

# Washington State Trauma Registry Inclusion Criteria

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(Effective December 17, 2009)

Data must be reported to the Washington Trauma Registry (WTR) for all patients with a discharge ICD9-CM diagnosis code of 800-904, or 910-959, or 994.1 (drowning), 994.7 (asphyxiation), or 994.8 (electrocution) AND any one or more of the following:

- All patients (any diagnosis) for whom the full or modified Trauma Resuscitation Team was activated; or
- All trauma patients who were dead on arrival at your facility; or
- All trauma patients who died in your facility; or
- All trauma patients transferred out to another facility by EMS/ambulance; or
- All trauma patients transferred in from another facility by EMS/ambulance; or
- All trauma patients flown from the scene to your facility; or
- All pediatric (age 0-14) trauma patients admitted to your facility; or
- All adult (age 15+) trauma patients admitted to your facility with length-of-stay more than 2 days (48 hours)

**Note:** *The diagnosis codes above include all subcodes; e.g., 806 includes 806.00-806.99.*

While **isolated hip fractures/femoral neck fractures** (ICD9-CM 820 with no other significant injuries noted) in elderly patients are included in registry requirements, WAC 246-976-420, *DOH does not require you to report those injuries at this time. It is applicable to patients 65 and older.*

Patients with diagnoses of **foreign bodies** (ICD9-CM 930-939) are required to be included in the registry **only if** there is a resulting injury. In these cases, the resulting injury should be coded in addition to the foreign body.

**Transfers:** Patients sent from one hospital to another hospital via private vehicle (non-ambulance) are not considered transfers for the purpose of inclusion. It is expected that patients with serious injuries will be transferred via ambulance, and that private vehicles are used only for patients with minor injuries.

**Admitted to your facility:** Patients moved from the emergency department (includes observation units and short stay units) to any bed in the hospital are considered admitted to the facility.

**Readmissions:** The Trauma Registry does not require readmission records for the same injury. Only the initial episode of care (first admission) is required. Exception: If a patient is discharged home from the emergency department and is subsequently admitted for a missed diagnosis of the same injury, both records should be included.

Trauma services may include additional patients that do not meet the state inclusion criteria. However, hospital comparative reports, regional quality improvement reports, and other state-prepared reports will only reflect records that meet the state criteria. This helps assure comparability across facilities and regions.

A detailed list of the discharge diagnosis codes for registry inclusion is provided below. Refer to ICD9-CM documentation for all sub-object detail. **Required ICD9-CM Injury Diagnoses:**

800	Fx of vault of skull	847	Sprains and strains of other and unspecified parts of back
801	Fx of base of skull	848	Other and ill-defined sprains and strains
802	Fx of Face bones	849	Unspecified site of sprain and strain
803	Other and unqualified skull fxs	850	Concussion
804	Multiple fx involving skull or face with other bones	851	Cerebral laceration and contusion
805	Fx of vertebral column without mention of spinal cord injury	852	Subarachnoid, subdural, and extradural hemorrhage following injury
806	Fx of vertebral column with spinal cord injury	853	Other and unspecified intracranial hemorrhage following injury
807	Fx of rib(s), sternum, larynx, and trachea	854	Intracranial injury of other & unspecified nature
808	Fx of pelvis	860	Traumatic pneumothorax and hemorrhage
809	Ill-defined fx of bones of trunk	861	Injury to heart and lung
810	Fx of clavicle	862	Injury to other & unspecified intrathoracic organs
811	Fx of scapula	863	Injury to gastrointestinal tract
812	Fx of humerus	864	Injury to liver
813	Fx of radius and ulna	865	Injury to spleen
814	Fx of carpal bone(s)	866	Injury to kidney
815	Fx of metacarpal bone(s)	867	Injury to pelvic organs
816	Fx or one or more phalanges of hand	868	Injury to other intra-abdominal organs
817	Multiple fxs of hand bones	869	Internal injury to unspecified or ill-defined organs
818	Ill-defined fx of upper limb	870	Open wound of ocular adnexa
819	Multiple fxs involving both upper limbs, and upper limb with rib(s) and sternum	871	Open wound of eyeball
820	Fx of neck of femur (or hip fx) (optional)	872	Open wound of ear
821	Fx of other and unspecified parts of femur	873	Other open wound of head
822	Fx of patella	874	Open wound of neck
823	Fx of tibia and fibula	875	Open wound of chest wall
824	Fx of one or more tarsal and metatarsal bones	876	Open wound of back
825	Fx of calcaneus	877	Open wound of buttock
826	Fx of one or more phalanges of foot	878	Open wound of genital organs (external) including traumatic amputation
827	Other, multiple, and ill-defined fx of lower limb	879	Open wound of other and unspecified sites, except limbs
828	Multiple fxs involving both lower limbs, lower with upper limb, & lower limb(s) with rib(s) & sternum	880	Open wound of shoulder and upper arm
829	Fx of unspecified bones	881	Open wound of elbow, forearm, and wrist
830	Dislocation of jaw	882	Open wound of hand except finger(s) alone
831	Dislocation of shoulder	883	Open wound of finger(s)
832	Dislocation of elbow	884	Multiple & unspecified open wound of upper limb
833	Dislocation of wrist	885	Traumatic amputation of thumb (complete) (partial)
834	Dislocation of finger	886	Traumatic amputation of other finger(s) (complete) (partial)
835	Dislocation of hip	887	Traumatic amputation of arm & hand (complete) (partial)
836	Dislocation of knee	890	Open wound of hip and thigh
837	Dislocation of ankle	891	Open wound of knee, leg (except thigh), & ankle
838	Dislocation of foot	892	Open wound of foot except toe(s) alone
839	Other, multiple, and ill-defined dislocations	893	Open wound of toe(s)
840	Sprains and strains of shoulder and upper arm	894	Multiple & unspecified open wound of lower limb
841	Sprains and strains of elbow and forearm	895	Traumatic amputation of toe(s) (complete) (partial)
842	Sprains and strains of wrist and hand	896	Traumatic amputation of foot (complete) (partial)
843	Sprains and strains of hip and thigh	897	Traumatic amputation of leg(s) (complete) (partial)
844	Sprains and strains of knee and leg	900	Injury to blood vessels of head and neck
845	Sprains and strains of ankle and foot		
846	Sprains and strains of sacroiliac region		

- 901 Injury to blood vessels of thorax
- 902 Injury to blood vessels of abdomen & pelvis
- 903 Injury to blood vessels of upper extremity
- 904 Injury to blood vessels of lower extremity and unspecified sites
- 910 Superficial injury of face, neck, & scalp except eye
- 911 Superficial injury of trunk
- 912 Superficial injury of shoulder and upper arm
- 913 Superficial injury of elbow, forearm, and wrist
- 914 Superficial injury of hand(s) except finger(s) alone
- 915 Superficial injury of fingers
- 916 Superficial injury of hip, thigh, leg, and ankle
- 917 Superficial injury of foot and toes(s)
- 918 Superficial injury of eye and adnexa
- 919 Superficial injury of other, multiple, and unspecified sites
- 920 Contusion of face, scalp, and neck except eye(s)
- 921 Contusion of eye and adnexa
- 922 Contusion of trunk
- 923 Contusion of upper limb
- 924 Contusion of lower limb and of other and unspecified sites
- 925 Crushing injury of face, scalp, and neck
- 926 Crushing injury of trunk
- 927 Crushing injury of upper limb
- 928 Crushing injury of lower limb
- 929 Crushing injury of multiple and unspecified sites

For ICD9-CM 930-939, foreign bodies are required only if an injury results. In these cases, the resulting injury diagnosis should also be coded along with the foreign body diagnosis.

- 930 Foreign body on external eye

- 931 Foreign body in ear
- 932 Foreign body in nose
- 933 Foreign body in pharynx and larynx
- 934 Foreign body in trachea, bronchus, and limb
- 935 Foreign body in mouth, esophagus, & stomach
- 936 Foreign body in intestine and colon
- 937 Foreign body in anus and rectum
- 938 Foreign body in digestive system, unspecified
- 939 Foreign body in genitourinary tract
- 940 Burn confined to eye and adnexa
- 941 Burn of face, head, and neck
- 942 Burn of trunk
- 943 Burn of upper limb, except wrist and hand
- 944 Burn of wrist(s) and hand(s)
- 945 Burn of lower limb(s)
- 946 Burns of multiple specified sites
- 947 Burn of internal organs
- 948 Burns classified according to extent of body surface involved
- 948 Burn, unspecified
- 950 Injury to optic nerve and pathways
- 951 Injury to other cranial nerve(s)
- 952 Spinal cord injury without evidence of spinal bone injury
- 953 Injury to nerve roots and spinal plexus
- 954 Injury to other nerve(s) of trunk, excluding shoulder and pelvic girdles
- 955 Injury to peripheral nerve(s) of shoulder girdle and upper limb
- 956 Injury to peripheral nerve(s) of pelvic girdle and lower limb
- 957 Injury to other and unspecified nerves
- 958 Certain early complications of trauma
- 959 Injury, other early complications of trauma
- 994.1 Drowning and nonfatal submersion
- 994.7 Asphyxiation and strangulation
- 994.8 Electrocution & nonfatal effects of electric current

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