# NSW Trauma Registry Minimum Data Set

Updated: July 2017

The data elements listed below are available subject to data custodian and ethical approval. If you require all data elements, please tick box below and provide justification in the ‘Other/Comments’ box. Alternatively, please indicate the variables requested and provide justification for their inclusion.

🞎 All data elements

|  |  |  |
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|  | **Data Element** | **Justification** |
| 🞎 | Recording Trauma Facility |  |
| 🞎 | Trauma Record Number |  |
| 🞎 | Facility Arrival |  |
| 🞎 | System Access |  |
| 🞎 | Postcode |  |
| 🞎 | Age |  |
| 🞎 | Gender |  |
| 🞎 | Injury Date / Time |  |
| 🞎 | Primary Injury Cause |  |
| 🞎 | Primary Injury Type |  |
| 🞎 | Place of Injury |  |
| 🞎 | Activity when Injured |  |
| 🞎 | Height of Fall |  |
| 🞎 | Injury Location – Postcode |  |
| 🞎 | Scene/Transport Providers – Agency |  |
| 🞎 | Scene/Transport Providers – Mode |  |
| 🞎 | Scene/Transport Providers – Run Number |  |
| 🞎 | Scene/Transport Providers – Call Received |  |
| 🞎 | Referring Facility Name (1 and 2) |  |
| 🞎 | Transfer Rationale (1 and 2) |  |
| 🞎 | Referring Facility Procedures – Procedure (1 and 2) |  |
| 🞎 | Inter-Facility Transport – Agency (1 and 2) |  |
| 🞎 | Inter-Facility Transport Mode (1 and 2) |  |
| 🞎 | Location Tracking - Location |  |
| 🞎 | Location Tracking – Arrival and Departure Date/Time |  |
| 🞎 | Ventilator Tracking – Start and Stop Date/Time |  |
| 🞎 | ED Arrival |  |
| 🞎 | ED Departure |  |
| 🞎 | Trauma Response |  |
| 🞎 | Post ED Disposition |  |
| 🞎 | Initial ED Vital Date / Time - Recorded |  |
| 🞎 | Initial ED Vitals – Temperature |  |
| 🞎 | Initial ED Vitals – Temp Units |  |
| 🞎 | Initial ED Vitals – Route for Temp |  |
| 🞎 | Initial ED Vitals – Intubated |  |
| 🞎 | Initial ED Vitals – Intubation Method |  |
| 🞎 | Initial ED Vitals – Paralytic Agents |  |
| 🞎 | Initial ED Vitals – Sedated |  |
| 🞎 | Initial ED Vitals – Respiration Assisted |  |
| 🞎 | Initial ED Vitals – Respiration Type |  |
|  | **Data Element** | **Justification** |
| 🞎 | Initial ED Vitals – SaO2 |  |
| 🞎 | Initial ED Vitals – Pulse Rate |  |
| 🞎 | Initial ED Vitals – Respiration Rate |  |
| 🞎 | Initial ED Vitals – SBP/DBP |  |
| 🞎 | Initial ED Vitals – GCS Eye |  |
| 🞎 | Initial ED Vitals – GCS Verbal |  |
| 🞎 | Initial ED Vitals – GCS Motor |  |
| 🞎 | Initial ED Vitals – GCS Total |  |
| 🞎 | Initial ED Vitals – RTS |  |
| 🞎 | Procedure Name |  |
| 🞎 | Start Date/Time |  |
| 🞎 | AIS Code/Description |  |
| 🞎 | Injury Severity Score (ISS) |  |
| 🞎 | Pregnancy Status |  |
| 🞎 | Discharge Status |  |
| 🞎 | Discharge or Death Date/Time |  |
| 🞎 | Total ICU Days |  |
| 🞎 | Total Ventilator Days |  |
| 🞎 | Total Hospital Days |  |
| 🞎 | Discharged To |  |
| 🞎 | If Transferred, Facility and If Other, Facility Name |  |
| 🞎 | Transfer Rationale |  |
| 🞎 | Location of Death |  |
| 🞎 | QA Filter Code |  |
| 🞎 | TRISS |  |
| 🞎 | Record Complete |  |
| 🞎 | Date and Time Transport Provider arrived at patient |  |
| 🞎 | Was Patient Extricated |  |
| 🞎 | Time required( for Patient Extrication) |  |
| 🞎 | Referring Facility 1 – Arrival Date and Time |  |
| 🞎 | Referring Facility 2 – Arrival Date and Time |  |
| 🞎 | Inter-facility Transport Agency (1) – Arrived atPatient: Date and Time |  |
| 🞎 | Inter-facility Transport Agency (2) – Arrived atPatient: Date and Time |  |
| 🞎 | AIS Body Region |  |

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| --- |
| Other/Comments |
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