Name of Policy: Trauma Registry Policy Number: 3364-141-01		UT OLEDO HEALTH		
Approving Officer: Chief Nursing Officer		Effective date: 11/2025		
Responsible Agent: Director, Trauma Services, Medical Director, Trauma Program Scope: University of Toledo Medical Center		Original effective date: 11/1/2007		
Key words: Trauma, Registry, Data Collection, Quality Assurance, Clinical Research				
New policy proposal	\boxtimes	Minor/technical revision of existing policy		
Major revision of existing policy		Reaffirmation of existing policy		

(A) Policy Statement

The Trauma Registry collects and stores information on trauma patients, prepares reports on data collected, and provides information for Quality Assurance and Clinical Research for the medical staff and other departments at UTMC.

(B) Purpose of Policy

To maintain a consistent manner of identifying trauma patients for the Trauma Registry.

(C) Procedure

- 1. Identification of cases for inclusion in the database.
 - a. The trauma registry shall include data on the following:
 - All Trauma Activations, Level I or II
 - Transferred into or out of acute care facility regardless of LOS at transferring facility or mode of transfer
 - All trauma patients with an appropriate mechanism of injury who are admitted to UTMC (Floor, ICU, OR, OPS, GI, or direct admit) with one of the following criteria (or are transferred to another facility) or are dead on arrival/death after attempted resuscitation
 - Trauma patients with appropriate mechanisms of injury, evaluated in Emergency Department only and discharged to Hospice

Most Common Inclusion Criteria

International Classification of	ICD-10-CM Diagnoses Descriptions
Disease, Tenth Revision,	
Clinical Modification (ICD-	
10-CM) -	
J70.5	Respiratory conditions due to smoke inhalation
S00-S99	With 7 th character modifiers of A, B or C. Injuries to specific body parts-Initial encounter
T07	Unspecified multiple injuries
T14	Injury of unspecified body region
T20-T28	With 7 th character modifier of A only (burns by specific body parts-Initial encounter
T30-T32	Burns of multiple & unspecified body regions by TBA percentage
T33-T34	Frostbite with A modifier only
T59	A modifier only
T68-T69	Hypothermia & Other effects of reduced temperature
T70.4; T70.8; T70.9	Effects of high-pressure fluids, air, and water pressure
T71	Asphyxiation
T74	Physical abuse, confirmed; shaken infant syndrome
T75.0, T75.1 & T75.4	Lightening, Electrocution, Drowning; A modifier only
T79.A1-T79.A9	Traumatic compartment syndrome-initial encounter with 7 th modifier of A only

2. Case Finding/Data Sources:

- a. Reports from the electronic medical record will be reviewed to identify admission diagnosis of trauma.
- b. The Trauma Criteria sheet will be completed to identify all Trauma Alerts/Consults, DOA, DAA, & Transfers associated with a trauma diagnosis.
- c. Concurrent data collection by Trauma Registrars. Trauma P.I. Coordinator will review for hospital events and critique within the Trauma Department.

3. Maintenance of Trauma Registry

- a. Data Entry Storage
 - 1) All information will be entered into the computer on all cases, followed by complete information from trauma abstract.
 - 2) A hard copy of all data sheets will be stored in the Trauma Registry office file according to the month of discharge for at least 14 months.

3) Generation of Reports

- a. Standard reports will be generated on a monthly or quarterly basis for the needs of the Trauma Committee
- b. Trauma Registry request files will be maintained.

Information to be included in request:

- i. Date of request
- ii. Topic of report
- iii. Period covered in report
- iv. Variables included in report
- v. Person/persons requesting report
- vi. Purpose of report
- vii. Date needed

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