TITLE: TRAUMA REGISTRY

PURPOSE:

To provide a systematic process to collect and analyze data related to the injury patterns and care delivered to the trauma patient. To forward data to the state trauma registry on a monthly basis, including components of the “Texas Hospital Standard Data Set”. Lyndon B. Johnson General Hospital will maintain a Trauma Registry. The information in the Registry should be entered within 45 days of the time of service. The Trauma Registry shall be maintained by the Trauma Registrar/Trauma Nurse Coordinator.

PROCESS:

I. DEFINITION
   A. Trauma Patient: A trauma patient is a victim of an external cause of injury that results in tissue damage or destruction caused by intentional or unintentional exposure to thermal, mechanical, electrical, or chemical energy, or by the absence of heat or oxygen. (ICD-9-CM Codes 800-959.9)

II. REGISTRY
   A. Identification of Trauma Patients (These charts will be abstracted and required data entered into the Trauma Registry.)
      1. ED charts will be reviewed by the Trauma Services Staff in order to identify trauma patients who meet the criteria for the Trauma Registry.
      2. The daily hospital admissions list will be reviewed for patients with traumatic diagnosis.
      3. Data submitted to the state will be limited to the following patients (with documented injuries)
         a. Admitted as inpatient trauma patients for greater than 23 hours.
Guidelines and Protocols

b Transferred trauma patients into or out of LBJ.
c Trauma deaths or DOA.
d Trauma activations/Trauma Consults (or those patients that should have been activated or consulted)
e Trauma patients with OR visit directly from the Emergency Department
f All Traumatic Brain Injury (TBI) patients
g All Spinal Cord Injury (SCI) patients
h All Drownings/Near Drownings

B. The Trauma Registrar/Trauma Nurse Coordinator will forward data on at least a quarterly basis to the State Trauma Registry using components of the “Texas Hospital Standard Data Set”. If no applicable trauma patients presented to Emergency Department during a month, no data will be forwarded to the State Trauma Registry. However, if no trauma patient presents to the Emergency Department during a quarter (3-month period of time) a letter will be sent to inform the State Trauma Registry of no trauma visits.

C. The Trauma Registrar will provide a monthly back-up of the database on the department’s shared drive.

III. TRAUMA ICD-9 GROUPINGS

A. Fractures (including fractures of skull) 800-829.1
B. Dislocations 830-839.9
C. Sprains and Strains 840-848.9
D. Intracranial injury (excluding fractures of skull) 850-854.1
E. Internal injuries to thorax, abdomen, pelvis 860-869.1
F. Open wounds 870-897.7
G. Injuries to blood vessels 900-904.9
H. Superficial injury 910-919.9
I. Contusions of skin 920-924.9
Guidelines and Protocols

J. Crushing injury 925-929.9  
K. Burns 940-949.5  
L. Injury to nerves and spinal cord 950-957.9  
M. Certain traumatic complications and unspecified injuries 958-959.9

REFERENCE / BIBLIOGRAPHY:

OFFICE OF PRIMARY RESPONSIBILITY:

LYNDON B. JOHNSON HOSPITAL TRAUMA SERVICES

REVIEW / REVISION HISTORY

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