TRAUMA PATIENT INCLUSION DEFINITION
ARIZONA STATE TRAUMA REGISTRY (ASTR)

- EMS TRAUMA TRIAGE PROTOCOL
  A patient with injury or suspected injury who is triaged from a scene to a trauma center or ED
  based upon the responding EMS provider’s trauma triage protocol; OR

- INTER-FACILITY INJURY TRANSFERS BY EMS
  A patient with injury who is transported via EMS transport from one acute care hospital to
  another acute care hospital; OR

*Note: For 2012 trauma data, only Level III and IV Trauma Centers were required to report
inter-facility injury transfers. For 2008-2011 and 2013 forward, all designation levels are
required to report inter-facility injury transfers.

- HOSPITAL TRAUMA TEAM ACTIVATIONS
  A patient with injury or suspected injury for whom a trauma team activation occurs; OR

- ADMITTED OR DIED BECAUSE OF INJURY & MEETS ASTR DIAGNOSIS CODES
  A patient with injury who:
  Is admitted as a result of the injury OR who dies as a result of the injury
  AND
  Has an ICD-9-CM N-code (injury diagnosis code) within categories 800 through 959 (except exclusions
  below):

EXCLUSIONS for admitted or died ICD-9-CM 800-959 patients:
- Only has late effects of injury or another external cause:
  (ICD-9-CM N-code within categories 905 through 909)
- Only has a superficial injury or contusion:
  (ICD-9-CM N-code within categories 910 through 924)
- Only has effects of a foreign body entering through an orifice:
  (ICD-9-CM N-code within categories 930 through 939)
- Only has an isolated femoral neck fracture from a same-level fall:
(ICD-9-CM N-code within category 820 AND ICD-9-CM E-code within category E885 or E886)

- Only has an isolated distal extremity fracture from a same-level fall:
  (ICD-9-CM N-code within categories 813 through 817 or 823 through 826 AND ICD-9-CM E-code within category E885 or E886)

- Only has an isolated burn:
  (ICD-9-CM N-code within categories 940 through 949)

*Inter-facility transfer item 1-B was added to the ASTR Inclusion Criteria, per the Bureau of EMS & Trauma System in November 2008. This item was then revised by the TEPI advisory committee for 2012, requiring only Level III and IV trauma centers to submit inter-facility transfers. For 2013 data forward, the advisory committee reinstated the original 2008-2011 inter-facility transfer criteria.

Note: New ASTR inclusion criteria went into effect for trauma records with ED/Hospital Arrival Dates Jan. 1, 2008 forward. Changes to inclusion criteria affect the numbers and types of records submitted to ASTR. Inclusion changes should be taken into consideration when comparing multiple years of trauma data.
Did the EMS provider triage the patient by their trauma triage protocol?

Is this injured patient an inter-facility transfer via EMS transport from one acute care hospital to another?

Was there a trauma team activation*?

Did the patient die as a result of the injury?

Was the patient admitted in the hospital (not ED) as a result of the injury?

Does the patient have an ICD-9-CM N code within categories 800 and 959?

Question: Is this an isolated case of......

...a superficial injury or contusion?
   (ICD-9CM N-code 910-924)

... a late effect injury or another external cause?
   (ICD-9CM-N code 905 and 909)

... a same level fall resulting in an isolated femoral neck fracture OR distal extremity fracture?
   (ICD-9CM N-code 820 OR 813-817, 823-826 AND E885 or E886)

... a foreign body entering an orifice?
   (ICD-9CM N-code 930-939)

... an isolated burn?

Yes to ONE of the isolated case questions

No to ALL of the isolated case questions

Yes
Patient INCLUDED in the Arizona Trauma Registry

No
Patient NOT INCLUDED in the Arizona Trauma Registry

*Activation is determined by facility Not discharged from ED