

ASTR 2008-2010 Required Data Elements List

**Arizona State Trauma Registry (ASTR) Required Data Elements
(For ED/Hospital Arrival Dates 1/1/2008 - 12/31/2010)**

All designated trauma centers are required to submit data to ASTR. Non-designated hospitals may submit voluntarily. Levels I, II and III Trauma Centers must submit the full ASTR data set. Level IV Trauma Centers and non-designated facilities may choose to submit a full or reduced data set.

Note: Major changes were made to ASTR data element requirements, effective for ED/Hospital arrival dates 1/1/2008 forward. Please refer to the ASTR 2005-2007 data dictionary for previous data submission requirements.

ASTR Field Name/Data Element Description	Required for Trauma Center I, II, and III	Required for TC Level IV, Non-Designated and ALS Base Hospitals
DEMOGRAPHIC DATA ELEMENTS		
Reporting Facility Site ID	X	X
Registration Number	X	X
Medical Record Number	X	X
Hospital Admission Date	X	X
Admission Status	X	X
Patient Last Name	X	X
Patient First Name	X	X
Patient Middle Initial	X	X
Social Security Number	X	X
Date of Birth	X	X
Age	X	X
Units of Age	X	X
Gender	X	X
Race (Primary)	X	X
Race (Secondary)	X	
Ethnicity	X	X
Zip Code of Residence	X	
City of Residence	X	
County of Residence	X	
State of Residence	X	X
Country of Residence	X	
Alternate Home Residence	X	
Co-Morbid Conditions (Pre-Existing)	X	
INJURY DATA ELEMENTS		
Injury Date	X	X

Injury Time	X	X
Actual versus Estimated Injury Time	X	
Injury Location ICD-9-CM E-code (E849)	X	X
Street Location of Injury	X	
Zip Code of Injury	X	X
City of Injury	X	X
County of Injury	X	
State of Injury	X	
Country of Injury	X	
Primary ICD-9-CM E-code Injury Descriptor	X	X
Additional ICD-9-CM E-code Injury Descriptor	X	
Trauma Type	X	
Work-Related	X	
Patient Occupational Industry	X	
Patient Occupation	X	
Position in Vehicle / Vehicle Type	X	
Injury Event Details (required 2009 forward)	X	
Protective Devices	X	X
Child Specific Restraint	X	
Airbag Deployment Details	X	
Safety Equipment Issues	X	
PREHOSPITAL/TRANSPORT DATA ELEMENTS		
Transport Type	X	
Transport Mode (Into Reporting Facility)	X	X
Other Transport Modes	X	
Prehospital EMS Agency	X	
Run Sheet Available?	X	
Run Sheet Date	X	
Run Sheet Number (required 2009 forward)	X	
Transported From (Origin)	X	
Transported From (Referring Hospital)	X	
Date EMS Provider Notified	X	
Time EMS Provider Notified	X	
Date EMS Provider Left for Scene	X	
Time EMS Provider Left for Scene	X	
Date EMS Provider Arrived at Scene	X	
Time EMS Provider Arrived at Scene	X	
Date of EMS Patient Contact	X	
Time of EMS Patient Contact	X	
Date EMS Provider Departed Scene	X	

Time EMS Provider Departed Scene	X	
Date of Arrival at Destination	X	
Time of Arrival at Destination	X	
EMS Destination	X	
EMS Agency Response Time (Minutes)	X	
EMS Agency Scene Time (Minutes)	X	
Transport Time - EMS Agency Scene to Destination (Minutes)	X	
Total EMS Agency Time (Minutes)	X	
System Access (Inclusion Criteria)	X	
Triage Criteria	X	X
Date of Measurement of Vital Signs	X	
Time of Measurement of Vital Signs	X	
Initial Field Pulse Rate	X	
Initial Field Respiratory Rate	X	
Initial Field Oxygen Saturation	X	
Field Airway Management Details	X	
Field Intubation Status	X	
Field Paralytic Agent in Effect	X	
Initial Field Systolic Blood Pressure	X	
Initial Field GCS – Eye Opening	X	
Initial Field GCS – Verbal Response	X	
Initial Field GCS – Motor Response	X	
Initial Field GCS – Total	X	
Field Revised Trauma Score	X	
REFERRING/TRANSFER HOSPITAL DATA ELEMENTS		
Interfacility Transfer?	X	
Date of Arrival at First Referring Hospital	X	
Time of Arrival at First Referring Hospital	X	
Date of Transfer from First Referring Hospital	X	
Time of Transfer from First Referring Hospital	X	
Transferring Facility (First Referring)	X	
Length of Stay in First Referring Hospital (Hours)	X	
Destination Facility (from First Referring)	X	
Date of Arrival at Second Referring Hospital	X	
Time of Arrival at Second Referring Hospital	X	
Date of Transfer from Second Referring Hospital	X	
Time of Transfer from Second Referring Hospital	X	
Transferring Facility (Second Referring)	X	
Length of Stay in Second Referring Hospital (Hours)	X	
Destination Facility (from Second Referring)	X	

Vital Signs Designation (If First or Second Referring)	X	
Initial Respiratory Rate in Referring Facility	X	
Initial Systolic Blood Pressure in Referring Facility	X	
Initial GCS Total in Referring Facility	X	
Initial Revised Trauma Score in Referring Facility	X	
ED/TRAUMA DATA ELEMENTS		
ED/Hospital Arrival Date	X	X
ED/Hospital Arrival Time	X	X
ED Exit Date	X	X
ED Exit Time	X	X
Length of Stay in ED (Hours)	X	X
Complete Trauma Team Arrival Time	X	
ED Discharge Disposition	X	X
ED Discharge Destination Hospital	X	X
ED Discharge Transport Agency	X	
ED Discharge Transfer Reason	X	
ED/Hospital Initial Pulse Rate	X	
ED/Hospital Initial Respiratory Rate	X	
ED/Hospital Initial Respiratory Assistance	X	
ED/Hospital Initial Oxygen Saturation	X	
ED/Hospital Initial Supplemental Oxygen	X	
ED/Hospital Intubation Status	X	
ED/Hospital Paralytic Agent in Effect	X	
ED/Hospital Initial Systolic Blood Pressure	X	
ED/Hospital Initial GCS – Eye Opening	X	
ED/Hospital Initial GCS – Verbal Response	X	
ED/Hospital Initial GCS – Motor Response	X	
ED/Hospital Initial GCS – Total	X	
ED/Hospital Initial GCS Assessment Qualifiers	X	
ED/Hospital Initial Temperature	X	
ED/Hospital Initial Units of Temperature	X	
ED/Hospital Initial Temperature Route	X	
ED/Hospital Initial Revised Trauma Score	X	
Alcohol Use Indicator	X	
Blood Alcohol Content (mg/dl)	X	
Drug Use Indicator	X	
Toxicology Substances Found	X	
DISCHARGE DATA ELEMENTS		
Hospital Discharge Date	X	X
Hospital Discharge Time	X	X

Hospital Admission Length of Stay (Days)	X	X
Total Length of Hospital Stay – ED plus Admission (Days)	X	
Final Outcome – Dead or Alive	X	X
Total ICU Length of Stay (Days)	X	X
Total Ventilator Days	X	
Hospital Discharge Disposition	X	X
Hospital Discharge Destination Hospital	X	X
Hospital Discharge Transport Agency	X	
Hospital Discharge Transfer Reason	X	
Autopsy Identification Number	X	
Injury Diagnoses – ICD-9-CM N-codes	X	X
Severity Code(s) for ICD-9-CM Diagnosis	X	
Body Region(s) of Injury for ICD-9-CM Diagnosis	X	
Injury Severity Score for ICD-9-CM Diagnoses	X	
AIS 2005 Six-Digit Injury Identifier(s)*	X	*Required for Level I Trauma Centers Only
AIS Severity Code(s)*	X	
AIS Body Region(s) of Injury*	X	
Injury Severity Score for AIS 2005 Codes*	X	
Probability of Survival	X	
ED/Hospital Procedure Location	X	
ED/Hospital Procedure Start Date	X	
ED/Hospital Procedure Start Time	X	
ED/Hospital ICD-9-CM Procedure Codes	X	
Hospital Complications	X	
Primary Method of Payment	X	
Secondary Method of Payment	X	
Total Hospital Charges	X	
Total Reimbursements	X	