

**NEW MEXICO DATA SET  
AS OF  
JANUARY 1, 2015**

Fields and Menus

Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
<b>Demographic</b>									
Demographic	Institute No		is the number assigned by the State of New Mexico.	Autogenerated					Y
Demographic	Trauma Number		The number assigned by collector software every time a record is added.	Autogenerated					Y
Demographic	Facility Arrival Date		DATE. Date patient arrived at the facility.	MM-DD-YYYY					Y
Demographic	Facility Arrival Time		TIME. Time patient arrived at the facility	HH:MM					Y
Demographic	Included in Central Site	YES/NO	Registrar determines if patient meets the State inclusion criteria; the State of New Mexico will validate	Yes or No		Added as of January 1, 2013 No records will be transferred to State trauma registry if "NO"			Y
Demographic	Hospital Admission Date		DATE. Date patient is admitted to an inpatient unit other than OR.	MM-DD-YYYY					Y
Demographic	Hospital Admission Time		TIME. Time patient is admitted to an inpatient unit other than OR.	HH:MM					Y
Demographic	Patient Name: Last		PHI	Free Text					N
Demographic	Patient Name: First		PHI	Free Text					N
Demographic	Patient Name: MI		PHI	Free Text					N
Demographic	Medical Record Number		PHI	Free Text					N
Demographic	Social Security Number		PHI	XXX-XX-XXXX					N

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Demographic	Date of Birth		DATE	MM-DD-YYYY		<ul style="list-style-type: none"> <li>If Date of Birth is "Not Known/Not Recorded", complete variables: Age and Age Units.</li> <li>If Date of Birth equals ED/Hospital Arrival Date, then the Age and Age Units variables must be completed.</li> <li>Used to calculate patient age in days, months, or years.</li> </ul>	<ol style="list-style-type: none"> <li>ED Admission Form</li> <li>Billing Sheet / Medical Records Coding Summary Sheet</li> <li>EMS Run Sheet</li> <li>Triage Form / Trauma Flow Sheet</li> <li>ED Nurses' Notes</li> </ol>	8	Y
Demographic	Age		Auto fill with DOB	Autogenerated	The patient's age at the time of injury (best approximation).	<ul style="list-style-type: none"> <li>Used to calculate patient age in hours, days, months, or years.</li> <li>If Date of Birth is "Not Known/Not Recorded", complete variables: Age and Age Units.</li> <li>If Date of Birth equals ED/Hospital Arrival Date, then the Age and Age Units variables must be completed.</li> <li>Must also complete variable: Age Units.</li> </ul>	<ol style="list-style-type: none"> <li>ED Admission Form</li> <li>Billing Sheet / Medical Records Coding Summary Sheet</li> <li>EMS Run Sheet</li> <li>Triage Form / Trauma Flow Sheet</li> <li>ED Nurses' Notes</li> </ol>	9	Y

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Demographic	Age Units	1, Years 2, Months 3, Days 4, Estimated in Years 5, Hours ?, Not Known/Not Recorded /, Not Applicable	Units used to document age	Drop Down List	The units used to document the patient's age (Hours, Days, Months, Years).	<ul style="list-style-type: none"> <li>Used to calculate patient age in hours, days, months, or years.</li> <li>If Date of Birth is "Not Known/Not Recorded", complete variables: Age and Age Units.</li> <li>If Date of Birth equals ED/Hospital Arrival Date, then the Age and Age Units variables must be completed.</li> <li>Must also complete variable: Age 5, Hours Added January 1, 2013.</li> </ul>	1. ED Admission Form 2. Billing Sheet / Medical Records Coding Summary Sheet 3. Triage Form / Trauma Flow Sheet 4. EMS Run Sheet 5. ED Nurses' Notes	10	Y
Demographic	Gender	1. Male 2. Female		Drop Down List	The patient's sex.	<ul style="list-style-type: none"> <li>Patients who have undergone a surgical and/or hormonal sex reassignment should be coded using the current assignment.</li> </ul>	1. ED Admission Form 2. Billing Sheet / Medical Records Coding Summary Sheet 3. EMS Run Sheet 4. Triage Form / Trauma Flow Sheet 5. ED Nurses' Notes	13	Y
Demographic	Ethnicity	1, Hispanic 2, Non-Hispanic ?, Not Known/Not Recorded /, Not Applicable		Drop Down List	The patient's ethnicity.	<ul style="list-style-type: none"> <li>Patient ethnicity should be based upon self-report or identified by a family member.</li> <li>The maximum number of ethnicities that may be reported for an individual patient is 1.</li> </ul>	1. ED Admission Form 2. Billing Sheet / Medical Records Coding Summary Sheet 3. Triage Form / Trauma Flow Sheet 4. EMS Run Sheet 5. ED Nurses' Notes	12	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Demographic	Race	1,White 2,Black 3,Asian/Pacific Islander 4,Native American 5,Other ?,Not Known/Not Recorded /,Not Applicable <b>NTDB MENU</b> 1. Asian 2. Native Hawaiian or Other Pacific Islander 3. Other Race 4. American Indian 5. Black or African American 6. White		Drop Down List	The patient's race.		1. ED Admission Form 2. Billing Sheet / Medical Records Coding Summary Sheet 3. Triage Form / Trauma Flow Sheet 4. EMS Run Sheet 5. ED Nurses' Notes	11	Y
Demographic	Alternative Home Residence	1,Homeless 2,Undocumented Citizen 3,Migrant 4,Foreign Visitor ?,Not Known/Not Recorded /,Not Applicable	Only use if no documentation of address	Drop Down List		• If zip code is "Not Applicable," complete variable: Alternate Home Residence.		2	Y
Demographic	Street Address 1			Free Text					N
Demographic	Street Address 2			Free Text					N
Demographic	Zip Code		• Can be stored as a 5 or 9 digit code (XXXXX-XXXX).	Numerical	The patient's home ZIP code of primary residence.	• May require adherence to HIPAA regulations. • If zip code is "Not Applicable," complete variable: Alternate Home Residence. • If zip code is "Not Recorded/Not Known," complete variables: Patient's Home Country, Patient's Home State, Patient's Home County and Patient's Home City.	1. Billing Sheet / Medical Records Coding Summary Sheet 2. ED Admission Form 3. EMS Run Sheet 4. Triage Form / Trauma Flow Sheet 5. ED Nurses' Notes	2	Y
Demographic	City		Auto fill with Zip Code	Autogenerated					Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Demographic	State		Auto fill with Zip Code	Autogenerated	The state (territory, province, or District of Columbia) where the patient resides.		1. ED Admission Form 2. Billing Sheet / Medical Records Coding Summary Sheet 3. EMS Run Sheet 4. Triage Form / Trauma Flow Sheet 5. ED Nurses' Notes	4	Y
Demographic	County		Auto fill with Zip Code	Autogenerated	The patient's county (or parish) of residence.		1. Billing Sheet / Medical Records Coding Summary Sheet 2. ED Admission Form 3. EMS Run Sheet 4. Triage Form / Trauma Flow Sheet 5. ED Nurses' Notes	5	Y
Demographic	Country	1,USA: United States 2,CAN: Canada 3,MEX: Mexico 4,GER: Germany 5,OTH: Other ?,Not Known/Not Recorded /,Not Applicable		Drop Down List	The country where the patient resides.		1. Billing Sheet / Medical Records Coding Summary Sheet 2. ED Admission Form 3. EMS Run Sheet 4. Triage Form / Trauma Flow Sheet 5. ED Nurses' Notes	3	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
<b>Injury</b>									
Injury	Injury Date		Value	MM-DD-YYYY	The date the injury occurred.	Estimates of date of injury should be based upon report by patient, witness, family, or health care provider. Other proxy measures (e.g., 911 call time) should not be used.	1. EMS Run Sheet 2. Triage Form / Trauma Flow Sheet 3. ED Nurses' Notes	15	Y
Injury	Injury Time		Value	HH:MM (military time)	The time the injury occurred.	Estimates of time of injury should be based upon report by patient, witness, family, or health care provider. Other proxy measures (e.g., 911 call time) should not be used.	1. EMS Run Sheet 2. Triage Form / Trauma Flow Sheet 3. ED Nurses' Notes	16	Y
Injury	Injury Zip		Value	Can be stored as a 5 or 9 digit code (XXXXX-XXXX).	The ZIP code of the incident location.	<ul style="list-style-type: none"> <li>If "Not Applicable" or "Not Recorded/Not Known," complete variables: Incident State, Incident County, Incident City and Incident Country.</li> <li>May require adherence to HIPAA regulations.</li> </ul>	1. EMS Run Sheet 2. Triage Form / Trauma Flow Sheet 3. ED Nurses' Notes	26	Y
Injury	Injury City		Auto Calculated from Injury Zip	Autogenerated	The city or township where the patient was found or to which the unit responded.		1. EMS Run Sheet 2. Triage Form / Trauma Flow Sheet 3. ED Nurses' Notes	30	Y
Injury	Injury State		Auto Calculated from Injury Zip	Autogenerated	The state, territory, or province where the patient was found or to which the unit responded (or best approximation).		1. EMS Run Sheet 2. Triage Form / Trauma Flow Sheet 3. ED Nurses' Notes	28	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Injury	Injury County		Auto Calculated from Injury Zip	Autogenerated	The county or parish where the patient was found or to which the unit responded (or best approximation). Field Values		1. EMS Run Sheet 2. Triage Form / Trauma Flow Sheet 3. ED Nurses' Notes	29	Y
Injury	Injury Country	1,USA: United States 2,CAN: Canada 3,MEX: Mexico 4,GER: Germany 5,OTH: Other ?,Not Known/Not Recorded /,Not Applicable		Drop Down List	The country where the patient was found or to which the unit responded (or best approximation).		1. EMS Run Sheet 2. Triage Form / Trauma Flow Sheet 3. ED Nurses' Notes	27	Y
Injury	Injury Region	1,EMS Region 1 2,EMS Region 2 3,EMS Region 3 ?,Not Known/Not Recorded /,Not Applicable	Auto Calculated from Injury Zip	Drop Down List					Y
Injury	Injury Type	1,Blunt 2,Penetrating 3,Burn/Thermal ?,Not Known/Not Recorded /,Not Applicable		Drop Down List					Y
Injury	Trauma Alert?	Y No		Drop Down List					Y
Injury	Primary E-Code	• Relevant ICD-9-CM code value for injury event	• The primary external cause code should describe the main reason a patient is admitted to the hospital.  • ICD-9-CM codes will be accepted for this data element. Activity codes should not be reported in this field.	Drop Down List	External cause code used to describe the mechanism (or external factor) that caused the injury event		1. EMS Run Sheet 2. Triage Form / Trauma Flow Sheet 3. Billing Sheet / Medical Records Coding Summary Sheet 4. ED Nurses' Notes	20	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Injury	Secondary E-Code	<ul style="list-style-type: none"> <li>• Relevant ICD-9-CM code value for injury event</li> </ul>	<ul style="list-style-type: none"> <li>• The secondary external cause code should describe the secondary reason a patient is admitted to the hospital.</li> <li>• ICD-9-CM codes will be accepted for this data element. Activity codes should not be reported in this field.</li> </ul>	Drop Down List	External cause code used to describe the mechanism (or external factor) that caused the injury event		1. EMS Run Sheet 2. Triage Form / Trauma Flow Sheet 3. Billing Sheet / Medical Records Coding Summary Sheet 4. ED Nurses' Notes	20	Y
Injury	Cause of Injury	1,Air/Rail/Boat 2,Amusement Park Ride 3,Animal - being ridden 4,Animal - not being ridden 5,Assault 6,ATV 7,Bicycle 8,Biting 9,Chemical Burn 10,Electrical Burn 11,Fall - NFS 12,Fall < 3 ft. 13,Fall > 15 ft. 14,Fall 3 ft. - 15 ft. 15,Fire Burn 16,Glass 17,Handgun 18,Hometools/Machine 19,Industrial/Farm Machine 20,Inhalation Burn 21,Knife 22,MCC 23,MVC 24,Other Blunt Mechanism		Drop Down List					Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Injury	Cause of Injury	1,Air/Rail/Boat 2,Amusement Park Ride 3,Animal - being ridden 4,Animal - not being ridden 5,Assault 6,ATV 7,Bicycle 8,Biting 9,Chemical Burn 10,Electrical Burn 11,Fall - NFS 12,Fall < 3 ft. 13,Fall > 15 ft. 14,Fall 3 ft. - 15 ft. 15,Fire Burn 16,Glass 17,Handgun 18,Homertools/Machine 19,Industrial/Farm MachinE		Drop Down List					Y
Injury	Cause of Injury Specify (continued)	20,Inhalation Burn 21,Knife 22,MCC 23,MVC 24,Other Blunt Mechanism 25,Other Burn Mechanism 26,Other Gun 27,Other Penetrating Mechanism 28,Pedestrian 29,Shotgun							

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Injury	Cause of Injury Specify (continued)	30,Sports – Other 31,Sports - Playground 32,Sports - Roller Blading/Scooters 33,Sports - Sledding/Toboggan 34,Sports - Skiing 35,Sports- Snowboarding 36,Sports - Team 37,Sports - Water - Jetskis 38,Thermal Burn 39,Other							Y
Injury	Loc E Code	0,Home 1,Farm 2,Mine 3,Industry 4,Recreation 5,Street 6,Public Building 7,Residential Institution 8,Other 9,Unspecified ?,Not Known/Not Recorded /,Not Applicable		Drop Down List	Place of occurrence external cause code used to describe the place/site/location of the injury event (E 849.X).	• Only ICD-9-CM codes will be accepted for ICD-9 Place of Occurrence External Cause	1. EMS Run Sheet 2. Triage Form / Trauma Flow Sheet 3. Billing Sheet / Medical Records Coding Summary Sheet 4. ED Nurses' Notes	22	Y
Injury	Locale			Free Text					Y
Injury	Domestic Violence?	1,Yes 2,No ?,Not Known/Not Recorded /,Not Applicable		Drop Down List					Y
Injury	Injury Details			Free Text					Y

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Injury	Position in Vehicle	1, Driver 2, Front Seat Middle 3, Front Seat Passenger 4, Front seat passenger – NFS 5, Second Row left 6, Second Row Middle 7, Second Row Right 8, third Row Left 9, Third Row Middle 10, Third Row Right 11, Rear Seat (Location Not Known/Not Recorded) 12, Enclosed Passenger/Cargo Area 1413, Unenclosed Passenger/Cargo Area 14, Riding on Vehicle Exterior 15, Passenger NFS 16, Pedestrian 17, Pedalcyclist 18, Pedal Passenger 19, Pilot/Co-Pilot 20, Flight Attendant/Crew 21, Aircraft Passenger 99, Other ?, Not Known/Not Recorded /, Not Applicable	Field is enabled when Cause of Injury is equal to: 7. Bicycle, 22, MCC, 23, MVC or 6, ATV	Drop Down List		Field is enabled when Cause of Injury is equal to: 7. Bicycle, 22, MCC, 23, MVC or 6, ATV Added as of January 1, 2013.			Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Injury	Protective Devices	0, None 1, Safety Belt/Harness 2, Airbag 3, Infant/Child Seat 4, Helmet 5, Padding/Prot Clothing 6, Bullet-Proof Vest 7, Other Protective Device 8, Personal Flotation Device 9, Eye Protection 10, Protective Non-Clothing Gear ?, Not Known/Not Recorded /, Not Applicable	• Check all that apply.	Drop Down List	1. EMS Run Sheet 2. Triage Form / Trauma Flow Sheet 3. Billing Sheet / Medical Records Coding Summary Sheet 4. ED Nurses' Notes	<ul style="list-style-type: none"> <li>• If "Child Restraint" is present, complete variable "Child Specific Restraint."</li> <li>• If "Airbag" is present, complete variable "Airbag Deployment."</li> <li>• Evidence of the use of safety equipment may be reported or observed.</li> <li>• Lap Belt should be used to include those patients that are restrained, but not further specified.</li> <li>• If chart indicates "3-point-restraint" choose 2 and 10.</li> </ul> <p><b>Added as of January 1, 2013</b> 8, Personal Flotation Device 9, Eye Protection 10, Protective Non-Clothing Gear <b>Logic Change as of 01/01/2015</b> <b>Protective Devices are required and cannot be blank or N/A</b></p>	1. EMS Run Sheet 2. Triage Form / Trauma Flow Sheet 3. ED Nurses' Notes	31	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Injury	Protective Devices (NTDB CHOICES)	NTDB 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. Helmet (e.g., bicycle, skiing, motorcycle) 10. Shoulder belt 11. Other	• Check all that apply.	Drop Down List	1. EMS Run Sheet 2. Triage Form / Trauma Flow Sheet 3. Billing Sheet / Medical Records Coding Summary Sheet 4. ED Nurses' Notes	• If "Child Restraint" is present, complete variable "Child Specific Restraint." • If "Airbag" is present, complete variable "Airbag Deployment." • Evidence of the use of safety equipment may be reported or observed. • Lap Belt should be used to include those patients that are restrained, but not further specified. • If chart indicates "3-point-restraint" choose 2 and 10. <b>Added as of January 1, 2013</b> 8, Personal Flotation Device 9, Eye Protection 10, Protective Non-Clothing Gear	1. EMS Run Sheet 2. Triage Form / Trauma Flow Sheet 3. ED Nurses' Notes	31	Y
Injury	Child Specific Restraint	1,Child Car Seat 2,Infant Car Seat 3,Child Booster Seat ?,Not Known/Not Recorded /,Not Applicable	• Evidence of the use of child restraint may be reported or observed. • Only completed when Protective Devices include "Child Restraint."	Drop Down List	Protective child restraint devices used by patient at the time of injury.	<b>LOGIC:</b> Enabled only when Protective Devices include 2,Airbag Deployed	1. EMS Run Sheet 2. Triage Form / Trauma Flow Sheet 3. ED Nurses' Notes	32	Y
Injury	Airbag Deployment	1,Airbag Not Deployed 2,Airbag Deployed Front 3,Airbag Deployed Side 4,Airbag Deployed Other (knee or airbelt or curtain - etc) ?,Not Known/Not Recorded /,Not Applicable	• Check all that apply. • Evidence of the use of airbag deployment may be reported or observed. • Airbag Deployed Front should be used for patients with documented airbag deployments, but are not further specified.	Drop Down List	Indication of airbag deployment during a motor vehicle crash.	<b>LOGIC:</b> Enabled only when Protective Devices include 3,Infant/Child Seat	1. EMS Run Sheet 2. Triage Form / Trauma Flow Sheet 3. ED Nurses' Notes	33	Y

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Injury	Work Related?	1,Yes 2,No ?,Not Known/Not Recorded /,Not Applicable	Single Answer	Drop Down List	Indication of whether the injury occurred during paid employment.	LOGIC: If work related, two additional data fields must be completed: Patient's Occupational Industry and Patient's Occupation.	1. EMS Run Sheet 2. Triage Form / Trauma Flow Sheet 3. ED Nurses' Notes	17	Y
Injury	Occupational Industry	1,Business and Financial Operations 2,Architecture and Engineering 3,Community and Social Services 4,Education and Training and Library 5,Healthcare Practitioners and Technical 6,Protective Service 7,Building and Grounds Cleaning and Maintenance 8,Sales and Related 9,Farming Fishing and Forestry 10,Installation - Maintenance and Repair 11,Transportation and Material Moving 12,Management 13,Computer and Mathematical 14,Life - Physical and Social Science 15,Legal 16,Arts - Design - Entertainment - Sports and Media 17,Healthcare Support 18,Food Preparation and Serving Related 19,Personal Care and Service 20,Office and Administrative Support 21,Construction and Extraction 22,Production 23,Military Specifics ?,Not Known/Not Recorded	Single Answer	Drop Down List		LOGIC: Enabled only when Work Related = Y	1. EMS Run Sheet 2. Triage Form / Trauma Flow Sheet 3. ED Nurses' Notes	17	Y

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Injury	Occupation	1,Finance and Insurance and Real Estate 2,Manufacturing 3,Retail Trade 4,Transportation and Public Utilities 5,Agriculture - Forestry - Fishing 6,Professional and Business Services 7,Education and Health Services 8,Construction 9,Government 10,Natural Resources and Mining 11,Information Services 12,Wholesale Trade 13,Leisure and Hospitality 14,Other Services ?,Not Known/Not Recorded / Not Applicable	Single anser	Drop Down List					Y
Prehospital-Transport									

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Prehospital-Transport	Triage Code (NTDB TITLE TRAUMA CENTER CRITERIA)	1,GCS <= 13 (Updated as of 01/01/2015) 2,RTS <11 3,SBP <90 4,Respiratory Rate <10 or >29 5,Vital Signs - NFS 6,Airway Compromise - Unmanageable 7,Flail Chest 8,Paralysis or Paresis 9,PTS <= 8 10,Amputation - Proximal to Wrist or Ankle 11,Fractures - 2 or More Long Bone (Humorous Femur) 12,Unstable Pelvic FX 13,Open or Depressed Skull FX 14,Penetration-Head/Neck/Torso/Groin/Axilla 15,Burn-Major Burn >=20% or Face/Airway/Hands/Feet/Genitalia 16,Significant Assault/Alteration 17,Bicycle - Thrown or Separated 18,Fall/Jump 19,Motorcycle - Thrown or Separated 20,Multiple Casualties Incident 21,Pedestrian - Thrown or Run Over	May choose as many as applies	Drop Down List	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 sheet.	<ul style="list-style-type: none"> <li>The null value "Not Applicable" should be used to indicate that the patient did not arrive by EMS.</li> <li>The null value "Not Applicable" should be used if EMS Run Sheet indicates patient did not meet any Trauma Center Criteria.</li> <li>The null value "Not Known/Not Recorded" should be used if this information is not indicated on the EMS Run Sheet or if the EMS Run Sheet is not available.</li> </ul>	1. EMS Run Sheet	55	Y

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Prehospital-Transport	Triage Code (NTDB TITLE TRAUMA CENTER CRITERIA)	22,MV-Death in Same Passenger Compartment 23,MV-Dashboard Deformity 24,MV-Deformity-Driver 25,MV-Deformity-Front 26,MV-Deformity-Passenger 27,MV-Deformity-Quarter Panel 28,MV-Deformity-Rear 29,MV-Deformity-Steering Wheel 30,MV-Deformity-Unspecified 31,MV-Deformity-Windshield3 32,Crash Ejection (Partial or Complete) From Automobile (Relabeled as of 01/01/2015) 33,MV-Extrication 34,MV-Rollover 35,MV-Other 36,Other Mechanism of Injury 37,Cardiac Disease 38,Coagulopathy/Anticoagulant Therapy 39,Diabetes Mellitus - Insulin Dependent 40,Immunosuppression 41,Liver Disease 42,Pregnancy (Retired as of 01/01/2015)						55	Y

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Prehospital-Transport	Triage Code (NTDB TITLE TRAUMA CENTER CRITERIA)	43,Respiratory Disease 44,Age <5 or >55 45,Clinical Suspicion 46,Medical Direction 47, Patient or Family Request 48,Morbid Obesity 49,Gut Feel 51,Closest Location 50,Other 58, For Adults > 65; SBP < 110 (New as of 01/01/2015) 59, Pregnancy 20 Weeks (New as of 01/01/2015) 60, Patients on Anticoagulants and Bleeding Disorders (New as of 01/01/2015) 61, EMS Provider Judgment (New as of 01/01/2015) 62, Burns (New as of 01/01/2015) 63, Trauma With Burns (New as of 01/01/2015)						55	Y
Prehospital-Transport	Triage Code (NTDB TITLE TRAUMA CENTER CRITERIA)		May choose as many as applies	Drop Down List	Same as above	Same as above	1. EMS Run Sheet	55	Y
Prehospital-Transport	Triage Rationale Specify			Free Text					Y

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Prehospital-Transport	Transport Mode	1,Ambulance 2,Helicopter 3,Private Vehicle/Walk-in 4,Police 5,Other 6,Corrections ?,Not Known/Not Recorded /,Not Applicable  NTDB 1. Ground Ambulance 2. Helicopter Ambulance 3. Fixed-wing Ambulance 4. Private/Public Vehicle/Walk-in 5. Police 6. Other		Drop Down List	The mode of transport delivering the patient to your hospital.		1. EMS Run Sheet	44	Y
Prehospital-Transport	Agency Code	See Appendix A -		Drop Down List					Y
Prehospital-Transport	Agency Unit			Free Text					Y
Prehospital-Transport	Transport Level	1,ALS-Advance Life Support 2,BLS-Basic Life Support ?,Not Known/Not Recorded /,Not Applicable		Drop Down List					Y
Prehospital-Transport	Transport Record Number			Free Text					Y
Prehospital-Transport	Agency Trip Form?	Y No		Y or No					Y
Prehospital-Transport	Trauma Arrest?			Y or No					Y

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Prehospital-Transport	Dispatch Date (NTDB: EMS DISPATCH DATE)		DATE <b>LOGIC:</b> Enabled when Agency Trip Form = Y	Collected as YYYY-MM-DD.	The date the unit transporting to your hospital was notified by dispatch.	<b>Added on January 1, 2013</b> - Used to auto-generate an additional calculated field: Total EMS Time (elapsed time from EMS dispatch to hospital arrival). • For inter facility transfer patients, this is the date on which the unit transporting the patient to your facility from the transferring facility was notified by dispatch or assigned to this transport. • For patients transported from the scene of injury to your hospital, this is the date on which the unit transporting the patient to your facility from the scene was dispatched.	1. EMS Run Sheet	38	Y
Prehospital-Transport	Dispatch Time (NTDB: EMS Dispatch Time)		TIME <b>LOGIC:</b> Enabled when Agency Trip Form = Y	Collected as HH:MM military time.	The time the unit transporting to your hospital was notified by dispatch.	• Used to auto-generate an additional calculated field: Total EMS Time (elapsed time from EMS dispatch to hospital arrival). • For inter facility transfer patients, this is the time at which the unit transporting the patient to your facility from the transferring facility was notified by dispatch. • For patients transported from the scene of injury to your hospital, this is the time at which the unit transporting the patient to your facility from the scene was dispatched. <b>Logic added on January 1, 2013</b>	1. EMS Run Sheet	39	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Prehospital-Transport	Arrived at Scene Date (NTDB: EMS UNIT ARRIVAL DATE AT SCENE OR TRANSFERRING FACILITY)		DATE, Or Arrival at Transferring facility. <b>LOGIC:</b> Enabled when Agency Trip Form = Y	Collected as MM-DD-YYYY	The date the unit transporting to your hospital arrived on the scene/transferring facility.	<ul style="list-style-type: none"> <li>• Used to auto-generate two additional calculated fields: Total EMS Response Time (elapsed time from EMS dispatch to scene arrival) and Total EMS Scene Time (elapsed time from EMS scene arrival to scene departure).</li> <li>• For inter facility transfer patients, this is the date on which the unit transporting the patient to your facility from the transferring facility arrived at the transferring facility (arrival is defined at date/time when the vehicle stopped moving).</li> <li>• For patients transported from the scene of injury to your hospital, this is the date on which the unit transporting the patient to your facility from the scene arrived at the scene (arrival is defined at date/time when the vehicle stopped moving).</li> </ul>	1. EMS Run Sheet	40	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Prehospital-Transport	Arrived at Scene Time (NTDB: EMS UNIT ARRIVAL TIME AT SCENE OR TRANSFERRING FACILITY)		TIME, Or Arrival at Transferring facility. <b>LOGIC:</b> Enabled when Agency Trip Form = Y	Collected as HH:MM military time.	The time the unit transporting to your hospital arrived on the scene.	<ul style="list-style-type: none"> <li>Used to auto-generate two additional calculated fields: Total EMS Response Time (elapsed time from EMS dispatch to scene arrival) and Total EMS Scene Time (elapsed time from EMS scene arrival to scene departure).</li> <li>For inter facility transfer patients, this is the time at which the unit transporting the patient to your facility from the transferring facility arrived at the transferring facility (arrival is defined at date/time when the vehicle stopped moving).</li> <li>For patients transported from the scene of injury to your hospital, this is the time at which the unit transporting the patient to your facility from the scene arrived at the scene (arrival is defined at date/time when the vehicle stopped moving).</li> </ul> <b>Logic added on January 1, 2013</b>	1. EMS Run Sheet	41	Y
Prehospital-Transport	Arrived at Patient Date		DATE <b>LOGIC:</b> Enabled when Agency Trip Form = Y	MM-DD-YYYY		Logic added on January 1, 2013			Y
Prehospital-Transport	Arrived at Patient Time		TIME <b>LOGIC:</b> Enabled when Agency Trip Form = Y	HH:MM		Logic added on January 1, 2013			Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Prehospital-Transport	Depart Scene Date (NTDB: EMS UNIT DEPARTURE DATE FROM SCENE OR TRANSFERRING FACILITY)		Date, Or Arrival at Transferring facility. <b>LOGIC:</b> Enabled when Agency Trip Form = Y	MM-DD-YYYY	The date the unit transporting to your hospital left the scene.	<ul style="list-style-type: none"> <li>• Used to auto-generate an additional calculated field: Total EMS Scene Time (elapsed time from EMS scene arrival to scene departure).</li> <li>• For inter facility transfer patients, this is the date on which the unit transporting the patient to your facility from the transferring facility departed from the transferring facility (departure is defined at date/time when the vehicle started moving).</li> <li>• For patients transported from the scene of injury to your hospital, this is the date on which the unit transporting the patient to your facility from the scene departed from the scene (departure is defined at date/time when the vehicle started moving).</li> </ul> <p><b>Logic added on January 1, 2013</b></p>	1. EMS Run Sheet	42	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Prehospital-Transport	Depart Scene Time (NTDB: EMS UNIT DEPARTURE TIME FROM SCENE OR TRANSFERRING FACILITY)		TIME, Or Arrival at Transferring facility. <b>LOGIC:</b> Enabled when Agency Trip Form = Y	Collected as HH:MM military time.	The time the unit transporting to your hospital left the scene.	<ul style="list-style-type: none"> <li>Used to auto-generate an additional calculated field: Total EMS Scene Time (elapsed time from EMS scene arrival to scene departure).</li> <li>For inter facility transfer patients, this is the time at which the unit transporting the patient to your facility from the transferring facility departed from the transferring facility (departure is defined at date/time when the vehicle started moving).</li> <li>For patients transported from the scene of injury to your hospital, this is the time at which the unit transporting the patient to your facility from the scene departed from the scene (departure is defined at date/time when the vehicle started moving).</li> </ul> <b>Logic added on January 1, 2013</b>	1. EMS Run Sheet	43	Y
Prehospital-Transport	Arrived at Destination Date		DATE <b>LOGIC:</b> Enabled when Agency Trip Form = Y	MM-DD-YYYY		Logic added on January 1, 2013			Y
Prehospital-Transport	Arrived at Destination Time		TIME <b>LOGIC:</b> Enabled when Agency Trip Form = Y	HH:MM		Logic added on January 1, 2013			Y
Prehospital-Transport	Total Scene Time			Autogenerated		Logic added on January 1, 2013			Y
<b>Prehospital-Vitals</b>									
Prehospital-Vitals	Date		DATE	MM-DD-YYY					Y
Prehospital-Vitals	Time		TIME	HH:MM					Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Prehospital-Vitals	Pulse Rate		Value	Expressed as a number per minute.	First recorded pulse measured at the scene of injury (palpated or auscultated).	The null value "Not Known/Not Recorded" is used if the patient is transferred to your facility with no EMS run sheet from the scene of injury.	1. EMS Run Sheet	47	Y
Prehospital-Vitals	SBP	Relevant value for data element	Value	expressed as a number	First recorded systolic blood pressure measured at the scene of injury	The null value "not Known/Not Recorded" is used if the patient is transferred to your facility with no EMS run sheet from the scene of injury	1. EMS Run Sheet	46	Y
Prehospital-Vitals	DBP		Value						Y
Prehospital-Vitals	Resp Rate		Value	Expressed as a number per minute.	First recorded respiratory rate measured at the scene of injury	The null value "Not Known/Not Recorded" is used if the patient transferred to your facility with no EMS run sheet from the scene of injury.	1. EMS Run Sheet	48	Y
Prehospital-Vitals	Oxygen Saturation		Value	Expressed as a percentage	First recorded oxygen saturation measured at the scene of injury	<ul style="list-style-type: none"> <li>• The null value "Not Known/Not Recorded" is used if the patient transferred to your facility with no EMS run sheet from the scene of injury.</li> <li>• Value should be based upon assessment before administration of supplemental oxygen.</li> </ul>	1. EMS Run Sheet	49	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Prehospital-Vitals	GCS Eye Opening (NTDB: INITIAL FIELD GCS - EYE)	1, None 2, To Pain 3, To Voice 4, Spontaneous ?, Not Known/Not Recorded /, Not Applicable  <b>NTDB</b> 1. No eye movement when assessed 2. Opens eyes in response to painful stimulation 3. Opens eyes in response to verbal stimulation 4. Opens eyes spontaneously		Drop Down List	First recorded Glasgow Coma Score (Eye) measured at the scene of injury.	<ul style="list-style-type: none"> <li>• Used to calculate Overall GCS - EMS Score.</li> <li>• The null value "Not Known/Not Recorded" is used if the patient is transferred to your facility with no EMS run sheet from the scene of injury.</li> <li>• If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "patient withdraws from a painful stimulus," a Motor GCS of 4 may be recorded, IF there is no other contradicting documentation</li> </ul>	1. EMS Run Sheet	50	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Prehospital-Vitals	GCS Verbal Response	1, None 2, Incomprehensible Sounds 3, Inappropriate Words 4, Confused 5, Oriented ?, Not Known/Not Recorded /, Not Applicable <b>NTDB</b> <b>Field Values</b> Pediatric (≤ 2 years): 1. No vocal response 2. Inconsolable, agitated 3. Inconsistently consolable, moaning 4. Cries but is consolable, inappropriate interactions 5. Smiles, oriented to sounds, follows objects, interacts <b>Adult</b> 1. No verbal response 2. Incomprehensible sounds 3. Inappropriate words 4. Confused 5. Oriented		Drop Down List	First recorded Glasgow Coma Score (Verbal) measured at the scene of injury.	<ul style="list-style-type: none"> <li>• Used to calculate Overall GCS - EMS Score.</li> <li>• The null value "Not Known/Not Recorded" is used if the patient is transferred to your facility with no EMS run sheet from the scene of injury.</li> <li>• If patient is intubated then the GCS Verbal score is equal to 1.</li> <li>• If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "patient withdraws from a painful stimulus," a Motor GCS of 4 may be recorded, IF there is no other contradicting documentation.</li> </ul>	1. EMS run Sheet	51	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Prehospital-Vitals	GCS Motor Response	1,None 2,Abnormal Extension 3,Abnormal Flexion 4,Withdraws to Pain 5,Localizes Pain 6,Obeyes Commands ?,Not Known/Not Recorded /,Not Applicable  <b>NTDB:</b> Field Values Pediatric (≤ 2 years): 1. No motor response 2. Extension to pain 3. Flexion to pain 4. Withdrawal from pain 5. Localizing pain Adult 1. No motor response 2. Extension to pain 3. Flexion to pain 4. Withdrawal from pain 5. Localizing pain		Drop Down List	First recorded Glasgow Coma Score (Motor) measured at the scene of injury.	<ul style="list-style-type: none"> <li>Used to calculate Overall GCS - EMS Score.</li> <li>The null value "Not Known/Not Recorded" is used if the patient is transferred to your facility with no EMS run sheet from the scene of injury.</li> <li>If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "patient withdraws from a painful stimulus," a Motor GCS of 4 may be recorded, IF there is no other contradicting documentation.</li> </ul>		52	Y
Prehospital-Vitals	GCS Total		Calculated from EVM	Autogenerated	First recorded Glasgow Coma Score (total) measured at the scene of injury.	<ul style="list-style-type: none"> <li>Utilize only if total score is available without component scores.</li> <li>The null value "Not Known/Not Recorded" is used if the patient is transferred to your facility with no EMS run sheet from the scene of injury.</li> <li>If a patient does not have a numeric GCS recorded, but there is documentation related to their level of consciousness such as "AAOx3," "awake alert and oriented," or "patient with normal mental status," interpret this as GCS of 15 IF there is no other contradicting documentation.</li> </ul>		53	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Prehospital-Vitals	RTS			Autogenerated					Y
<b>Prehospital-Procedures</b>									
Prehospital-Procedures	Procedures	1,Extrication 2,CPR 3,Cric 4,Intubation 5,Oral 6,Nasal 7,Immobilization 8,C-Collar 9,Back board 10,IV 11, Supraglogic Airway 12,Other 13, Splinting <b>(New as of 01/01/2015) Optional</b> 14, Wound Care <b>(New as of 01/01/2015) Optional</b> 15, Pelvic Binder <b>(New as of 01/01/2015) Optional</b> 16, Oxygen <b>(New as of 01/01/2015) Optional</b> 17, NG Tube <b>(New as of 01/01/2015) Optional</b> 18, Blood <b>(New as of 01/01/2015)</b> 19, Paralytics <b>(New as of 01/01/2015)</b> 20, Narcotics <b>(New as of 01/01/2015)</b> ?,Not Known/Not Recorded /,Not Applicable		Drop Down List		January 1, 2013 added; Supraglotic airway			Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
<b>Referring Hospital</b>									
Referring Hospital	Hospital Transfer?	1,Yes 2,No ?,Not Known/Not Recorded /,Not Applicable		Drop Down List				??	Y
Referring Hospital	Reason	1,Level 1 Trauma Center 2,Higher Level of Care 3,Capacity 4,Neurosurgery 5,CT Scanner 6,Hyperbaric 7,Burn Center 8,Pediatric 9,Specialty Surgery 10,Trauma/Intensive Care 99,Other ?,Not Known/Not Recorded /,Not Applicable		Drop Down List					Y
Referring Hospital	Referring Hospital	<b>See Appendix B - Referring Hospital</b>	Choose 1	Drop Down List					Y
Referring Hospital	Referring Hospital (Out of State)		Choose 99 if out of state						Y
Referring Hospital	Admit Type	1,Inpatient Admission/No Operation 2,Patient in ED Only/Not Admitted 3,Inpatient Care with Operation 4,Operation/Not Admitted ?,Not Known/Not Recorded /,Not Applicable		Drop Down List					Y
Referring Hospital	Referring Facility Arrival Date		DATE	MM-DD-YYYY					Y
Referring Hospital	Referring Facility Arrival Time		TIME	HH:MM					Y
Referring Hospital	Referring Facility ED Discharge Date		DATE	MM-DD-YYYYY					Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Referring Hospital	Referring Facility ED Discharge Time		TIME	HH:MM					Y
Referring Hospital	Referring Facility Discharge Date		DATE	MM-DD-YYYY					Y
Referring Hospital	Referring Facility Discharge Time		TIME	HH:MM					Y
Referring Hospital	Referring Facility Medical Record Number			Free Text					N
Referring Hospital	Tox Screen Results	1,Amphetamines 2,Benzodiazepine 3,Barbiturates 4,Cocaine 5,Lidocaine 6,Narcotics 7,Opiates (Heroin) 8,PCP (Phencyclidine) 9,Phenothiazine 10,THC (Cannabis/Marijuana) 11,Valium 99,Other ?,Not Known/Not Recorded /,Not Applicable		Drop Down List					Y
Referring Hospital	ETOH		Value	Numerical					Y

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Fields and Menus

Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
<b>Referring Hospital-Vitals</b>									
Referring Hospital-Vitals	Date		DATE	MM-DD-YYYY					Y
Referring Hospital-Vitals	Time		TIME	HH:MM Military Time					Y
Referring Hospital-Vitals	Pulse Rate		Value	Free Text					Y
Referring Hospital-Vitals	SBP		Value	Free Text					Y
Referring Hospital Vitals	DBP		Value	Free Text					Y
Referring Hospital-Vitals	Resp Rate		Value	Free Text					Y
Referring Hospital-Vitals	Oxygen Saturation		Value	Free Text					Y
Referring Hospital-Vitals	GCS Eye Opening	1,None 2, To Pain 3, To Voice 4, Spontaneous ?, Not Known/Not Recorded /, Not Applicable		Drop Down List					Y
Referring Hospital-Vitals	GCS Verbal Response	1,None 2, Incomprehensible Sounds 3, Inappropriate Words 4, Confused 5, Oriented ?, Not Known/Not Recorded /, Not Applicable		Drop Down List					Y
Referring Hospital-Vitals	GCS Motor Response	1,None 2, Abnormal Extension 3, Abnormal Flexion 4, Withdraws to Pain 5, Localizes Pain 6, Obeyes Commands ?, Not Known/Not Recorded /, Not Applicable		Drop Down List					Y
Referring Hospital-Vitals	GCS Total			Autogenerated					Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Referring Hospital-Vitals	RTS			Autogenerated					Y

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Fields and Menus

Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
ED									
ED	Direct Admit	1,Yes 2,No ?,Not Known/Not Recorded /,Not Applicable		Drop Down List					Y
ED	Trauma Activation	1,Full Trauma Team 2,Partial Trauma Team 3,Trauma Evaluation 4,Trauma Registry Inclusion 5,Hospital Inclusion Only-Facility Tracking Only ?,Not Known/Not Recorded /,Not Applicable		Drop Down List					Y
ED	ED Admission Date (NTDB: ED/HOSPITAL ARRIVAL DATE)		DATE	MM-DD-YYYY	The date the patient arrived to the ED/hospital.	<ul style="list-style-type: none"> <li>• If the patient was brought to the ED, enter date patient arrived at ED. If patient was directly admitted to the hospital, enter date patient was admitted to the hospital.</li> <li>• Used to auto-generate two additional calculated fields: Total EMS Time: (elapsed time from EMS dispatch to hospital arrival) and Total Length of Hospital Stay (elapsed time from ED/Hospital Arrival to ED/Hospital Discharge).</li> </ul>	1. Triage Form / Trauma Flow Sheet 2. ED Record 3. Billing Sheet / Medical Records Coding Summary Sheet 4. Hospital Discharge Summary	58	Y
ED	ED Admission Time (NTDB: ED/HOSPITAL ARRIVAL TIME)		TIME	HH:MM Military Time	The time the patient arrived to the ED/hospital.	<ul style="list-style-type: none"> <li>• If the patient was brought to the ED, enter time patient arrived at ED. If patient was directly admitted to the hospital, enter time patient was admitted to the hospital.</li> <li>• Used to auto-generate two additional calculated fields: Total EMS Time (elapsed time from EMS dispatch to hospital arrival) and Total Length of Hospital Stay (elapsed time from ED/Hospital Arrival to ED/Hospital Discharge).</li> </ul>	1. Triage Form / Trauma Flow Sheet 2. ED Record 3. Billing Sheet / Medical Records Coding Summary Sheet 4. Hospital Discharge Summary	59	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
ED	ED Discharge Date		DATE	MM-DD-YYYY	The date the patient was discharged from the ED.	<ul style="list-style-type: none"> <li>Used to auto-generate an additional calculated field: Total ED Time: (elapsed time from ED admit to ED discharge).</li> <li>The null value "Not Applicable" is used if the patient is directly admitted to the hospital.</li> </ul>	1. Hospital Discharge Summary 2. Billing Sheet / Medical Records Coding Summary Sheet 3. Physician's Progress Notes	78	Y
ED	ED Discharge Time		TIME	HH:MM Military Time	The time the patient was discharged from the ED.	<ul style="list-style-type: none"> <li>Used to auto-generate an additional calculated field: Total ED Time (elapsed time from ED admit to ED discharge).</li> <li>The null value "Not Applicable" is used if the patient is directly admitted to the hospital.</li> </ul>	1. Hospital Record 2. Billing Sheet / Medical Records Coding Summary Sheet 3. Physician's Progress Notes	79	Y
ED	ED LOS		Calculated from ED Admission Date/Time and ED Discharge Date/Time	Autogenerated				79	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
ED	ED Disposition (NTDB: ED DISCHARGE DISPOSITION)	1,Discharged to Home or Self-care (Routine Discharge) (relabeled as of 01/01/2015) 2,Home w/ Health Care 3,Acute Care Facility 4,Rehab Facility 5,Psychiatric Facility 6,Skilled Nursing Facility 7,Residential Facility 8,Hospice 9,Left AMA 10,Correctional Facility 11,Deceased/Expired (relabeled as of 01/01/2015) 12,Other 13,CCU 14,OR 15,Floor 16,Stepdown 17,Admitted to Monitored Telemetry Floor Bed 18,Admitted to ED for 23 Hour Observation 19,Other ?,Not Known/Not Recorded /,Not Applicable		Drop Down List	The disposition of the patient at the time of discharge from the ED.	<ul style="list-style-type: none"> <li>The null value "Not Applicable" is used if the patient is directly admitted to the hospital.</li> <li>If ED Discharge Disposition is (NTDB CHOICES 4, 5, 6, 9, 10, 11,) then Hospital Discharge Date, Time, and Disposition should be "Not Applicable".</li> </ul>		76	Y
ED	ED Disposition (NTDB: ED DISCHARGE DISPOSITION)	NTDB 1. Floor bed (general admission, non-specialty unit bed) 2. Observation unit (unit that provides <24 hour stays) 3. Telemetry/step-down unit (less acuity than ICU) 4. Home with services 5. Died/Expired 6. Other (Jail, institutional care, mental health, etc.) 7. Operating Room 8. Intensive Care Unit (ICU) 9. Home without services 10. Left Against Medical Advice 11. Transferred to another hospital		Drop Down List	The disposition of the patient at the time of discharge from the ED.	<ul style="list-style-type: none"> <li>The null value "Not Applicable" is used if the patient is directly admitted to the hospital.</li> <li>If ED Discharge Disposition is (NTDB CHOICES 4, 5, 6, 9, 10, 11,) then Hospital Discharge Date, Time, and Disposition should be "Not Applicable".</li> </ul>		76	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
ED	Admitting Service	1, Trauma Service 2, General Surgical Service 3, Orthopedic 4, Neurosurgical Service 5, Other Surgical Service 6, Internal Medicine 7, Family Practice 8, OMF - Oral Maxillo facial 9, Hospitalist 10, Pediatric 11, OBGYN ?, Not Known/Not Recorded /, Not Applicable		Drop Down List					Y
ED	Admitting Physician								Y
ED	ED Death	1, DOA: Dead on arrival with minimal or no resuscitation attempt 2, Death after failed resuscitation attempt (failure to respond w/in 15 min) 3, Died in ED (other than failed resuscitation attempt) ?, Not Known/Not Recorded /, Not Applicable		Drop Down List		<b>RETIRED AS OF JANUARY 1, 2014</b>			N
ED	Signs of Life	1, Arrived with No Signs of Life 2, Arrived with Signs of Life /, Not Applicable		Drop Down List	Indication of whether patient arrived with signs of life.	<b>Added as of January 1, 2014</b> <b>Additional Info:</b> A patient with no signs of life is defined as having none of the following: organized EKG activity, pupillary responses, spontaneous respiratory attempts or movement, and unassisted blood pressure. This usually implies the patient was brought to the ED with CPR in progress.	1. Triage Form / Trauma Flow Sheet 2. Physician's Progress Notes 3. ED Nurses' Notes	77	Y

Retired as of January 1, 2014

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Fields and Menus

Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
ED	Alcohol Use Indicator	1,No (not suspected - not tested) 2,No (confirmed by test) 3,Yes (confirmed by test - trace levels) 4,Yes (confirmed by test - beyond legal limit) ?,Not Known/Not Recorded /,Not Applicable		Drop Down List	Use of alcohol by the patient	<ul style="list-style-type: none"> <li>• Blood alcohol concentration (BAC) may be documented at any facility (or setting) treating this patient event.</li> <li>• "Trace levels" is defined as any alcohol level below the legal limit, but not zero.</li> <li>• "Beyond legal limit" is defined as a blood alcohol concentration above the legal limit for the state in which the treating institution is located. Above any legal limit, DUI, DWI or DWAI, would apply here.</li> <li>• If alcohol use is suspected, but not confirmed by test, record null value "Not Known/Not Recorded."</li> </ul>	1. Lab Results 2. ED Physician Notes	74	Y
ED	ETOH		Number	Numerical					Y
ED	Drug Use Indicator	1,No (not suspected - not tested) 2,No (confirmed by test) 3,Yes (confirmed by test - prescription drug) 4,Yes (confirmed by test-illegal use drug) ?,Not Known/Not Recorded /,Not Applicable		Drop Down List				75	Y
ED	Tox Screen Results	1,Amphetamines 2,Benzodiazepine 3,Barbiturates 4,Cocaine 5,Lidocaine 6,Narcotics 7,Opiates (Heroin) 8,PCP (Phencyclidine) 9,Phenothiazine 10,THC (Cannabis/Marijuana) 11,Valium 99,Other ?,Not Known/Not Recorded /,Not Applicable	Choose as many as applicaple	Drop Down List					Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
ED	ED Total Fluids (cc's)		Value	Free Text					Y
<b>ED-Initial Vitals</b>									
ED-Initial Vitals	Date		DATE	MM-DD-YYYY					Y
ED-Initial Vitals	Time		TIME	HH:MM					Y
ED-Initial Vitals	Temperature(NTDB: Initial ED/Hospital Temperature)		Value	Numerical	First recorded temperature (in degrees Celsius [centigrade]) in the ED/hospital within 30 minutes or less of ED/hospital arrival.	Please note that first recorded/hospital vitals do not need to be from the same assessment	1. Triage Form / Trauma Flow Sheet 2. ED Record 3. Nurses notes	62	Y
ED-Initial Vitals	Temperature Units	1,Fahrenheit 2,Celsius ?,Not Known/Not Recorded /,Not Applicable		Drop Down List					Y
ED-Initial Vitals	Temperature Route	1. Tympanic 2. Oral 3. Axillary 4. Rectal 5. Foley 6. Temporal artery 7. Other		Drop Down List		Field added January 1, 2013			
ED-Initial Vitals	Height		Value		First recorded height upon ED/hospital arrival	• May be based on family or self-report. • Please note that first recorded/hospital vitals do not need to be from the same assessment. <b>Added January 1, 2014</b>	1. Triage Form / Trauma Flow Sheet 2. ED Record 3. EMS Run Sheet 4. Nurses notes 5. Self-report 6. Family report	72	
ED-Initial Vitals	Height Units		<b>LOGIC:</b> Enabled when the height is valued and not equal to Unknown or N/A	Recorded in Centimeters				72	

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
ED-Initial Vitals	Weight				First recorded weight upon ED/hospital arrival	<ul style="list-style-type: none"> <li>• May be based on family or self-report.</li> <li>• Please note that first recorded/hospital vitals do not need to be from the same assessment.</li> </ul> <b>Added January 1, 2014</b> Height will accept up to two decimal points (changed on 01/01/2015)	1. Triage Form / Trauma Flow Sheet 2. ED Record 3. EMS Run Sheet 4. Nurses notes 5. Self-report 6. Family report	73	
ED-Initial Vitals	Weight Units		<b>LOGIC:</b> Enabled when the weight is valued and not equal to Unknown or N/A	Recorded in kilograms		<ul style="list-style-type: none"> <li>• May be based on family or self-report.</li> <li>• Please note that first recorded/hospital vitals do not need to be from the same assessment.</li> </ul> <b>Added January 1, 2014</b> Weight will accept up to two decimal points (changed 01/01/2015)	1. Triage Form / Trauma Flow Sheet 2. ED Record 3. EMS Run Sheet 4. Nurses notes 5. Self-report 6. Family report	73	
ED-Initial Vitals	Pulse Rate (NTDB: INITIAL ED/HOSPITAL PULSE RATE)		Numerical	Expressed as a number per minute	First recorded pulse in ED/Hospital (palpated or auscultated) within 30 minutes or less of Ed/hospital arrival.	<ul style="list-style-type: none"> <li>• Please note that first recorded/hospital vitals do not need to be from the same assessment.</li> </ul>	1. Triage Form / Trauma Flow Sheet 2. ED Record 3. Nurses notes	61	Y
ED-Initial Vitals	SBP (NTDB: INITIAL ED/HOSPITAL SYSTOLIC BLOOD PRESSURE)		Value	Numerical	First recorded systolic blood pressure in the ED/hospital, within 30 minutes or less of ED/hospital arrival.	<ul style="list-style-type: none"> <li>• Please note that first recorded/hospital vitals do not need to be from the same assessment</li> </ul>	1. Triage Form / Trauma Flow Sheet 2. ED Record 3. Nurses notes	60	Y
ED-Initial Vitals	DBP		Value	Numerical					Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
ED-Initial Vitals	Resp Rate (NTDB: INITIAL ED/HOSPITAL RESPIRATORY RATE)		Value	Numerical, expressed as a number per minute	First recorded respiratory rate in the ED/hospital within 30 minutes or less of ED/hospital arrival	<ul style="list-style-type: none"> <li>If available, complete additional field: "Initial ED/Hospital Respiratory Assistance.", "Respiratory Assistance."</li> <li>Please note that first recorded/hospital vitals do not need to be from the same assessment.</li> </ul>	1. Triage Form / Trauma Flow Sheet 2. ED Record 3. Nurses notes	63	Y
ED-Initial Vitals	Respiratory Assistance (NTDB: INITIAL ED/HOSPITAL RESPIRATORY ASSISTANCE)	1,Unassisted Respiratory Rate 2,Assisted Respiratory Rate ?,Not Known/Not Recorded /,Not Applicable		Drop Down List	Determination of respiratory assistance associated with the initial ED/hospital respiratory rate within 30 minutes or less of ED/hospital arrival.	<ul style="list-style-type: none"> <li>Only completed if a value is provided for "Initial ED/Hospital Respiratory Rate."</li> <li>Respiratory Assistance is defined as mechanical and/or external support of respiration.</li> <li>Please note that first recorded/hospital vitals do not need to be from the same assessment.</li> </ul>	1. Triage Form / Trauma Flow Sheet 2. ED Record 3. Nurses notes	64	Y
ED-Initial Vitals	Oxygen Saturation (NTDB: INITIAL ED/HOSPITAL OXYGEN SATURATION)		Value	Numerical, Expressed as a percentage	First recorded oxygen saturation in the ED/hospital within 30 minutes or less of ED/hospital arrival	<ul style="list-style-type: none"> <li>If available, complete additional field: "Initial ED/Hospital Supplemental Oxygen."</li> <li>Please note that first recorded/hospital vitals do not need to be from the same assessment.</li> </ul>	1. Triage Form / Trauma Flow Sheet 2. ED Record 3. Nurses notes	65	Y
ED-Initial Vitals	Supplemental Oxygen (NTDB: INITIAL ED/HOSPITAL SUPPLEMENTAL OXYGEN)	1,No Supplemental Oxygen 2,Supplemental Oxygen ?,Not Known/Not Recorded /,Not Applicable		Drop Down List	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.	<ul style="list-style-type: none"> <li>Only completed if a value is provided for "Initial ED/Hospital Oxygen Saturation."</li> <li>Please note that first recorded/hospital vitals do not need to be from the same assessment.</li> </ul>	1. Triage Form / Trauma Flow Sheet 2. ED Record 3. Nurses notes	66	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
ED-Initial Vitals	GCS Eye Opening	1, None 2, To Pain 3, To Voice 4, Spontaneous ?, Not Known/Not Recorded /, Not Applicable  NTDB 1. No eye movement when assessed 2. Opens eyes in response to painful stimulation 3. Opens eyes in response to verbal stimulation 4. Opens eyes Spontaneously		Drop Down List	First recorded Glasgow Coma Score (Eye) in the ED/hospital within 30 minutes or less of ED/hospital arrival.	<ul style="list-style-type: none"> <li>Used to calculate Overall GCS - ED Score.</li> <li>If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "patient withdraws from a painful stimulus," a Motor GCS of 4 may be recorded, IF there is no other contradicting documentation.</li> <li>Please note that first recorded/hospital vitals do not need to be from the same assessment.</li> </ul>	1. Triage Form / Trauma Flow Sheet 2. ED Record 3. Nurses notes	67	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
ED-Initial Vitals	GCS Verbal Response(NTDB : INITIAL ED/HOSPITAL GCS - VERBAL)	1, None 2, Incomprehensible Sounds 3, Inappropriate Words 4, Confused 5, Oriented ?, Not Known/Not Recorded /, Not Applicable  NTDB Pediatric (≤ 2 years): 1. No vocal response 2. Inconsolable, agitated 3. Inconsistently consolable, moaning. 4. Cries but is consolable, inappropriate interactions 5. Smiles, oriented to sounds, follows objects, interacts Adult 1. No verbal response 2. Incomprehensible sound 3. Inappropriate words 4. Confused 5. Oriented		Drop Down List	First recorded Glasgow Coma Score (Verbal) within 30 minutes or less of ED/hospital arrival.	<ul style="list-style-type: none"> <li>Used to calculate Overall GCS - ED Score.</li> <li>If patient is intubated then the GCS Verbal score is equal to 1.</li> <li>If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "patient withdraws from a painful stimulus," a Motor GCS of 4 may be recorded, IF there is no other contradicting documentation.</li> <li>Please note that first recorded/hospital vitals do not need to be from the same assessment.</li> </ul>	1. Triage Form / Trauma Flow Sheet 2. ED Record 3. Nurses notes	68	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
ED-Initial Vitals	GCS Motor Response (NTDB: INITIAL ED/HOSPITAL GCS - MOTOR)	1, None 2, Abnormal Extension 3, Abnormal Flexion 4, Withdraws to Pain 5, Localizes Pain 6, Obeys Commands ?, Not Known/Not Recorded /, Not Applicable  NTDB Pediatric ( $\leq 2$ years): 1. No motor response 2. Extension to pain 3. Flexion to pain 4. Withdrawal from pain 5. Localizing pain 6. Appropriate response to stimulation Adult 1. No motor response 2. Extension to pain 3. Flexion to pain 4. Withdrawal from pain 5. Localizing pain 6. Obeys commands		Drop Down List	First recorded Glasgow Coma Score (Motor) within 30 minutes or less of ED/hospital arrival.	<ul style="list-style-type: none"> <li>Used to calculate Overall GCS – ED Score.</li> <li>If a patient does not have a numeric GCS score recorded, but written documentation closely (or directly) relates to verbiage describing a specific level of functioning within the GCS scale, the appropriate numeric score may be listed. E.g. the chart indicates: "patient withdraws from a painful stimulus," a Motor GCS of 4 may be recorded, IF there is no other contradicting documentation.</li> <li>Please note that first recorded/hospital vitals do not need to be from the same assessment.</li> </ul>	1. Triage Form / Trauma Flow Sheet 2. ED Record 3. Nurses notes	69	Y
ED-Initial Vitals	GCS Total (NTDB: INITIAL ED/HOSPITAL GCS - TOTAL)		Calculated from EVM	Autogenerated	First recorded Glasgow Coma Score (total) within 30 minutes or less of ED/hospital arrival.	<ul style="list-style-type: none"> <li>Utilize only if total score is available without component scores.</li> <li>If a patient does not have a numeric GCS recorded, but there is documentation related to their level of consciousness such as "AAOx3," "awake alert and oriented," or "patient with normal mental status," interpret this as GCS of 15 IF there is no other contradicting documentation.</li> <li>Please note that first recorded/hospital vitals do not need to be from the same assessment.</li> </ul>	1. Triage Form / Trauma Flow Sheet 2. ED Record 3. Nurses notes	70	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
ED-Initial Vitals	GCS Qualifier (NTDB: INITIAL ED/HOSPITAL GCS ASSESSMENT QUALIFIERS)	1,Intubated 2,Intubated and chemically paralyzed 3,Chemically sedated 4,Legitimate values without intervention ?,Not Known/Not Recorded /,Not Applicable		Drop Down List	Documentation of factors potentially affecting the first assessment of GCS within 30 minutes or less of ED/hospital arrival.	<ul style="list-style-type: none"> <li>Identifies treatments given to the patient that may affect the first assessment of GCS. This field does not apply to self-medications the patient may administer (i.e., ETOH, prescriptions, etc.).</li> <li>If an intubated patient has recently received an agent that results in neuromuscular blockade such that a motor or eye response is not possible, then the patient should be considered to have an exam that is not reflective of their neurologic status and the chemical sedation modifier should be selected.</li> </ul>	1. Triage Form / Trauma Flow Sheet 2. ED Record 3. EMS Run Sheet 4. Nurses notes	71	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
	GCS Qualifier (NTDB: INITIAL ED/HOSPITAL GCS ASSESSMENT QUALIFIERS)	NTDB 1. Patient chemically sedated or paralyzed 2. Obstruction to the patient's eye 3. Patient intubated 4. Valid GCS: patient was not sedated, not intubated, and did not have obstruction to the eye		Drop Down List	Documentation of factors potentially affecting the first assessment of GCS within 30 minutes or less of ED/hospital arrival.	<b>CONTINUED -----</b> • Neuromuscular blockade is typically induced following the administration of agent like succinylcholine, mivacurium, rocuronium, (cis)atracurium, vecuronium, or pancuronium. While these are the most common agents, please review what might be typically used in your center so it can be identified in the medical record. • Each of these agents has a slightly different duration of action, so their effect on the GCS depends on when they were given. For example, succinylcholine's effects last for only 5-10 minutes. • Please note that first recorded/hospital vitals do not need to be from the same assessment. • Check all that apply.			
ED-Initial Vitals	RTS			Autogenerated					Y
<b>ED Pre-Op Vitals</b>									
ED-Pre-Op Vitals	Date		DATE	MM-DD-YYYY					Y
ED-Pre-Op Vitals	Time		TIME	HH:MM					Y
ED-Pre-Op Vitals	Temperature		Value	Numerical					Y
ED-Pre-Op Vitals	Temperature Units	1,Fahrenheit 2,Celsius ?,Not Known/Not Recorded /,Not Applicable		Drop Down List					Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
ED-Pre-Op Vitals	Temperature Route	1. Tympanic 2. Oral 3. Axillary 4. Rectal 5. Foley 6. Temporal artery 7. Other		Drop Down List		Field added January 1, 2013			
ED-Pre-Op Vitals	Pulse Rate		Value	Numerical					Y
ED-Pre-Op Vitals	SBP		Value	Numerical					Y
ED-Pre-Op Vitals	DBP		Value	Numerical					Y
ED-Pre-Op Vitals	Resp Rate		Value	Numerical					Y
ED-Pre-Op Vitals	Respiratory Assistance	1,Unassisted Respiratory Rate 2,Assisted Respiratory Rate ?,Not Known/Not Recorded /,Not Applicable		Drop Down List					Y
ED-Pre-Op Vitals	Oxygen Saturation		Value	Numerical					Y
ED-Pre-Op Vitals	Supplemental Oxygen	1,No Supplemental Oxygen 2,Supplemental Oxygen ?,Not Known/Not Recorded /,Not Applicable		Drop Down List					Y
ED-Pre-Op Vitals	GCS Eye Opening	1,None 2,To Pain 3,To Voice 4,Spontaneous ?,Not Known/Not Recorded /,Not Applicable		Drop Down List					Y
ED-Pre-Op Vitals	GCS Verbal Response	1,None 2,Incomprehensible Sounds 3,Inappropriate Words 4,Confused 5,Oriented ?,Not Known/Not Recorded /,Not Applicable		Drop Down List					Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
ED-Pre-Op Vitals	GCS Motor Response	1,None 2,Abnormal Extension 3,Abnormal Flexion 4,Withdraws to Pain 5,Localizes Pain 6,Obeyes Commands ?,Not Known/Not Recorded /,Not Applicable		Drop Down List					Y
ED-Pre-Op Vitals	GCS Total		Numerical	Autogenerated					Y
ED-Pre-Op Vitals	GCS Qualifier	1,Intubated 2,Intubated and chemically paralyzed 3,Chemically sedated 4,Legitimate values without intervention ?,Not Known/Not Recorded /,Not Applicable		Drop Down List					Y
ED-Pre-Op Vitals	RTS		Numerical	Value					Y
<b>ED-Procedures</b>									

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
ED-Procedures	Procedures	1,Intubation - Retired 01/01/2015 1,Oral Intubation (New as of 01/01/2015) 1,Nasal Intubation (New as of 01/01/2015) 2,IV 3,NG 4,Central Line 5,Chest Tube-Right 6,Chest Tube-Left 7,FAST Exam 8,Radiology-Chest 9,Radiology-C-Spine 10,Radiology-Pelvis 11,Radiology-Extremity-Right Upper 12,Radiology-Extremity-Left Upper 13,Radiology-Extremity-Right Lower 14,Radiology-Extremity-Left Lower 15,CT-Head 16,CT-Neck 17,CT-Facial 18,CT-Chest 19,CT-Abd 20,CT-Pelvis 21,CPR (New as of 01/01/2015) 22,Paralytics (New as of 01/01/2015)		Drop Down List					Y
ED-Procedures	Blood Product Type	1,Whole Blood (units) 2,PRBC (units) 3,FFP (units) 4,Platelets (units) 5,Autotransfuse (ml) 6,Cryoprecipitate /,Not Applicable ?.Not Known/Not Recorded		Drop Down List					Y
ED-Procedures	Blood Product Units		Numerical	Free Text					Y
ED-Procedures	Fast Exam Results 1	1, Positive 2, Negative ?, Not Known/Not Recorded /, Not Applicable		Drop Down List					Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
ED-Procedures	Fast Exam Results 2	1, Positive 2, Negative ?, Not Known/Not Recorded /, Not Applicable		Drop Down List					Y
<b>ED-Providers/Trauma Team</b>									
ED-Providers/Trauma Team	Attending Trauma MD								Y
ED-Providers/Trauma Team	Called Date		DATE	MM-DD-YYYY					Y
ED-Providers/Trauma Team	Called Time		TIME	HH:MM					Y
ED-Providers/Trauma Team	Arrived Date		DATE	MM-DD-YYYY					Y
ED-Providers/Trauma Team	Arrived Time		TIME	HH:MM					Y
ED-Providers/Trauma Team	Response Time		TIME	Autogenerated					Y
ED-Providers/Trauma Team	Neurosurgeon								Y
ED-Providers/Trauma Team	Called Date		DATE	MM-DD-YYYY					Y
ED-Providers/Trauma Team	Called Time		TIME	HH:MM					Y
ED-Providers/Trauma Team	Arrived Date		DATE	MM-DD-YYYY					Y
ED-Providers/Trauma Team	Arrived Time		TIME	HH:MM					Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
ED-Providers/Trauma Team	Response Time		TIME	HH:MM					Y
ED-Providers/Trauma Team	Ortho MD		TIME	Autogenerated					Y
ED-Providers/Trauma Team	Called Date		DATE	MM-DD-YYYY					Y
ED-Providers/Trauma Team	Called Time		TIME	HH:MM					Y
ED-Providers/Trauma Team	Arrived Date		DATE	MM-DD-YYYY					Y
ED-Providers/Trauma Team	Arrived Time		TIME	HH:MM					Y
ED-Providers/Trauma Team	Response Time		TIME	Autogenerated					Y
ED-Providers/Trauma Team	Anesthesiologist MD								Y
ED-Providers/Trauma Team	Called Date		DATE	MM-DD-YYYY					Y
ED-Providers/Trauma Team	Called Time		TIME	HH:MM					Y
ED-Providers/Trauma Team	Arrived Date		DATE	MM-DD-YYYY					Y
ED-Providers/Trauma Team	Arrived Time		TIME	HH:MM					Y
ED-Providers/Trauma Team	Response Time		TIME	Autogenerated					Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
ED-Providers/Trauma Team	Cardiovascular Surgeon								Y
ED-Providers/Trauma Team	Called Date		DATE	MM-DD-YYYY					Y
ED-Providers/Trauma Team	Called Time		TIME	HH:MM					Y
ED-Providers/Trauma Team	Arrived Date		DATE	MM-DD-YYYY					Y
ED-Providers/Trauma Team	Arrived Time		TIME	HH:MM					Y
ED-Providers/Trauma Team	Response Time		TIME	Autogenerated					Y
ED-Providers/Trauma Team	ED MD								Y
ED-Providers/Trauma Team	Senior Resident MD								Y
ED-Providers/Trauma Team	Rehab MD								Y
ED-Providers/Trauma Team	CRNA								Y
ED-Providers/Trauma Team	Junior Resident MD								Y
ED-Providers/Trauma Team	Neurologist								Y
ED-Providers/Trauma Team	ED Charge RN								Y

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ED-Providers/Trauma Team	Service MD								Y
ED-Providers/Trauma Team	Ophthalmologist								Y
ED-Providers/Trauma Team	Midlevel								Y
ED-Providers/Trauma Team	Plastics MD								Y
ED-Providers/Trauma Team	Pediatrician								Y
ED-Providers/Trauma Team	ED Recorder RN								Y
ED-Providers/Trauma Team	Cardiac MD								Y
ED-Providers/Trauma Team	Other MD								Y
ED-Providers/Trauma Team	ED EMTP								Y
ED-Providers/Trauma Team	Thoracic MD								Y
ED-Providers/Trauma Team	Other MD								Y
ED-Providers/Trauma Team	Chief Trauma Surgeon								Y
ED-Providers/Trauma Team	Cardiologist								Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
ED-Providers/Trauma Team	Other MD								Y
<b>Hospital Stay</b>									
Hospital Stay	Unit	12,ICU 13,CCU 14,OR 15,Floor 16,Stepdown 17,Admitted to Monitored Telemetry Floor Bed 18,Admitted to ED for 23 Hour Observation 19,Other ?,Not Known/Not Recorded /Not Applicable		Drop Down List					Y
Hospital Stay	Admitted Date		DATE	MM-DD-YYYY					Y
Hospital Stay	Admitted Time		TIME	HH:MM					Y
Hospital Stay	Discharged Date (NTDB: HOSPITAL DISCHARGE DATE)		DATE	MM-DD-YYYY	The date the patient was discharged from the hospital.	<ul style="list-style-type: none"> <li>• Used to auto-generate an additional calculated field: Total Length of Hospital Stay (elapsed time from ED/hospital arrival to hospital discharge).</li> <li>• The null value "Not Applicable" is used if ED Discharge Disposition = 5 (Died).</li> <li>• The null value "Not Applicable" is used if ED Discharge Disposition =(NTDB choices 4,6,9,10, or 11.)</li> </ul>	1. Hospital Record 2. Billing Sheet / Medical Records Coding Summary Sheet 3. Physician Discharge Summary	102	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Hospital Stay	Discharged Time		TIME	HH:MM Military Time	The time the patient was discharged from the hospital	<ul style="list-style-type: none"> <li>• Used to auto-generate an additional calculated field: Total Length of Hospital Stay (elapsed time from ED/hospital arrival to hospital discharge).</li> <li>• The null value "Not Applicable" is used if ED Discharge Disposition = 5 (Died).</li> <li>• The null value "Not Applicable" is used if ED Discharge Disposition = (NTDB choice 4,6,9,10, or 11.)</li> </ul>	1. Hospital Record 2. Billing Sheet / Medical Records Coding Summary Sheet 3. Physician Discharge Summary	103	Y
Hospital Stay	Total Floor Days		Numerical	Autogenerated					Y
Hospital Stay	Total Stepdown Days		Numerical	Autogenerated					Y
Hospital Stay	Total ICU Days		Numerical	Autogenerated	The cumulative amount of time spent in the ICU. Each partial or full day should be measured as one calendar day.	<ul style="list-style-type: none"> <li>• Recorded in full day increments with any partial calendar day counted as a full calendar day.</li> <li>• The calculation assumes that the date and time of starting and stopping an ICU episode are recorded in the patient's chart.</li> <li>• If any dates are missing then a LOS cannot be calculated.</li> <li>• If patient has multiple ICU episodes on the same calendar day, count that day as one calendar day.</li> <li>• At no time should the ICU LOS exceed the Hospital LOS.</li> <li>• The null value "Not Applicable" is used if the patient had no ICU days according to the above definition.</li> </ul> <p><b>(SEE NTDB EXAMPLE)PG 98)</b></p>	1. ICU Nursing Flow Sheet 2. Calculate Based on Admission Form and Discharge Sheet 3. Nursing Progress Notes	98	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Hospital Stay	Ventilator Days (NTDB: TOTAL VENTILATOR DAYS)		Numerical	Relevant value for data element (numerical entry)	The cumulative amount of time spent on the ventilator. Each partial or full day should be measured as one calendar day.	<ul style="list-style-type: none"> <li>• Excludes mechanical ventilation time associated with OR procedures.</li> <li>• Non-invasive means of ventilatory support (CPAP or BIPAP) should not be considered in the calculation of ventilator days.</li> <li>• Recorded in full day increments with any partial calendar day counted as a full calendar day.</li> <li>• The calculation assumes that the date and time of starting and stopping Ventilator episode are recorded in the patient's chart.</li> <li>• If any dates are missing then a Total Vent Days cannot be calculated.</li> <li>• At no time should the Total Vent Days exceed the Hospital LOS.</li> <li>• The null value "Not Applicable" is used if the patient was not on the ventilator according to the above definition.</li> </ul> <p><b>(SEE NTDB EXAMPLE PG 100)</b></p>	1. ICU Respiratory Therapy Flowsheet 2. ICU Nursing Flow Sheet 3. Physician's Daily Progress Notes 4. Calculate Based on Admission Form and Discharge Sheet	100	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Hospital Stay	Consult Type	1,Trauma Service 2,General Surgical Service 3,Neurosurgical Service 4,Orthopedic Service 5,Other Surgical Service 6,Internal Medicine 7,Family Practice 8,OMF - Oral Maxillo facial 9,Hospitalist 10,Pediatric 11,OBGYN 12,Burns 13,ENT 14,Cardiac 15,Cardiothoracic 16,GI 17,Hand Surgery 18,Ophthalmology 19,Plastics 20,Podiatry 21,Thoracic 22,Urology 23,Vascular 24,Cardiology		Drop Down List		Psychiatry added January 1, 2013			Y
Hospital Stay	Consult Physician ID								Y
<b>Diagnosis</b>									
Diagnosis	Injury Narrative		Free Text	TRI-CODE					Y
Diagnosis	ISS (NTDB: LOCALLY CALCULATED ISS)		Calculated on AIS 2005, update 2008	Autogenerated	The Injury Severity Score (ISS) that reflect the patient's injuries	• This variable is considered optional and is not required as part of the NTDS dataset.		Y	Y
Diagnosis	TRISS			Autogenerated					Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Diagnosis	ICD9 (NTDB: ICD-9 INJURY DIAGNOSES)			TRI-CODE	Diagnoses related to all identified injuries (ICD-9 of 800.00 - 959.9) and (ICD-10-CM code range S00-S99, T07, T14, T20-T28 and T30-T32).	<ul style="list-style-type: none"> <li>• ICD-10-CM codes pertaining to other medical conditions (e.g., CVA, MI, co-morbidities, etc.) may also be included in this field.</li> <li>• Used to auto-generate additional calculated fields: Abbreviated Injury Scale (six body regions) and Injury Severity Score.</li> <li>• The null value "Not Applicable" is used if not coding ICD-10.</li> </ul>	<ol style="list-style-type: none"> <li>1. Hospital Discharge Summary</li> <li>2. Billing Sheet / Medical Records Coding Summary Sheet</li> <li>3. Trauma Flow Sheet</li> <li>4. ER and ICU Records</li> </ol>	89	Y
Diagnosis	AIS PreDot	The predot code is the 6 digits preceding the decimal point in an associated AIS code	Free Text	Auto generated with TRI-CODE	The Abbreviated Injury Scale (AIS) PreDot codes that reflect the patient's injuries.	This variable is considered optional and is not required as part of the NTDS dataset.		92	Y
Diagnosis	AIS Severity	<ol style="list-style-type: none"> <li>1. Minor Injury</li> <li>2. Moderate Injury</li> <li>3. Serious Injury</li> <li>4. Severe Injury</li> <li>5. Critical Injury</li> <li>6. Maximum Injury, Virtually Unsurvivable</li> <li>9. Not Possible to Assign</li> </ol>	Free Text	TRI-CODE	The Abbreviated Injury Scale (AIS) severity codes that reflect the patient's injuries.	<ul style="list-style-type: none"> <li>• This variable is considered optional and is not required as part of the NTDS dataset .</li> <li>• This variable is considered optional and is not required as part of the NTDS dataset.</li> <li>• The field value (9) "Not Possible to Assign" would be chosen if it is not possible to assign a severity to an injury.</li> </ul>	93	Y	

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Diagnosis	ISS Body Region	NTDB Menu 1. Head or Neck 2. Face 3. Chest 4. Abdominal or pelvic contents 5. Extremities or pelvic girdle 6. External	Free Text (to generate TRI-CODE)	TRI-CODE	The Injury Severity Score (ISS) body region codes that reflect the patient's injuries.	<ul style="list-style-type: none"> <li>• Head or neck injuries include injury to the brain or cervical spine, skull or cervical spine fractures.</li> <li>• Facial injuries include those involving mouth, ears, nose and facial bones.</li> <li>• Chest injuries include all lesions to internal organs. Chest injuries also include those to the diaphragm, rib cage, and thoracic spine.</li> <li>• Abdominal or pelvic contents injuries include all lesions to internal organs. Lumbar spine lesions are included in the abdominal or pelvic region.</li> <li>• Injuries to the extremities or to the pelvic or shoulder girdle include sprains, fractures, dislocations, and amputations, except for the spinal column, skull and rib cage.</li> <li>• External injuries include lacerations, contusions, abrasions, and burns, independent of their</li> </ul>		94	Y
<b>Diagnosis-Complications</b>									
Diagnosis-Complications	Complications	<b>See Appendix C - Diagnosis Complicaitons</b>		Drop Down List					N
<b>Diagnosis-Comorbidities</b>									

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Diagnosis-Comorbidities	Comorbidities	<b>See Appendix D - Diagnosis Comorbidities</b>		Drop Down List	Pre-existing co-morbid factors present before patient arrival at the ED/hospital.	<ul style="list-style-type: none"> <li>The null value "Not Applicable" is used for patients with no known co-morbid conditions.</li> <li>Refer to Appendix 3: Glossary of Terms for definition of Co-Morbid Conditions.</li> <li>Check all that apply.</li> </ul>	1. History and Physical 2. Discharge Sheet 3. Billing Sheet	88	Y
Diagnosis-Comorbidities	NTDB CO-MORBID CONDITIONS)	<b>See Appendix E - NTDB Co-Morbid Conditions</b>		Drop Down List	Pre-existing co-morbid factors present before patient arrival at the ED/hospital.	<ul style="list-style-type: none"> <li>The null value "Not Applicable" is used for patients with no known co-morbid conditions.</li> <li>Refer to Appendix 3: Glossary of Terms for definition of Co-Morbid Conditions.</li> <li>Check all that apply.</li> </ul>	1. History and Physical 2. Discharge Sheet 3. Billing Sheet	88	Y
<b>Procedures</b>									
Procedures	Location	1,ICU 2,CCU 3,OR 4,Floor 5,Stepdown 6,ED 7,Other /,Not Applicable ?.Not Known/Not Recorded		Drop Down List	This is the location a procedure is performed.			81	Y
Procedures	Service			Drop Down List					Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Procedures	Procedure ICD9 Code (NTDB: ICD-9 HOSPITAL PROCEDURES)	<ul style="list-style-type: none"> <li>• Major and minor procedure ICD-9-CM procedure codes.</li> <li>• The maximum number of procedures that may be reported for a patient is 200.</li> </ul> <p><b>Diagnostic and Therapeutic Imaging</b>            Computerized tomographic studies*            Diagnostic ultrasound (includes FAST)*            Doppler ultrasound of extremities*            Angiography            Angioembolization            Echocardiography            Cystogram            IVC filter            Urethrogram</p> <p><b>Genitourinary</b>            Ureteric catheterization (i.e. Ureteric stent)            Suprapubic cystostomy</p> <p><b>Cardiovascular</b>            Central venous catheter*            Pulmonary artery catheter*            Cardiac output monitoring*            Open Cardiac massage</p>			<p>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. The list of procedures below should be used as a guide to non-operative procedures that should be provided to NTDB. This list is based on procedures sent to NTDB with a high frequency. Not all hospitals capture all procedures listed below. Please transmit those procedures that you capture to NTDB.</p>	<ul style="list-style-type: none"> <li>• The null value "Not Applicable" is used if the patient did not have procedures.</li> <li>• Include only procedures performed at your institution.</li> <li>• Capture all procedures performed in the operating room.</li> <li>• Capture all procedures in the ED, ICU, ward, or radiology department that were essential to the diagnosis, stabilization, or treatment of the patient's specific injuries or their complications.</li> <li>• Procedures with an asterisk have the potential to be performed multiple times during one episode of hospitalization. In this case, capture only the first event. If there is no asterisk, capture each event even if there is more than one.</li> <li>• Note that the hospital may capture additional procedures.</li> <li>• The null value "Not Known/Not Recorded" is used if not coding</li> </ul>	1. Operative Reports 2. ER and ICU Records 3. Trauma Flow Sheet 4. Anesthesia Record 5. Billing Sheet / Medical Records Coding Summary Sheet 6. Hospital Discharge Summary	82	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Procedures	Procedure ICD9 Code (NTDB: ICD-9 HOSPITAL PROCEDURES)	<p><b>CONTINUED -----</b></p> <p><b>Respiratory</b>            Insertion of endotracheal tube*            Continuous mechanical ventilation *            Chest tube *            Bronchoscopy *            Tracheostomy</p> <p><b>Gastrointestinal</b>            Endoscopy (includes gastroscopy, sigmoidoscopy, colonoscopy)            Gastrostomy/jejunostomy (percutaneous or endoscopic)            Percutaneous (endoscopic) gastrojejunostomy</p> <p><b>Transfusion</b>            The following blood products should be captured over first 24 hours after hospital arrival:            • Transfusion of red cells*            • Transfusion of platelets*            • Transfusion of plasma*</p> <p><b>Other</b>            Hyperbaric oxygen            Decompression chamber            TPN*</p>			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. The list of procedures below should be used as a guide to non-operative procedures that should be provided to NTDB. This list is based on procedures sent to NTDB with a high frequency. Not all hospitals capture all procedures listed below. Please transmit those procedures that you capture to NTDB.	<ul style="list-style-type: none"> <li>• The null value "Not Applicable" is used if the patient did not have procedures.</li> <li>• Include only procedures performed at your institution.</li> <li>• Capture all procedures performed in the operating room.</li> <li>• Capture all procedures in the ED, ICU, ward, or radiology department that were essential to the diagnosis, stabilization, or treatment of the patient's specific injuries or their complications.</li> <li>• Procedures with an asterisk have the potential to be performed multiple times during one episode of hospitalization. In this case, capture only the first event. If there is no asterisk, capture each event even if there is more than one.</li> <li>• Note that the hospital may capture additional procedures.</li> <li>• The null value "Not Known/Not Recorded" is used if not coding</li> </ul>	1. Operative Reports 2. ER and ICU Records 3. Trauma Flow Sheet 4. Anesthesia Record 5. Billing Sheet / Medical Records Coding Summary Sheet 6. Hospital Discharge Summary	82	Y
Procedures	Start Date (NTDB: HOSPITAL PROCEDURE START DATE)	* Relevant value for data element	DATE	MM-DD-YYYY	The date operative and selected non-operative procedures were performed.		1. OR Nurses' Notes 2. Operative Reports 3. Anesthesia Record	85	Y
Procedures	Start Time (NTDB: HOSPITAL PROCEDURE START TIME)	* Relevant value for data element	TIME	HH:MM military time.	The time operative and selected non-operative procedures were performed.	<ul style="list-style-type: none"> <li>• Procedure start time is defined as the time the incision was made (or the procedure started).</li> <li>• If distinct procedures with the same procedure code are performed, their start times must be different.</li> </ul>	1. OR Nurses' Notes 2. Operative Reports 3. Anesthesia Record	86	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Procedures	Physician	Name of physician performing procedure, with specific service.							N
<b>Outcome</b>									
Outcome	Discharge Date		DATE	MM-DD-YYYY					
Outcome	Discharge Time		TIME	HH:MM					
Outcome	Hospital Days			Autogenerated					
Outcome	Discharge Status	6,Alive 7,Dead ?,Not Known/Not Recorded /,Not Applicable		Drop Down List					Y
Outcome	Hospital Disposition	1,Home - No Assistance 2,Home w/ Health Care 3,Acute Care Facility 4,Rehab Facility 5,Psychiatric Facility 6,Skilled Nursing Facility 7,Residential Facility 8,Hospice 9,Left AMA 10,Correctional Facility 11,Morgue 12,Other ?,Not Known/Not Recorded /,Not Applicable		Drop Down List	The disposition of the patient when discharged from the hospital.	<ul style="list-style-type: none"> <li>Field value = (NTDB) 6, "home" refers to the patient's current place of residence (e.g., prison, Child Protective Services etc.)</li> <li>Field values based upon UB-04 disposition coding.</li> <li>Disposition to any other non-medical facility should be coded as (NTDB) 6.</li> <li>Disposition to any other medical facility should be coded as (NTDB) 14.</li> <li>Refer to the glossary for definitions of facility types.</li> <li>The null value "Not Applicable" is used if ED Discharge Disposition = 5 (Died).</li> <li>The null value "Not Applicable" is used if ED Discharge Disposition = (NTDB) 4,6,9,10, or 11.</li> </ul>	1. Hospital Discharge Summary Sheet 2. Nurses' notes 3. Case Manager / Social Services' Notes	104	Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Outcome	Hospital Disposition	NTDB MENU (2015) 1. Discharged/Transferred to a short-term general hospital for inpatient care 2. Discharged/transferred to an Intermediate Care Facility (ICF) 3. Discharge/Transferred to home under care of organized home health service 4. Left against medical advice or discontinued care 5. Deceased/Expired ( <b>Relabeled as of 01/01/2015</b> ) 6. Discharged home with no home services 7. Discharged/Transferred to Skilled Nursing Facility (SNF) 8. Discharged/Transferred to hospice care 9. (RETIRED 2014) Discharged/Transferred to another type of rehabilitation or long term care Facility 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 of unit of a hospital 14. Discharged/Transferred to another type of		Drop Down List	The disposition of the patient when discharged from the hospital.	<ul style="list-style-type: none"> <li>Field value = (NTDB) 6, "home" refers to the patient's current place of residence (e.g., prison, Child Protective Services etc.)</li> <li>Field values based upon UB-04 disposition coding.</li> <li>Disposition to any other non-medical facility should be coded as (NTDB) 6.</li> <li>Disposition to any other medical facility should be coded as (NTDB) 14.</li> <li>Refer to the glossary for definitions of facility types.</li> <li>The null value "Not Applicable" is used if ED Discharge Disposition = 5 (Died).</li> <li>The null value "Not Applicable" is used if ED Discharge Disposition = (NTDB) 4,6,9,10, or 11.</li> </ul>	1. Hospital Discharge Summary Sheet 2. Nurses' notes 3. Case Manager / Social Services' Notes	104	Y
Outcome	Transfer Destination	<b>See Appendix B - Facility Id's</b>		Drop Down List					Y
Outcome	Transfer Destination (Out of State)		Choose 99 if out of state <b>LOGIC:</b> Enabled only when (???)valued as other than; Unknown, N/A			Logic added on January 1, 2013			Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Outcome	Transfer Reason	1,Level 1 Trauma Center 2,Higher Level of Care 3,Capacity 4,Neurosurgery 5,CT Scanner 6,Hyperbaric 7,Burn Center 8,Pediatric 9,Specialty Surgery 10,Trauma/Intensive Care 99,Other ?,Not Known/Not Recorded /,Not Applicable		Drop Down List					Y
Outcome	If Transfer, Specialty Service Reason	1,Neurosurgical 2,Orthopedic 3,OMF - Oral Maxillo facial 4,Cardiothoracic 5,Hand Surgery 6,Plastics 7,Urology 8,Thoracic 9,Vascular 10,Other ?,Not Known/Not Recorded /,Not Applicable		Drop Down List					Y

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Outcome	Payor 1 (NTDB: PRIMARY METHOD OF PAYMENT)	0, None 1, Medicare 2, Medicaid 3, Worker's Compensation 4, HMO 5, Other Insurance 6, PPO/HMO 7, Car Insurance 8, Self Pay 9, Ward of Government 10, Government 11, County Government 12, IHS 13, No Fault ?, Not Known/Not Recorded /, Not Applicable <b>NTDB 2014</b> 1. Medicaid 2. Not Billed (for any reason) 3. Self Pay 4. Private/Commercial Insurance 5. No Fault Automobile 6. Medicare 7. Other Government		Drop Down List	Primary source of payment for hospital care.	State of New Mexico • Patients with Salud will be categorized as Medicaid • Patients with any Senior plan should be categorized as Medicare	1. Billing Sheet / Medical Records Coding Summary Sheet 2. Hospital Admission Form	107	Y
Outcome	Payor 2	Same as Payor 1		Drop Down List				107	Y
Outcome	Payor 3	Same as Payor 1		Drop Down List				107	Y
Outcome	Total Charges		Value	Numerical					Y
<b>Outcome-Death</b>									

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Outcome-Death	Organs Donated	0,None 1,> 4 Organs 2,Adrenal Glands 4,Bone 5,Cartilage 7,Dura Mater 8,Fascialata 9,Heart 10,Heart & Lungs 12,Kidneys 13,Liver 14,Lungs 15,Nerves/Tendons 16,Pancreas 18,Valves ?,Not Known/Not Recorded /,Not Applicable		Drop Down List					Y
Outcome-Death	Autopsy Performed?	1,Yes 2,No ?,Not Known/Not Recorded /,Not Applicable		Drop Down List					Y
Outcome-Death	Autopsy Charted?	1,Yes 2,No ?,Not Known/Not Recorded /,Not Applicable		Drop Down List					Y
Outcome-Death	External Autopsy	1,Yes 2,No ?,Not Known/Not Recorded /,Not Applicable		Drop Down List					Y
<b>Critiques &amp; Reviews</b>									
Critiques & Reviews	Indicators			Drop Down List		Admission to Non-Surgical Service, added Janaury 1, 2013 <b>New as of 01/01/2015</b> 1, Other		109	N
Critiques & Reviews	Indicators			Drop Down List				109	N
Critiques & Reviews	Indicators			Drop Down List				109	N
Critiques & Reviews	Description			Free Text					N

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Screen Name	Field Label	Menu	How Collected	Data Type	Definition	Comments section	Data Source Hierarchy	NTDB	State Trauma Registry
Critiques & Reviews	Date		DATE	MM-DD-YYYY					N
Critiques & Reviews	Trend	1,Yes 2,No ?,Not Known/Not Recorded /,Not Applicable		Drop Down List					N
Critiques & Reviews	Review Committee	1,Trauma Committee 2,M & M 3,ReTrAC 4,Track & Trend 5,Supervisor Review 6,Other ?,Not Known/Not Recorded /,Not Applicable		Drop Down List					N
Critiques & Reviews	Review Date		DATE	MM-DD-YYYY					N