

# TRAUMA

## DATA VALIDATION #1

| Registrar: | Reviewer: | Review Date: |
|------------|-----------|--------------|
|            |           |              |

| Abstraction Accuracy Rate |
|---------------------------|
|                           |

|                 |  |
|-----------------|--|
| Tracking Number |  |
|-----------------|--|

| 42 Single-Value Fields |                                   |                 |                    |
|------------------------|-----------------------------------|-----------------|--------------------|
| DEMOGRAPHICS SCREEN    |                                   |                 |                    |
|                        |                                   | Abstracted Data | Re-Abstracted data |
| 1                      | Institute Number                  |                 |                    |
| 2                      | Registry Designation              |                 |                    |
| 3                      | Hospital Arrival Date             |                 |                    |
| 4                      | Medical Record Number             |                 |                    |
| 5                      | Frequent Flyer Number             |                 |                    |
| 6                      | Last Name                         |                 |                    |
| 7                      | First Name                        |                 |                    |
| 8                      | Account Number                    |                 |                    |
| 9                      | Race                              |                 |                    |
| 10                     | Sex                               |                 |                    |
| 11                     | Date of Birth                     |                 |                    |
| 12                     | Injury Time                       |                 |                    |
| 13                     | Injury Date                       |                 |                    |
| CAUSE OF INJURY        |                                   |                 |                    |
| 14                     | Cause of Injury                   |                 |                    |
| 15                     | Trauma Type                       |                 |                    |
| 16                     | Motive of Injury                  |                 |                    |
| 17                     | Abuse Reported:                   |                 |                    |
| 18                     | Abuse Investigated?               |                 |                    |
| 19                     | Different caregiver at discharge? |                 |                    |
| 20                     | Mechanism of Injury Details       |                 |                    |

**HOSPITAL DATA**

|    |                               | Abstracted Data | Re-Abstracted data |
|----|-------------------------------|-----------------|--------------------|
| 21 | Admit Service                 |                 |                    |
| 22 | Admission Service Type        |                 |                    |
| 23 | Admitting Physician           |                 |                    |
| 24 | Admit Type                    |                 |                    |
| 25 | Admit Source                  |                 |                    |
| 26 | Trauma Team Activated?        |                 |                    |
| 27 | Trauma Critical Care Time     |                 |                    |
| 28 | Admission Level               |                 |                    |
| 29 | Trauma Team Notification Time |                 |                    |

**INJURY LOCATION**

|    |                                                     |  |  |
|----|-----------------------------------------------------|--|--|
| 30 | Position in Vehicle                                 |  |  |
| 31 | Extricated from Injury Location?                    |  |  |
| 32 | Street Address of Injury                            |  |  |
| 33 | Injury Zip Code                                     |  |  |
| 34 | <i>Nearest Injury City (If zip code is unknown)</i> |  |  |
| 35 | Injury County                                       |  |  |
| 36 | Injury State                                        |  |  |
| 37 | Injury Country                                      |  |  |
| 38 | Location of Injury                                  |  |  |
| 39 | Secondary injury Location Influence                 |  |  |
| 40 | Injured at Work?                                    |  |  |
| 41 | Industry Type                                       |  |  |
| 42 | Occupation                                          |  |  |

**3 Multi-Value Fields**

|                      | Abstracted Data | Re-Abstracted data |
|----------------------|-----------------|--------------------|
| Safety Devices Used: |                 |                    |
| Child Restraints     |                 |                    |
| Airbag Types:        |                 |                    |

**5 Multi-Value Fields**

**PHYSICIANS**

| Physician: | Provider Type: | Physician Arrival Time: | Physician Arrival Date: | Response Time: |
|------------|----------------|-------------------------|-------------------------|----------------|
|            |                |                         |                         |                |