Alaska Trauma Registry – Injury Surveillance Dataset (268 Variables) 2009-2013

COMMON NULL VALUES
Data Format [combo] single-choice ATR Element

Definition
For any collection of data to be of value and reliably represent what was intended, a strong commitment must be made to ensure the correct documentation of incomplete data. The indicated null values should be applied..

Field Values
1. Not Applicable
2. Not Known/Not Recorded

Screen Label	Field Label	Field Name
	Unique Record Identifier	EXP_CTRL_NUM
Demographics-Patient	**Age**	AGE_VALUE
Demographics-Patient	**Age**	AGE_VALUE_TEXT
Demographics-Patient	**Age Units**	AGE_UNIT_AS_TEXT
	1 Years 2 Months 3 Days 4 Estimated in Years / Not Applicable ? Not Known Not Recorded	
Demographics-Patient	**Race**	PAT_RACE01_AS_TEXT PAT_RACE02_AS_TEXT
	1 Asian 2 Native Hawaiian or Other Pacific Islander 3 Other Race 4 American Indian 5 Black or African American 6 White 7 Alaska Native / Not Applicable ? Not Known/Not Recorded	
Demographics-Patient	**Gender**	PAT_GENDER_AS_TEXT
	1 Male 2 Female ? Not Known/Not Recorded	
Demographics-Patient	**Ethnicity**	PAT_ETHNIC_AS_TEXT
	1 Hispanic or Latino 2 Not Hispanic or Latino ? Not Known/Not Recorded	
Demographics-Patient	**Zip**	PAT_ADR_ZIP
Demographics-Patient	**Zip**	PAT_ADR_ZIP_TEXT
Demographics-Patient	**City**	PAT_ADR_CI
Demographics-Patient	**County**	PAT_ADR_FCO_AS_TEXT
Demographics-Patient	**State**	PAT_ADR_ST_AS_TEXT

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Demographics-Patient	**Census Area** 1 Aleutians East Borough 2 Aleutians West 3 Municipality of Anchorage 4 Bethel 5 Bristol Bay Borough 6 Denali Borough 7 Dillingham 8 Fairbanks North Star Borough 9 Haines Borough 10 Juneau Borough 11 Kenai Peninsula Borough 12 Ketchikan Gateway Borough 13 Kodiak Island Borough 14 Lake And Peninsula 15 Matanuska-Susitna Borough 16 Nome 17 North Slope Borough 18 Northwest Arctic Borough 19 Prince Of Wales-Outer Ketchikan 20 Sitka Borough 21 Skagway-Hoonah-Angoon 22 Southeast Fairbanks 23 Valdez-Cordova 24 Wade Hampton 25 Wrangell-Petersburg 26 Yakutat Borough 27 Yukon-Koyukuk 28 Census Area Unknown 29 Outside Alaska / Not Applicable ? Not Known/Not Recorded	PAT_ADR_REG_AS_TEXT
Demographics-Patient	**Country** USA Other / Not Applicable ? Not Known/Not Recorded	PAT_ADR_CY_S_AS_TEXT
Demographics - Patient	**Alternate Residence** 1, Homeless 2, Undocumented Citizen 3, Migrant 4, Foreign Visitor /, Not Applicable ?, Unknown	PAT_ADR_ALT_AS_TEXT

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Demographics - Patient	**Patient Status** 1 Prehospital Unstable 2 ER Unstable 3 Potential Unstable 4 Stable ? Not Known/Not Recorded	ED_COND_AS_TEXT
Demographics	**Year** Admission year	year
Demographics - Patient	**Age_years** Patient Age Years	age_years
Demographics	**Month** Admission Month	month
Demographics - Patient	**Spine** Spinal Injuries – All admission S N	Spine
Demographics - Patient	**TBI** TBI injury – All Admission B N	TBI
Injury – Mechanism of Injury	**Injury Intent 1 (Ecode Derived)** 1, Intentional 2, Not Intentional 8, Unknown Intent 9, N/A Intent 0, Not Defined	ET_INTENT1_AS_TEXT
Injury – Mechanism of Injury	**Injury Intent 2 (Ecode Derived)** 1, Intentional 2, Not Intentional 8, Unknown Intent 9, N/A Intent 0, Not Defined	ET_INTENT2_AS_TEXT
Injury-Injury Information	**Report of Physical Abuse** Yes No	INJ_ABUSE_RP_YN_AS_TEXT
Injury-Injury Information	**Investigation of Physical Abuse** Yes No	INJ_ABUSE_INVST_YN_AS_TEXT
Injury-Injury Information	**Place of Injury**	INJ_PLC_AS_TEXT

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	0 Home 1 Farm 2 Mine 3 Industry 4 Recreation 5 Street 6 Public Building 7 Residential Institution 8 Other 9 Unspecified / Not Applicable	
Injury-Injury Information	**Place of Injury Specify**	INJ_PLC_MEMO
Injury-Injury Information	**Work Related**	INJ_WORK_YN_AS_TEXT
Injury-Injury Information	**Occupational Industry**	PAT_JOB_TYPE_AS_TEXT
	1 Finance, Insurance, and Real Estate 2 Manufacturing 3 Retail Trade 4 Transportation and Public Utilities 5 Agriculture, Forestry, Fishing 6 Professional and Business Services 7 Education and Health Services 8 Construction 9 Government 10 Natural Resources and Mining 11 Information Services 12 Wholesale Trade 13 Leisure and Hospitality 14 Other Services ? Not Known/Not Recorded	
Injury-Injury Information	**Occupational Industry Specify**	PAT_JOB_TYPE_S

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Injury-Injury Information	**Occupation** 1 Business and Financial Operations Occupations 2 Architecture and Engineering Occupations 3 Community and Social Services Occupations 4 Education, Training, and Library Occupations 5 Healthcare Practitioners and Technical Occupations 6 Protective Service Occupations 7 Building and Grounds Cleaning and Maintenance 8 Sales and Related Occupations 9 Farming, Fishing, and Forestry Occupations 10 Installation, Maintenance, and Repair Occupations 11 Transportation and Material Moving Occupations 12 Management Occupations 13 Computer and Mathematical Occupations 14 Life, Physical, and Social Science Occupations 15 Legal Occupations 16 Arts, Design, Entertainment, Sports, and Media 17 Healthcare Support Occupations 18 Food Preparation and Serving Related 19 Personal Care and Service Occupations 20 Office and Administrative Support Occupations 21 Construction and Extraction Occupations 22 Production Occupations 23 Military Specific Occupations 24 Other 25 ? Not Known/Not Recorded	PAT_JOB_AS_TEXT
Injury-Injury Information	**Occupation Specify**	PAT_JOB_S

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Injury-Injury Information	**Subsistence** 1 Trapping 2 Fishing 3 Hunting 4 Whaling 5 Gathering / Not Applicable ? Not Known/Not Recorded	INJ_ACT_AS_TEXT
Injury-Injury Information	**Zip**	INJ_ADR_ZIP
Injury-Injury Information	**Zip**	INJ_ADR_ZIP_TEXT
Injury-Injury Information	**Street 1**	INJ_ADR_S01
Injury-Injury Information	**Street 2**	INJ_ADR_S02
Injury-Injury Information	**City**	INJ_ADR_CI
Injury-Injury Information	**State**	INJ_ADR_ST_AS_TEXT
Injury-Injury Information	**County**	INJ_ADR_FCO_AS_TEXT
Injury-Injury Information	**Country** **Country** USA Other / Not Applicable ? Not Known/Not Recorded	INJ_ADR_CY_S_AS_TEXT
Injury-Injury Information	**Caregiver at Discharge (Pediatric Only)** Yes No	DIS_TO_ALT_CGVR_YN_AS_TEXT
Injury-Mechanism of Injury	**Primary E-Code**	INJ_ECODE01
Injury-Mechanism of Injury	**Primary E-Code Text**	INJ_ECODE01_AS_TEXT
Injury-Mechanism of Injury	**E-Code 1 Specify**	INJ_CAU_S01
Injury-Mechanism of Injury	**Secondary E-Code**	INJ_ECODE02
Injury-Mechanism of Injury	**Secondary E-Code Text**	INJ_ECODE02_AS_TEXT
Injury-Mechanism of Injury	**E-Code 2 Specify**	INJ_CAU_S02
Injury-Mechanism of Injury	**Injury Type** 1 Blunt 2 Penetrating 3 Burn 4 Cold Injury 5 Drowning / Not Applicable	INJ_TYPE01_AS_TEXT
Injury-Mechanism of Injury	**Activitiy Code**	INJ_EACT_AS_TEXT

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Screen Label	Field Label	Field Name
Injury-Mechanism of Injury	**Restraint**	INJ_RESTR_AS_TEXT
	0 None 1 Child Car Seat 2 Infant Car Seat 3 Child Booster Seat 4 Lap Belt 5 Shoulder Belt 6 Lap Belt and Shoulder Belt / Not Applicable ? Not Known/Not Recorded	
Injury-Mechanism of Injury	**Airbag**	AIRBAG01_AS_TEXT, AIRBAG02_AS_TEXT, AIRBAG03_AS_TEXT, AIRBAG04_AS_TEXT
	1 Airbag Not Deployed 2 Airbag Deployed Front 3 Airbag Deployed Side 4 Airbag Deployed Other (Knee, Airbelt, Curtain, Etc.) / Not Applicable ? Not Known/Not Recorded	
Injury-Mechanism of Injury	**Equipment** 1 None 2 Personal Floatation Device 3 Protective Non-Clothing Gear (e.g., Shin Guard) 4 Eye Protection 5 Helmet (e.g., Bicycle, Skiing, Motorcycle) 6 Protective Clothing (e.g., Padded Leather Pants) 7 Other / Not Applicable 8 ? Not Known/Not Recorded	INJ_PDEV01_AS_TEXT INJ_PDEV02_AS_TEXT INJ_PDEV03_AS_TEXT INJ_PDEV04_AS_TEXT
Injury-Mechanism of Injury	**Protective Device If Other**	INJ_PDEV_S

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Injury-Mechanism of Injury	Alaska Defined Etiology 1, Accidental Firearm 2, Air & Space Transport – Airplane 3, Assault/Homicide/Purposely Inflicted 4, Caught In or Between Objects 5, Cutting or Piercing 6, Dog Bite 7, Electric Current 8, Explosion 9, Eye Poke 10, Falls – Other 11, Falls – Playground 12, Falls – Sports 13, Fire and Flames 14, Foreign Bodies/Orifice 15, Hot Substance or Object 16, Hypothermia / Frostbite 17, Legal Interventions 18, Machinery 19, Motor Vehicle Non Traffic 20, Motor Vehicle Non Traffic ATV 21, Motor Vehicle Non Traffic Snow Machine 22, Motor Vehicle Traffic 23, Motorcycle 24, Natural & Environmental Factors 25, Operations of War 26, Other 27, Other Animal Injury 28, Other Road Vehicle 29, Other/Unspecified 30, Overexertion 31, Pedal Cycles 32, Pedestrian 33, Poisoning 34, Radiation 35, Railway Accidents 36, Rider of Animal/Occupant of Animal-Drawn Vehicle 37, Sledding 38, Strain 39, Struck by Person or Object 40, Suffocation 41, Suicide and Self Inflicted 42, Terrorism 43, Undetermined 44, Vehicle Accidents NEC 45, Water Transport W/O Drowning 46, Water Transport-Drowning	ET_AK1_AS_TEXT (Ecode Derived) ET_AK2_AS_TEXT (Ecode Derived)
Prehospital-Scene Transport	**POV Walk-In**	PH_POV_YN_AS_TEXT

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Prehospital-Scene Transport	Was patient extricated?	PH_EXT_YN_AS_TEXT
Prehospital-Scene Transport	Time required, minutes	PH_EXT_MINS

Prehospital-Scene Transport	Mode	A_PHP_MODE_01 (1-15)
	1 Ground Ambulance 2 Rotor Ambulance 3 Law Enforcement/Public Safety 4 Fixed Wing Ambulance 5 Other 6 Helicopter Without Medical Attendant 7 Helicopter With Medical Attendant 8 Commercial Air Without Medical Attendant 9 Commercial Air With Medical Attendant 10 Water Ambulance / Not Applicable ? Not Known/Not Recorded	

Referring Facility	Transfer In?	IT_XFR_YN_AS_TEXT
Referring Facility	Reason for Transfer	RFS_XFR_RAT_AS_TEXT
	Higher Level of Care Patient Request Insurance Coverage Disaster Triage OR Availability Physician Preference Other Medical Staff/Resources Normally Available, Not Available for This Patient: Ortho Neuro Plastics Other Diagnostic Equipment Staffed Bed Other Resources	
Referring Facility	LOS	RFS_LOS

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Referring Facility-Assessment	GCS Total	RFAS_GCS
Referring Facility-Assessment	Alcohol Use Indicator	RFS_IND_ALC_AS_TEXT
	1 No - Not Tested 2 No - Confirmed by Test 3 Yes - Confirmed by Test - Trace Levels 4 Yes - Confirmed by Test - Beyond Legal Limit 5 Suspected - Not Tested ? Not Known/Not Recorded	
Referring Facility-Assessment	ETOH/BAC Level	RFS_ETOH_BAC_LVL
Referring Facility-Assessment	ETOH Test Type	RF_BAC_TYPE_AS_TEXT
	1 Breathalyzer 2 Blood Test ? Not Known/Not Recorded	
Referring Facility-Assessment	Drug Use Indicator	
	1 No - Not Tested 2 No - Confirmed by Test 3 Yes - Confirmed by Test - Prescription Drug 4 Yes -Confirmed by Test - Illegal Drug 5 Suspected - Not Tested ? Not Known/Not Recorded	RFS_IND_DRG01_AS_TEXT RFS_IND_DRG02_AS_TEXT
Referring Facility-Assessment	Tox Screen Result	A_RFS_RF_DRG_01 (1-15)
	1 Cannabis 2 Cocaine 3 PCP 4 Benzodiazepine 5 Barbiturates 6 Amphetamines 7 Opiates 8 Oxycodone / Not Applicable ? Not Known/Not Recorded	
Referring Facility-Assessment	Clinician Administered?	A_RFS_RF_DCA_01 (1-15)

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Referring Facility-Interfacility Transport	**Mode** 1 Ground Ambulance 2 Rotor Ambulance 3 Law Enforcement/Public Safety 4 Fixed Wing Ambulance 5 Other 6 Helicopter Without Medical Attendant 7 Helicopter With Medical Attendant 8 Commercial Air Without Medical Attendant 9 Commercial Air With Medical Attendant 10 Water Ambulance / Not Applicable ? Not Known/Not Recorded	A_ITP_MODE_01 (1-15)
ED/Resus - Admission	**Direct Admit**	ED_BYPASS_YN_AS_TEXT
ED/Resus - Admission	**Time in ED/Resus Room**	ED_LOS
ED/Resus - Admission	**Signs of Life**	LIFE_SIGNS_AS_TEXT
	1 Arrived with No Signs of Life 2 Arrived with Signs of Life ? Not Known/Not Recorded	
ED/Resus - Admission	**Post ED Dispsotion**	ED_DSP_AS_TEXT
	1 Floor bed (general admission, non specialty unit bed) 2 Observation unit (unit that provides < 24 hour stays) 3 Telemetry/step-down unit (less acuity than ICU) 4 Home with Services 5 Died/Morgue/Funeral Home 6 Other (Jail, Institutional Care, Mental Health, Etc) 7 Operating Room 8 Intensive Care Unit (ICU) 9 Home Without Services 10 Left Against Medical Advice 11 Transferred to Another Hospital ? Not Known/Not Recorded	

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Screen Label	Field Label	Field Name
ED Resus-Assessment	GCS Total	EDAS_GCS
ED Resus-Assessment	Alcohol Use Indicator	ED_IND_ALC_1
	1 No - Not Tested 2 No - Confirmed by Test 3 Yes - Confirmed by Test - Trace Levels 4 Yes - Confirmed by Test - Beyond Legal Limit 5 Suspected - Not Tested ? Not Known/Not Recorded	
ED Resus- Assessment	ETOH/BAC Level	ETOH_BAC_LVL
ED Resus - Assessment	ETOH Test Type	ED_BAC_TYPE_AS_TEXT
	1 Breathalyzer 2 Blood Test ? Not Known/Not Recorded	
ED Resus-Assessment	Drug Use Indicator	ED_IND_DRG01_1 ED_IND_DRG02_1
	1 No - Not Tested 2 No - Confirmed by Test 3 Yes - Confirmed by Test - Prescription Drug 4 Yes -Confirmed by Test - Illegal Drug 5 Suspected - Not Tested ? Not Known/Not Recorded	
ED Resus- Assessment	Tox Screen Result	A_ED_DRG_01 (1-15)
	1 Cannabis 2 Cocaine 3 PCP 4 Benzodiazepine 5 Barbiturates 6 Amphetamines 7 Opiates 8 Oxycodone / Not Applicable ? Not Known/Not Recorded	
ED Resus- Assessment	Clinician Administered?	A_ED_DCA_01 (1-15)
Diagnoses-Injury Coding	AIS Version	AIS_VER
Diagnoses-Injury Coding	ISS	ISS1
Diagnoses-Injury Coding	ISS	ISS_TEXT
Diagnoses-Injury Coding	TRISS	TRISS
Diagnoses-Injury Coding	% TBSA 2nd or 3rd Degree Burned	BURN_SIZE
Diagnoses- Injury Coding	Severity	A_AIS_SEV_01 (1-30)
Diagnoses-Injury Coding	Narrative	INJ_TXT
Diagnoses- Injury Coding	ICD9	A_ICD9_01 (1-30)

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Screen Label	Field Label	Field Name
Outcome-Discharge	**Discharge Status** 6 Alive 7 Dead	DIS_STATUS_AS_TEXT
Outcome-Discharge	Discharge Final Disposition (All Admits)	discharge
Outcome-Discharge	**Hospital Days**	HOSP_DAYS
Outcome-Discharge	**Hospital Days**	HOSP_DAYS_TEXT
Outcome-Discharge	**Discharged To** 1 Home, No Assistance 2 Home, Health Care 3 Acute Care Hospital 4 Home, Rehab Outpatient 5 Skilled Nursing Facility 6 Nursing Home 7 Assisted Living 8 Rehab Facility 9 Medical Examiner/Morgue 10 Jail/Prison 11 Unable to Complete Treatment/AMA 12 Burn Center 13 Mental Health Institution 14 Other 14 ? Not Known/Not Recorded	DIS_DEST_1
Outcome- Discharge	**Discharge Condition** 1 Good, Returned to Previous Level of Function. 2 Temporary Disability, Expected to Return to Previous Level of Function 3 Moderate Disability with Self Care 4 Severe Disability - Dependent 5 Persistent Vegetative State / Not Applicable ? Not Known/Not Recorded	DISCOND_1
Outcome-Discharge	**Transport Mode** 1 Ground Ambulance 2 Rotor Ambulance 3 Law Enforcement/Public Safety 4 Fixed Wing Ambulance 5 Other	DT_MODE_AS_TEXT

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Outcome-Discharge	**Transfer Reason** Higher Level of Care Patient Request Insurance Coverage Disaster Triage OR Availability Physician Preference Other Medical Staff/Resources Normally Available, Not Available for This Patient: Ortho Neuro Plastics Other Diagnostic Equipment Staffed Bed Other Resources	DIS_RS_AS_TEXT
Outcome-Discharge Disabilities	**Pre Existing Feeding Score**	DI_PRE_F_AS_TEXT
	1 Dependent-total Help 2 Dependent-partial Help 3 Independent with Device 4 Independent / Not Applicable ? Not Known/Not Recorded	
Outcome-Discharge Disabilities	**Pre Existing Locomotion Score**	DI_PRE_L_AS_TEXT
	1 Dependent-total Help 2 Dependent-partial Help 3 Independent with Device 4 Independent / Not Applicable ? Not Known/Not Recorded	
Outcome-Discharge Disabilities	**Pre Existing Expression Score**	DI_PRE_E_AS_TEXT
	1 Dependent-total Help 2 Dependent-partial Help 3 Independent with Device 4 Independent / Not Applicable ? Not Known/Not Recorded	
Outcome-Discharge Disabilities	**Pre Existing Disability Score Total**	DI_PRE_T
Outcome-Discharge Disabilities	**Discharge Feeding Score**	DI_DIS_F_AS_TEXT
	1 Dependent-total Help 2 Dependent-partial Help 3 Independent with Device 4 Independent / Not Applicable ? Not Known/Not Recorded	
Outcome-Discharge Disabilities	**Discharge Locomotion Score**	DI_DIS_L_AS_TEXT

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	1 Dependent-total Help 2 Dependent-partial Help 3 Independent with Device 4 Independent / Not Applicable ? Not Known/Not Recorded	
Outcome-Discharge Disabilities	Discharge Expression Score	DI_DIS_E_AS_TEXT
	1 Dependent-total Help 2 Dependent-partial Help 3 Independent with Device 4 Independent / Not Applicable ? Not Known/Not Recorded	
Outcome-Discharge Disabilities	Discharge Disability Score Total	DI_DIS_T
Outcome-Discharge Disabilities	GCS Total	DIS_GCS
Outcome-If Death	Death Location	DTH_LOC_AS_TEXT
	1 Scene 2 Emergency Room 3 OR 4 ICU 5 Floor 6 Other ? Not Known/Not Recorded	
Outcome-If Death	Location If Other	DTH_LOC_S
Outcome-If Death	Was autopsy performed?	AUT_YN_AS_TEXT
Outcome-If Death	Was organ donation requested?	ORG_STAT_YN_AS_TEXT
Outcome-If Death	Was organ donation granted?	ORG_GR_YN_AS_TEXT
Outcome-Billing	Charges Billed	BILL_CHG_FAC BILL_CHG_FAC_TEXT

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Outcome-Billing	Primary Payor 1 Medicare 2 Medicaid 3 Blue Cross/Blue Shield 4 Private/Commercial Insurance 5 Indian Health Services 6 Military (Active, Dependent, & VA(7 Workers Compensation 8 Auto Insurance 9 Self Pay 10 Other Government (ward of state, prison) 11 Fisherman's Fund 12 Victim's Fund 13 General Relief Medical / Not Applicable ? Not Known/Not Recorded	PAYOR01_AS_TEXT PAYOR02_AS_TEXT PAYOR03_AS_TEXT PAYOR04_AS_TEXT