



## Tennessee State Registry Inclusion Criteria – Updated 2-10-21

Current NTDB Inclusion Criteria with state extensions and with the addition of language bolded below:

And must include one of the following in addition to (ICD-10-CM S00-S99, T07, T14, and T79.A1-T79.A9):

- Death resulting from the traumatic injury (independent of hospital admission or hospital transfer status);  
OR
- Patient transfer from one acute care hospital\* to another acute care hospital;  
OR
- Patients directly admitted to your hospital (exclude patients with isolated injuries admitted for elective and/or planned surgical intervention);  
OR
- Patients who were an in-patient admission and/or observed  
AND

**All patients who met institutional criteria for trauma team activation and were discharged home from the ED**

## Tennessee required fields in addition to the most current NTDB Data Set

### DEMOGRAPHICS

Social Security Number

Pt last name

Pt first name

Pt middle initial

Street address

### INJURY - The location from which the patient was transported

Physician's Office/urgent care

Unknown

Home (if not scene of injury)

Referring Hospital

Scene of Injury (if not previously medically evaluated)

### POSITION IN VEHICLE

Driver

Front Seat Passenger  
Second Row Left  
Second Row Middle  
Second Row Right  
Truck Bed  
Passenger NFS  
/, Not Applicable  
?,Unknown

**DIRECT ADMIT - Yes/No**

**INJURY MECHANISM - Replaces Chief Complaint**

MVC  
Fall Under 1m (3.3 ft)  
Fall 1m - 6m (3.3 - 19.7 ft)  
Fall Over 6m (19.7 ft)  
Fall - NFS  
Assault  
Motorcycle  
Pedestrian  
Bicycle  
Other Blunt Mechanism  
Knife  
Gun  
Other Penetrating Mechanism  
Burn  
Electrical Injury  
Not Applicable  
Unknown  
ATV  
Animal  
Machinery

**TRAUMA TEAM ACTIVATION TIMES**

Called time  
Arrival at bedside time  
Trauma attending response time for full activations only (level I, II's, & III's)

**CT SCAN RESULTS**

Positive/Negative

**ADMITTING SERVICE**

Trauma  
Neurosurgery

Orthopedics  
General Surgery  
Pediatric Surgery  
Cardiothoracic Surgery  
Burn Services  
Pediatrics  
Cardiology  
Critical Care  
ENT  
Family Medicine  
GI  
Hospitalist  
Infectious Disease  
Internal Medicine  
Nephrology  
Neurology  
OB-Gyn  
Hematology/Oncology  
Ophthalmology  
Oral Surgery  
Oromaxillo Facial Service  
Spine  
Plastic Surgery  
Pulmonary  
Thoracic Surgery  
Urology  
Vascular Surgery  
Other  
?, Unknown

**FINANCIAL**

Primary Method of Payment  
Billed Hospital Charges