries can consistently have access to the data regardless of any national rules requiring limited reporting. Allows for continued collection of patients' height/weight regardless of the timeliness and therefore supports analytics and computation of measures such as BMI for all patients in hospital and state registries. The Element Type provides the data point or element group to which the explicit timeliness values are associated, such as height, weight, or initial hospital vitals. |
| Tag Name            | TimelinessKey   |
| Data Type           | Integer   |
| Tag Group           | Explicit Timeliness (up to 30 times)  |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes   |

|              |                               |
|--------------|-------------------------------|
| Field Values | 1. Height                     |
|              | 2. Weight                     |
|              | 3. Initial Prehospital Vitals |
|              | 4. Initial ED Vitals          |

## Explicit Timeliness - Date

*The date the timeliness element was recorded.*

| ITDX Extension      |   |
|---------------------|---|
| Extension Rationale | This is the explicit date associated with the element type data point or group. |
| Tag Name            | EtDate  |
| Data Type           | Date  |
| Tag Group           | ExplicitTimeliness (up to 30 times)   |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes   |

## Explicit Timeliness - Time

*The time the timeliness element was recorded.*

| ITDX Extension      |   |
|---------------------|---|
| Extension Rationale | This is the explicit time associated with the element type data point or group. |
| Tag Name            | EtTime  |
| Data Type           | Time  |
| Tag Group           | ExplicitTimeliness (up to 30 times)   |
| Tag Usage           | Mandatory   |
| Accepts Null Values | Yes   |

## Explicit Timeliness

*The explicit negative value for the selected timeliness element, usually one of: Yes, No, N/A or Unknown.*

| ITDX Extension      |  |
|---------------------|--|
| Extension Rationale | This is the explicit timeliness grade (Yes/No) associated to the element type data point or group. Fields which have a corresponding explicit timeliness field are considered timely unless this field is explicitly answered as “No”. |
| Tag Name            | EtTimely   |
| Data Type           | Integer  |
| Tag Group           | ExplicitTimeliness (up to 30 times)  |
| Tag Usage           | Mandatory  |
| Accepts Null Values | Yes  |

|              |       |
|--------------|-------|
| Field Values | 2. No |
|--------------|-------|

## **Appendix A – Registry Best Practices**

### *Explicit Timeliness*

The ITDX data standard does not require the use of the explicit timeliness fields; rather, they are designed to allow flexibility around data collection. Vital signs and other questions for which the timeliness questions apply should be considered timely unless the dates/times indicate that the information was not timely or the explicit timeliness fields are answered as “No”. For example, if the height and/or weight is provided without any explicit timeliness designation, the value is to be considered timely.

### *Explicit Negatives*

The ITDX data standard does not require the use of the explicit negative fields; rather, they are designed to allow flexibility around data collection. If Comorbidities and Hospital Events are not explicitly selected or answered with an explicit negative of “No” the assumption is that the comorbidity or hospital event did not occur and therefore a “No” will be transmitted. Explicit Negatives can also be used to indicate “Unknown” or “Not Applicable” for any Comorbidity or Hospital Event if needed and when required.

## Appendix B – 2024 to 2025 Change Log

| Admission Year | Element Name                     | Action | Change Comment   |
|----------------|----------------------------------|--------|--|
| 2025           | SEX                              | ADD    | 4. Intersex  |
| 2025           | Sex                              | RETIRE | 3. Non-Binary  |
| 2025           | Gender Identity                  | NEW    | Data Element   |
| 2025           | Gender-Affirming Hormone Therapy | NEW    | Data Element   |
| 2025           | INCIDENT COUNTRY                 | CHANGE | Definition   |
| 2025           | INCIDENT STATE                   | CHANGE | Definition   |
| 2025           | INCIDENT COUNTY                  | CHANGE | Definition   |
| 2025           | INCIDENT CITY                    | CHANGE | Definition   |
| 2025           | Intubation Prior to Arrival      | NEW    | Data Element   |
| 2025           | Intubation Location              | NEW    | Data Element   |
| 2025           | ED DISCHARGE DISPOSITION         | CHANGE | Menu Option to include "Hybrid OR"                               |
| 2025           | ED DISCHARGE DISPOSITION         | ADD    | 12, INTERVENTIONAL RADIOLOGY SUITE                               |
| 2025           | ED DISCHARGE DISPOSITION         | ADD    | 13. HOSPICE (Hospice Facility, Hospice Unit, Home Hospice, etc.) |

|      |                        |        |   |
|------|------------------------|--------|---|
| 2025 | PRIMARY MEDICAL EVENT  | NEW    | Data Element  |
| 2025 | PRE-EXISTING CONDITION | ADD    | 45 Autism Spectrum Disorder (ASD)                   |
| 2025 | PRE-EXISTING CONDITION | ADD    | 46. Bronchopulmonary Dysplasia/Chronic Lung Disease |
| 2025 | PRE-EXISTING CONDITION | ADD    | 47. Ventilator Dependence                           |
| 2025 | AIS VERSION            | RETIRE | 6. AIS 05, Update 08                                |
| 2025 | PRE-EXISTING CONDITION | Change | Up to occurrences of 34, was 31                     |

## **Appendix C – Acronyms**

|      |                                    |
|------|------------------------------------|
| ACS  | American College Surgeons          |
| EHR  | Electronic Health Record           |
| ESO  | World's best data company          |
| EMR  | Electronic Medical Record          |
| EMS  | Emergency Medical Services         |
| ePCR | Electronic Patient Care Record     |
| GCS  | Glasgow Coma Scale                 |
| ITDX | International Trauma Data Exchange |
| NTDB | National Trauma Data Bank          |
| NTDS | National Trauma Data Standard      |
| TQIP | Trauma Quality Improvement Program |

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