

PARAMEDIC RECEIVING CENTER TRAUMA PATIENT REGISTRY: FORM COMPLETION AND FILING PROCEDURE

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AUTHORITY Ι.

Health and Safety (HS) Code, Division 2.5, Sections 1798, 1798.161, and 1798.163; California Code of Regulations, Title 22, Division 9, Section 100257; Orange County EMS Policy 600.00-Paramedic Receiving Center Criteria, Section III.A.4, "Participation in data collection and evaluation studies conducted by the Orange County Emergency Medical Services (OCEMS)."

II. APPLICATION

This procedure defines the process for completing an OCEMS Trauma Patient Registry form when a major trauma patient is treated in a non-trauma receiving center.

III. GENERAL

The data listed in this policy is to be sent to OCEMS via e-mail or mail. These data are confidential. For trauma patients meeting the following criteria, a Trauma Patient Registry form is to be completed by designated personnel from the paramedic receiving center (PRC).

- Α. Criteria for determination of what constitutes a trauma patient:
 - 1. All patients who go to the operating room from the emergency department or as an inpatient for a major head, neck, chest, vascular or abdominal injury (e.g., an isolated liver or spleen injury requiring surgical intervention, including ICD-9s 850.2—869.1 and 900.0—903.9).
 - 2. Spinal Cord Injury patients with an ICD-9 code range of 806.0 to 806.9.
 - 3. All trauma-related deaths in the emergency department or after admission (excluding traumatic cardiac arrests prior to ED arrival, submersion accidents, hangings, or hip fractures due to falls without associated injuries).
- B. Trauma Registry Data is to be sent to OCEMS within 45 days of patient discharge.
- The data will be used to generate a quarterly EMS System Trauma Report for each trauma C. center and the Trauma System, the EMS Activity report for all providers, and for periodic OCEMS trauma patient studies and research.

IV. PROCEDURE FOR COLLECTING TRAUMA REGISTRY DATA

A. Section I – IDENTIFICATION

- 1. Log #: Enter hospital log number.
- 2. Medic log #: Enter paramedic log number. If not transported by paramedics, enter incident date.
- 3. Paramedic Receiving Center: Enter name of the receiving center completing the form.

Italicized Text Identifies Quotations From An Authority Outside The Orange County EMS.

Approved:

Bully so Dalone Savere

P/P: 390.45 Implementation Date: 10/01/02 Reformatted: March, 2004



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B. Section II - EMERGENCY DEPARTMENT ADMISSION DATA

- 1. Date of Arrival: Enter month, day, year admitted to the ED.
- 2. Time of Arrival: Enter time of admission to the ED.
- 3. Method of Arrival: Select mode of admission that best describes the method of arrival at the hospital: paramedics, ambulance, walk-in, other. If "other," describe, e.g., private auto.
- 4. Incident Type: Check applicable mechanism of injury: assault, auto accident, bicycle injury, burn, fall, gunshot wound, motorcycle injury, pedestrian injury, stab wound, sports injury, other. If "other," describe.
- 5. Presenting Vital Signs (VS): Enter initial VS taken in the ED.
- 6. Glasgow Coma Score (GCS): Enter initial GCS and time.
- 7. CT Done: Enter time.
- 8. Intubated: Enter time.

C. Section III - EMERGENCY DEPARTMENT DISPOSITION

- 1. Admitted: Specify to where and time.
- 2. Expired: Enter time.
- 3. Discharged: Enter time.
- 4. Transferred: Enter time.
- 5. To OR: Enter time.

D. Section IV - OPERATIVE CARE

- 1. Date: Enter date of initial operative procedure.
- 2. Time to OR: Enter time of initial operative procedure.
- 3. Operative Procedure: Please specify. Include ICD.9 CM.
- 4. Disposition from OR: Check applicable disposition: admitted (specify to where), expired, other.

E. Section V - DISCHARGE

- 1. Date: Enter month, day, and year of discharge.
- 2. Time: Enter time of discharge.
- 3. Total Days: Record total hospital days. A hospital day is calculated from 12:00 a.m. to 11:59 p.m. Partial days are counted as a full day.
- 4. <u>Discharge Type</u>: Check the box that best describes the patient disposition:
 - a) Discharged without disability.
 - b) Discharged with disability.
 - c) Transferred: Identify health care center (acute, rehab, ECF) where patient was transferred.
 - d) Expired: Time, date, location of death. Record Coroner number.
 - e) Other: Describe.

F. Section VI - FINAL DIAGNOSES

• ICD.9 CM: Enter the primary/secondary final diagnoses ICD.9 CM codes.

ATTACHMENT: PRC Trauma Patient Registry Form

Approved:

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COUNTY OF ORANGE / HEALTH CARE AGENCY / EMERGENCY MEDICAL SERVICES PARAMEDIC RECEIVING CENTER TRAUMA PATIENT REGISTRY FORM

	9 CM -
II. EMERGENCY DEPT ADMISSION DATA Date of Arrival Time of Arrival	- - - - - - - - - -
Time of Arrival Method of Arrival: Paramedics Ambulance Other Incident Type: Disposition from OR (Check one) Admitted (specify to where) Expired Other	
Assault Auto Accident Bicycle Injury Burn Stab Wound Fall Other Assault Discharged without disability W. DISCHARGE Date // DISCHARGE Date Discharged without disability	
Presenting Vital Signs: HR RR BP / Discharged with disability Time	red)
GCS Eyes Motor Verbal GCS Total: CT Done Intubated Date Time Coroner # Coroner #	
III. EMERGENCY DEPT DISPOSITION (Choose only one) Time VI. FINAL DIAGNOSES (Including complicate)	

Comments: DI/laa:P/P 5:3191:rev-10-25-02