

Registrar:		Reviewer:	Revi	ew Date:
1				
		1		
Abstraction Accuracy	Rate			
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Tracking Number	
Hospital Arrival Date	
Medical Record Number	
Last Name	
First Name	

	29 Single-Value Fields						
	TRANSPORT DATA						
		Abstracted Data	Re-Abstracted data				
1	Transport Mode						
2	Transport Agency Name						
3	Runsheet Present?						
4	Transport Origin						
5	Transport Dispatch Date						
6	Transport Dispatch Time						
7	Transport Date at Scene						
8	Transport Time at Scene						
9	Transport Depart Date						
10	Transport Depart Time						
11	Transport Intubation						
12	Transport GCS Assessment Qualifiers						
13	Transport Systolic blood pressure						
14	Transport Pulse						
15	Transport Respiratory Rate						
16	Transport O2 Saturation rates						
17	Transport Eye GCS						
18	Transport Verbal GCS						
19	Transport Motor GCS						
20	Transport GCS Total						
21	Other Transport Modes						

	REFERRING HOSPITAL DATA						
22	Transferred from another facility?						
23	Transfer Mode						
24	Referring Facility Code						
25	Referring Arrival Time						
26	Referring Arrival Date						
27	Referring Discharge Time						
28	Referring Discharge Date						
29	Referring Admit Type						
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MULTI-VALUE FIELDS					
Consulting Services:					
Signature Check Service:		Signature Present within 24 hours?			

Initial Field Vitals = Vitals # 1.1									
	Only validate the vitals with a 1.1 in the 'Vitals Num' field.								
Vitals Systolic BP Pulse Resp Rate O2 Sats GCS EYE GCS Verbal GCS Motor GC Num O2 Sats O2 Sats O2 Sats O3 Sats O4 Sats O5 Sats <td< td=""><td>GCS Total</td></td<>							GCS Total		

OR CASE NUMBERS					
OR Case Physician:	Number of Cases:				

PROCEDURES								
Procedure	Location	Pos/ Neg	ICD9	OP EP	Start Date	Start Time	ICU Docs	OR Docs