



REDCap Data Dictionary 2021

Inclusion Criteria:

- 1) Blunt injury; *AND*
- 2) Age < 18 years; *AND*
- 3) Head, cervical spine, chest or abdominal injury; *AND/OR*
- 4) Died; *AND/OR*
- 5) Transferred in or transferred out by EMS or private vehicle; *AND/OR*
- 6) Admitted observation or inpatient

Variable / Field Name	Field Type	Field Label	Field Note
record_id	text	1. Record ID	
uthospital	radio	2.1 Hospital State	Was the patient receiving care at a hospital located in Utah or in another state?
hospital	dropdown	2.2 Hospital	The name of the hospital where the patient was receiving care.
region	calc	Region	1 = Northern, 2 = Central, 3 = South Central, 4 = South East, 5 = South West, 6 = Other
hospital_other	text	2.3 Hospital name (Non-Utah)	What is the name of the hospital where the patient was receiving care?
hospital_other2	text	2.4 Hospital (non-Utah) City	City
hospital_other_state	text	2.5 Hospital (non-Utah) State	State
fin_nbr	text	3. FIN or Encounter #	Enter the patient's financial identification or encounter number.
lastname	text	4. Patient last name	Enter the patient's last name.
firstname	text	5. Patient first name	Enter the patient's first name.
aliasname	text	6. Patient alias name	Enter the alias name used for the patient.
arrival_mode	radio	7. Mode of Arrival	How did the patient get to the above hospital?
transport_type	radio	7.1 Transport Type	How was the patient transported?

transport_agency	text	7.2 Transport agency	What was the name of the agency that transported the patient?
referralhospital	dropdown	7.3 Referral hospital (Utah)	Origin hospital from which patient was transferred.
referralhospital_other	text	7.4 Referral Hospital (non-Utah)	Enter the name of the Non-Utah origin Hospital from which patient was transferred.
referralhospital_other2	text	7.5 Referral Hospital (non-Utah) City	City
referralhospital_state	text	7.6 Referral Hospital (non-Utah) State	State
arrival_dt	text	8. Date and time of arrival	Enter date / time patient arrived at your hospital or if case is telehealth then time arrived at Hospital (MM-DD-YYYY HH24:MM).
dschrg_dt	text	9. Date and time of discharge	(MM-DD-YYYY HH24:MM).
sex	radio	10. Sex	
dateofbirth	text	11. Date of birth	(MM-DD-YYYY)
age	calc	12. Age	Years
disposition	radio	13. Disposition	How did the patient leave the ED?
dc_dest	dropdown	13.1 Transfer destination hospital	To which hospital was this patient transferred?
other_dc_dest	text	13.2 Transfer destination hospital (non-Utah)	Enter the name of the Non-Utah hospital to which this patient was transferred.
other_dc_dest2	text	13.3 Transfer destination hospital (non-Utah) City	City
transfer_destination_state	text	13.3B Transfer destination hospital (non-Utah) State	State
dc_reason_transferred	radio	Transfer reason	
other_transfer_reason	checkbox	Symptoms indicating transfer	Other symptoms that may indicate expedited transport
transfer_reason_comment	notes	Please explain why this patient was transferred:	
dc_transport_type	radio	13.4 Disposition transport type	What was the mode of transportation for discharge?
dc_emsagency	text	13.5 Disposition EMS agency	Enter the name of the EMS agency that transferred the patient out.
telehealth	yesno	Was telehealth used?	
telehealth_comment	notes	Please describe telehealth.	
traumaactivation	radio	14. Trauma activation type	Select the trauma activation type.
tracking_no	text	15. Trauma Registry Number	Trauma Registry / Tracking #
arrival_hr	text	16. Arrival HR NOT, if not recorded	Arrival heart rate in beats per minute

arrival_rr	text	17. Arrival RR NOT, if not recorded	Arrival respiratory rate in breaths per minute
arrival_sbp	text	18. Arrival sBP NOT, if not recorded	Arrival systolic blood pressure
hemodyn_yn	yesno	Hemodynamically stable at time of arrival to ED?	
hypotension_chart	descriptive	Hypotension by Age	
fluid	checkbox	Fluid given in ED (choose any that apply):	
fluids_greater	text	Total mL/kg PRBCs	
fluid_other	text	Other products given	
arrival_sipa	calc	19. Shock Index, Pediatric Age-Adjusted (SIPA)	
arrival_pgcs	text	20. Total Pediatric Glasgow Coma Scale (PGCS)	Enter the score using the algorithm below.
arrival_pgcs_image	descriptive		What was the patient's GCS at arrival?
injuries	checkbox	21.1 Injuries	Select all that apply
injuries_other	text	21.2 Other Injuries	Describe the injury
chest_symptoms	checkbox	Respiratory symptoms (check any that apply):	
chest_intervention	checkbox	Interventions (Emergency Department):	
cervical_spine_history	checkbox	Did the child or parent report any of the following?	
cervical_spine_exam	checkbox	Physical Exam	
solid_organ_symptoms	checkbox	Abdominal Injury Symptoms (check all that apply):	
abdominal_surgery	yesno	Abdominal Surgery?	
abdominal_surgery_proc	text	What procedure?	
abdominal_radiology_yn	yesno	Interventional Radiology abdominal procedures?	
abdominal_radiology_proc	text	What procedure?	

tbi_severity	radio	22. Traumatic brain injury severity rating:	Select the brain injury severity
tbi_overview	descriptive		
injurymechanism	radio	23.1 Mechanism of injury	How was the patient injured?
mv_collision_type	radio	Motor Vehicle Collision Type	Indicate whether the collision resulted in ejection, death of another passenger, or rollover
injurymechanism_other	text	23.2 Other mechanism of injury	Describe the injury type or how it occurred.
chest_xray	yesno	Chest X-ray	
chest_xray_finding	radio	Chest X-ray findings	
imaging_ct1	yesno	24. CT imaging	Was any CT imaging completed?
imaging_ct2	checkbox	24.1 CT imaging	Select CT imaging completed
ct_abdomen	radio	CT of Abdomen findings	
ct_abdomen_soi	checkbox	Solid organ Injury (check all that apply):	
cervical_spine_films	checkbox	C-spine plain films	
tbi_symptoms	checkbox	25. TBI symptoms	Indicate all TBI symptoms present
inflictedtrauma	radio	26. Evidence of inflicted trauma and 4 years of age or less NO, if > 4 years of age	Was there evidence of inflicted trauma?
skeletalsurvey	radio	27. Skeletal survey completed (for 4 years of age and less only) NO, if > 4 years of age	Was a skeletal survey completed?
retinaexam	radio	28 Retinal exam completed (for 4 years of age an less) NO, if > 4 years of age	Was a retinal exam completed?
tbifollowup	yesno	29. Referred to TBI followup	Was the patient referred for TBI follow up?
tbifollowup2	dropdown	29.1 Where was the patient scheduled for TBI follow-up?	Where was the patient referred for TBI followup?
tbifollowup3	text	29.2 What was the name of the TBI followup location?	Enter the name of the clinic/practice.
comments	notes	Comments	
registrar	text	30. Registrars initials	Enter the registrars initials