**TRAUMA REGISTRY DATA ENTRY INCLUSION AND EXCLUSION CRITERIA**

The following criteria are used by trauma centers in order to ensure consistent data collection for the National Trauma Data Standard, the United States Trauma Data Standards. These criteria may be used as a guide for selecting patients that will be entered into the trauma registry.

A trauma patient is defined as an individual who has suffered a traumatic injury and who meets the following criteria:

1. Patients with trauma injuries ADMITTED to the institution or those with a DISCHARGE from the institution where the registry is implemented, having at least one of the following ICD 10 injury diagnosis codes:
* S00-S99 with seventh character extensions of A, B, or C only. (Injuries to specific body parts – initial encounter)
* T07 (unspecified multiple injuries)
* T14 (injury of unspecified body region)
* T20-T28 with seventh character extension of A only (burns by specific body parts – initial encounter)
* T30-T32 (burn by total body surface area (TBSA) percentages)
* T75.1 (drowning), T71 (asphyxiation), T75.4 (electrocution)
1. INCLUDE patients if the patient sustained at least one injury with a diagnostic code outside the range of S00, S10, S20, S30, S40, S50, S60, S70, S80, S90. The following isolated injuries should be excluded:
* S00 (Superficial injuries of the head)
* S10 (Superficial injuries of the neck)
* S20 (Superficial injuries of the thorax)
* S30 (Superficial injuries of the abdomen, pelvis, lower back and external genitals)
* S40 (Superficial injuries of shoulder and upper arm)
* S50 (Superficial injuries of elbow and forearm)
* S60 (Superficial injuries of wrist, hand and fingers)
* S70 (Superficial injuries of hip and thigh)
* S80 (Superficial injuries of knee and lower leg)
* S90 (Superficial injuries of ankle, foot and toes)
1. AND MUST INCLUDE ONE OF THE FOLLOWING IN ADDITION TO CODES FROM ITEM 1:
* Did the trauma injury result in death? (Independent of the hospital admission or hospital referral status)
* Was the patient transferred to your hospital from another hospital using an EMS service or air ambulance?
* Was the patient considered as a hospital admission according to YOUR specific hospital inclusion criteria?

**ADDITIONAL NOTES:**

* The patient registry includes all patients ADMITTED to hospitalization and includes those admitted for observation, including patients who have been admitted for less than 23 hours.
* This does not include patients who are under observation in the Emergency unless such patients are in the emergency because there is no bed available in the hospital.
* Patients who are not admitted to hospital should not be registered.
* In addition, patients with admissions and trauma diagnosis codes (mentioned in item 1) should be included as secondary diagnoses.