



# DATA VALIDATION #3

Registrar:	Reviewer:	Review Date:

Abstraction Accuracy Rate

Tracking Number	
Hospital Arrival Date	
Medical Record Number	
Last Name	
First Name	

## 35 Single-Value Fields

### TQIP Traumatic Brain Injury:

		Abstracted Data	Re-Abstracted data
1	Does the patient have an injury in the AIS Head region?		
2	Highest GCS Total within 24 hrs		
2	Highest Motor GCS with 24 hrs		
3	GCS qualifier for highest GCS in 24 hrs		
4	1 <sup>st</sup> Cerebral Monitor placed		
5	Time of 1 <sup>st</sup> cerebral monitor		
6	Date of 1 <sup>st</sup> cerebral monitor		
7	2nd Cerebral Monitor placed		
8	Time of 2nd cerebral monitor		
9	Date of 2nd cerebral monitor		
10	3rd Cerebral Monitor placed		
11	Time of 3rd cerebral monitor		
12	Date of 3rd cerebral monitor		
13	4th Cerebral Monitor placed		
14	Time of 4 <sup>th</sup> cerebral monitor		
15	Date of 4th cerebral monitor		

### TQIP Hemorrhage Control

16	Were PRBC's transfused within 4 hours?		
17	Lowest ED SBP		
18	Blood Transfusion Units – 4 hours		
19	Transfusion Blood Units – 24 hours		
20	Transfusion Plasma Units – 4 hours		
21	Transfusion Plasma Units – 24 hours		
22	Transfusion Platelets Units – 4 hours		
23	Transfusion Platelets Units – 24 hours		

		Abstracted Data	Re-Abstracted data
24	Cryoprecipitate Units – 4 hours		
25	Cryoprecipitate Units – 24 hours		
26	First Angiography - 48 hours		
27	Embolization Site		
28	First Angiography Time		
29	First Angiography Date		
30	Surgery Type – 24 hours		
31	Surgery Time – 24 hours		
32	Surgery Date – 24 hours		
33	ETOH Test Results		
34	ETOH Evident?		
35	Drug Use Indicator		

MULTI-VALUE FIELDS			
DRUGS DETECTED			
	Drugs Detected:		

MEDICATIONS			
	Medications:	Medication Location:	

COMORBIDITIES			
121	Comorbidities:		

COMPLICATIONS			
122	Complications:	Description:	

LABS					
64	Lab Code:	Lab Method:	Lab Value:	Lab Time:	Lab Date: