



Washington Trauma Registry - Abstract Form

Bolded Items are Required Fields

FACILITY ID# \_\_\_\_\_

<b>SECTION I DEMOGRAPHIC DATA</b>		<b>Hospital Index #</b> (Pt Billing #)		<b>Patient ID#</b> (Medical Records #)	
<b>Abstractor</b>		<b>Abstract Date</b> Mo Day Year		<b>Patient ID#</b> (Medical Records #)	
<b>Patient Name Last</b>		<b>First</b>		<b>MI</b>	<b>Date of Birth</b> Mo Day Yr
<b>Age (if no DOB)</b>	<b>Sex</b> 1 Male 2 Female	<b>Pregnant?</b> Y / N	<b>Race</b> 1 White 2 Black	3 Native American 4 Asian 5 Other	<b>Ethnicity</b> 1 Hispanic 2 Non-Hispanic
					<b>Social Security Number (Last 4)</b> ____-____-____
					<b>Home Zip Code</b>
<i>Demographic Memo</i>					

<b>SECTION II INJURY DATA</b>		<b>Injury Date</b> / /	<b>Injury Time</b> :	<b>Place of Injury Zip Code</b>	<b>Incident Location Type E849</b>	
<i>Injury Description (Details)</i>				0 Home	3 Industrial Place	6 Public Building
				1 Farm	4 Place for Sports/Rec	7 Residential Institution
				2 Mine/Quarry	5 Street/Highway	8 Other Specified Place
						9 Unspecified Place
<b>Primary Ecode</b> _____		<b>Cause of Injury (Select One)</b>			<b>Work Related?</b> Y / N	
<b>Secondary Ecode</b> _____					<b>Use of Safety Equipment</b>	
<b>Mechanism of Injury</b>					00 None	
1 Blunt		AC Other Accident or Injury			01 Lap Belt	
2 Penetrating		AN Animal Caused Injury			02 Shoulder Belt	
3 Other (burn, asphyxiation, submersion)		AS Beating, Fight, or Assault without weapon			03 Lap/Shoulder	
		BI Bicycle (including Bicycle vs. Car)			04 Safety Belt	
		BL Blunt Instrument			05 Airbag Only	
		BU Burn			06 Airbag Belt	
		CH Child Abuse			07 Helmet	
		DR Drowning			08 Infant/Child/Booster Seat	
		ES Electric Shock or Explosion			09 Other Protective Gear Not Listed	
		FA Fall			10 Personal Flotation Device (PFD)	
		GS Firearms (gunshot)			11 Gunlock or Lock Box	
		KN Sharp Instrument (knife)				
		MC Motorcycle (including Motorcycle vs. Car)				
		ME Machinery/Equipment				
		MV Motor Vehicle				
		PV Pedestrian vs. Vehicle				
		SP Sports or Play Injury				
		ST Strangulation or Suffocation				
<i>Injury Memo</i>						

<b>SECTION III PREHOSPITAL DATA</b>		<b>Transport Mode</b> 1 Ground Ambulance 2 Helicopter 3 Fixed Wing 4 Police 5 Private Vehicle 6 Other	<b>Pt. Care Report Available?(EMS Run Sheet)</b> Y / N	<b>Transporting Agency ID</b> _____	<b>Crew Member Level</b> 1 ALS 2 ILS 3 BLS	
			<b>Unit #</b>	<b>Pt. Care Report Number (EMS Run #)</b> _____		
<b>First EMS Agency#</b>		<b>Crew Member Level</b> 1 ALS 2 ILS 3 BLS	<b>Pt. Care Report Number (EMS Run #)</b> _____		<b>Additional Pt. Care Report Number</b> _____	
<b>Mass Casualty Incident Declared?</b> Y / N		<b>Reason For Destination</b>			<b>Transport Prehospital Times</b>	
		0 Did Not Transport			<b>Unit En Route:</b>	
		1 Nearest Hospital			<b>Date:</b> ____/____/____	
		2 Trauma Protocols (highest designated facility within 30 minutes)			<b>Time:</b> ____:____	
		3 Medical Control Direction			<b>Unit Arrived at Pt.:</b>	
		4 Patient or Family Request			<b>Time:</b> ____:____	
		5 Patient's Physician Request			<b>Unit Left Scene:</b>	
		6 Divert From Another Hospital			<b>Time:</b> ____:____	
		7 Other			<b>Incident County Code:</b> _____	
<b>Extrication?</b> Y / N		<b>GCS Eye Opening</b> 1 None 2 To Pain 3 To Voice 4 Spontaneous	<b>GCS Verbal Response</b> 1 None 2 Incomprehensible (Under 2, Agitated/Restless) 3 Inappropriate Words (Under 2, Persistent Crying) 4 Confused 5 Oriented	<b>GCS Motor Response</b> 1 None 2 Abnormal Extension 3 Abnormal Flexion 4 Withdraws to Pain 5 Localizes Pain 6 Obeys Commands	<b>GCS Total</b> _____	<b>Was Patient Intubated At The Time of GCS?</b> Y / N
<b>Extrication &gt;20 Minutes?</b> Y / N					<b>Patient Pharmacologically Paralyzed At Time of GCS?</b> Y / N	

<b>Prehospital Vital Signs</b>		<b>Posture</b>		<b>First Pulse Rate</b>	<b>First Respiratory Rate</b>	<b>First Systolic Blood Pressure</b>
<b>Date/Time</b> ___/___/___	<b>Vitals from First Agency</b> ___:___ Y / N	1 Lying	2 Sitting	_____	_____	_____
		3 Upright				
<b>Field Interventions</b>				<b>Field Interventions (Drug Therapy)</b>		
00 None	01 O2	02 Wound Care	03 Extrication/Rescue	04 Splinting	05 Cervical Collar, Backboard	07 ECG Monitor
08 Oral Airway/Bag Mask	10 CPR	11 Shock Trouser	12 Automatic DC Shock	13 Manual DC Shock	14 Endotracheal Intubation	17 IV, Central Line
18 IV, Peripheral	19 IV, Interosseous	20 Needle Thoracostomy	21 Pericardiocentesis	22 Cricothyrotomy	24 Multilumen Airway	25 Baseline Blood
26 Blood Transfusion	23 Other	51 Diphenhydramine	52 Anticholinergic-Antimuscarinic/Antispasmodic	53 Sympathomimetic	54 Skeletal Muscle Relaxants	55 Coagulants & Anticoagulants: Heparin
56 Cardiac Drugs	57 Vasodilating Agents	58 Nonsteroidal: Aspirin	59 Opiate Agonists: Meperidine, Morphine	60 Opiate Antagonists: Naloxone	61 Misc: Acetaminophen	62 Benzodiazepines: Diazepam
63 Misc: Magnesium Sulfate	64 Benzodiazepines: Lorazepam	65 Alkalinizing Agents: Sodium Bicarbonate	66 Replacement: Calcium	67 Caloric Agents: Dextrose & Water	68 Diuretics	69 Antacids/Absorbents: Activated Charcoal
					70 Emetics: Ipecac	71 Misc GI: Metoclopramide
					72 Adrenals: Dexamethasone, Methylprednisolone	73 Antidiabetic-Misc: Glucagon
					74 Other Medications	

<b>TRANSFER DATA</b>	<b>Transport Mode</b>	<b>Crew Member Level</b>	<b>Transporting Agency ID</b>	<b>Pt. Care Report Available?(EMS Run Sheet)</b>	<b>Interfacility Transport Times</b>
<b>Transfer In?</b> Y / N	1 Ground Ambulance 2 Helicopter 3 Fixed Wing 4 Police 5 Private Vehicle 6 Other	1 ALS 2 ILS 3 BLS	_____	_____	<b>Unit Notified by Dispatch:</b> Date: ___/___/___ Time: ___:___:___ <b>Unit Arrived on Scene:</b> Date: ___/___/___ Time: ___:___:___ <b>Left Ref Hospital</b> Date: ___/___/___ Time: ___:___:___
<b>Facility Patient Transported From</b>	<b>If Other</b>	<b>Reason For Referral</b>	<b>If Other</b>	<b>Arrive Ref Hospital</b> Date: ___/___/___ Time: ___:___:___	<b>Depart Ref Hospital</b> Date: ___/___/___ Time: ___:___:___
<b>Referring Fac. Interventions (list on page 7)</b>			<b>Prehospital Memo</b>		

<b>SECTION IV EMERGENCY DEPT DATA</b>	<b>Date &amp; Time Entered ED</b>	<b>Direct Admit?</b>	<b>DOA?</b>	<b>Trauma Team Activated?</b>	<b>Response Level</b>
<b>Readmission?</b> Y / N	Date: ___/___/___ Time: ___:___:___	Y / N	Y / N	Y / N	1 Full Trauma Response 2 Modified Trauma Response 3 Trauma Consult 4 None Date: ___/___/___ Time: ___/___/___
<b>ED Procedures (list on page 7)</b>		<b>CT Scan of Head Date and Time</b>	<b>BAC Done?</b>	<b>BAC (mg/dl)</b>	<b>Drugs Found</b>
		Date: ___/___/___ Time: ___:___:___	Y / N		00 None 01 Opiates 02 Cocaine 03 Amphetamines 04 Cannabis 05 Barbiturates 06 Other
<b>If Other:</b>		<b>If Other:</b>			

<b>Time Elapsed in Radiology</b> _____ minutes	<b>Was there a diagnosis at discharge of cervical spine injury not indicated in admission diagnosis?</b> Y / N	<b>Did the patient sustain a gunshot wound to the abdomen and receive non-operative management?</b> Y / N	<b>Did the patient sustain a stab wound to the abdomen and receive non-operative management?</b> Y / N
---	---	--	---

<b>Pre-Existing Conditions</b> (select up to six)		<b>GCS Eye Opening</b>	<b>GCS Verbal Response</b>	<b>GCS Motor Response</b>	<b>GCS Total</b>
00 None	11 Cancer	1 None	1 None	1 None	_____
01 GI	12 Cirrhosis	2 To Pain	2 Incomprehensible	2 Abnormal Extension	
02 Cardiac	13 Alcohol Abuse	3 To Voice	(Under 2, Agitated/Restless)	3 Abnormal Flexion	<b>Pediatric Trauma Score (PTS)</b>
03 Collagen	14 Previous Trauma	4 Spontaneous	3 Inappropriate Words	4 Withdraws to Pain	
04 Obesity	15 CVA		(Under 2, Persistent Crying)	5 Localizes Pain	_____
05 Drug Abuse	16 Hypertension		4 Confused	6 Obeys Commands	
06 Tobacco	17 Psychiatric		5 Oriented		
07 Seizures	99 Other				
08 OBS		<b>GCS Documented Every Hour?</b>	<b>Was patient intubated at the time of the first GCS?</b>	<b>Was the patient pharmacologically paralyzed at the time of the first CGS?</b>	
09 Diabetes	_____	Y / N	Y / N	Y / N	
10 Respiratory					

<i>Did patient receive transfusion of platelets of fresh frozen plasma within 24 hours of arrival at emergency department after having received &lt;8 units of packed red blood cells or whole blood?</i> Y / N	<b>Vital Signs</b>				
	<i>First Pulse Rate</i> _____	<i>First Spontaneous Respiratory Rate</i> _____		<i>First Hematocrit Level</i> _____	<i>Temperature</i> _____
	<i>Respiratory Rate Controlled?</i> Y / N	<i>First Systolic Blood Pressure</i> _____		<i>Temperature In</i> F / C	<i>Revised Trauma Score (RTS)</i> _____
	<i>Controlled Respiratory Rate</i> _____	<i>Lowest Systolic Blood Pressure</i> _____		<i>Vital Signs Recorded Every Hour?</i> Y / N	

<b>Care Issues</b> (select up to three)					
00 None	12 Blood Availability	25 Missed Injury			
01 Transferred to Appropriate Facility	13 CT Scan Availability	26 Unrecognized or Untreated Hypothermia			
02 Emergency Physician Availability	14 MRI Availability	27 Unrecognized or Untreated Hypovolemia			
03 Trauma Team Activation	15 Diagnostic Test Results Availability	28 Aspiration Due to C-Spine Restraints			
04 Trauma Team Arrival	16 Equipment Malfunction	31 Cardiac Arrest Outside of ED (i.e., CT)			
05 General Surgeon	17 Equipment Not Readily Available	32 Chest Tube Displacement			
06 General Surgeon Arrival	18 Indicated Procedure Not Performed	33 Intubation, Esophageal			
07 Specialist Call	19 Indicated Diagnostic Test Not Ordered or Not Performed	34 Intubation, Mainstem			
08 Specialist Arrival	20 OR Acceptance	35 Intubation, Tube Displacement			
09 Transfer Out to Appropriate Facility	21 Delay of Pain Medication	36 Medication Not Available			
10 Delay In Transfer Out	23 Critical Care Bed Not Available	37 Neurovascular Changes after Splinting			
11 Met Transfer Criteria, Not Transferred Out	24 Ward Bed Not Available	38 Other			

**Specify if Other:** \_\_\_\_\_

<b>Trauma Team Physicians</b>			
<b>ED Physician ID#</b> _____	<b>Trauma Surgeon ID#</b> _____	<b>Anesthesiologists ID#</b> _____	<b>Neurosurgeon ID#</b> _____
<b>Time Called</b> _____:_____	<b>Time Called</b> _____:_____	<b>Time Called</b> _____:_____	<b>Time Called</b> _____:_____
<b>Time Arrived and Available for Care:</b> ____/____/____ _____:_____	<b>Time Arrived and Available for Care:</b> _____:_____	<b>Time Arrived and Available for Care:</b> _____:_____	<b>Time Arrived and Available for Care:</b> _____:_____
<b>Orthopedic Surgeon ID#</b> _____	<b>Pediatric Surgeon ID#</b> _____	<b>Consulting Physician ID#</b> _____	<b>ENT/Plastic Surgeon ID#</b> _____
<b>Time Called</b> _____:_____	<b>Time Called</b> _____:_____	<b>Time Called</b> _____:_____	<b>Time Called</b> _____:_____
<b>Time Arrived and Available for Care:</b> _____:_____	<b>Time Arrived and Available for Care:</b> _____:_____	<b>Time Arrived and Available for Care:</b> _____:_____	<b>Time Arrived and Available for Care:</b> _____:_____

<b>Transferred Out of ED</b>	<b>ED Discharge Disposition</b>			<i>If Other (specify)</i>
	<b>Date</b> ____/____/____	01 OR (Operating Room)	08 Intermediate Care Facility (ICF)	16 Jail, Police Custody
<b>Time</b> _____:_____	02 Ward/Floor	09 Expired (Died)	17 In-house SNF (Skilled Nursing Facility)	<b>ID of Receiving Facility</b> _____
<b>ED LOS</b> _____:_____	03 Other Acute Care Facility	11 Pediatric Ward	18 Foster Care	
	04 ICU/CCU	12 Pediatric ICU	10 Other (Out of Facility)	
	05 Other In-House	13 Progressive Care Unit		
	06 Home	14 Short Stay Unit		
	07 Skilled Nursing Facility (SNF) - External	15 Inpatient Psychiatry		

Was patient seen in ED and admitted to the hospital within 72 hours of initial evaluation?  Y / N	<b>Admitting Service</b>		<b>If Other</b>  Attending MD	Did the patient leave ED with a mechanical airway established? Y / N
	01 Trauma 02 Neurosurgeon 03 Orthopedic Surgeon 04 ENT/Plastic Surgeon 05 Thoracic 06 Pediatric Surgeon	07 Pediatrics 08 Other Surgical Service 09 Other Non-surgical Service		If the patient required a laparotomy, was it performed within 2 hours of ED admission?  Y / N

Emergency Dept Memo

SECTION V OPERATIONS/ PROCEDURES	Arrival Date/Time	1 <sup>st</sup> Operation	2 <sup>nd</sup> Operation	3 <sup>rd</sup> Operation
		Start date/Time	___/___/___ :___	___/___/___ :___
End Date/Time	___/___/___ :___	___/___/___ :___	___/___/___ :___	___/___/___ :___
Surgeon	_____	_____	_____	_____
Was Surgery Performed?  Y / N	ICD9 Procedure Codes	_____	_____	_____
	OR Disposition	_____	_____	_____
	Arrival	4 <sup>th</sup> Operation	5 <sup>th</sup> Operation	OR Disposition Codes
	Start	___/___/___ :___	___/___/___ :___	01 OR
	End	___/___/___ :___	___/___/___ :___	02 Ward/Floor
	Surgeon	_____	_____	04 ICU/CCU
	ICD9 Codes	_____	_____	05 Short Stay/Discharged
	OR Disposition	_____	_____	06 Expired (Died)
				07 Other In-House
				08 Other (Out of Facility)
				09 Other Acute Care Facility
				10 Peds
				11 Peds, ICU
				12 Progressive Care Unit
				13 Home
				14 Jail, Police Custody

Was abdominal surgery performed >24 hours after arrival?  Y / N	Was thoracic surgery performed >24 hours after arrival?  Y / N	Was vascular surgery performed >24 hours after arrival?  Y / N	Was cranial surgery performed >24 hours after arrival?  Y / N	Was there an unplanned return to the OR within 48 hours of admission?  Y / N	Type of Operation 01 Vascular 02 Abdominal 03 Orthopedic 04 Neurological 05 Thoracic 06 Other
---	--	--	---	--	---

OR Memo

SECTION VI OTHER IN-HOUSE PROCEDURES	Procedure	Location	Date	Location Codes	
	1.	_____	_____	___/___/___	01 ICU/CCU 02 Ward/Floor 03 Radiology/Angiography 04 Special Procedure Unit 05 Short Stay Unit 06 Pediatrics 07 Pediatric ICU 08 Progressive Care Unit 09 Other In-house location (excluding OR)
	2.	_____	_____	___/___/___	
	3.	_____	_____	___/___/___	
	4.	_____	_____	___/___/___	
	5.	_____	_____	___/___/___	
	6.	_____	_____	___/___/___	
	7.	_____	_____	___/___/___	
	8.	_____	_____	___/___/___	
	9.	_____	_____	___/___/___	
	10.	_____	_____	___/___/___	

SECTION VII ICU DATA	Was patient admitted to ICU?	Was patient readmitted to ICU?	Date and Time of Admission to ICU	Date and Time of ICU Discharge	Transferred to
	Y / N	Y / N	___/___/___ :__	___/___/___ :__	
ICU Memo			Date and Time of Readmission to ICU	Date and Time of ICU Discharge	Transferred to
			___/___/___ :__	___/___/___ :__	

SECTION VIII OUTCOME DATA		<b>Complications (select up to ten)</b>					
Did patient require reintubation within 48 hrs of extubation during inpatient stay?  Y / N	00 None	13 Myocardial Infarction (MI)	25 Renal Failure or Acute Tubular Necrosis (ATN)				
	01 Evisceration or dehiscence	14 Coagulopathy or Disseminated Intravascular Coagulation (DIC)	26 Sepsis				
	02 Arterial Occlusion	15 Compartment Syndrome	27 Shock				
	03 Thrombosis, central venous or deep vein	16 Stroke (CVA)	28 Meningitis				
	04 Pulmonary Embolism	17 Empyema	29 Urinary Tract Infection (UTI)				
	05 Fat Embolism	18 GI Bleed or Stress Ulcer	30 Wound Infection				
	06 Acute Respiratory Distress Syndrome (ARDS)	19 Hemothorax or Pneumothorax	31 Hypothermia				
	07 Pneumonia	20 Inadvertent Enterotomy	32 Alcohol or Drug Withdrawal				
	08 Respiratory Arrest	21 Intra-abdominal Abscess	33 Fracture, non-union				
	09 Cardiac Arrest	22 Liver Failure, Hepatic Dysfunction, Jaundice or Hyperbilirubinemia	99 Other				
	10 Congestive Heart Failure (CHF)	23 Pancreatitis	If Other: _____				
	11 Pulmonary Edema	24 Pressure Sore					
	12 Major Arrhythmia						
	Social Work Consult Y / N ___/___/___	Mental Health Consult Y / N ___/___/___	Physical Therapy Consult Y / N ___/___/___	Rehab Consult Y / N ___/___/___	<b>Discharge Disposition (select one)</b> 0 Home, No Assistance 1 Home, Health Care 2 Home, Outpatient Rehab 3 Skilled Nursing Facility 4 Rehab Facility 5 Other Acute Care Facility 6 Expired (Died) 7 Other 8 Psychiatric Facility 9 Jail, police custody 10 In-house SNF (Transitional Care Unit)		
Orthopedic Surgeon Y / N	Pediatric Surgeon Y / N	Pediatrician Y / N	Neurosurgeon Y / N	Intensivist Y / N			
<b>Date &amp; Time of Discharge/Death</b> (Date) ___/___/___ (Time) __:___							
					<b>If Other:</b>	<b>ID of Acute Care Facility</b>	<b>Rehab Facility ID#</b>
Notes:							



Manual Coding Section

AIS Version \_\_\_\_\_

ICD-9	AIS	PREDOT

ICD-9	AIS	PREDOT

ICD-9	AIS	PREDOT

Non-Trauma ICD-9 Codes	
1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

<b>For patients With Diagnosis of Brain or Facial Injury</b>	<b>Transfer In? Y / N</b>	<b>Was the pt. diagnosed with brain or facial injury before transfer? Y / N</b>
<b>Was the diagnosis of brain or facial injury based on either physician documentation or head CT report? Y / N</b>	<b>Did the pt. receive Coumadin or warfarin medication in the 4 days prior to injury? Y / N</b>	<b>First International Normalized Ratio (INR) Performed at Your Hospital:</b> Date: ___/___/___ Time:___:___ Results: _____
<b>Head CT Scan Performed at Your Hospital:</b> Date: ___/___/___ Time:___:___ <b>Elapsed Time form ED Arrival: _____:_____</b>	<b>Source of Head CT Scan Date/Time:</b> 1=Nursing Note Documentation 2=PACS or CT Image 3=CT Results Report 4=Other Diagnostic Imaging Dept. Notation 5=Other If Other: _____	<b>What medication was first used to reverse anticoagulation?</b> 0=None of the Medications Below Were Given 1=FFP (Fresh Frozen Plasma) 2=Factor VIIa 3=Prothrombin Complex Concentrate <b>Date/Time of First Dose:</b> Date: ___/___/___ Time:___:___ <b>Elapsed Time from ED Arrival: _____:_____</b>
<b>What additional medications were used to reverse anticoagulation?</b> 0= None of the Medications Below Were Given 1=FFP (Fresh Frozen Plasma) 2=Factor VIIa 3=Prothrombin Complex Concentrate 4= Vitamin K 5=Other	<b>Other:</b> _____	

**ED Procedure & Referring Facility Interventions**

00	None	15	Cutdown	66	MRI Pelvis
210	Acetaminophen	16	Cystogram	67	MRI Thoracic Spine
01	Airway, Endotracheal Intubation	17	Defibrillation	29	Naso- or Oro-gastric Tube
03	Angiography, Arteriogram, or Aortogram	33	Diagnostic Peritoneal Lavage (DPL)	203	Neuromuscular Blocking Agents
224	Antibiotics	217	Diuretics (Lasix, mannitol, etc.)	207	Nonsteroidal Anti-inflammatory Drugs (aspirin, ibuprofen, ketorolac, etc.)
04	Arterial Blood Gases	18	Doppler Study	208	Opiates
05	Arterial Line	19	ECG Monitor	46	Other
06	Autotransfusion	57	Echocardiogram	31	Oxygen
02	Bag/Valve/Mask Ventilation	20	Fetal Heart Rate Monitor	32	Pericardiocentesis
07	Baseline Blood	58	Fetal Heart Tone Auscultation	68	Pulse oximetry
209	Benzodiazepine Antagonist or Opiate Antagonist	21	Fluid Resuscitation	08	Repeat H & H
211	Benzodiazepines (valium, Ativan, versed, etc.)	22	Foley Catheter	34	Shock Trouser
09	Blood Product Transfusion	220	GI Drugs (droperidol, metoclopramide, etc.)	35	Skeletal Traction
47	Bronchoscopy	59	HCG, Urine or Serum	36	Splinting
48	Capnography or End Tidal CO2	60	Hyperventilation	221	Steroids
205	Cardiovascular Drugs (epinephrine, lidocaine, etc.)	225	Immunizations, vaccinations	37	Suture or Staple of Laceration
11	Cervical Collar or Backboard	23	Intracranial Pressure Monitor	38	Temperature Monitor
12	Closed Reduction(s)	24	IV, Central Line	40	Thoracostomy, Chest Tube
10	CPR	25	IV, Intraosseous	39	Thoracostomy, Needle
49	CT Abdomen	226	IV, Isotonic crystalloids (NS, LR, etc)	30	Thoracostomy (Open Chest)
50	CT Cervical Spine	26	IV, Peripheral	41	Tongs or Halo
51	CT Chest	27	K-wire or Steinman Pin Insertion	42	Tracheostomy or Cricothyroidotomy
52	CT Facial	61	MRI Abdomen	69	Ultrasound
13	CT Head	62	MRI Brain	43	Warming Methods
53	CT Lumbar-Sacral Spine	28	MRI Cervical Spine	44	Wound Care
56	CT Other	63	MRI Chest	45	X-ray
54	CT Pelvis	64	MRI Lumbar or Sacral Spine		
55	CT Thoracic Spine	65	MRI Other		

ID	Facility	ID	Facility	ID	Facility
146	Allenmore Hosp.	140	Kittitas Valley Comm. Hosp. – Ellensburg	026	St. John Med. Center – Longview
183	Auburn Regional Medical Center	008	Klickitat Valley Hosp. – Goldendale	145	St. Joseph Hosp. – Bellingham
197	Capital Med. Center – Olympia	165	Lake Chelan Comm. Hosp.	032	St. Joseph Hosp. – Tacoma
158	Cascade Med Center – Leavenworth	137	Lincoln Hosp. – Davenport	194	St. Joseph Hosp. of Chewelah
106	Cascade Valley Hosp. – Arlington	022	Lourdes Medical Center – Pasco	950	St. Joseph Reg. Medical – Lewiston, Idaho
168	Central Washington Hosp. – Wenatchee	720	Madigan Army Med. Center – Fort Lewis	050	St. Mary Med. Center – Walla Walla
014	Children’s Hosp. Reg. Med. Center – Seattle	186	Mark Reed Hosp. – McCleary	138	Stevens Hospital – Edmonds
045	Columbia Basin Hosp. – Ephrata	175	Mary Bridge Children’s Hosp. – Tacoma	198	Sunnyside Comm. Hosp.
150	Coulee Comm. Hosp.	152	Mason General Hosp. – Shelton	001	Swedish Med. Center – Seattle
965	Darrington Clinic	147	Mid-Valley Hosp. – Omak	176	Tacoma General Hosp.
141	Dayton General Hosp.	173	Morton General Hosp.	199	Toppenish Community Hospital
037	Deaconess Med. Center – Spokane	030	Mount Carmel Hosp. – Colville	108	Tri-State Memorial Hosp. – Clarkston
042	Deer Park Hospital	701	Naval Air Station (US) – Whidbey Island	967	United General Hosp. – Sedro Woolley
111	East Adams Rural Hosp. – Ritzville	704	Naval Regional Med. Ctr. – Bremerton	128	Univ. of Wash. Med. Center – Seattle
507	Eastern State Hosp. – Spokane	021	Newport Comm. Hosp.	104	Valley Gen. Hosp. – Monroe
916	Emanuel Hosp. – Oregon	107	North Valley Hosp. – Tonasket	180	Valley Hosp. & Med. Ctr. – Spokane
035	Enumclaw (St. Elizabeth Hospital)	130	Northwest Hosp. – Seattle	155	Valley Med. Center – Renton
164	Evergreen Hosp. Med. Ctr. – Kirkland	079	Ocean Beach Hosp. – Ilwaco	705	Vet. Admin. Hosp. – American Lake
707	Fairchild AFB Hosp.	080	Odessa Memorial Hosp.	710	Vet. Admin. Hosp. – Seattle
167	Ferry County Mem. Hosp. – Republic	917	OHSU Hosp.- Oregon	715	Vet. Admin. Hosp. – Spokane
148	Fifth Avenue Medical Center – Seattle	023	Okanogan-Douglas Cnty. Hosp. – Brewster	700	Vet. Admin. Hosp. – Vancouver
054	Forks Comm. Hosp.	038	Olympic Memorial Center – Port Angeles	010	Virginia Mason Hosp. – Seattle
082	Garfield Cnty. Hosp. District – Pomeroy	125	Othello Comm. Hosp.	044	Walla Walla General Hosp.
084	General Hosp. Med. Center – Eureka	131	Overlake Hosp. Med. Ctr. – Bellevue	913	Wallowa Memorial Hosp. – Oregon
081	Good Samaritan Hosp. – Puyallup	914	Pioneer Memorial Hosp. – Oregon	506	Western State Hosp. – Steilacoom
915	Good Shephard Hosp – Oregon	046	Prosser Memorial Hosp.	156	Whidbey General Hosp. – Coupeville
911	Grande Ronde Hosp. – Oregon	191	Providence Hosp. – Centralia	153	Whitman Hosp. & Medical Center – Colfax
063	Grays Harbor Comm. Hosp. – Aberdeen	027	Providence Hosp. – Everett	056	Willapa Harbor Hosp. – South Bend
935	Green Mountain Rehab Medicine – Bremerton	003	Providence Med. Center – Seattle	102	Yakima Regional Med. Center
952	Gritman Medical Center – Idaho	159	Providence St. Peter Hosp. – Olympia	058	Yakima Valley Memorial Hosp.
020	Group Health Central Hosp. – Seattle	083	Puget Sound Hosp. – Tacoma		
169	Group Health Eastside Hosp. – Redmond	172	Pullman Memorial Hosp.		
029	Harborview Med. Center – Seattle	129	Quincy Valley Hosp.		
142	Harrison Memorial Hosp. – Bremerton	162	Sacred Heart Med. Center – Spokane		
126	Highline Comm. Hosp. – Seattle	157	Saint Lukes Rehabilitation Institute – Spokane		
139	Holy Family Hosp. – Spokane			930	Alaska Hospitals
200	Hospice Care Center Hosp. – Longview	078	Samaritan Hosp. – Moses Lake	940	Idaho Hospitals (NOS)
961	Inter-Island Medical Center – Friday Harbor	043	Shriners Hosp. For Children – Spokane	945	Montana Hospitals
163	Island Hosp. – Anacortes	073	Skagit Valley Hospital – Mt. Vernon	920	Other British Columbia Hospitals
085	Jefferson General Hosp. – Port Townsend	096	Skyline Hosp. – White Salmon	910	Other Oregon Hospitals (NOS)
161	Kadlec Med. Center – Richland	170	Southwest Wash. Med. Center – Vancouver	960	All Other Hospitals
039	Kennewick General Hosp.	912	St. Anthony Hosp. – Oregon		
966	Kittitas Cnty. Hospital District #2 – Cle Elum	132	St. Clare Hosp. – Tacoma	970	Doctor’s Office, Nursing Home or Other Care Facility
		201	St. Francis Comm. Hosp. – Federal Way	997	Field (Scene, Residence)
				998	Rendezvous Point