

01/01/2026

Georgia Trauma Data Dictionary

2026 Office of EMS Trauma
ImageTrend Patient Registry

CONTENTS

INTRODUCTION.....	4
VISION, MISSION, CORE VALUES	5
VISION.....	5
MISSION.....	5
CORE VALUES.....	5
TRAUMA CENTER INFORMATION	6
Level I Trauma Facility	6
Level II Trauma Facility	6
Level III Trauma Facility	6
Level IV Trauma Facility	6
2026 GEORGIA TRAUMA REGISTRY CRITERIA.....	7
Included:.....	7
Excluded:	8
Notes:.....	8
GEORGIA EXTENSIONS	9
Demographic Screen:	10
Medical Record Number.....	11
NTDB Inclusion	12
Georgia LongID Number	13
injury screen:	15
Chief Complaint	16
Vehicle Position	17
Injury Type.....	18
Injury Intentionality	19
Report of Physical Abuse	20
Investigation of Physical Abuse	21
Pre-hospital Screen:	22
Armband Number.....	23
EMS Role.....	24
EMS Transport Mode From Scene	26
EMS Service Name.....	27
EMS Patient Care Report Number (PCR)	28
EMS Dispatch Date and Time	29
EMS Scene Arrival Date and Time	30
EMS Scene Departure Date and Time	31
EMS Initial Systolic Blood Pressure.....	32
EMS Initial Pulse Rate	33
EMS Initial Respiratory Rate	34
EMS Initial Oxygen Saturation	35
EMS Initial GCS – Eye	36

EMS Initial GCS - Verbal	37
EMS Intital GCS - Motor	38
EMS initial GCS Total	39
EMS Type	40
Universally Unique Identifier (UUID)	41
Referring Hospital Screen:	42
Referring Hospital Name	43
Referring Hospital Arrival Date and Time	44
Referring Hospital Discharge Date and Time	45
Referring Hospital Transfer Rationale	46
Referring Hospital Transported to Referring Hospital By	48
ED Acute Care Screen:	49
Arrived From	50
Transported To Your Facility By	51
Admitting Service	52
Direct Admit	53
Operating Room Discharge Disposition	54
Level of Trauma Team Activation	55
Level of Trauma Team Activation Date and Time	56
Revised Level of Trauma Team Activation	57
Revised Level of Trauma Team Activation Date and Time	58
ED Discharge Date and Time	59
Consulting Service Type	60
ED Initial Assessment Screen:	62
Drug Use Indicator	63
Base Deficit	64
Was SBIRT Completed?	65
Body Mass Index	66
Diastolic BP	67
Initial ED Hospital CPR Performed	68
Outcome Screen:	69
Discharge Status	70
Hospital Discharge Date and Time	71
Hospital Transferred To	72
Death Circumstances	73
Autopsy Performed	74
Organ Donation Requested?	75
Was organ donation request Granted?	76
Georgia Extension List:	77



INTRODUCTION

The Georgia Office of Emergency Medical Services and Trauma (OEMST) utilizes the ImageTrend Georgia Patient Registry as the central site for facilities to enter trauma data directly or to import data from another registry software.

This Georgia Trauma Data Dictionary serves a reference document containing the additional data fields and definition requirements for use by registry vendors to prepare the annual ITDX+GA Extension SDL file. These additional fields are referred to as the Georgia Extensions.

The ITDX+GA Extensions include fields required by the National Trauma Data Standard (NTDS), Trauma Quality Improvement Program (TQIP), ESO International Trauma Data Exchange (ITDX), Georgia Quality Improvement Program (GQIP), and the Georgia Extensions.

The NTDS, TQIP, and vendor specific data dictionaries are to be used in conjunction with this dictionary.

The Georgia Extension Inclusion Year is listed on each data element page. The Georgia Extensions included are cumulative each year.

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VISION, MISSION, CORE VALUES

VISION

A Healthy and Safe Georgia – exceptional patient outcomes through comprehensive, statewide, integrated, data-driven, equitable, and people-centered Emergency Medical Services and time-sensitive systems of care.

MISSION

The mission of the Georgia Office of EMS and Trauma is to reduce death and disability by providing regulation, guidance, and leadership to enable the assessment, planning, development, and promotion of statewide Emergency Medical Services and time-sensitive systems of care.

CORE VALUES

DPH's workforce is guided by the following core values in carrying out our public health work:

- **People** – We value our employees as professional colleagues. We treat our customers, clients, partners, and those we serve with respect by listening, understanding, and responding to needs.
- **Excellence** - Commitment, accountability, and transparency for optimal efficient, effective, and responsive performance.
- **Partnership** – Internal and external teamwork to solve problems, make decisions, and achieve common goals.
- **Innovation** – New approaches and progressive solutions to problems. Embracing change and accepting reasonable risk.
- **Science** – The application of the best available research, data and analysis leading to improved outcomes.



TRAUMA CENTER INFORMATION

All facilities seeking designation status are expected to meet specific criteria as set forth by the Department of Public Health, Office of EMS and Trauma (OEMST). The department utilizes the document, "Resources for Optimal Care of the Injured Patient", published by the American College of Surgeons. All designated hospitals must submit trauma registry data to the OEMST and maintain a performance improvement process with thorough documentation.

LEVEL I TRAUMA FACILITY

The highest level of trauma center designation offers the greatest level of comprehensive trauma care, from prevention through rehabilitation. Level I facilities have the major responsibility for leading in trauma education, research, and planning. Facilities that meet Level I criteria will be academic facilities.

LEVEL II TRAUMA FACILITY

The second level of trauma center designation offers the same level of clinical care as a Level I, but usually does not have the focus on research, education, and systems planning. Some patients with very complex injuries, such as replantation, may require transfer to a Level I center.

LEVEL III TRAUMA FACILITY

The third level of trauma center designation provides trauma assessment, resuscitation, emergency surgery, stabilization, and if needed, transfer of patients requiring more definitive care to Level I or II centers. Well trained emergency department physicians and general surgeons are required.

LEVEL IV TRAUMA FACILITY

The fourth level of trauma center designation provides advanced trauma life support and stabilization of patients received in their facility. Well trained mid-level providers may assist to expedite the transfer of patients requiring more definitive care to Level I or II centers. Level IV centers may be a clinic or hospital in a remote or rural area and may or may not have a physician available 24 hours a day.

2026 GEORGIA TRAUMA REGISTRY CRITERIA

INCLUDED:

Patients presenting with a traumatic injury occurring within 14 days of initial hospital visit and with at least ONE of the following ICD-10_CM diagnosis code below:

- S00-S99 w/ 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)
- T79.A1 – T79.A9 with 7th character modifier A only (Traumatic Compartment Syndrome – initial encounter)

AND must include one of the following in addition to a valid trauma diagnosis code from the ICD-10 CM diagnosis codes listed above.

- Death resulting from the traumatic injury (independent of hospital admission or hospital transfer status);
- Patients transferred from one acute care hospital ** to another acute care hospital;
- Patients transferred/discharged to hospice (e.g., hospice facility, hospice unit, home hospice);
- Patients directly admitted to your hospital (exclude patients with isolated injuries admitted for elective and/or planned surgical intervention);
- Patients who were an in-patient admission and/or observed.

Additional criteria:

- Dictionary Data Sources are simply a guide; Centers should use the most reliable source at their center.

Continue to the next page

EXCLUDED:

- Excluding the following ICD-10-CM isolated injuries:
- 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 the shoulder and upper arm)
- S50 (Superficial injuries of the elbow and forearm)
- S60 (Superficial injuries of the wrist, hand, and fingers)
- S70 (Superficial injuries of the hip and thigh)
- S80 (Superficial injuries of the knee and lower leg)
- S90 (Superficial injuries of the ankle, foot, and toes)
- Late effect codes, with the same range of injury diagnosis codes but with the 7th digit modifier code of D through S.
- Patients with isolated injuries admitted for elective and/or planned surgical intervention.
- In-House traumatic injuries sustained after initial ED/Hospital arrival and before ED/Hospital discharge at the index hospital (hospital reporting data), and all data associated with that injury event.

NOTES:

** Per the Centers for Medicare and Medicaid Services, Acute Care Hospital is defined as a hospital that provides inpatient medical care and other related services for surgery, acute medical conditions, or injuries (usually for a short-term illness or condition). Source: "CMS Data Navigator Glossary of Terms" https://www.cms.gov/Research-Statistics-Data-and-systems/Research/ResearchGenInfo/Downloads/DataNav_Glossary_Alpha.pdf (accessed January 15, 2019).

Current Revision Date: 07/31/2025 effective CY2026. The 2026 Georgia Trauma Registry Criteria is aligned with the 2026 National Trauma Data Standard (NTDS) criteria. Source: National Trauma Data Standard Data Dictionary 2026 Admissions, page ii.

Historical Revision Dates: 08/31/2024 for CY2025, 11/2023 for CY2024 data, 10/2023 format only, 05/2023, 07/20/2022 eff. 01/01/2023, 08/20/2021 eff. 01/01/2022, 7/22/2020, 11/15/2019 eff.01/01/2020, Blood collection revised 07/10/2019, 12/18/2017 eff. 01/01/2018, 03/01/2016, 05/20/2015, 04/23/2014, 02/14/2013, 12/31/2012 eff. 01/01/2013; Created: 06/26/2002.



GEORGIA EXTENSIONS



DEMOGRAPHIC SCREEN:

The ImageTrend Patient Registry demographic screen contains data elements related to the patient's identity such as age, gender, race, home city, home state, home zip code, and the DPH LongID number.

The OEMST requires the following fields in addition to the standard fields included in the NTDS, TQIP, and ITDX dictionaries.

Dictionary data sources are simply a guide. Centers should use the most reliable source at their center for data abstraction and data entry.

Data elements in this section include:

- Medical Record Number
- NTDB Custom Data Element
- Georgia LongID
- Body Mass Index (BMI) – see page 65



MEDICAL RECORD NUMBER

ITPR TAB NAME: Demographic

ITPR FIELD LABEL: TR1.2

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: PAT_REC_NUM

ALLOW N/A? NO

ALLOW UNK? NO

GA EXTENSION INCLUSION YEAR: 2024

DEFINITION:

The unique identification number assigned as the patient identifier.

ADDITIONAL INFORMATION:

In some instances, patients are assigned a new medical record number (MRN) when they already have one from a previous encounter. Typically, all the patient's records will be merged under the latest medical record number. Check with your facility's Medical Records / Health Information Management Department to determine the standard of practice and use the final MRN assigned to the patient.

DATA SOURCE:

Billing/Registration Form, Admission Form

NTDB INCLUSION

ITPR TAB NAME: Demographic

ITPR FIELD LABEL: TR ____ . New custom element for ITPR central site.

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: REGINC_YN01_AS_TEXT

ALLOW N/A? NO

ALLOW UNK? NO

GA EXTENSION INCLUSION YEAR: 2026

DEFINITION:

User confirmation if the record meets the National Trauma Data Standard (NTDS) and State inclusion criteria.

OPTIONS:

Yes

No

ADDITIONAL INFORMATION:

Since 2025, the State inclusion criteria match the NTDS criteria.

The NTDB Inclusion field is an ESO registry field. The ESO user manually selects 1 - Yes or 2 - No to confirm if the record meets the NTDS criteria. The field data is downloaded and imported into the ImageTrend Patient Registry. The data will be used to compare the entry against the ImageTrend Patient Registry NTDS criteria algorithm. The algorithm determines if the record in ImageTrend Patient Registry during import meets the NTDS criteria.

DATA SOURCE:

NA

GEORGIA LONGID NUMBER

ITPR TAB NAME: Demographic

ITPR FIELD LABEL: TR1.30

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: LINK_NUM

ALLOW N/A? NO

ALLOW UNK? NO

GA EXTENSION INCLUSION YEAR: 2024

DEFINITION:

The LongID is a variable that will help registry records link with other state data sources. The variable, LONGID, is alphanumeric and has a 15-digit length. The registrar creates the LongID using the following instructions.

1. To create the variable, record the following data in the order listed:
 - a) the first two letters of the first name,
 - b) the first and last two letters of the last name,
 - c) the birth date (date of birth – DOB) in an eight-digit MM/DD/YYYY format and
 - d) sex as "M" for male, "F" for female, and "U" for unknown or if the patient does not identify as a male or female,
1. No symbols such as apostrophes as in names like O'Connor or slashes ("/") like those in birth dates separating the month, day and year should be included in the values of LONGID.
2. Suffixes such as "Jr.", "Sr.", "II" or "III" are not considered when creating the values for LONGID.
3. Some names have few letters, e.g., Ray, Coe or Li. In such circumstances, letters will be used repeatedly but in the same order as described above.
4. Some names have two parts separated by space or a hyphen, e.g., Di Napoli, Ramirez-Martinez, Jones Smith. Regardless of the separator between the two parts, always use the first two letters of the first part and the last two letters of the last part of the compound names.
5. If the name and date of birth are unknown, use the names Jane Doe for a female or John Doe for a male and the date of birth January 1, 1900.
6. If the sex is unknown or the patient does not identify as a male or female, use "U" for unknown as the sex.

See the next page for examples of LongID numbers.

- Subject's first name is Michael, last name is Thompson, DOB: May 9, 1924 the LONGID will be:
 - MI + TH + ON + 05091924 + M = **"MITHON05091924M"**
- Subject's first name is D'Arcy and last name is O'Brien, DOB: 04/15/1932 then the LONGID will be
 - DA + OB + EN + 04151932 + F = **"DAOBEN04151932F"**
- Subject's first name is William, the last name is Ray, DOB: February 23, 1940 then the LONGID will be
 - WI + RA + AY + 02231940 + M = **"WIRAAY02231940M"**
- Subject's first name is Edward, last name is Li, born on December 6, 1946 then the LONGID will be
 - ED + LI + LI + 12061946 + M = **"EDLILI12061946M"**
- Subject's first name is Anthony, last name is De Virgilio, born on September 15, 1956 then the LONGID will be
 - AN + DE + IO + 09151956 + M = **"ANDEIO09151956M"**
- If the first name is Paula, the last name is Ramirez-Martinez, DOB: January 9, 1960 then the LONGID will be
 - PA + RA + EZ + 01091960 + F = **"PARAEZ01091960F"**
- Subject's first name is John, the last name is Jones-Smith, DOB: May 29, 1955 then the LONGID will be
 - JO + JO + TH + 05291955 + M = **"JOJOTH05291955M"**
- Subject's first name is Jane, the last name is Doe, DOB: January 1, 1900 then the LONGID will be
 - JA + DO + OE + 01011900 + F = **"JADOOE01011900F"**
- Subject's first name is John, the last name is Doe, DOB: January 1, 1900 then the LONGID will be
 - JO + DO + OE + 01011900 + M = **"JODOOE01011900M"**
- Subject's sex is unknown, first name is Michael, last name is Thompson, DOB: May 9, 1924 the LONGID will be:
 - MI + TH + ON + 05091924 + U = **"MITHON05091924U"**
- Subject's sex is unknown, first name is Michelle, last name is Thompson, DOB: May 9, 1924 the LONGID will be:
 - MI + TH + ON + 05091924 + U = **"MITHON05091924U"**
- Subject's sex is unknown, first name is Jane, the last name is Doe, DOB: January 1, 1900 then the LONGID will be
 - JA + DO + OE + 01011900 + U = **"JADOOE01011900U"**
- Subject's sex is unknown, first name is John, the last name is Doe, DOB: January 1, 1900 then the LONGID will be
 - JO + DO + OE + 01011900 + U = **"JODOOE01011900U"**

ADDITIONAL INFORMATION:

- Applies to all patients.
- Not applicable should not be used.

DATA SOURCE:

Hospital Patient Registration, Billing information, ED MD care note, History & Physical (H&P), ED Nursing Assessment, ED Nursing Notes, EMS PCR



INJURY SCREEN:

The ImageTrend Patient Registry pre-hospital screen contains data elements related to the injury patients sustain.

The OEMST requires the following fields in addition to the standard fields included in the NTDS, TQIP, and ITDX dictionaries. The field data is needed for pre-hospital care performance improvement and the time to definitive care analysis.

Dictionary data sources are simply a guide. Centers should use the most reliable source at their center for data abstraction and data entry.

Data elements in this section include:

- Chief Complaint
- Vehicle Position
- Injury Type
- Injury Intentionality
- Report of Physical Abuse
- Investigation of Physical Abuse

CHIEF COMPLAINT

ITPR TAB NAME: Injury

ITPR FIELD LABEL: TR5.8

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: INJ_MECH01

ALLOW N/A? No

ALLOW UNK? No

GA EXTENSION INCLUSION YEAR: 2026

DEFINITION:

The chief complaint is the general reason for the traumatic injury.

OPTIONS:

Assault	Handgun	Other Gun
Bicycle Crash	Inhalation Burn	Other Penetrating
Bite	Knife	Shotgun
Chemical Burn	Motor Chicle Crash	Thermal Burn
Electrical Burn	Motorcycle Crash	Not Applicable
Fall – Not Further Specified	Other	Not Known/Not Recorded
Fall 1-6 meters (3.3-19.7 feet)	Other – Motorized Vehicle	
Fall Over 6 meters (19.7 feet)	Other – Pedestrian	
Fall Under 1 meter (3.3 feet)	Othe Blunt Mechanism	
Glass	Other Burn Mechanism	

ADDITIONAL INFORMATION:

- Applies to all trauma patients.
- The Chief Complaint data element is separate from the ICD-10 injury code and description.

DATA SOURCE:

Hospital Patient Registration, Billing information, ED MD care note, History & Physical (H&P), ED Nursing Assessment, ED Nursing Notes, EMS PCR

VEHICLE POSITION

ITPR TAB NAME: Injury

ITPR FIELD LABEL: TR5.14

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: INJ_VEH_POS

ALLOW N/A? Yes

ALLOW UNK? Yes

GA EXTENSION INCLUSION YEAR: 2026

DEFINITION:

The position or location of the patient in relation to the moving vehicle when the injury occurred.

OPTIONS:

Driver	Motorcycle Passenger	Ride Animal
Passenger – Back Seat	Other Specified	Streetcar Occupant
Passenger Front	Pedal Cyclist	Not Applicable
Motorcycle Driver	Pedestrian	Not Known/Not Recorded

ADDITIONAL INFORMATION:

- None

DATA SOURCE:

Hospital Patient Registration, Billing information, ED MD care note, History & Physical (H&P), ED Nursing Assessment, ED Nursing Notes, EMS PCR

INJURY TYPE

ITPR TAB NAME: Injury

ITPR FIELD LABEL: TR200.3.3

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: INJ_TYPE01

ALLOW N/A? No

ALLOW UNK? No

GA EXTENSION INCLUSION YEAR: 2026

DEFINITION:

The injury type is a general description of the mechanism of injury.

Blunt – Non-penetrating injury, from an external force causing injury.

Penetrating – Injury resulting from a projectile force, piercing instrument and entering deeply causing tissue and /or organ injury.

Burn – Tissue injury from excessive exposure to chemical, thermal, electrical, or radioactive agents.

OPTIONS:

Blunt

Penetrating

Burn

Other

Not Applicable

Not Known/Not Recorded

ADDITIONAL INFORMATION:

- Applies to all trauma patients.
- The injury type is required.
- The injury type field is auto-populated based on the ICD-10 injury code and description.
- The TRISS rate of survivability requires the injury type field to contain a valid entry other than Not Available or Not Known/Not Recorded.
- There can be more than one injury type if multiple ICD-10 injury codes are entered into the registry per patient.

DATA SOURCE:

Hospital Patient Registration, Billing information, ED MD care note, History & Physical (H&P), ED Nursing Assessment, ED Nursing Notes, EMS PCR

INJURY INTENTIONALITY

ITPR TAB NAME: Injury

ITPR FIELD LABEL: TR200.3.2

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME:

ALLOW N/A? Yes

ALLOW UNK? Yes

GA EXTENSION INCLUSION YEAR: 2026

DEFINITION:

The field captures the intentionality of the injury.

OPTIONS:

Assault	Undetermined	Not Applicable
Self-Inflicted	Unintentional	Not Known/Not Recorded
Other		

ADDITIONAL INFORMATION:

- Applies to all trauma patients.

DATA SOURCE:

Hospital Patient Registration, Billing information, ED MD care note, History & Physical (H&P), ED Nursing Assessment, ED Nursing Notes, EMS PCR



REPORT OF PHYSICAL ABUSE

ITPR TAB NAME: Injury

ITPR FIELD LABEL: TR41.1

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: INJ_ABUSE_RP_YN

ALLOW N/A? Yes

ALLOW UNK? Yes

GA EXTENSION INCLUSION YEAR: 2026

DEFINITION:

A report of suspected physical abuse was made to law enforcement and/or protective services.

OPTIONS:

Yes

No

Not Applicable

Not Known/Not Recorded

ADDITIONAL INFORMATION:

- Applies to all trauma patients.

DATA SOURCE:

Hospital Patient Registration, Billing information, ED MD care note, History & Physical (H&P), ED Nursing Assessment, ED Nursing Notes, EMS PCR

INVESTIGATION OF PHYSICAL ABUSE

ITPR TAB NAME: Injury

ITPR FIELD LABEL: TR41.2

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: INJ_ABUSE_INVST_YN

ALLOW N/A? Yes

ALLOW UNK? Yes

GA EXTENSION INCLUSION YEAR: 2026

DEFINITION:

An investigation by law enforcement and/or protective services was initiated because of the suspected physical abuse.

OPTIONS:

Yes

No

Not Applicable

Not Known/Not Recorded

ADDITIONAL INFORMATION:

- Applies to all trauma patients.

DATA SOURCE:

Hospital Patient Registration, ED MD care note, History & Physical (H&P), ED Nursing Assessment, ED Nursing Notes, EMS PCR

PRE-HOSPITAL SCREEN:

The ImageTrend Patient Registry pre-hospital screen contains data elements related to the pre-hospital emergency medical services provided to the injured patient.

The OEMST requires the following fields in addition to the standard fields included in the NTDS, TQIP, and ITDX dictionaries. The field data is needed for pre-hospital care performance improvement and the time to definitive care analysis. Pre-Hospital data elements are required from each set of EMS report data. For example, Pre-Hospital data from Referring Hospitals and multiple transports Air, Ground, etc.

Dictionary data sources are simply a guide. Centers should use the most reliable source at their center for data abstraction and data entry.

Data elements in this section include:

- Armband Number
- EMS Role
- EMS Transport Mode from Scene
- EMS Service Name
- EMS Patient Care Report Number (PCR)
- EMS Dispatch Date and Time
- EMS Scene Arrival Date and Time
- EMS Scene Departure Date and Time
- EMS Initial Systolic Blood Pressure
- EMS Initial Pulse Rate
- EMS Initial Respiratory Rate
- EMS Initial Oxygen Saturation
- EMS Initial GCS – Eye
- EMS Initial GCS – Verbal
- EMS Initial GCS – Motor
- EMS Initial GCS- Total
- EMS Type
- EMS UUID

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ARMBAND NUMBER

ITPR TAB NAME: Pre-Hospital

ITPR FIELD LABEL: TR7.4

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: TRAUMA_BAND

ALLOW N/A? See additional information below.

ALLOW UNK? See additional information below.

GA EXTENSION INCLUSION YEAR: 2024

DEFINITION:

The armband identification number is a Georgia System of Care Armband Identification number. The armband number is a 6-digit alpha character long field. The armband is put on the patient by the first care provider the patient has contact with.

ADDITIONAL INFORMATION:

- In ImageTrend Patient Registry, the Armband field must be left blank until the pilot or live use of the armband is IN USE in the facility's EMS region.
- In ESO, the Armband field must be left blank until the pilot or live use of the armband is IN USE in the facility's EMS region.
- The purpose of the armband number is to represent a Key Patient Identification Number that can be used to link multiple local, state, and national databases.
- The DPH Office of EMS Trauma will distribute armbands to providers and provide education on the purpose and use statewide according to the OEMST implementation schedule.
- The armband will be placed on the patient by the first care provider. The first provider may be a public health agency, EMS, police, or hospital ED.
- The armband should remain on the patient from initial contact by the first provider through rehabilitation or the patient's final destination of care.
- The armband number will be useful in local, state, and national emergencies.

DATA SOURCE:

GEMESIS Hospital Hub, EMS Patient Care Report, medical report from a public health agency, EMS, police, or hospital Emergency Department.

<https://www.mygemesis.org/hub>

EMS ROLE

ITPR TAB NAME: Pre-Hospital

ITPR FIELD LABEL: TR8.12

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: PHP_ROLES

ALLOW N/A? Yes

ALLOW UNK? No

DEFINITION:

The role EMS provider played in the transport of the patient to the facility.

GA EXTENSION INCLUSION YEAR: 2025

OPTIONS:

Transport from non-scene location

Transport to other

Non-Transport

Transport from Rendezvous

Transport from Scene

Not Known/Not Recorded

Not Applicable

ADDITIONAL INFORMATION:

None

ADDITIONAL INFORMATION:

- Applies to all patients transported by EMS.
- The null value "Not Applicable" should be reported to indicate that the patient did not arrive by EMS.
- The null value "Not Known/Not Recorded" should be reported if PCR is missing.
- The null value "Not Known/Not Recorded" should be reported if PCR is incomplete and/or the number cannot be located.

DATA SOURCE:

GEMSIS Hospital HUB, EMS Patient Care Report

<https://www.mygemsis.org/hub>



EMS TRANSPORT MODE FROM SCENE

ITPR TAB NAME: Pre-Hospital

ITPR FIELD LABEL: TR8.10

SEND TO OEMST STATE? YES

ESO V5 REP WRITER and ITDX TAG NAME: PHP_MODES, TransportMode

ALLOW N/A? Yes

ALLOW UNK? See additional information below.

GA EXTENSION INCLUSION YEAR: 2025

DEFINITION:

The mode of transport used by EMS to transport the patient from the scene to the hospital.

OPTIONS:

Ground Ambulance
Helicopter Ambulance
Fixed Wing Ambulance
Private/Public Vehicle/Walk-In
Police
Other
Not Known/Not Recorded

ADDITIONAL INFORMATION:

- Applies to all patients transported by EMS.
- The null value "Not Applicable" should be reported to indicate that the patient did not arrive by EMS.
- The null value "Not Known/Not Recorded" should be reported if PCR is missing.
- The null value "Not Known/Not Recorded" should be reported if PCR is incomplete and/or the number cannot be located.

DATA SOURCE:

GEMSIS Hospital Hub, EMS Patient Care Report
<https://www.mygemsis.org/hub>



EMS SERVICE NAME

ITPR TAB NAME: Pre-Hospital

ITPR FIELD LABEL: TR7.3

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: PHP_AGNCLNKS

ALLOW N/A? See additional information below.

ALLOW UNK? See additional information below.

GA EXTENSION INCLUSION YEAR: 2025

DEFINITION:

The name of the EMS service that transported the patient to the facility.

ADDITIONAL INFORMATION:

- Applies to all patients transported by EMS.
- Choose the state the EMS provider is from.
- Choose the EMS provider from the list of services.
- The null value Select Service should be reported if PCR is incomplete and/or the EMS provider name cannot be located.
- The list of EMS providers is maintained by the OEMST.

DATA SOURCE:

GEMISIS Hospital Hub, EMS Patient Care Report

<https://www.mygemsis.org/hub>



EMS PATIENT CARE REPORT NUMBER (PCR)

ITPR TAB NAME: Pre-Hospital

ITPR FIELD LABEL: TR9.11

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: PHP_PCR_NUMS

ITDX FIELD TAG NAME: None

ALLOW N/A? See additional information below.

ALLOW UNK? See additional information below.

GA EXTENSION INCLUSION YEAR: 2024

DEFINITION:

EMS Patient Care Report (PCR) Number Response number. The number can be a numerical or alpha-numeric digit number depending on the EMS provider and EMS software used. The number is a unique number assigned to each patient care report per medical encounter. The number will not be duplicated by another EMS provider.

ADDITIONAL INFORMATION:

- Applies to all patients transported by EMS.
- In ImageTrend Patient Registry, the EMS PCR Number is left blank for patients who were NOT transported by EMS.

DATA SOURCE:

GEMSIS Hospital Hub, EMS Patient Care Report
<https://www.mygemsis.org/hub>



EMS DISPATCH DATE AND TIME

ITPR TAB NAME: Pre-Hospital

ITPR FIELD LABEL: TR9.1, TR9.10

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: PHP_D_DATES_L and PHP_D_TIMES_L

ITDX FIELD TAG NAME: EmsNotifyDate, EmsNotifyTime

ALLOW N/A? See additional information below.

ALLOW UNK? See additional information below.

GA EXTENSION INCLUSION YEAR: 2024

DEFINITION:

The date and time the EMS unit that transported the patient to the hospital was notified by EMS dispatch.

ADDITIONAL INFORMATION:

- Applies to all patients transported by EMS.
- Reported as MM-DD-YYYY and HH:MM (military) for time.
- In ImageTrend Patient Registry, the date and time fields are blank for patients who were NOT transported by EMS to the first facility.
- In ESO, the null value "Not Applicable" is reported for patients who were NOT transported by EMS to the first facility.

DATA SOURCE:

GEMSIS Hospital Hub, EMS Patient Care Report

<https://www.mygemsis.org/hub>



EMS SCENE ARRIVAL DATE AND TIME

ITPR TAB NAME: Pre-Hospital

ITPR FIELD LABEL: TR9.2, TR9.2.1

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: PHP_A_DATES_L and PHP_A_TIMES_L

ITDX FIELD TAG NAME: EmsArrivalDate, EmsArrivalTime

ALLOW N/A? See additional information below.

ALLOW UNK? See additional information below.

GA EXTENSION INCLUSION YEAR: 2024

DEFINITION:

The date and time the EMS unit transporting the patient to the first hospital arrived on the scene or the patient's location.

ADDITIONAL INFORMATION:

- Reported as MM-DD-YYYY and HH:MM (military) for time.
- This is the Date/Time the transporting unit arrived at the patient's location (arrival is defined as the Date/Time when the vehicle stopped moving).
- In ImageTrend Patient Registry, the date and time fields are blank for patients who were NOT transported by EMS to the first facility.
- In ESO, the null value "Not Applicable" is reported for patients who were NOT transported by EMS.

DATA SOURCE:

GEMSIS Hospital Hub, EMS Patient Care Report
<https://www.mygemsis.org/hub>



EMS SCENE DEPARTURE DATE AND TIME

ITPR TAB NAME: Pre-Hospital

ITPR FIELD LABEL: TR9.3, Tr9.3.1

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: PHP_L_DATES and PHP_L_TIMES

ITDX FIELD TAG NAME: EmsLeftDate, EmsLeftDate

ALLOW N/A? See additional information below.

ALLOW UNK? See additional information below.

GA EXTENSION INCLUSION YEAR: 2024

DEFINITION:

The date and time the EMS unit transporting the patient to the first hospital departed the scene or the patient's location.

ADDITIONAL INFORMATION:

- Reported as MM-DD-YYYY and HH:MM (military) for time.
- This is the date/time on which the unit transporting the patient to the first facility departed from the scene or patient location (departure is defined as date/time when the vehicle started moving).
- In ImageTrend Patient Registry, the date and time fields are blank for patients who were NOT transported by EMS to the first facility.
- In ESO, the null value "Not Applicable" is reported for patients who were NOT transported by EMS.

DATA SOURCE:

GEMIS Hospital Hub, EMS Patient Care Report
<https://www.mygemsis.org/hub>



EMS INITIAL SYSTOLIC BLOOD PRESSURE

ITPR TAB NAME: Pre-Hospital

ITPR FIELD LABEL: TR18.67

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: PHAS_SBPS

ITDX FIELD TAG NAME: EmsSbp

ALLOW N/A? See additional information below.

ALLOW UNK? See additional information below.

GA EXTENSION INCLUSION YEAR: 2024

DEFINITION:

Systolic Blood Pressure (SBP) - Maximum blood pressure occurs during contraction of ventricles. An acceptable range is 0 - 300.

ADDITIONAL INFORMATION:

- Direct entry. First recorded SBP by the Prehospital Provider.
- In ImageTrend Patient Registry, if the SBP is not recorded, select the not value symbol and choose from the list of options: Device/Monitor Not Available, Not Recorded, Patient has been intubated, Patient in cardiac arrest, or Patient in Respiratory Arrest. The field will not be open for data on patients who were NOT transported by EMS.
- In ESO, :-4 = Not Recorded, :-5 = Not Available
- In ESO, the null value "Not Applicable" is reported for patients who were NOT transported by EMS.
- Even if Prehospital Provider: Transport Role is Transport from Non-Scene Location, enter ALL pre-hospital vitals.

DATA SOURCE:

GEMISIS Hospital Hub, EMS Patient Care Report
<https://www.mygemsis.org/hub>



EMS INITIAL PULSE RATE

ITPR TAB NAME: Pre-Hospital

ITPR FIELD LABEL: TR18.69

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: PHAS_PULSES

ITDX FIELD TAG NAME: EmsPulseRate

ALLOW N/A? See additional information below.

ALLOW UNK? See additional information below.

GA EXTENSION INCLUSION YEAR: 2024

DEFINITION:

Pulse Rate – Rate of the heartbeat measured in beats per minute. (Do not use the cardiac monitor).

ADDITIONAL INFORMATION:

- Direct entry. First recorded Pulse Rate by the Prehospital Provider.
- In ImageTrend Patient Registry, if the Pulse Rate is not recorded, leave the field blank. The field will not be open for data on patients who were NOT transported by EMS.
- In ESO, :-4 = Not Recorded, :-5 = Not Available
- In ESO, the null value "Not Applicable" is reported for patients who were NOT transported by EMS.
- Even if Prehospital Provider: Transport Role is Transport from Non-Scene Location, enter ALL pre-hospital vitals.

DATA SOURCE:

GEMSIS Hospital Hub, EMS Patient Care Report

<https://www.mygemsis.org/hub>



EMS INITIAL RESPIRATORY RATE

ITPR TAB NAME: Pre-Hospital

ITPR FIELD LABEL: TR18.70

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: PHAS_URRS

ITDX FIELD TAG NAME: EmsRespiratoryRate

ALLOW N/A? See additional information below.

ALLOW UNK? See additional information below.

GA EXTENSION INCLUSION YEAR: 2024

DEFINITION:

The act of breathing measured in spontaneous **unassisted** breaths per minute without the use of mechanical devices.

ADDITIONAL INFORMATION:

- Direct entry. First recorded Unassisted Respiratory Rate by the Prehospital Provider.
- In ImageTrend Patient Registry, if the Respiratory Rate is not recorded, leave the field blank. The field will not be open for data on patients who were NOT transported by EMS.
- In ESO, :-4 = Not Recorded, :-5 = Not Available
- In ESO, the null value "Not Applicable" is reported for patients who were NOT transported by EMS.
- Even if Prehospital Provider: Transport Role is Transport from Non-Scene Location, enter ALL pre-hospital vitals.

DATA SOURCE:

GEMSIS Hospital Hub, EMS Patient Care Report
<https://www.mygemsis.org/hub>



EMS INITIAL OXYGEN SATURATION

ITPR TAB NAME: Pre-Hospital

ITPR FIELD LABEL: TR18.82

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: PHAS_SAO2S

ITDX FIELD TAG NAME: EmsPulseOximetry

ALLOW N/A? See additional information below.

ALLOW UNK? See additional information below.

GA EXTENSION INCLUSION YEAR: 2024

DEFINITION:

Measure of the amount of oxygen-carrying hemoglobin in the blood relative to the amount of hemoglobin not carrying oxygen.

ADDITIONAL INFORMATION:

- Direct entry. First recorded O2 Oxygen Saturation (SPO2) level.
- In ImageTrend Patient Registry, if the Oxygen Saturation (O2Sat) level is not recorded, leave the field blank. The field will not be open for data on patients who were NOT transported by EMS.
- In ESO, :-4 = Not Recorded, :-5 = Not Available
- In ESO, the null value "Not Applicable" is reported for patients who were NOT transported by EMS.
- Even if Prehospital Provider: Transport Role is Transport from Non-Scene Location, enter ALL pre-hospital vitals.

DATA SOURCE:

GEMSIS Hospital Hub, EMS Patient Care Report

<https://www.mygemsis.org/hub>

EMS INITIAL GCS – EYE

ITPR TAB NAME: Pre-Hospital

ITPR FIELD LABEL: TR18.60

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: PHAS_GCS_EOS

ITDX FIELD TAG NAME: EmsGcsEye

ALLOW N/A? See additional information below.

ALLOW UNK? See additional information below.

GA EXTENSION INCLUSION YEAR: 2024

DEFINITION:

The Glasgow Coma Scale for Eye Opening

4 = Spontaneous, Opens eyes spontaneously

3 = To Voice, Opens eyes in response to verbal stimulation

2 = To Pain, Opens eyes in response to painful stimulation

1 = No Response, No eye movement when assessed

ADDITIONAL INFORMATION:

- Direct entry. First recorded Eye GCS recorded by the Prehospital Provider.
- In ImageTrend Patient Registry, if the initial GCS is not recorded, select Not Applicable or Not Known/Not Recorded. The field will not be open for data on patients who were NOT transported by EMS.
- In ESO, :-4 = Not Recorded, :-5 = Not Available
- In ESO, the null value "Not Applicable" is reported for patients who were NOT transported by EMS.
- Even if Prehospital Provider: Transport Role is Transport from Non-Scene Location, enter ALL pre-hospital vitals.

DATA SOURCE:

GEMSIS Hospital Hub, EMS Patient Care Report

<https://www.mygemsis.org/hub>

EMS INITIAL GCS - VERBAL

ITPR TAB NAME: Pre-Hospital

ITPR FIELD LABEL: TR18.61.2

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: PHAS_GCS_VRS

ITDX FIELD TAG NAME: EmsGcsVerbal

ALLOW N/A? See additional information below.

ALLOW UNK? See additional information below.

GA EXTENSION INCLUSION YEAR: 2024

DEFINITION:

The Glasgow Coma Scale for Verbal Response

Patient's age is over 2 years.

5 = Oriented

4 = Confused

3 = Inappropriate words

2 = Incomprehensible words or sounds

1 = None, No verbal response

ADDITIONAL INFORMATION:

- Direct entry. First recorded Verbal GCS recorded by the Prehospital Provider.
- Patient's must be over two years.
- In ImageTrend Patient Registry, if the initial GCS is not recorded, select Not Applicable or Not Known/Not Recorded. The field will not be open for data on patients who were NOT transported by EMS.
- In ESO, :-4 = Not Recorded, :-5 = Not Available
- In ESO, the null value "Not Applicable" is reported for patients who were NOT transported by EMS.
- Even if Prehospital Provider: Transport Role is Transport from Non-Scene Location, enter ALL pre-hospital vitals.

DATA SOURCE:

GEMSIS Hospital Hub, EMS Patient Care Report

<https://www.mygemsis.org/hub>

EMS INTITAL GCS - MOTOR

ITPR TAB NAME: Pre-Hospital

ITPR FIELD LABEL: TR18.62.2

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: PHAS_GCS_MRS

ITDX FIELD TAG NAME: EmsGcsMotor

ALLOW N/A? See additional information below.

ALLOW UNK? See additional information below.

GA EXTENSION INCLUSION YEAR: 2024

DEFINITION:

The Glasgow Coma Scale for Motor Response

6 = Obeys commands

5 = Localizing pain

4 = Withdraw from pain

3 = Flexion to pain

2 = Extension to pain

1 = None , No motor response

ADDITIONAL INFORMATION:

- Direct entry. First recorded Motor GCS recorded by the Prehospital Provider.
- Patient's must be over two years.
- In ImageTrend Patient Registry, if the initial GCS is not recorded, select Not Applicable or Not Known/Not Recorded. The field will not be open for data on patients who were NOT transported by EMS.
- In ESO, :-4 = Not Recorded, :-5 = Not Available
- In ESO, the null value "Not Applicable" is reported for patients who were NOT transported by EMS.
- Even if Prehospital Provider: Transport Role is Transport from Non-Scene Location, enter ALL pre-hospital vitals.

DATA SOURCE:

GEMESIS Hospital Hub, EMS Patient Care Report

<https://www.mygemsis.org/hub>

EMS INITIAL GCS TOTAL

ITPR TAB NAME: Pre-Hospital

ITPR FIELD LABEL: TR18.65

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: PHAS_GCSSC

ITDX FIELD TAG NAME: EmsGcsTotal

ALLOW N/A? See additional information below.

ALLOW UNK? See additional information below.

GA EXTENSION INCLUSION YEAR: 2024

DEFINITION:

The Glasgow Coma Scale Total is the sum of the GCS Eye, Verbal, and Motor scores (number between 3-15).

ADDITIONAL INFORMATION:

- The GCS Total is an auto-calculated field.
- Patient's must be over two years.
- In ImageTrend Patient Registry, if the initial GCS is not recorded, the total will not be automatically calculated by the registry software. Users may enter a manual GCS total if necessary. The field will not be open for data on patients who were NOT transported by EMS.
- In ESO, :-4 = Not Recorded, :-5 = Not Available
- In ESO, the null value "Not Applicable" is reported for patients who were NOT transported by EMS.
- Even if Prehospital Provider: Transport Role is Transport from Non-Scene Location, enter ALL pre-hospital vitals.

DATA SOURCE:

GEMSIS Hospital Hub, EMS Patient Care Report
<https://www.mygemsis.org/hub>

UNIVERSALLY UNIQUE IDENTIFIER (UUID)

ITPR TAB NAME: Pre-Hospital

ITPR FIELD LABEL: TR 7.7

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: [Redacted]

ALLOW N/A? NO

ALLOW UNK? NO

GA EXTENSION INCLUSION YEAR: 2026

DEFINITION:

The universally unique identifier (UUID) from the patient care report (PCR) of each emergency medical service unit treating the patient from the time of injury to arrival at your hospital.

OPTIONS:

Enter data that meets the format required for the data element.

ADDITIONAL INFORMATION:

This field is a National Trauma Data Standard field.

Report all that apply (maximum 20).

Relevant value for the data element.

Must be represented in canonical form, matching the following regular

expression: [a-fA-F0-0-9]{8}-[a-fA-F0-9]{4}-[1-5][a-fA-F0-9]{3}-[89abAB][a-fA-F0-9]{3}-[a-fA-F0-9]{12}

A sample UUID is e48cd734-01cc-4da4-ae6a-915b0b1290f6.

Automated abstraction technology provided by registry product providers/vendors must be used for this data element.

Consistent with NEMSIS v3.5.0 or later.

Assigned by any applicable transporting EMS agency in accordance with the IETF RFC 4122 standard.

DATA SOURCE:

GEMSIS Hospital Hub, EMS Patient Care Report

<https://www.mygemsis.org/hub>



REFERRING HOSPITAL SCREEN:

The ImageTrend Patient Registry referring hospital screen contains data elements related to the patient's registry number, the referring facility name, mode of arrival, vital signs, procedures, disposition, arrival date and time, and discharge date and time.

The OEMST requires the following fields in addition to the standard fields included in the NTDS, TQIP, and ITDX dictionaries.

Dictionary data sources are simply a guide. Centers should use the most reliable source at their center for data abstraction and data entry.

Data elements in this section include:

Referring Hospital Name

Referring Hospital Arrival Date and Time

Referring Hospital Discharge Date and Time

Referring Hospital Transfer Rationale

Referring Hospital Transported to Referring Hospital By

REFERRING HOSPITAL NAME

ITPR TAB NAME: Referring Hospital

ITPR FIELD LABEL: TR33.1

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: RFS_FACLNK_**AS_TEXT**

ALLOW N/A? See additional information below.

ALLOW UNK? See additional information below.

GA EXTENSION INCLUSION YEAR: 2024

DEFINITION:

Acute care facility where the patient received care immediately before transfer.

ADDITIONAL INFORMATION:

- Hospital names are listed in the registry program for this field.
- In ImageTrend Patient Registry, if the Referring Hospital name is not recorded in the medical record, leave the field blank.
- In the ESO, the null value "Not Applicable" is used only for patients who were not received from another facility.
- In the ESO, if you are unable to locate a Georgia hospital in the pick list, please contact the State Trauma Registrar or Office of EMS Trauma at trauma@dph.ga.gov. Facilities change names periodically for various reasons and the name may have changed in the registry program. New facilities must be added to the registry program. If a facility is not available as a choice, refer to the GQIP data dictionary for a list of generic Georgia facility identifiers or out of state facility identifiers,

DATA SOURCE:

Referring Hospital Medical Record, GEMSIS Hospital Hub, EMS Patient Care Report <https://www.mygemsis.org/hub>, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation.

REFERRING HOSPITAL ARRIVAL DATE AND TIME

ITPR TAB NAME: Referring Hospital

ITPR FIELD LABEL: TR33.2, TR33.3

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: RFS_A_DATE and RFS_A_TIME

ALLOW N/A? See additional information below.

ALLOW UNK? See additional information below.

GA EXTENSION INCLUSION YEAR: 2024

DEFINITION:

The date and time the patient arrived at the Acute care facility where the patient received care immediately before transfer.

ADDITIONAL INFORMATION:

- Report as MM-DD-YYYY and HH:MM (military) for time.
- This is the date/time on which the patient arrived at the referring facility prior to being transferred to your facility.
- In ImageTrend Patient Registry, if the Referring Hospital Admit date and time are not recorded in the medical record, leave the field blank.
- In ESO, the null value "Not Applicable" is used only for patients who were not received from another facility.

DATA SOURCE:

Referring Hospital Medical Record, GEMSIS Hospital Hub, EMS Patient Care Report <https://www.mygemsis.org/hub>, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation.

REFERRING HOSPITAL DISCHARGE DATE AND TIME

ITPR TAB NAME: Referring Hospital

ITPR FIELD LABEL: TR33.30, TR33.31

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: RFS_DIS_DATE and RFS_DIS_TIME

ALLOW N/A? See additional information below.

ALLOW UNK? See additional information below.

GA EXTENSION INCLUSION YEAR: 2024

DEFINITION:

The date and time the patient departed from the Acute care facility where the patient received care immediately before transfer.

ADDITIONAL INFORMATION:

- Report as MM-DD-YYYY and HH:MM (military) for time.
- This is the date/time on which the patient departed from the referring facility prior to being transferred to your facility.
- In ImageTrend Patient Registry, if the Referring Hospital Discharge date and time are not recorded in the medical record, leave the field blank.
- In ESO, the null value "Not Applicable" is used only for patients who were not received from another facility.

DATA SOURCE:

Referring Hospital Medical Record, GEMSIS Hospital Hub, EMS Patient Care Report <https://www.mygemsis.org/hub>, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation.

REFERRING HOSPITAL TRANSFER RATIONALE

ITPR TAB NAME: Referring Hospital

ITPR FIELD LABEL: TR33.82

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: RFS_XFR_RATS

ALLOW N/A? Yes

ALLOW UNK? Yes

GA EXTENSION INCLUSION YEAR: 2026

DEFINITION:

The reason the referring hospital transferred the patient to your facility.

OPTIONS:

Ear, Nose and Throat	Resources Unavailable (Beds, Equipment, Staff, MD)	Specialty – Pediatrics
Economic	Specialty Care – Higher Level Care	Specialty – Replantation
Hospital of Choice	Specialty Resource Center	Specialty – Spine
Insurance/Health Plan Repatriation	Specialty – Burn	Specialty – Vascular/Aortic Injuries
Lower Level of Care	Specialty – Cardiac (Bypass)	System Protocol
Ophthalmology	Specialty – Facial Trauma	Not Applicable
Orthopedic – Spine	Specialty – Hand	
Other	Specialty - Neurosurgery	
Patient Request	Specialty – Orthopaedics – Pelvic Ring/Acetabular	
Physician/Services Available	Specialty – Orthopaedics – Soft Tissue Coverage	
Plastic Surgery	Specialty – Other Orthopaedics	

ADDITIONAL INFORMATION:

- If the reason for transfer is unknown, select Specialty Care/ Higher Level of Care.
- Select Not Applicable for patients that were not transferred to your facility.

DATA SOURCE:

Referring Hospital Medical Record, GEMSIS Hospital Hub, EMS Patient Care Report <https://www.mygemsis.org/hub>, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation.

REFERRING HOSPITAL TRANSPORTED TO REFERRING HOSPITAL BY

ITPR TAB NAME: Referring Hospital

ITPR FIELD LABEL: TR33.48

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: Referring Hospital Interfacility Transport Mode

ALLOW N/A? Yes

ALLOW UNK? Yes

GA EXTENSION INCLUSION YEAR: 2026

DEFINITION:

The mode of transport used to transfer the patient from the referring hospital to your facility.

OPTIONS:

ALS	Helicopter Ambulance
ALS/Helicopter	Other
Air Transport	Police
BLS	Private/Public Vehicle/Walk-In
BLS/Helicopter	Not Reporting
Charter Fixed-Wing	Not Applicable
Charter Helicopter	Pending
Commercial Flight	Not Done/Documented
EMS	Not Performed
Fixed-wing Ambulance	Not Known/Not Recorded
Ground Ambulance	

ADDITIONAL INFORMATION:

- If the reason for transfer is unknown, select Specialty Care/ Higher Level of Care.
- Select Not Applicable for patients that were not transferred to your facility.

DATA SOURCE:

Referring Hospital Medical Record, GEMSIS Hospital Hub, EMS Patient Care Report <https://www.mygemsis.org/hub>, ER nursing notes, ER MD documentation, History & Physical (H&P), Consult note, Outside facility documentation.



ED ACUTE CARE SCREEN:

The ED Acute Care screen contains data elements related to the patient's arrival, condition, trauma team activations, services providing care to the patient, and discharge or admission to the facility.

The OEMST requires the following fields in addition to the standard fields included in the NTDS, TQIP, and ITDX dictionaries.

Dictionary data sources are simply a guide. Centers should use the most reliable source at their center for data abstraction and data entry.

Data elements in this section include:

- Arrived From
- Transported to Your Facility By
- Admitting Service
- Direct Admit to Hospital
- Operating Room Discharge Disposition
- Trauma Team Activation Level
- Trauma Team Activated Date
- Trauma Team Activated Time
- Revised New Trauma Team Activation Level
- Revised Trauma Team Activation Date
- Revised Trauma Team Activation Time
- ED Discharge Date
- ED Discharge Time
- Consulting Service Type

ARRIVED FROM

ITPR TAB NAME: ED Acute Care

ITPR FIELD LABEL: TR16.22

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: PAT_ORIGIN

ALLOW N/A? No

ALLOW UNK? No

GA EXTENSION INCLUSION YEAR: 2025

DEFINITION:

Location the patient arrived from prior to arrival at the facility.

OPTIONS:

- Scene
- Home
- Referring Hospital
- Other
- Not Applicable
- Not Known/Not Recorded

ADDITIONAL INFORMATION:

None

DATA SOURCE:

ED Trauma Flowsheet, GEMIS Hospital Hub, EMS Patient Care Report <https://www.mygemis.org/hub>, ED nursing notes, ED MD documentation, Admission Order, History & Physical (H&P), Consult note, Outside facility documentation.

**TRANSPORTED TO YOUR FACILITY
BY**

ITPR TAB NAME: ED Acute Care

ITPR FIELD LABEL: TR8.8

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: PAT_A_MODE

ALLOW N/A? No

ALLOW UNK? No

GA EXTENSION INCLUSION YEAR: 2025

DEFINITION:

The type of transportation that delivered the patient to the hospital.

OPTIONS:

Fixed-wing Ambulance

Ground Ambulance

Helicopter Ambulance

Other

Police

Private/Public Vehicle/Walk-In

Not Applicable

Not Known/Not Recorded

ADDITIONAL INFORMATION:

None

DATA SOURCE:

ED Trauma Flowsheet, GEMSIS Hospital Hub, EMS Patient Care Report
<https://www.mygemsis.org/hub>, ED nursing notes, ED MD documentation,
Admission Order, History & Physical (H&P), Consult note, Outside facility
documentation.

ADMITTING SERVICE

ITPR TAB NAME: ED Acute Care

ITPR FIELD LABEL: TR18.99

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: ADM_SVC

ALLOW N/A? No

ALLOW UNK? No

GA EXTENSION INCLUSION YEAR: 2025

DEFINITION:

The initial hospital admitting service in charge of the patient care. A patient is admitted to the hospital after discharge from the Emergency Department to an in-hospital location.

OPTIONS:

Burn Services	Ophthalmology
Cardiology	Orthopedics
Cardiothoracic Surgery	Other Non-Surgical
ENT	Other Surgical
Emergency Medicine	Pedi Surgery
Endocrinology	Plastics
Gen Surgery	Podiatry
Geriatric	Surgery Subspecialty
Hand	Trauma
Intensivist	Urology
Interventional Radiology	Not Known/Not Recorded
Medicine	
Neurosurgery	

ADDITIONAL INFORMATION:

None

DATA SOURCE:

ED Trauma Flowsheet, ED nursing notes, ED MD documentation, Admission Order, History & Physical (H&P), Consult note.



DIRECT ADMIT

ITPR TAB NAME: ED Acute Care

ITPR FIELD LABEL: TR17.30

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: ED_BYPASS_YN

ALLOW N/A? No

ALLOW UNK? No

GA EXTENSION INCLUSION YEAR: 2025

DEFINITION:

Direct admission to the facility occurs when the patient bypasses the Emergency Department for initial care and is taken to an in-hospital location for care or admission.

OPTIONS:

Yes
No
Not Applicable
Not Known/Not Recorded

ADDITIONAL INFORMATION:

None

DATA SOURCE:

Admission orders, Physician notes, Nursing notes, History & Physical (H&P), Consult note, Referring Hospital documentation.

OPERATING ROOM DISCHARGE DISPOSITION

ITPR TAB NAME: ED Acute Care

ITPR FIELD LABEL: TR17.28

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: OR_DISP

ALLOW N/A? Yes

ALLOW UNK? No

GA EXTENSION INCLUSION YEAR: 2025

DEFINITION:

The location the patient was transported, transferred, or discharged to after being treated in the hospital operating room.

OPTIONS;

Floor Bed (general admission, non specialty unit bed)

Burn Unit

Neonatal/Pediatric Care Unit

Died (Morgue)

Home with services

Home without services

Intensive Care Unit

Left against medical advice

Observation unit (unit that provides <24 hour stay)

Other (jail, institution, etc.)

Step Down

Telemetry/step-down unit (less acuity than ICU)

Transferred to another hospital

Not Applicable

Not Known/Not Recorded

ADDITIONAL INFORMATION: None

DATA SOURCE:

ED Trauma Flowsheet, GEMSIS Hospital Hub, EMS Patient Care Report

<https://www.mygemsis.org/hub>, ED nursing notes, ED MD documentation,

Admission Order, OR Summary, History & Physical (H&P), Consult note, Outside facility documentation.



LEVEL OF TRAUMA TEAM ACTIVATION

ITPR TAB NAME: ED Acute Care

ITPR FIELD LABEL: TR17.21

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: ED_TTA_TYPE01

ALLOW N/A? Yes

ALLOW UNK? No

GA EXTENSION INCLUSION YEAR: 2025

DEFINITION:

The initial trauma team activation by the Emergency Department before or upon the patient's arrival at the Emergency Department.

OPTIONS:

Level 1 (Full Activation)
Level 2 (Partial Activation)
Level 3 (Consult)
Not Activated
Not Applicable

ADDITIONAL INFORMATION:

None

DATA SOURCE:

EMS Patient Care Report, Trauma Flowsheet, ED nursing notes, ED Physician notes, History & Physical (H&P), Consult note.

**LEVEL OF TRAUMA TEAM
ACTIVATION DATE AND TIME**

ITPR TAB NAME: ED Acute Care

ITPR FIELD LABELS: TR17.31 and TR17.34

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: ED_TTA_DATE01 and ED_TTA_TIME01

ALLOW N/A? Yes

ALLOW UNK? Yes

GA EXTENSION INCLUSION YEAR: 2025

DEFINITION:

The date and time the initial trauma team activation was paged by the Emergency Department before or upon the patient's arrival at the Emergency Department. If the initial trauma team activation is Not Applicable, the date and time fields will not be accessible.

ADDITIONAL INFORMATION:

Record the date as MM/DD/YYYY.

Record the time as HH:mm (military time).

DATA SOURCE:

EMS Patient Care Report, Trauma Flowsheet, ED nursing notes, ED Physician notes, History & Physical (H&P), Consult note.

REVISED LEVEL OF TRAUMA TEAM ACTIVATION

ITPR TAB NAME: ED Acute Care

ITPR FIELD LABEL: TR17.78.3

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: ED_TTA_TYPE02

ALLOW N/A? Yes

ALLOW UNK? No

GA EXTENSION INCLUSION YEAR: 2025

DEFINITION:

The revised trauma team activation level by the Emergency Department following the initial trauma team activation level. The revised trauma team activation level can occur before or after the patient's arrival at the Emergency Department. The revised trauma team activation level can be higher or lower than the initial trauma team activation level. If there was no change to the initial trauma team activation level, enter Not Activated in ImageTrend Patient Registry ITPR (ESO users enter Not Applicable).

OPTIONS:

Level 1 (Full Activation)
Level 2 (Partial Activation)
Level 3 (Consult)
Level 4 (No Trauma Activation)
Level Unknown
Consultation
Not Activated
Not Known/Not Recorded

ADDITIONAL INFORMATION:

None

DATA SOURCE:

EMS Patient Care Report, Trauma Flowsheet, ED nursing notes, ED Physician notes, History & Physical (H&P), Consult note.

REVISÉD LEVEL OF TRAUMA TEAM
ACTIVATION DATE AND TIME

ITPR TAB NAME: ED Acute Care

ITPR FIELD LABELS: TR17.78.1 and TR17.78.1.1

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: ED_TTA_DATE02 and ED_TTA_TIME02

ALLOW N/A? Yes

ALLOW UNK? Yes

GA EXTENSION INCLUSION YEAR: 2025

DEFINITION:

The date and time the revised trauma team activation was paged by the Emergency Department before or upon the patient's arrival at the Emergency Department. If the initial trauma team activation is Not Applicable, the revised trauma team activation date and time fields must be blank.

ADDITIONAL INFORMATION:

Record the date as MM/DD/YYYY.

Record the time as HH:mm (military time).

DATA SOURCE:

EMS Patient Care Report, Trauma Flowsheet, ED nursing notes, ED Physician notes, History & Physical (H&P), Consult note.



ED DISCHARGE DATE AND TIME

ITPR TAB NAME: ED Acute Care

ITPR FIELD LABELS: TR17.25, TR17.26

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: EDD_DATE, EDD_TIME

ALLOW N/A? No

ALLOW UNK? No

GA EXTENSION INCLUSION YEAR: 2026

DEFINITION:

The date and time the patient physically left the emergency department.

ADDITIONAL INFORMATION:

Record the date as MM/DD/YYYY.

Record the time as HH:mm (military time).

DATA SOURCE:

Trauma Flowsheet, ED nursing notes, ED Physician notes, History & Physical (H&P), Consult note, Admission Log.

CONSULTING SERVICE TYPE

ITPR TAB NAME: ED Acute Care

ITPR FIELD LABELS: TR17.32

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: CS_TYPE01

ALLOW N/A? Yes

ALLOW UNK? Yes

GA EXTENSION INCLUSION YEAR: 2026

DEFINITION:

The type of physician consultant called to evaluate the patient in the emergency department.

OPTIONS:

Anesthesia	Interventional Radiology	Pediatric Surgery
Burn	Nephrology	Physical Therapy
Cardiology	Neurology	Plastic Surgeon
Cardiothoracic Surgery	Neurosurgery	Psychiatry
Chemical Dependency	OB-GYN	Pulmonary
Craniofacial	Occupational Therapy	Radiology
Critical Care Surgery	Oncology	Rehab
Ear Nose Throat	Ophthalmology	Speech Therapy
Emergency Medicine	Oral Maxillofacial Surgery	Thoracic Surgeon
Endocrinology	Oral Surgery	Trauma Resuscitation Nurse
Family Medicine	Ortho-Spine	Trauma Surgeon
Gastroenterology	Orthopedic Surgeon	Urology
General Surgery	Other	Vascular Surgery
Geriatric	Other Non-Surgeon	Wound Care
Hand	Other Surgeon	Not Applicable
Hospitalist	Otolaryngology	Not Known/Not Recorded
Infectious Disease	Pain	
Intensivist	Palliative Care	
Internal Medicine	Pediatric	

ADDITIONAL INFORMATION:

The record may contain multiple consulting service types per patient.

DATA SOURCE:

Trauma Flowsheet, ED nursing notes, ED Physician notes, History & Physical (H&P), Consult note, Admission Log.



ED INITIAL ASSESSMENT SCREEN:

The ED Initial Assessment screen contains data elements related to the patient's vital signs, airway management, blood products, and procedures performed in radiology or the laboratory.

The OEMST requires the following fields in addition to the standard fields included in the NTDS, TQIP, and ITDX dictionaries.

Dictionary data sources are simply a guide. Centers should use the most reliable source at their center for data abstraction and data entry.

Data elements in this section include:

- Drug Use Indicator
- Base Deficit
- Was SBIRT Completed?
- Diastolic BP
- Initial ED Hospital CPR Performed

DRUG USE INDICATOR

ITPR TAB NAME: ED Initial Assessment

ITPR FIELD LABELS: TR18.45

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: ED_IND_DRG01

ALLOW N/A? Yes

ALLOW UNK? Yes

GA EXTENSION INCLUSION YEAR: 2025

DEFINITION:

An indicator of drug use by the patient prior to ED arrival.

OPTIONS:

Yes (confirmed by test [prescription drug])

Yes (confirmed by test [illegal use drug])

Yes (Confirmed by Test (Unknown if Prescribed or Illegal))

Yes (suspected)

No (confirmed by test)

Not Performed

Not Applicable

Not Known/Not Recorded

ADDITIONAL INFORMATION:

None

DATA SOURCE:

Trauma Flowsheet, ED nursing notes, ED Physician notes, Laboratory results, History & Physical (H&P), Consult note.

BASE DEFICIT

ITPR TAB NAME: ED Initial Assessment

ITPR FIELD LABELS: TR18.93

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: ED_ABG_BASE

ALLOW N/A? Yes

ALLOW UNK? Yes

GA EXTENSION INCLUSION YEAR: 2025

DEFINITION:

Base Deficit - Arterial blood gas component showing the degree of acid/base imbalance with a normal range being +/- 2 Meq./L. A valid Base Deficit value range is +/- 80.

ADDITIONAL INFORMATION:

Abstract the first recorded base excess or base deficit within 24 hours of arrival at the hospital.

DATA SOURCE:

Trauma Flowsheet, ED nursing notes, ED Physician notes, Laboratory results, History & Physical (H&P), Consult note.



WAS SBIRT COMPLETED?

ITPR TAB NAME: ED Initial Assessment

ITPR FIELD LABELS: TR45.1

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: SCR_N_YN01

ALLOW N/A? Yes

ALLOW UNK? Yes

GA EXTENSION INCLUSION YEAR: 2025

DEFINITION:

The Screening, Brief Intervention and Referral to Treatment (SBIRT) is a public health tool used to identify patients who use alcohol or drugs of another substance at unsafe levels. Healthcare providers use the tool to provide early intervention and treatment services. The data field records whether a screening was performed.

OPTIONS:

Yes
No
Patient Refused
Not Applicable
Not Known/Not Recorded

ADDITIONAL INFORMATION:

None

DATA SOURCE:

Trauma Flowsheet, ED nursing notes, ED Physician notes, History & Physical (H&P), Consult note.

BODY MASS INDEX

ITPR TAB NAME: Demographics

ITPR FIELD LABELS: TR1.36

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: EDAS_BMI_C

ALLOW N/A? No

ALLOW UNK? Yes

GA EXTENSION INCLUSION YEAR: 2026

DEFINITION:

A measure of an adult's weight (body mass) relative to height used to assess the extent of weight deficit or excess on admission to Definitive Care. Preferred method is actual measurement although reported height is accepted. The Body Mass Index (BMI) is the patient's weight in kilograms (kg) divided by his or her height in meters.

OPTIONS:

None

ADDITIONAL INFORMATION:

The BMI is auto-calculated after the height and weight have been entered and the screen is saved in ImageTrend Patient Registry.

DATA SOURCE:

Trauma Flowsheet, ED nursing notes, ED Physician notes, History & Physical (H&P), Consult note.

DIASTOLIC BP

ITPR TAB NAME: ED Initial Assessment

ITPR FIELD LABELS: TR18.13

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: EDAS_DBP

ALLOW N/A? No

ALLOW UNK? Yes

GA EXTENSION INCLUSION YEAR: 2026

DEFINITION:

Recorded diastolic blood pressure measured on admission.

OPTIONS:

None

ADDITIONAL INFORMATION:

The diastolic blood pressure recorded within 30 minutes of patients arrival to your hospital.

Diastolic blood pressure is the bottom/second number when blood pressure is recorded.

If only SBP is recorded on admission or SBP with "palp" for diastolic, record unknown for DBP.

DATA SOURCE:

Trauma Flowsheet, ED nursing notes, ED Physician notes, History & Physical (H&P), Consult note.

**INITIAL ED HOSPITAL CPR
PERFORMED**

ITPR TAB NAME: ED Initial Assessment

ITPR FIELD LABELS: TR18.71

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: ED_CPR

ALLOW N/A? Yes

ALLOW UNK? Yes

GA EXTENSION INCLUSION YEAR: 2026

DEFINITION:

Was CPR performed when the patient arrived in the emergency department or hospital?

OPTIONS:

Yes

No

CPR in Progress, continued

Not Performed

Not Applicable

Not Known/Not Recorded

ADDITIONAL INFORMATION:

Excludes CPR initiated by EMS

If the patient had CPR in progress on arrival and the patient had return of spontaneous circulation (ROSC) and then had to have CPR re-initiated, the field value will be **Yes**.

If the patient is a Direct Admit, enter Not Applicable.

DATA SOURCE:

Trauma Flowsheet, ED nursing notes, ED Physician notes, History & Physical (H&P), Consult note.



OUTCOME SCREEN:

The Outcome screen contains data elements related to the patient's hospital discharge status, length of stay, and disposition.

The OEMST requires the following fields in addition to the standard fields included in the NTDS, TQIP, and ITDX dictionaries.

Dictionary data sources are simply a guide. Centers should use the most reliable source at their center for data abstraction and data entry.

Data elements in this section include:

Discharge Status

Hospital Discharge Date

Hospital Discharge Time

Hospital Transferred To

Death Circumstances

Autopsy Performed

Organ Donation Requested?

Was Organ Donation Request Granted?



DISCHARGE STATUS

ITPR TAB NAME: Outcome

ITPR FIELD LABELS: TR25.92

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: DIS_STATUS

ALLOW N/A? No

ALLOW UNK? No

GA EXTENSION INCLUSION YEAR: 2025

DEFINITION:

The patient discharge status indicates the patient's status from the trauma care facility.

OPTIONS:

Alive
Dead

ADDITIONAL INFORMATION:

None

DATA SOURCE:

Trauma Flowsheet, ED nursing notes, ED Physician notes, History & Physical (H&P), Consult note, OR Summary, Hospital Discharge notes.



HOSPITAL DISCHARGE DATE AND TIME

ITPR TAB NAME: Outcomes

ITPR FIELD LABELS: TR25.34, TR25.48

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: DIS_DATE, DIS_TIME

ALLOW N/A? Yes

ALLOW UNK? Yes

GA EXTENSION INCLUSION YEAR: 2026

DEFINITION:

The date and time the patient physically left the hospital.

ADDITIONAL INFORMATION:

Record the date as MM/DD/YYYY.

Record the time as HH:mm (military time).

The Hospital Discharge Date and Time should be completed on patients admitted to the hospital Floor, OR, or ICU from the emergency department.

The Hospital Discharge Date and Time should be NA when the patient is discharged from the emergency department to Home, Died, Jail, or is Transferred.

DATA SOURCE:

Trauma Flowsheet, ED nursing notes, ED Physician notes, History & Physical (H&P), Consult note, Discharge Summary, OR Summary, Admission Log.

HOSPITAL TRANSFERRED TO

ITPR TAB NAME: Outcomes

ITPR FIELD LABELS: TR25.35

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: DIS_FACLNK

ALLOW N/A? Yes

ALLOW UNK? Yes

GA EXTENSION INCLUSION YEAR: 2026

DEFINITION:

The name of the facility the patient was discharged to after admission to the hospital.

ADDITIONAL INFORMATION:

The Hospital Transferred To field should be completed when the patient is admitted to the hospital and transferred out from the hospital.

Search for the facility name and select the appropriate entry.

For patients transferred to a facility out of Georgia, select the appropriate generic State facility option.

DATA SOURCE:

Trauma Flowsheet, ED nursing notes, ED Physician notes, History & Physical (H&P), Consult note, Discharge Summary, OR summary, Admission Log.

DEATH CIRCUMSTANCES

ITPR TAB NAME: Outcomes

ITPR FIELD LABELS: TR25.32

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: DTH_CIRC

ALLOW N/A? Yes

ALLOW UNK? Yes

GA EXTENSION INCLUSION YEAR: 2026

DEFINITION:

The cause of death.

OPTIONS:

Brain Death	Multiple Organ Failure/Metabolic
Brain Injury	Other
Burn Shock	Pre-existing Illness
Burn Wound	Pulmonary Failure
Gastrointestinal	Pulmonary Failure/Sepsis
Neurologic	Thoracic aortic transection
Renal	Trauma Shock
Sepsis	Treatment Withheld
Cardiac Arrest due to strangulation	Code 99
Cardiovascular Failure	Family D/C life support
Drowning	Medical
Electrocution	Multisystem trauma
Heart Laceration	Trauma Wound
Liver Laceration	Not Known/Not Recorded

ADDITIONAL INFORMATION:

The record may contain multiple consulting service types per patient.

DATA SOURCE:

Physician documentation, History & Physical (H&P), Consult note, OR Summary, Discharge Summary, Death note, Autopsy Report/Medical Examiner.



AUTOPSY PERFORMED

ITPR TAB NAME: Outcome

ITPR FIELD LABELS: TR25.37

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: AUT_YN

ALLOW N/A? Yes

ALLOW UNK? Yes

GA EXTENSION INCLUSION YEAR: 2026

DEFINITION:

Was an autopsy performed?

OPTIONS:

Yes

No

Not Applicable

Not Known/Not Recorded

ADDITIONAL INFORMATION:

Autopsies performed by a private or state medical examiner can be either forensic or external view only.

DATA SOURCE:

Physician documentation, History & Physical (H&P), Consult note, Discharge Summary, Death note, Autopsy report.



ORGAN DONATION REQUESTED?

ITPR TAB NAME: Outcome

ITPR FIELD LABELS: TR25.69

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: ORG_STAT_YN

ALLOW N/A? Yes

ALLOW UNK? Yes

GA EXTENSION INCLUSION YEAR: 2026

DEFINITION:

If the patient qualified as an organ, tissue, or eye donor, was permission for donation requested?

OPTIONS:

Yes

No

Not Applicable

Not Known/Not Recorded

ADDITIONAL INFORMATION:

If organs were donated, answer yes to all three organ donation fields.

DATA SOURCE:

Physician documentation, History & Physical (H&P), Consult note, Discharge Summary, OR Summary for organ procurement, Death note, Autopsy report.

WAS ORGAN DONATION REQUEST GRANTED?

ITPR TAB NAME: Outcome

ITPR FIELD LABELS: TR25.29

SEND TO OEMST STATE? YES

ESO V5 REP WRITER NAME: ORG_GR_YN

ALLOW N/A? Yes

ALLOW UNK? Yes

GA EXTENSION INCLUSION YEAR: 2026

DEFINITION:

If the patient qualified as an organ, tissue, or eye donor and donation permission was granted or agreed to by legal next of kin, an answer is needed.

OPTIONS:

Yes

No

Not Applicable

Not Known/Not Recorded

ADDITIONAL INFORMATION:

If organs were donated, answer yes to all three organ donation fields.

DATA SOURCE:

Physician documentation, History & Physical (H&P), Consult note, Discharge Summary, OR Summary for organ procurement, Death note, Autopsy report.

GEORGIA EXTENSION LIST:

The Georgia Extension fields are required by the Office of EMS and Trauma (OEMST). Data can be entered directly into the ImageTrend Patient Registry or imported from external registry software.

The OEMST requires the following Georgia Extension fields in addition to the standard fields included in the NTDS, TQIP, and ITDX dictionaries. The Georgia Extension fields are cumulative each year.

Medical Record Number
NTDB Custom Data Element
Georgia LongID
Body Mass Index (BMI) – see page 65
Chief Complaint
Vehicle Position
Injury Type
Injury Intentionality
Report of Physical Abuse
Investigation of Physical Abuse
Armband Number
EMS Role
EMS Transport Mode from Scene
EMS Service Name
EMS Patient Care Report Number (PCR)
EMS Dispatch Date and Time
EMS Scene Arrival Date and Time
EMS Scene Departure Date and Time
EMS Initial Systolic Blood Pressure
EMS Initial Pulse Rate
EMS Initial Respiratory Rate
EMS Initial Oxygen Saturation
EMS Initial GCS – Eye
EMS Initial GCS – Verbal
EMS Initial GCS – Motor
EMS Initial GCS- Total
EMS Type
EMS UUID
Referring Hospital Name
Referring Hospital Arrival Date and Time
Referring Hospital Discharge Date and Time
Referring Hospital Transfer Rationale
Referring Hospital Transported to Referring Hospital By

	Arrived From Transported to Your Facility By Admitting Service Direct Admit to Hospital Operating Room Discharge Disposition Trauma Team Activation Level Trauma Team Activated Date Trauma Team Activated Time Revised New Trauma Team Activation Level Revised Trauma Team Activation Date Revised Trauma Team Activation Time ED Discharge Date ED Discharge Time Consulting Service Type Drug Use Indicator Base Deficit Was SBIRT Completed? Diastolic BP Initial ED Hospital CPR Performed Discharge Status Hospital Discharge Date Hospital Discharge Time Hospital Transferred To Death Circumstances Autopsy Performed Organ Donation Requested? Was Organ Donation Request Granted?
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GEORGIA DEPARTMENT OF PUBLIC HEALTH