## 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

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| **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 | | | | |
| **Demographics-Patient** | | | | | **Census Area**  1 Aleutians East Borough 2 Aleutians West   1. Municipality of Anchorage 2. Bethel 3. Bristol Bay Borough 6 Denali Borough 4. Dillingham 5. Fairbanks North Star Borough 6. Haines Borough 7. Juneau Borough 8. Kenai Peninsula Borough 12 Ketchikan Gateway   Borough  13 Kodiak Island Borough 14 Lake And Peninsula 15 Matanuska-Susitna  Borough 16 Nome   1. North Slope Borough 2. Northwest Arctic Borough 3. Prince Of Wales-Outer Ketchikan 4. Sitka Borough 5. Skagway-Hoonah-Angoon 6. Southeast Fairbanks 7. Valdez-Cordova 24 Wade Hampton 8. Wrangell-Petersburg 9. Yakutat Borough 10. Yukon-Koyukuk 11. 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 | | | | |
| **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 | | | |

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| **Injury-Injury Information** | **Place of Injury** | INJ\_PLC\_AS\_TEXT |
|  | 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** | **ICD 10 Location Code** | INJ\_PLC\_ICD10\_AS\_TEXT |
| **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 |
| **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 |
| **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 |
| Mechanism of Injury | **Primary ICD 10 Mechanism** | INJ\_ECODE\_ICD10\_01 |
| **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 |
| Mechanism of Injury | **Secondary ICD 10 Mechanism** | INJ\_ECODE\_ICD10\_02 |
| **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** | | | **Activity Code - ICD 10** | | | | INJ\_EACT\_ICD10\_AS\_TEXT | |
| **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   1. Shoulder Belt 2. 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   1. ? 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 | | |
| **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 | **Inj\_mechanism1**  (Ecode Derived)  **Inj\_mechanism2**  (Ecode Derived) | | | |
| **Prehospital-Scene Transport** | | | | **POV Walk-In** | PH\_POV\_YN\_AS\_TEXT | | | |
| **Prehospital-Scene Transport** | | | | **Was patient extricated?** | PH\_EXT\_YN\_AS\_TEXT | | | |
| **Prehospital-Scene Transport** | | | | **Time required, minutes** | PH\_EXT\_MINS | | | |

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| **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 5. Helicopter Without Medical Attendant 6. Helicopter With Medical Attendant 7. Commercial Air Without Medical Attendant 8. Commercial Air With Medical Attendant 9. 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   1. No - Confirmed by Test 2. Yes - Confirmed by Test - Prescription Drug 3. Yes -Confirmed by Test - Illegal Drug 4. 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) | |
| **Referring Facility-Interfacility Transport** | | **Mode**   1. Ground Ambulance 2. Rotor Ambulance 3. Law Enforcement/Public Safety 4. Fixed Wing Ambulance 5 Other 5. Helicopter Without Medical Attendant 6. Helicopter With Medical Attendant 7. Commercial Air Without Medical Attendant 8. Commercial Air With Medical Attendant 9. 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   1. Other (Jail, Institutional Care, Mental Health, Etc) 2. Operating Room 3. 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)  A\_NTD\_ICD9\_\_AS\_TEXT | |

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| **Screen Label** | | **Field Label** | | **Field Name** | |
| **Diagnoses-Non Trauma Diagnoses** | | **ICD 10** | | A\_NTD\_ICD10\_  A\_NTD\_ICD10\_\_AS\_TEXT | |
| **Outcome-Discharge** | | **Discharge Status** | | DIS\_STATUS\_AS\_TEXT | |
|  | | 1. Alive - YES 2. Dead - NO | |  | |
| **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** | | DIS\_DEST\_1 | |
|  | | 1 Home, No Assistance 2 Home, Health Care   1. Acute Care Hospital 2. Home, Rehab Outpatient 3. Skilled Nursing Facility 4. Nursing Home 5. Assisted Living 6. Rehab Facility 7. Medical Examiner/Morgue 8. Jail/Prison 9. Unable to Complete Treatment/AMA 10. Burn Center 11. Mental Health Institution 14 Other 12. ? Not Known/Not Recorded | |  | |
| **Outcome- Discharge** | | **Discharge Condition** | | DISCOND\_1 | |
|  | | 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 | |  | |
| **Outcome-Discharge** | | **Transport Mode**   1. Ground Ambulance 2. Rotor Ambulance 3. Law Enforcement/Public Safety 4. Fixed Wing Ambulance 5 Other 5. Helicopter Without Medical Attendant 6. Helicopter With Medical Attendant 7. Commercial Air Without Medical Attendant 8. Commercial Air With Medical Attendant 9. Water Ambulance   / Not Applicable  ? Not Known/Not Recorded | | DT\_MODE\_AS\_TEXT | |
| **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 | |
|  | | 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 donati****on** **granted?** | | ORG\_GR\_YN\_AS\_TEXT | |
| **Outcome-Billing** | | **Charges Billed** | | BILL\_CHG\_FAC  BILL\_CHG\_FAC\_TEXT | |
| **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   1. Self Pay 2. Other Government (ward of state, prison) 3. Fisherman's Fund 4. Victim's Fund 5. General Relief Medical   / Not Applicable  ? Not Known/Not Recorded | | PAYOR01\_AS\_TEXT  PAYOR02\_AS\_TEXT  PAYOR03\_AS\_TEXT  PAYOR04\_AS\_TEXT | |