**Data Elements to be Reported to the Department of Public Health**

The following table shows the required data elements that designated trauma centers and non-trauma centers must report to the Department of Public Health.

|  |  |  |  |
| --- | --- | --- | --- |
| **Field Name**  **CY 2023 (1/1/2023-12/31/2023)** | **(R)equired (C)onditionally Required** | **Non-Trauma Centers** | **Trauma Centers** |
|
|
| Trauma Number | R | X | X |
| Facility | R | X | X |
| Transfer In | R | X | X |
| Referring Facility | C | X | X |
| Facility Arrival Date | R | X | X |
| Facility Arrival Time | R | X | X |
| Medical Record Number | R | X | X |
| Date of Birth | R | X | X |
| Sex | R | X | X |
| Gender Identity | R | X | X |
| Patient Address Street 1 | R | X | X |
| Patient Address Street2 | C | X | X |
| Patient Address City | R | X | X |
| Patient Address ZIP Code | R | X | X |
| Injury Date | R | X | X |
| Injury Time | R | X | X |
| Work Related | R | X | X |
| Injury Address City | R | X | X |
| Injury Address State | R | X | X |
| Mode of Arrival | R | X | X |
| Interfacility Transfer Mode of Arrival | C | X | X |
| Drug Screen | R | X | X |
| Alcohol Use Indicator | R | X | X |
| ETOH/BAC Level | R | X | X |
| Primary ICD-10 Mechanism | R | X | X |
| Secondary ICD-10 Mechanism | R | X | X |
| Tertiary ICD-10 Mechanism | R | X | X |
| ICD-10 Location Code | R | X | X |
| Initial Vitals - GCS: Eye | C |  | X |
| Initial Vitals - GCS: Verbal | C |  | X |
| Initial Vitals - GCS: Motor | C |  | X |
| Initial Vitals - GCS: Total | C |  | X |
| Additional Vitals - Paralytic Agents | C |  | X |
| Additional Vitals - Sedated | C |  | X |
| Additional Vitals - Eye Obstruction | C |  | X |
| Additional Vitals - Intubated | C |  | X |
| Initial Vitals Unassisted Respiration Rate | R | X | X |
| Initial Vitals Assisted Respiration Rate | R | X | X |
| Initial Vitals SBP | R | X | X |
| Initial Vitals Pulse Rate | R | X | X |
| ICD-10 Diagnosis Code | R | X | X |
| PreDot | R |  | X |
| AIS Severity | R |  | X |
| AIS Version | R |  | X |
| Protective Device Equipment | R |  | X |
| Protective Devices Restraint 1 | C |  | X |
| Protective Devices Restraint 2 | C |  | X |
| Protective Devices - Airbag | C |  | X |
| Patient Address Country | C | X | X |
| Patient Address County | C | X | X |
| Alternate Residence | R | X | X |
| Age | R | X | X |
| Age Units | R | X | X |
| Race1 | R | X | X |
| Race2 | R | X | X |
| Ethnicity | R | X | X |
| Occupation Industry | C |  | X |
| Occupation | C | X | X |
| Injury Address ZIP Code | R | X | X |
| Injury Address Country | R |  | X |
| Injury Address County | R |  | X |
| Prehospital Provider Call Dispatched Date | R | X | X |
| Prehospital Provider Arrived at Location Date | R | X | X |
| Interfacility Transport Arrived at Location Date | C | X | X |
| Prehospital Provider Departed Location Date | R | X | X |
| Interfacility Transport Departed Location Date | C | X | X |
| Pre-Arrival Cardiac Arrest | R | X | X |
| Initial Vitals Temperature Value | R |  | X |
| Initial Vitals Temperature Unit | R |  | X |
| Initial Vitals Respiration Assisted? | R |  | X |
| Initial Vitals O2 Saturation | R |  | X |
| Initial Vitals Supplemental O2 | R |  | X |
| Initial Vitals Height | R |  | X |
| Initial Vitals Height Unit | R |  | X |
| Initial Vitals - Weight | R |  | X |
| Initial Vitals - Weight Unit | R |  | X |
| Post ED Disposition | R | X | X |
| ED Departure Order Date | R | X | X |
| ED Departure Order Time | R | X | X |
| ICD-10 Procedure Code | R |  | X |
| Procedures - Start Date | R |  | X |
| Procedure - Start Time | R |  | X |
| ICU Days | R |  | X |
| Total Ventilator Days | R |  | X |
| Discharge Order Date | R | X | X |
| Discharge Order Time | C |  | X |
| Discharged To | R | X | X |
| Primary Payor | R | X | X |
| Admission Type | R |  | X |
| Initial Vitals - GCS40: Eye | R |  | X |
| Initial Vitals - GCS40: Verbal | R |  | X |
| Initial Vitals - GCS40: Motor | R |  | X |
| Universally Unique Identifier (UUID) | C |  | X |
| Comorbidity | R |  | X |
| Complications | R |  | X |
| First Name | R | X | X |
| Middle Initial | R | X | X |
| Last Name | R | X | X |
| Patient Home State | R | X | X |
| Homeless | R | X | X |

NOT APPICABLE/NOT KNOWN/UNKNOWN/NOT RECORDED choices are coded according to the specification guides for each data field.