

ARIZONA STATE TRAUMA REGISTRY (ASTR)

TRAUMA PATIENT INCLUSION DEFINITION*

(Effective for trauma records with ED/Hospital Arrival Dates Jan. 1, 2008 forward)

1. A. 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**

*B. A patient with injury who is transported via EMS transport from one acute care hospital to another acute care hospital; **OR**

2. A patient with injury or suspected injury for whom a trauma team activation occurs; **OR**

3. A patient with injury who:
 - A. Is admitted as a result of the injury **OR** who dies as a result of the injury **AND**
 - B. Has an ICD-9-CM N-code** within categories 800 through 959 **AND**
 - C. Does not **ONLY** have:
 - a) Late effects of injury or another external cause:
ICD-9-CM N-code within categories 905 through 909
 - b) A superficial injury or contusion:
ICD-9-CM N-code within categories 910 through 924
 - c) Effects of a foreign body entering through an orifice:
ICD-9-CM N-code within categories 930 through 939
 - d) 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
 - e) 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
 - f) An isolated burn:
ICD-9-CM N-code within categories 940 through 949

*1B was added as a clarification of the criteria, per the Bureau of EMS & Trauma System (11/19/08)

**"N-code" refers to the nature/diagnosis of injury, as coded according to ICD-9-CM.

Note: Inclusion criteria changes are effective 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. Changes should be taken into consideration when comparing multiple years of ASTR data.