INCLUSION CRITERIA FLOW CHART
Include ALL full trauma team activations.
To determine inclusion for all other cases, follow the flow chart below:

STEP #1:

- Did the patient sustain one or more traumatic injuries within 14 days of initial hospital encounter?
  - NO: Patient NOT INCLUDED in the National Trauma Data Standard
  - YES: CONTINUE TO STEP #2

- Is the diagnostic code for any injury included in the following ICD-10/CM range?
  - NO: Patient NOT INCLUDED in the National Trauma Data Standard

- Did the patient sustain at least one injury with a diagnosis code outside the ranges of ICD-10/CM codes below?
  - NO: Patient NOT INCLUDED in the National Trauma Data Standard

- Patient INCLUDED in the National Trauma Data Standard

STEP #2:

- Did the patient’s injury result in death?
  - NO: Patient NOT INCLUDED in the National Trauma Data Standard
  - YES: Patient INCLUDED in the National Trauma Data Standard

- Was the patient transferred from one acute care hospital to another acute care hospital?
  - NO: Patient NOT INCLUDED in the National Trauma Data Standard
  - YES: Patient INCLUDED in the National Trauma Data Standard

- Was the patient directly admitted to your hospital (exclude patients with isolated injuries admitted for elective and/or planned surgical interventions)?
  - NO: Patient NOT INCLUDED in the National Trauma Data Standard
  - YES: Patient INCLUDED in the National Trauma Data Standard

- Did the patient have an in-patient admission and/or observation?
  - NO: Patient NOT INCLUDED in the National Trauma Data Standard
  - YES: Patient INCLUDED in the National Trauma Data Standard

- Was the patient a trauma consult or any level of trauma activation?
  - NO: Patient NOT INCLUDED in the National Trauma Data Standard
  - YES: Patient INCLUDED in the National Trauma Data Standard

Diagnosis Criteria:

- At least one of the following ICD-10 diagnosis codes:
  - S00-S99 with 7th character modifiers 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 7th character modifier of A ONLY (burns by specific body parts – initial encounter)
  - T30-T32 (burn by TBSA percentages)

EXCLUDING the following isolated injuries (ICD-10-CM):

- 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)

Late effect codes, which are represented using the same range of injury diagnosis codes but with the 7th digit modifier code of D through S, are also EXCLUDED.

AND MUST INCLUDE ONE OF THE FOLLOWING STATUS CRITERIA:

- Death* resulting from the traumatic injury (independent of hospital admission or hospital transfer status); OR
- Patient transfer from one acute care hospital* to another acute care hospital; OR
- Patients directly admitted to your hospital (exclude patients with isolated injuries and admitted for elected and/or planned surgical intervention); OR
- Patients who were an in-patient admission and/or observed

*Inclusion based on death in the ED is defined as patients who were not pronounced dead at the scene of injury, but while en route to your facility or at your facility.

*Acute care hospital is defined as a hospital that provides inpatient medical care & other related services for surgery, acute medical conditions, or injuries.