

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)																
Instrument: <b>Demographics</b> (demographics)			<a href="#">^ Collapse</a>																
1	record_id	Record ID	text, Identifier																
2	age	Age in years	text (number, Min: 18, Max: 99), Required																
3	admit_date	Admit date	text (date_mdy)																
4	sex	Biological sex	radio, Required <table border="1"> <tr><td>1</td><td>Female</td></tr> <tr><td>2</td><td>Male</td></tr> </table>	1	Female	2	Male												
1	Female																		
2	Male																		
5	race	Race	radio, Required <table border="1"> <tr><td>1</td><td>White</td></tr> <tr><td>2</td><td>African American/Black</td></tr> <tr><td>3</td><td>Asian</td></tr> <tr><td>4</td><td>Native American/Native Alaskan</td></tr> <tr><td>5</td><td>Pacific Islander</td></tr> <tr><td>6</td><td>More than one race</td></tr> <tr><td>7</td><td>Other</td></tr> <tr><td>8</td><td>Unknown</td></tr> </table>	1	White	2	African American/Black	3	Asian	4	Native American/Native Alaskan	5	Pacific Islander	6	More than one race	7	Other	8	Unknown
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6	ethnicity	Ethnicity	radio <table border="1"> <tr><td>1</td><td>Non-Hispanic</td></tr> <tr><td>2</td><td>Hispanic</td></tr> <tr><td>3</td><td>Unknown</td></tr> </table>	1	Non-Hispanic	2	Hispanic	3	Unknown										
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3	Unknown																		
7	height	Height (cm)	text (number, Min: 130, Max: 215)																
8	weight	Weight (kilograms)	text (number_1dp)																
9	bmi	Body mass index (BMI)	calc Calculation: round(((weight]*10000)/(((height])^(2)),1)																

10	comorbids	Indicate all applicable comorbidities. <i>Choose all that apply.</i>	checkbox <table border="1"> <tr><td>1</td><td>comorbids__1</td><td>Diabetes mellitus</td></tr> <tr><td>2</td><td>comorbids__2</td><td>Hypertension</td></tr> <tr><td>3</td><td>comorbids__3</td><td>Current smoker</td></tr> <tr><td>4</td><td>comorbids__4</td><td>Drug use disorder</td></tr> <tr><td>5</td><td>comorbids__5</td><td>History of myocardial infarction</td></tr> <tr><td>6</td><td>comorbids__6</td><td>Congestive heart failure (CHF)</td></tr> <tr><td>7</td><td>comorbids__7</td><td>History of cerebrovascular accident (CVA) or transient ischemic attacks (TIA)</td></tr> <tr><td>8</td><td>comorbids__8</td><td>History of peripheral vascular disease (PVD)</td></tr> <tr><td>9</td><td>comorbids__9</td><td>Chronic kidney disease</td></tr> <tr><td>10</td><td>comorbids__10</td><td>Bleeding disorder</td></tr> <tr><td>11</td><td>comorbids__11</td><td>Chemotherapy</td></tr> <tr><td>12</td><td>comorbids__12</td><td>Chronic obstructive pulmonary disease (COPD)</td></tr> <tr><td>13</td><td>comorbids__13</td><td>Cirrhosis</td></tr> <tr><td>14</td><td>comorbids__14</td><td>Dementia</td></tr> <tr><td>15</td><td>comorbids__15</td><td>Major psychiatric illness</td></tr> <tr><td>16</td><td>comorbids__16</td><td>Disseminated cancer</td></tr> <tr><td>17</td><td>comorbids__17</td><td>Advanced directive</td></tr> </table>	1	comorbids__1	Diabetes mellitus	2	comorbids__2	Hypertension	3	comorbids__3	Current smoker	4	comorbids__4	Drug use disorder	5	comorbids__5	History of myocardial infarction	6	comorbids__6	Congestive heart failure (CHF)	7	comorbids__7	History of cerebrovascular accident (CVA) or transient ischemic attacks (TIA)	8	comorbids__8	History of peripheral vascular disease (PVD)	9	comorbids__9	Chronic kidney disease	10	comorbids__10	Bleeding disorder	11	comorbids__11	Chemotherapy	12	comorbids__12	Chronic obstructive pulmonary disease (COPD)	13	comorbids__13	Cirrhosis	14	comorbids__14	Dementia	15	comorbids__15	Major psychiatric illness	16	comorbids__16	Disseminated cancer	17	comorbids__17	Advanced directive
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11	demographics_complete	Section Header: Form Status Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																																													
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Instrument: <b>Prehospital data</b> (prehospital_data)			<a href="#">^ Collapse</a>																																																			
12	transport_method	Method of transport <i>Choose one.</i>	radio, Required <table border="1"> <tr><td>1</td><td>Ground EMS</td></tr> <tr><td>2</td><td>Police</td></tr> <tr><td>3</td><td>Fire department</td></tr> <tr><td>4</td><td>Helicopter EMS</td></tr> <tr><td>5</td><td>Private vehicle</td></tr> </table>	1	Ground EMS	2	Police	3	Fire department	4	Helicopter EMS	5	Private vehicle																																									
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13	mileage	Mileage from scene to ED	text (number, 1dp)																																																			
14	dispatch_time	Time from dispatch notification to unit notified (in minutes)	text (number)																																																			
15	unit_to_scene	Time from unit notification to arrival on scene (minutes)	text (number)																																																			
16	pt_contact	Time to patient contact (minutes)	text (number)																																																			
17	scene_time	Time from first patient contact to departure from scene (minutes)	text (number)																																																			
18	transport_time	Time from scene departure to ED arrival (minutes)	text (number)																																																			
19	ph_time	Total prehospital time (minutes)	calc Calculation: sum ([dispatch_time], [unit_to_scene], [pt_contact], [scene_time], [transport_time])																																																			
20	initial_ph_gcs	Initial GCS upon scene arrival	text (number, Min: 3, Max: 15)																																																			
21	ph_gcs_eye	Initial GCS - eye component	text (number, Min: 1, Max: 4)																																																			
22	ph_gcs_verbal	Initial GCS - verbal component	text (number, Min: 1, Max: 5)																																																			
23	ph_gcs_motor	Initial GCS - motor component	text (number, Min: 1, Max: 6)																																																			
24	initial_ph_sbp	Initial systolic blood pressure (SBP) on arrival	text (number)																																																			

25	initial_ph_hr	Initial heart rate (HR) upon scene arrival	text (number)																				
26	initial_si	Initial shock index	calc Calculation: $\frac{(\text{initial\_ph\_hr})}{(\text{initial\_ph\_sbp})}$																				
27	initial_ph_rr	Initial respiratory rate (RR) upon scene arrival	text (number)																				
28	initial_bt	Initial body temperature (Celsius)	text (number_1dp)																				
29	initial_ph_spo2	Initial SPO2 <i>Enter numerical value only.</i>	text (number)																				
30	initial_rhythm	Initial rhythm	radio <table border="1"> <tr><td>1</td><td>Sinus rhythm</td></tr> <tr><td>2</td><td>Sinus tachycardia</td></tr> <tr><td>3</td><td>Sinus bradycardia</td></tr> <tr><td>4</td><td>Atrial fibrillation</td></tr> <tr><td>5</td><td>Atrial flutter</td></tr> <tr><td>6</td><td>Supraventricular tachycardia</td></tr> <tr><td>7</td><td>Ventricular tachycardia</td></tr> <tr><td>8</td><td>Ventricular fibrillation</td></tr> <tr><td>9</td><td>PEA</td></tr> <tr><td>10</td><td>Asystole</td></tr> </table>	1	Sinus rhythm	2	Sinus tachycardia	3	Sinus bradycardia	4	Atrial fibrillation	5	Atrial flutter	6	Supraventricular tachycardia	7	Ventricular tachycardia	8	Ventricular fibrillation	9	PEA	10	Asystole
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31	ph_blood	Was whole blood or blood product administered in the pre-hospital setting?	radio, Required <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table>	1	No	2	Yes																
1	No																						
2	Yes																						
32	warm_blood Show the field ONLY if: [ph_blood]=2	Was blood product actively warmed with a warming device prior to administration?	radio, Required <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table>	1	No	2	Yes																
1	No																						
2	Yes																						
33	ph_blood_location Show the field ONLY if: [ph_blood]=2	Where was the first unit of PH blood or blood product started? <i>Indicate where blood was first given.</i>	radio, Required <table border="1"> <tr><td>1</td><td>On scene</td></tr> <tr><td>2</td><td>During transport</td></tr> </table>	1	On scene	2	During transport																
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34	ph_blood_loc2 Show the field ONLY if: [ph_blood]=2	If more than one unit of whole blood or blood product was given in the pre-hospital setting, indicate where the units were administered.	radio <table border="1"> <tr><td>1</td><td>All given on scene.</td></tr> <tr><td>2</td><td>All given during transport.</td></tr> <tr><td>3</td><td>Both on scene and during transport.</td></tr> </table>	1	All given on scene.	2	All given during transport.	3	Both on scene and during transport.														
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35	ph_blood_prod Show the field ONLY if: [ph_blood]=2	Indicate all blood products given in the pre-hospital setting.	checkbox, Required <table border="1"> <tr><td>1</td><td>ph_blood_prod__1</td><td>Packed red blood cells</td></tr> <tr><td>2</td><td>ph_blood_prod__2</td><td>Plasma</td></tr> <tr><td>3</td><td>ph_blood_prod__3</td><td>Whole blood</td></tr> </table>	1	ph_blood_prod__1	Packed red blood cells	2	ph_blood_prod__2	Plasma	3	ph_blood_prod__3	Whole blood											
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2	ph_blood_prod__2	Plasma																					
3	ph_blood_prod__3	Whole blood																					
36	ph_prbc_total Show the field ONLY if: [ph_blood_prod]=1	Total number of units given in the pre-hospital setting	text (integer), Required																				
37	ph_plasma_total Show the field ONLY if: [ph_blood_prod]=2	Indicate total number of units given in the pre-hospital setting	text (integer), Required																				
38	ph_wb_total Show the field ONLY if: [ph_blood_prod]=3	Total units administered in pre-hospital setting	text (integer), Required																				

39	pre_blood_rhythm Show the field ONLY if: [ph_blood]=2	Rhythm prior to whole blood or blood product administration	radio, Required <table border="1"> <tr><td>1</td><td>Sinus rhythm</td></tr> <tr><td>2</td><td>Sinus tachycardia</td></tr> <tr><td>3</td><td>Sinus bradycardia</td></tr> <tr><td>4</td><td>Atrial fibrillation</td></tr> <tr><td>5</td><td>Atrial flutter</td></tr> <tr><td>6</td><td>Supraventricular tachycardia</td></tr> <tr><td>7</td><td>Ventricular tachycardia</td></tr> <tr><td>8</td><td>Ventricular fibrillation</td></tr> <tr><td>9</td><td>PEA</td></tr> <tr><td>10</td><td>Asystole</td></tr> </table>	1	Sinus rhythm	2	Sinus tachycardia	3	Sinus bradycardia	4	Atrial fibrillation	5	Atrial flutter	6	Supraventricular tachycardia	7	Ventricular tachycardia	8	Ventricular fibrillation	9	PEA	10	Asystole
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40	pre_gcs Show the field ONLY if: [ph_blood]=2	GCS prior to start of blood administration	text (number, Min: 3, Max: 15), Required																				
41	pre_sbp_uto Show the field ONLY if: [ph_blood]=2	Was SBP able to be obtained prior to beginning of blood transfusion?	radio, Required <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table>	1	No	2	Yes																
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42	pre_sbp Show the field ONLY if: [pre_sbp_uto]=2	SBP prior to start of blood administration	text (number), Required																				
43	pre_hr Show the field ONLY if: [ph_blood]=2	HR prior to blood administration	text (number), Required																				
44	pre_rr Show the field ONLY if: [ph_blood]=2	Respiratory rate prior to blood administration	text (number), Required																				
45	pre_bt	Body temperature (Celsius) prior to blood administration	text (number, 1dp)																				
46	pre_spo2 Show the field ONLY if: [ph_blood]=2	SPO2 prior to blood administration	text (number)																				
47	pre_etco2 Show the field ONLY if: [ph_blood]=2	ETCO2 prior to blood administration	text (number)																				
48	dest_rhythm	Destination rhythm	radio <table border="1"> <tr><td>1</td><td>Sinus rhythm</td></tr> <tr><td>2</td><td>Sinus tachycardia</td></tr> <tr><td>3</td><td>Sinus bradycardia</td></tr> <tr><td>4</td><td>Atrial fibrillation</td></tr> <tr><td>5</td><td>Atrial flutter</td></tr> <tr><td>6</td><td>Supraventricular tachycardia</td></tr> <tr><td>7</td><td>Ventricular tachycardia</td></tr> <tr><td>8</td><td>Ventricular fibrillation</td></tr> <tr><td>9</td><td>PEA</td></tr> <tr><td>10</td><td>Asystole</td></tr> </table>	1	Sinus rhythm	2	Sinus tachycardia	3	Sinus bradycardia	4	Atrial fibrillation	5	Atrial flutter	6	Supraventricular tachycardia	7	Ventricular tachycardia	8	Ventricular fibrillation	9	PEA	10	Asystole
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49	dest_gcs	Destination GCS <i>Indicate GCS upon arriving to ED.</i>	text (number, Min: 3, Max: 15)																				
50	dest_gcs_eye	Destination GCS - eye component	text (number, Min: 1, Max: 4)																				
51	dest_gcs_verbal	Destination GCS - verbal component	text (number, Min: 1, Max: 5)																				
52	dest_gcs_motor	Destination GCS - motor component	text (number, Min: 1, Max: 6)																				

53	dest_sbp_uto	Was destination SBP able to be obtained?	radio <table border="1"> <tr> <td>1</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table>	1	No	2	Yes																																						
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54	dest_sbp Show the field ONLY if: [dest_sbp_uto]=2	Destination SBP <i>Indicate systolic blood pressure upon arrival to ED.</i>	text (number)																																										
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58	dest_spo2	Destination SPO2	text (number)																																										
59	dest_etco2	Destination end tidal CO2 (ETCO2)	text (number)																																										
60	scene_procedures	Indicate all prehospital procedures performed while on scene. <i>Indicate any interventions which were performed on scene prior to transport. Choose all that apply.</i>	checkbox, Required <table border="1"> <tr> <td>0</td> <td>scene_procedures___0</td> <td>None</td> </tr> <tr> <td>1</td> <td>scene_procedures___1</td> <td>Advanced (invasive) airway</td> </tr> <tr> <td>2</td> <td>scene_procedures___2</td> <td>Non-invasive oxygen therapy</td> </tr> <tr> <td>3</td> <td>scene_procedures___3</td> <td>IV access</td> </tr> <tr> <td>4</td> <td>scene_procedures___4</td> <td>Intraosseous (IO) access</td> </tr> <tr> <td>5</td> <td>scene_procedures___5</td> <td>C-spine immobilization</td> </tr> <tr> <td>6</td> <td>scene_procedures___6</td> <td>Pelvic stabilization</td> </tr> <tr> <td>7</td> <td>scene_procedures___7</td> <td>Needle decompression</td> </tr> <tr> <td>8</td> <td>scene_procedures___8</td> <td>Finger thoracostomy</td> </tr> <tr> <td>9</td> <td>scene_procedures___9</td> <td>Pressure dressing</td> </tr> <tr> <td>10</td> <td>scene_procedures___10</td> <td>Hemostatic agent</td> </tr> <tr> <td>11</td> <td>scene_procedures___11</td> <td>Tourniquet placement</td> </tr> <tr> <td>12</td> <td>scene_procedures___12</td> <td>Fluid (non-blood) administration</td> </tr> <tr> <td>13</td> <td>scene_procedures___13</td> <td>Other</td> </tr> </table>	0	scene_procedures___0	None	1	scene_procedures___1	Advanced (invasive) airway	2	scene_procedures___2	Non-invasive oxygen therapy	3	scene_procedures___3	IV access	4	scene_procedures___4	Intraosseous (IO) access	5	scene_procedures___5	C-spine immobilization	6	scene_procedures___6	Pelvic stabilization	7	scene_procedures___7	Needle decompression	8	scene_procedures___8	Finger thoracostomy	9	scene_procedures___9	Pressure dressing	10	scene_procedures___10	Hemostatic agent	11	scene_procedures___11	Tourniquet placement	12	scene_procedures___12	Fluid (non-blood) administration	13	scene_procedures___13	Other
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61	ph_scene_adv_airway Show the field ONLY if: [scene_procedures]=1	Type of advanced airway placed on scene	radio, Required <table border="1"> <tr> <td>1</td> <td>Endotracheal intubation (ETI)</td> </tr> <tr> <td>2</td> <td>ETI with rapid sequence induction (RSI)</td> </tr> <tr> <td>3</td> <td>laryngeal mask airway (LMA)</td> </tr> </table>	1	Endotracheal intubation (ETI)	2	ETI with rapid sequence induction (RSI)	3	laryngeal mask airway (LMA)																																				
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62	transport_php	<p>Indicate all prehospital procedures performed during transport.</p> <p><i>Indicate any interventions performed during transport (after scene departure). Choose all that apply.</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>Advanced (invasive) airway</td></tr> <tr><td>2</td><td>Non-invasive oxygen therapy</td></tr> <tr><td>3</td><td>IV access</td></tr> <tr><td>4</td><td>IO access</td></tr> <tr><td>5</td><td>C-spine immobilization</td></tr> <tr><td>6</td><td>Pelvic stabilization (binder, sheet, TPOD)</td></tr> <tr><td>7</td><td>Needle decompression</td></tr> <tr><td>8</td><td>Finger thoracostomy</td></tr> <tr><td>9</td><td>Pressure dressing</td></tr> <tr><td>10</td><td>Hemostatic agent</td></tr> <tr><td>11</td><td>Tourniquet placement</td></tr> <tr><td>12</td><td>Fluid (non-blood product) administration</td></tr> <tr><td>13</td><td>Other</td></tr> </table>	0	None	1	Advanced (invasive) airway	2	Non-invasive oxygen therapy	3	IV access	4	IO access	5	C-spine immobilization	6	Pelvic stabilization (binder, sheet, TPOD)	7	Needle decompression	8	Finger thoracostomy	9	Pressure dressing	10	Hemostatic agent	11	Tourniquet placement	12	Fluid (non-blood product) administration	13	Other
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63	ph_fluid	<p>Total volume of fluid administered prior to ED arrival (milliliters)</p> <p>Show the field ONLY if: [scene_procedures] or [transport_php]=12</p>	text (number)																												
64	scene_fluid_time	<p>Was fluid administration begun prior to intubation?</p> <p>Show the field ONLY if: [scene_procedures]=1 AND [scene_procedures]=12</p>	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table>	1	No	2	Yes																								
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65	transport_fluid_time	<p>Was fluid administration begun before intubation?</p> <p><i>If fluid was given on scene and intubation was performed during transport, select yes.</i></p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table>	1	No	2	Yes																								
1	No																														
2	Yes																														
66	ph_transport_adv_airway	<p>Type of advanced airway placed during transport</p> <p>Show the field ONLY if: [transport_php]=1</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Endotracheal intubation (ETI)</td></tr> <tr><td>2</td><td>ETI with RSI (rapid sequence induction)</td></tr> <tr><td>3</td><td>Laryngeal mask airway (LMA)</td></tr> </table>	1	Endotracheal intubation (ETI)	2	ETI with RSI (rapid sequence induction)	3	Laryngeal mask airway (LMA)																						
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2	ETI with RSI (rapid sequence induction)																														
3	Laryngeal mask airway (LMA)																														
67	abc	<p>Intubation before or after blood administration began</p> <p><i>Based on documented timing of treatments, was blood started prior to endotracheal intubation (ETI) or after ETI?</i></p> <p>Show the field ONLY if: [scene_procedures] = 1</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																								
0	No																														
1	Yes																														
68	abc2	<p>Intubation before or after blood administration started</p> <p><i>Based on documented timing of treatments, was blood started prior to endotracheal intubation (ETI) or after ETI?</i></p> <p>Show the field ONLY if: [transport_php] = 1</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																								
0	No																														
1	Yes																														
69	tourniquet_placement	<p>Tourniquet placement</p> <p><i>Select the body region to which a tourniquet was applied. Choose all that apply.</i></p> <p>Show the field ONLY if: [scene_procedures] or [transport_php] = 11</p>	<p>checkbox</p> <table border="1"> <tr><td>0</td><td>tourniquet_placement__0</td><td>Right upper extremity</td></tr> <tr><td>1</td><td>tourniquet_placement__1</td><td>Right lower extremity</td></tr> <tr><td>2</td><td>tourniquet_placement__2</td><td>Left upper extremity</td></tr> <tr><td>3</td><td>tourniquet_placement__3</td><td>Left lower extremity</td></tr> </table>	0	tourniquet_placement__0	Right upper extremity	1	tourniquet_placement__1	Right lower extremity	2	tourniquet_placement__2	Left upper extremity	3	tourniquet_placement__3	Left lower extremity																
0	tourniquet_placement__0	Right upper extremity																													
1	tourniquet_placement__1	Right lower extremity																													
2	tourniquet_placement__2	Left upper extremity																													
3	tourniquet_placement__3	Left lower extremity																													

70	ph_meds	Prehospital medications <i>Indicate any medications given prior to ED arrival.</i>	checkbox, Required <table border="1"> <tr><td>0</td><td>ph_meds__0</td><td>None</td></tr> <tr><td>1</td><td>ph_meds__1</td><td>Tranexamic acid (TXA)</td></tr> <tr><td>2</td><td>ph_meds__2</td><td>Calcium chloride</td></tr> <tr><td>3</td><td>ph_meds__3</td><td>Sodium bicarbonate</td></tr> <tr><td>4</td><td>ph_meds__4</td><td>Fentanyl</td></tr> <tr><td>5</td><td>ph_meds__5</td><td>Ketamine</td></tr> <tr><td>6</td><td>ph_meds__6</td><td>Versed</td></tr> <tr><td>7</td><td>ph_meds__7</td><td>Rocuronium</td></tr> <tr><td>8</td><td>ph_meds__8</td><td>Vecuronium</td></tr> <tr><td>9</td><td>ph_meds__9</td><td>Atropine</td></tr> <tr><td>10</td><td>ph_meds__10</td><td>Epinephrine</td></tr> <tr><td>11</td><td>ph_meds__11</td><td>Other</td></tr> </table>	0	ph_meds__0	None	1	ph_meds__1	Tranexamic acid (TXA)	2	ph_meds__2	Calcium chloride	3	ph_meds__3	Sodium bicarbonate	4	ph_meds__4	Fentanyl	5	ph_meds__5	Ketamine	6	ph_meds__6	Versed	7	ph_meds__7	Rocuronium	8	ph_meds__8	Vecuronium	9	ph_meds__9	Atropine	10	ph_meds__10	Epinephrine	11	ph_meds__11	Other
0	ph_meds__0	None																																					
1	ph_meds__1	Tranexamic acid (TXA)																																					
2	ph_meds__2	Calcium chloride																																					
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9	ph_meds__9	Atropine																																					
10	ph_meds__10	Epinephrine																																					
11	ph_meds__11	Other																																					
71	ph_arrest	Did patient experience pre-hospital cardiac arrest?	radio <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table>	1	No	2	Yes																																
1	No																																						
2	Yes																																						
72	ph_cpr	Was CPR performed in the pre-hospital setting?	radio <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table>	1	No	2	Yes																																
1	No																																						
2	Yes																																						
73	ph_cpr_duration Show the field ONLY if: [ph_cpr]=2	Indicate duration of CPR in minutes.	text (number)																																				
74	cpr_type Show the field ONLY if: [ph_cpr]=2	Type of CPR performed	dropdown <table border="1"> <tr><td>1</td><td>Manual CPR</td></tr> <tr><td>2</td><td>Mechanical - LUCAS</td></tr> <tr><td>3</td><td>Mechanical - Other</td></tr> </table>	1	Manual CPR	2	Mechanical - LUCAS	3	Mechanical - Other																														
1	Manual CPR																																						
2	Mechanical - LUCAS																																						
3	Mechanical - Other																																						
75	cpr_on_arrival	Was patient receiving CPR upon ED arrival?	dropdown, Required <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table>	1	No	2	Yes																																
1	No																																						
2	Yes																																						
76	ph_mortality	Did patient expire prior to ED arrival?	dropdown, Required <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table>	1	No	2	Yes																																
1	No																																						
2	Yes																																						
77	prehospital_data_complete	Section Header: Form Status Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																														
0	Incomplete																																						
1	Unverified																																						
2	Complete																																						
Instrument: <b>Emergency Department (ED) data</b> (emergency_department_ed_data)			<a href="#">Collapse</a>																																				
78	ed_gcs	Initial total ED GCS	text (number, Min: 3, Max: 15)																																				
79	ed_gcs_eye	Initial ED GCS - eye component	text (number, Min: 1, Max: 4)																																				
80	ed_gcs_verbal	Initial GCS - verbal component	text (number, Min: 1, Max: 5)																																				
81	ed_gcs_motor	Initial ED GCS - motor component	text (number, Min: 1, Max: 6)																																				
82	ed_rr	Initial ED respiratory rate (RR)	text (number)																																				
83	ed_bt	Initial ED body temperature (Celsius)	text (number, 1 dp)																																				
84	ed_hr	Initial ED heart rate (HR)	text (number)																																				
85	ed_sbp	Initial ED systolic blood pressure (SBP)	text (number)																																				
86	ed_si	Initial ED shock index	calc Calculation: [ed_hr]/[ed_sbp]																																				
87	ed_hgb	Initial hemoglobin	text (number)																																				

88	ed_hct	Initial hematocrit	text (number)						
89	ed_pt_ct	Initial ED platelet count	text (number)						
90	ed_lactate	Initial ED lactate	text (number)						
91	ed_fibrinogen	Initial ED fibrinogen	text (number)						
92	ed_pt	Initial prothrombin time (PT)	text (number_1 dp)						
93	ptt	Initial partial thromboplastin time (PTT)	text (number_1 dp)						
94	inr	Initial international normalized ratio (INR)	text (number_1 dp)						
95	ph	Initial pH	text (number_2dp)						
96	pao2	Initial PaO2	text (number)						
97	pco2	Initial pCO2	text (number)						
98	sao2	Initial SaO2	text (number)						
99	hco3	Initial bicarbonate (HCO3)	text (number)						
100	bd	Initial base deficit (BD)	text (integer)						
101	ica	Initial ionized calcium level	text (number)						
102	ca2_units	Indicate appropriate units for ionized calcium level reported.	dropdown <table border="1"> <tr> <td>1</td> <td>mg/dl</td> </tr> <tr> <td>2</td> <td>mmol/L</td> </tr> </table>	1	mg/dl	2	mmol/L		
1	mg/dl								
2	mmol/L								
103	ca2_range	What is the range of normal values for the ionized calcium test utilized for this result? <i>Most EMTs will supply a normal range for a given lab test. Please report the range for the calcium test used to obtain the value for this patient.</i>	text						
104	potassium	Initial potassium (K+) level	text (number)						
105	k_range	What is the range of normal values for the test used to obtain this K+ level?	text						
106	ed_mtp	Was Massive Transfusion protocol activated in the ED?	dropdown <table border="1"> <tr> <td>1</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table>	1	No	2	Yes		
1	No								
2	Yes								
107	ed_txa	Was TXA administered to the patient in the ED/trauma bay?	dropdown <table border="1"> <tr> <td>1</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table>	1	No	2	Yes		
1	No								
2	Yes								
108	ed_txa_time Show the field ONLY if: [ed_txa]=2	Time to TXA (minutes from ED arrival to administration of TXA)	text (number)						
109	txa_dose Show the field ONLY if: [ed_txa]=2	Indicate dose (gm) of TXA given.	dropdown <table border="1"> <tr> <td>1</td> <td>1 gram</td> </tr> <tr> <td>2</td> <td>2 grams</td> </tr> <tr> <td>3</td> <td>&gt; 2 grams</td> </tr> </table>	1	1 gram	2	2 grams	3	> 2 grams
1	1 gram								
2	2 grams								
3	> 2 grams								
110	ca2_mtp	Was calcium administered during Massive Transfusion Protocol (MTP)?	dropdown <table border="1"> <tr> <td>1</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table>	1	No	2	Yes		
1	No								
2	Yes								
111	ca2_dose_mtp	Indicate total dose of calcium administered during MTP. Report in grams.	text (number)						



112	ed_proc	Indicate all interventions performed in the ED/trauma bay.	checkbox <table border="1"> <tr><td>1</td><td>ed_proc__1</td><td>No interventions performed</td></tr> <tr><td>2</td><td>ed_proc__2</td><td>Endotracheal intubation with RSI</td></tr> <tr><td>3</td><td>ed_proc__3</td><td>Laryngeal mask airway (LMA) placement</td></tr> <tr><td>4</td><td>ed_proc__4</td><td>Bag valve mask placement</td></tr> <tr><td>5</td><td>ed_proc__5</td><td>IV access</td></tr> <tr><td>6</td><td>ed_proc__6</td><td>Chest tube placement</td></tr> <tr><td>7</td><td>ed_proc__7</td><td>Pelvic stabilization</td></tr> <tr><td>8</td><td>ed_proc__8</td><td>REBOA (resuscitative balloon occlusion of the aorta)</td></tr> <tr><td>9</td><td>ed_proc__9</td><td>Thoracotomy</td></tr> <tr><td>10</td><td>ed_proc__10</td><td>Tourniquet placement</td></tr> <tr><td>11</td><td>ed_proc__11</td><td>CPR</td></tr> <tr><td>12</td><td>ed_proc__12</td><td>Other</td></tr> </table>	1	ed_proc__1	No interventions performed	2	ed_proc__2	Endotracheal intubation with RSI	3	ed_proc__3	Laryngeal mask airway (LMA) placement	4	ed_proc__4	Bag valve mask placement	5	ed_proc__5	IV access	6	ed_proc__6	Chest tube placement	7	ed_proc__7	Pelvic stabilization	8	ed_proc__8	REBOA (resuscitative balloon occlusion of the aorta)	9	ed_proc__9	Thoracotomy	10	ed_proc__10	Tourniquet placement	11	ed_proc__11	CPR	12	ed_proc__12	Other
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11	ed_proc__11	CPR																																					
12	ed_proc__12	Other																																					
113	ed_abc Show the field ONLY if: [ed_proc]=2	Was endotracheal intubation with RSI initiated prior to administration of blood products or whole blood? <i>Based on notes and recorded times, please indicate if ETI with RSI was started before the start of blood product transfusion.</i>	dropdown <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> <tr><td>3</td><td>Unknown</td></tr> </table>	1	No	2	Yes	3	Unknown																														
1	No																																						
2	Yes																																						
3	Unknown																																						
114	ed_cpr Show the field ONLY if: [ed_proc]=11	Indicate duration of ED CPR in minutes.	text (number)																																				
115	time_to_reboa Show the field ONLY if: [ed_proc]=8	Indicate time from ED arrival to balloon inflation in minutes.	text (number)																																				
116	ed_imaging	Indicate all imaging studies performed in the ED/trauma bay.	checkbox <table border="1"> <tr><td>1</td><td>ed_imaging__1</td><td>Chest x-ray</td></tr> <tr><td>2</td><td>ed_imaging__2</td><td>Pelvis x-ray</td></tr> <tr><td>3</td><td>ed_imaging__3</td><td>Head CT</td></tr> <tr><td>4</td><td>ed_imaging__4</td><td>Chest CT</td></tr> <tr><td>5</td><td>ed_imaging__5</td><td>Abdomen/pelvis CT</td></tr> <tr><td>6</td><td>ed_imaging__6</td><td>FAST (focused assessment with sonography for trauma)</td></tr> </table>	1	ed_imaging__1	Chest x-ray	2	ed_imaging__2	Pelvis x-ray	3	ed_imaging__3	Head CT	4	ed_imaging__4	Chest CT	5	ed_imaging__5	Abdomen/pelvis CT	6	ed_imaging__6	FAST (focused assessment with sonography for trauma)																		
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5	ed_imaging__5	Abdomen/pelvis CT																																					
6	ed_imaging__6	FAST (focused assessment with sonography for trauma)																																					
117	fast Show the field ONLY if: [ed_imaging]=6	Was FAST negative or positive?	radio <table border="1"> <tr><td>1</td><td>Negative</td></tr> <tr><td>2</td><td>Positive</td></tr> </table>	1	Negative	2	Positive																																
1	Negative																																						
2	Positive																																						
118	ed_resusc	Indicate all of the fluid and blood products utilized during resuscitation in the ED/trauma bay.	checkbox <table border="1"> <tr><td>1</td><td>ed_resusc__1</td><td>Crystalloids</td></tr> <tr><td>2</td><td>ed_resusc__2</td><td>Packed red blood cells (PRBC)</td></tr> <tr><td>3</td><td>ed_resusc__3</td><td>Plasma</td></tr> <tr><td>4</td><td>ed_resusc__4</td><td>Platelets</td></tr> <tr><td>5</td><td>ed_resusc__5</td><td>Whole blood</td></tr> <tr><td>6</td><td>ed_resusc__6</td><td>Cryoprecipitate</td></tr> </table>	1	ed_resusc__1	Crystalloids	2	ed_resusc__2	Packed red blood cells (PRBC)	3	ed_resusc__3	Plasma	4	ed_resusc__4	Platelets	5	ed_resusc__5	Whole blood	6	ed_resusc__6	Cryoprecipitate																		
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5	ed_resusc__5	Whole blood																																					
6	ed_resusc__6	Cryoprecipitate																																					
119	ed_crystalloids Show the field ONLY if: [ed_resusc]=1	Indicate volume (in milliliters) of crystalloid given.	text (number)																																				
120	ed_prbc Show the field ONLY if: [ed_resusc]=2	Indicate # of units of PRBC given in the ED.	text (number)																																				

121	prbc_time Show the field ONLY if: [ed_resusc]=2	Indicate time to start of PRBC transfusion (minutes) <i>Enter the number of minutes from ED arrival to start of 1st unit of PRBC.</i>	text (number)																				
122	ed_plasma Show the field ONLY if: [ed_resusc]=3	Indicate # of units of plasma given in the ED.	text (number)																				
123	plasma_time Show the field ONLY if: [ed_resusc]=3	Indicate time (in minutes) to start of 1st unit of plasma <i>Enter time in minutes from ED arrival to infusion of 1st unit of plasma</i>	text (number)																				
124	ed_platelets Show the field ONLY if: [ed_resusc]=4	Enter # of packs of platelets given in the ED.	text (number)																				
125	ed_wb Show the field ONLY if: [ed_resusc]=5	Enter # of units of whole blood given in the ED.	text (number)																				
126	wb_time Show the field ONLY if: [ed_resusc]=5	Enter time (in minutes) to start of whole blood infusion. <i>Enter the # of minutes from ED arrival to start of whole blood infusion.</i>	text (number)																				
127	ed_cryo Show the field ONLY if: [ed_resusc]=6	Indicate # of cryoprecipitate units given in ED	text (number)																				
128	ed_los	ED length of stay (LOS) in minutes <i>Indicate how many minutes the patient spent in the ED prior to death or moving to another location (such as the OR or an ICU).</i>	text (number)																				
129	ed_dispo	ED disposition <i>Where did the patient go after the ED?</i>	radio, Required <table border="1"> <tr><td>1</td><td>Operating room (OR)</td></tr> <tr><td>2</td><td>Interventional Radiology (IR)</td></tr> <tr><td>3</td><td>Intensive care unit (ICU)</td></tr> <tr><td>4</td><td>Hybrid OR</td></tr> <tr><td>5</td><td>Imaging/Radiology</td></tr> <tr><td>6</td><td>Floor</td></tr> <tr><td>7</td><td>Discharged from hospital</td></tr> <tr><td>8</td><td>Transferred to another hospital</td></tr> <tr><td>9</td><td>Left against medical advice (AMA)</td></tr> <tr><td>10</td><td>Death</td></tr> </table>	1	Operating room (OR)	2	Interventional Radiology (IR)	3	Intensive care unit (ICU)	4	Hybrid OR	5	Imaging/Radiology	6	Floor	7	Discharged from hospital	8	Transferred to another hospital	9	Left against medical advice (AMA)	10	Death
1	Operating room (OR)																						
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7	Discharged from hospital																						
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10	Death																						
130	emergency_department_ed_data_complete	Section Header: Form Status Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete														
0	Incomplete																						
1	Unverified																						
2	Complete																						
Instrument: <b>Operating room (OR) data</b> (operating_room_or_data) <a href="#">^ Collapse</a>																							
131	or_arrival	Time (in minutes) from ED arrival to OR/IR arrival <i>Indicate how many minutes elapsed from the patient's arrival to the ED to their arrival in the OR/IR.</i>	text (number)																				
132	or_hr	Highest heart rate (HR) in the OR or IR <i>What was the highest heart rate recorded while the patient was in the OR or IR suite?</i>	text (number, Min: 0)																				
133	or_sbp	Lowest SBP in OR/IR <i>Enter the lowest SBP recorded for the patient while in the OR or IR.</i>	text (number, Min: 0)																				
134	etco2_or	Lowest end-tidal CO2 in OR <i>What was the lowest recorded end tidal CO2 in the OR?</i>	text (number)																				
135	dcl	Did the patient undergo damage control laparotomy?	radio <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table>	1	No	2	Yes																
1	No																						
2	Yes																						

136	time_to_dcd Show the field ONLY if: [dct]=2	Time (in minutes) from ED arrival to time of skin incision	text (number, Min: 0)
137	dct	Did the patient undergo damage control thoracotomy?	radio 1 No 2 Yes
138	time_to_dct	Time (in minutes) from ED presentation to skin incision	text (number, Min: 0)
139	or_mtp	Was MTP activated in the OR?	radio 1 No 2 Yes
140	or_txa	Was TXA administered to the patient in the operating room?	radio 1 No 2 Yes
141	or_txa_dose Show the field ONLY if: [or_txa]=2	Indicate the dose (in grams) of TXA given in the OR.	text (number)
142	or_resusc	Indicate all of the fluid and blood products utilized during resuscitation in the OR.	checkbox 1 or_resusc__1 Crystalloids 2 or_resusc__2 Packed red blood cells (PRBC) 3 or_resusc__3 Plasma 4 or_resusc__4 Platelets 5 or_resusc__5 Whole blood 6 or_resusc__6 Cryoprecipitate
143	or_crystalloids Show the field ONLY if: [or_resusc]=1	Indicate volume (in milliliters) of crystalloid given in the OR.	text (number)
144	or_prbc Show the field ONLY if: [or_resusc]=2	Indicate # of units of PRBC given in the OR.	text (number)
145	or_plasma Show the field ONLY if: [or_resusc]=3	Indicate # of units of plasma given in the OR.	text (number)
146	or_platelets Show the field ONLY if: [or_resusc]=4	Enter # of packs of platelets given in the OR.	text (number)
147	or_wb Show the field ONLY if: [or_resusc]=5	Enter # of units of whole blood given in the OR.	text (number)
148	or_cryo Show the field ONLY if: [or_resusc]=6	Indicate # of cryoprecipitate units given in OR	text (number)
149	or_dispo	OR disposition	radio 1 ICU 2 Floor 3 Death 4 Other
150	highest_lactate	Highest lactate in the 1st 24 hours after surgery	text (number)
151	highest_bd	Highest (worst) base deficit in the first 24 hours after surgery	text (integer)

152	operating_room_or_data_complete	Section Header: Form Status Complete?	dropdown <input type="radio"/> Incomplete <input type="radio"/> Unverified <input type="radio"/> Complete
Instrument: <b>Injury data</b> (injury_data) <a href="#">Collapse</a>			
153	niss	New Injury Severity Score (NISS)	text (number, Min: 1, Max: 75), Required
154	injury_type	Injury type	radio, Required <input type="radio"/> Blunt <input type="radio"/> Penetrating <input type="radio"/> Both
155	blunt_mechanism Show the field ONLY if: [injury_type] = 1 or 3	Blunt mechanism	radio, Required <input type="radio"/> Motor vehicle collision (MVC) <input type="radio"/> Motorcycle collision (MCC) <input type="radio"/> Auto vs pedestrian/bicycle <input type="radio"/> Fall from height <input type="radio"/> Assault with blunt object <input type="radio"/> Crush <input type="radio"/> Other
156	penetrating_injury Show the field ONLY if: [injury_type] = 2 or 3	Penetrating injury mechanism	radio, Required <input type="radio"/> Gunshot wound <input type="radio"/> Stab wound <input type="radio"/> Other
157	injury_location	Anatomic location of injury <i>Choose all that apply.</i>	checkbox, Required <input type="checkbox"/> injury_location__1 Head <input type="checkbox"/> injury_location__2 Neck <input type="checkbox"/> injury_location__3 Chest <input type="checkbox"/> injury_location__4 Abdomen <input type="checkbox"/> injury_location__5 Pelvis <input type="checkbox"/> injury_location__6 Extremity injury
158	tbi Show the field ONLY if: [injury_location] = 1	CT-verified traumatic brain injury (TBI)	radio <input type="radio"/> No <input type="radio"/> Yes
159	tbi_surgery Show the field ONLY if: [tbi] = 1	Did the TBI require surgery?	radio <input type="radio"/> No <input type="radio"/> Yes
160	head_ais Show the field ONLY if: [injury_location] = 1 or 2	Head and Face Abbreviated Injury Score (AIS)	text (number, Min: 1, Max: 6)
161	chest_ais Show the field ONLY if: [injury_location] = 3	Chest Abbreviated Injury Score (AIS)	text (number, Min: 1, Max: 5)
162	abdomen_ais Show the field ONLY if: [injury_location] = 4	Abdomen Abbreviated Injury Score (AIS)	text (number, Min: 1, Max: 6)
163	pelvis_ais Show the field ONLY if: [injury_location] = 5	Pelvis AIS <i>Pelvic organ injury only. Skeletal pelvic injury is captured as extremity injury.</i>	text (number, Min: 1, Max: 6)

164	<b>extremities_ais</b> Show the field ONLY if: [injury_location] = 6	<b>Extremities AIS</b> <i>Includes injury to pelvic bones</i>	text (number, Min: 1, Max: 6)																																	
165	<b>chest_injuries</b> Show the field ONLY if: [injury_location] = 3	<b>Chest injuries</b> <i>Choose all that apply.</i>	checkbox <table border="1"> <tr> <td>1</td> <td>chest_injuries__1</td> <td>Lung</td> </tr> <tr> <td>2</td> <td>chest_injuries__2</td> <td>Heart</td> </tr> <tr> <td>3</td> <td>chest_injuries__3</td> <td>Vascular structures</td> </tr> <tr> <td>4</td> <td>chest_injuries__4</td> <td>Other</td> </tr> </table>	1	chest_injuries__1	Lung	2	chest_injuries__2	Heart	3	chest_injuries__3	Vascular structures	4	chest_injuries__4	Other																					
1	chest_injuries__1	Lung																																		
2	chest_injuries__2	Heart																																		
3	chest_injuries__3	Vascular structures																																		
4	chest_injuries__4	Other																																		
166	<b>aaat_lung</b> Show the field ONLY if: [chest_injuries]=1	Indicate AAST injury grade for lung injury. <i>Enter as a number (1, 2, 3, etc).</i>	text (number, Min: 1, Max: 6)																																	
167	<b>aaat_heart</b> Show the field ONLY if: [chest_injuries]=2	Indicate AAST injury grade for heart injury. <i>Enter as a number (ex. 1, 2, 3, 4, etc).</i>	text (number, Min: 1, Max: 6)																																	
168	<b>abdomen_injuries</b> Show the field ONLY if: [injury_location] = 4	<b>Abdomen injuries</b> <i>Choose all that apply.</i>	checkbox <table border="1"> <tr> <td>1</td> <td>abdomen_injuries__1</td> <td>Diaphragm</td> </tr> <tr> <td>2</td> <td>abdomen_injuries__2</td> <td>Pancreas</td> </tr> <tr> <td>3</td> <td>abdomen_injuries__3</td> <td>Liver</td> </tr> <tr> <td>4</td> <td>abdomen_injuries__4</td> <td>Spleen</td> </tr> <tr> <td>5</td> <td>abdomen_injuries__5</td> <td>GI/mesentery</td> </tr> <tr> <td>6</td> <td>abdomen_injuries__6</td> <td>Vascular structures</td> </tr> <tr> <td>7</td> <td>abdomen_injuries__7</td> <td>Other</td> </tr> </table>	1	abdomen_injuries__1	Diaphragm	2	abdomen_injuries__2	Pancreas	3	abdomen_injuries__3	Liver	4	abdomen_injuries__4	Spleen	5	abdomen_injuries__5	GI/mesentery	6	abdomen_injuries__6	Vascular structures	7	abdomen_injuries__7	Other												
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6	abdomen_injuries__6	Vascular structures																																		
7	abdomen_injuries__7	Other																																		
169	<b>aaat_liver</b> Show the field ONLY if: [abdomen_injuries]=3	Indicate AAST injury grade for liver injury. <i>Enter numerical value (1, 2, 3, etc).</i>	text (number, Min: 1, Max: 6)																																	
170	<b>aaat_spleen</b> Show the field ONLY if: [abdomen_injuries]=4	Indicate AAST injury grade for spleen injury. <i>Enter numerical value.</i>	text (number, Min: 1, Max: 5)																																	
171	<b>pelvic_injuries</b> Show the field ONLY if: [injury_location] = 5	<b>Pelvic injuries</b> <i>Choose all that apply.</i>	checkbox <table border="1"> <tr> <td>1</td> <td>pelvic_injuries__1</td> <td>Vascular structures</td> </tr> <tr> <td>2</td> <td>pelvic_injuries__2</td> <td>Genitourinary</td> </tr> <tr> <td>3</td> <td>pelvic_injuries__3</td> <td>Other</td> </tr> </table>	1	pelvic_injuries__1	Vascular structures	2	pelvic_injuries__2	Genitourinary	3	pelvic_injuries__3	Other																								
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2	pelvic_injuries__2	Genitourinary																																		
3	pelvic_injuries__3	Other																																		
172	<b>extremity_injury</b> Show the field ONLY if: [injury_location] = 6	<b>Extremity injuries</b> <i>Extremity injuries</i>	checkbox <table border="1"> <tr> <td>1</td> <td>extremity_injury__1</td> <td>Soft tissue</td> </tr> <tr> <td>2</td> <td>extremity_injury__2</td> <td>Vascular structures</td> </tr> <tr> <td>3</td> <td>extremity_injury__3</td> <td>Other</td> </tr> </table>	1	extremity_injury__1	Soft tissue	2	extremity_injury__2	Vascular structures	3	extremity_injury__3	Other																								
1	extremity_injury__1	Soft tissue																																		
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3	extremity_injury__3	Other																																		
173	<b>venous_injury</b>	<b>Venous injuries</b> <i>If vascular injuries were present, please indicate any venous injuries identified.</i>	checkbox <table border="1"> <tr> <td>1</td> <td>venous_injury__1</td> <td>Superior vena cava</td> </tr> <tr> <td>2</td> <td>venous_injury__2</td> <td>Inferior vena cava</td> </tr> <tr> <td>3</td> <td>venous_injury__3</td> <td>Subclavian</td> </tr> <tr> <td>4</td> <td>venous_injury__4</td> <td>Axillary</td> </tr> <tr> <td>5</td> <td>venous_injury__5</td> <td>Brachial</td> </tr> <tr> <td>6</td> <td>venous_injury__6</td> <td>Renal</td> </tr> <tr> <td>7</td> <td>venous_injury__7</td> <td>Portal</td> </tr> <tr> <td>8</td> <td>venous_injury__8</td> <td>Iliacs</td> </tr> <tr> <td>9</td> <td>venous_injury__9</td> <td>Femoral</td> </tr> <tr> <td>10</td> <td>venous_injury__10</td> <td>Popliteal</td> </tr> <tr> <td>11</td> <td>venous_injury__11</td> <td>Other</td> </tr> </table>	1	venous_injury__1	Superior vena cava	2	venous_injury__2	Inferior vena cava	3	venous_injury__3	Subclavian	4	venous_injury__4	Axillary	5	venous_injury__5	Brachial	6	venous_injury__6	Renal	7	venous_injury__7	Portal	8	venous_injury__8	Iliacs	9	venous_injury__9	Femoral	10	venous_injury__10	Popliteal	11	venous_injury__11	Other
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11	venous_injury__11	Other																																		

174	arterial_injury	<p><b>Arterial injuries</b> If vascular structures were injured, please indicate any arterial injuries identified.</p>	<table border="1"> <tr><td colspan="2">checkbox</td></tr> <tr><td>1</td><td>arterial_injury__1 Aorta</td></tr> <tr><td>2</td><td>arterial_injury__2 Carotids</td></tr> <tr><td>3</td><td>arterial_injury__3 Subclavian</td></tr> <tr><td>4</td><td>arterial_injury__4 Axillary</td></tr> <tr><td>5</td><td>arterial_injury__5 Brachial</td></tr> <tr><td>6</td><td>arterial_injury__6 Renal</td></tr> <tr><td>7</td><td>arterial_injury__7 Iliacs</td></tr> <tr><td>8</td><td>arterial_injury__8 Femoral</td></tr> <tr><td>9</td><td>arterial_injury__9 Popliteal</td></tr> <tr><td>10</td><td>arterial_injury__10 Superior mesenteric artery</td></tr> <tr><td>11</td><td>arterial_injury__11 Inferior mesenteric artery</td></tr> <tr><td>12</td><td>arterial_injury__12 Celiac trunk</td></tr> <tr><td>13</td><td>arterial_injury__13 Other</td></tr> </table>	checkbox		1	arterial_injury__1 Aorta	2	arterial_injury__2 Carotids	3	arterial_injury__3 Subclavian	4	arterial_injury__4 Axillary	5	arterial_injury__5 Brachial	6	arterial_injury__6 Renal	7	arterial_injury__7 Iliacs	8	arterial_injury__8 Femoral	9	arterial_injury__9 Popliteal	10	arterial_injury__10 Superior mesenteric artery	11	arterial_injury__11 Inferior mesenteric artery	12	arterial_injury__12 Celiac trunk	13	arterial_injury__13 Other
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175	injury_data_complete	<p>Section Header: Form Status Complete?</p>	<table border="1"> <tr><td colspan="2">dropdown</td></tr> <tr><td>0</td><td>incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	dropdown		0	incomplete	1	Unverified	2	Complete																				
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Instrument: <b>In hospital data and outcomes</b> (in_hospital_data_and_outcomes)			<a href="#">Collapse</a>																												
176	los	<p>Hospital length of stay (in days) Indicate the hospital length of stay in days.</p>	text (number)																												
177	icu_free	<p>Indicate number of ICU-free days. This is the total number of days during the hospital stay that the patient was alive and monitored in a non-ICU setting.</p>	text (number, Min: 0)																												
178	vent_free	<p>Ventilator-free days This is the total number of days during the hospital stay that the patient was alive and free from mechanical ventilation.</p>	text (number, Min: 0)																												
179	viscoelastic_yn	<p>Was a viscoelastic assay performed in 1st 24 hours of admission?</p>	<table border="1"> <tr><td colspan="2">radio</td></tr> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table>	radio		1	No	2	Yes																						
radio																															
1	No																														
2	Yes																														
180	visco_assay Show the field ONLY if: [viscoelastic_yn]=2	<p>Indicate viscoelastic assay used.</p>	<table border="1"> <tr><td colspan="2">radio</td></tr> <tr><td>1</td><td>TEG</td></tr> <tr><td>2</td><td>ROTEM</td></tr> </table>	radio		1	TEG	2	ROTEM																						
radio																															
1	TEG																														
2	ROTEM																														
181	ct_rotam Show the field ONLY if: [visco_assay]=2	<p>Clotting time (CT) (in seconds)</p>	text (number)																												
182	ct_rotam Show the field ONLY if: [visco_assay]=2	<p>Clot formation time (CFT) in seconds</p>	text (number)																												
183	alpha_rotam Show the field ONLY if: [visco_assay]=2	<p>Alpha angle (degrees)</p>	text (number)																												
184	mcf_rotam Show the field ONLY if: [visco_assay]=2	<p>Maximum clot firmness (MCF)</p>	text (number)																												
185	l30_rotam Show the field ONLY if: [visco_assay]=2	<p>Lysis index 30 minutes (LI30) after clotting time</p>	text (number)																												
186	ml_rotam Show the field ONLY if: [visco_assay]=2	<p>Maximum lysis (ML)</p>	text (number)																												

187	<p>teg_loc</p> <p>Show the field ONLY if: [viscoelastic_yn]=2</p>	<p>Location of patient when TEG or ROTEM was performed</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>ED</td></tr> <tr><td>2</td><td>OR</td></tr> <tr><td>3</td><td>ICU</td></tr> </table>	1	ED	2	OR	3	ICU																																				
1	ED																																												
2	OR																																												
3	ICU																																												
188	<p>teg_time</p> <p>Show the field ONLY if: [viscoelastic_yn]=2</p>	<p>Indicate time from ED arrival to TEG or ROTEM</p> <p><i>Show many minutes from ED arrival to the first run of TEG?</i></p>	<p>text (number)</p>																																										
189	<p>r_value</p> <p>Show the field ONLY if: [visco_assay]=1</p>	<p>R value (in seconds)</p> <p><i>Enter R value of 1st TEG run.</i></p>	<p>text (number)</p>																																										
190	<p>k_time</p> <p>Show the field ONLY if: [visco_assay]=1</p>	<p>K time (in seconds)</p> <p><i>Enter K time of 1st TEG run.</i></p>	<p>text (number)</p>																																										
191	<p>alpha_teg</p> <p>Show the field ONLY if: [visco_assay]=1</p>	<p>Alpha angle</p> <p><i>Indicate alpha angle of the 1st TEG run.</i></p>	<p>text (number)</p>																																										
192	<p>teg_ma</p> <p>Show the field ONLY if: [visco_assay]=1</p>	<p>Maximum amplitude (MA) in millimeters</p> <p><i>Indicate MA in millimeters of 1st TEG run.</i></p>	<p>text (number)</p>																																										
193	<p>ly30_teg</p> <p>Show the field ONLY if: [visco_assay]=1</p>	<p>LY30 (%)</p> <p><i>Enter LY30 of 1st TEG run.</i></p>	<p>text (number)</p>																																										
194	<p>comp_yn</p>	<p>Did the patient develop any complications during the hospital stay?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table>	1	No	2	Yes																																						
1	No																																												
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195	<p>comp</p> <p>Show the field ONLY if: [comp_yn]=2</p>	<p>Complications</p> <p><i>Select any complications which developed during hospitalization.</i></p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>comp__1</td><td>ARDS (acute respiratory distress syndrome)</td></tr> <tr><td>2</td><td>comp__2</td><td>Venous thromboembolism (VTE)</td></tr> <tr><td>3</td><td>comp__3</td><td>AKI (acute kidney injury)</td></tr> <tr><td>4</td><td>comp__4</td><td>Pneumonia</td></tr> <tr><td>5</td><td>comp__5</td><td>CVA (cerebrovascular accident)</td></tr> <tr><td>6</td><td>comp__6</td><td>multisystem organ failure</td></tr> <tr><td>7</td><td>comp__7</td><td>Sepsis</td></tr> <tr><td>8</td><td>comp__8</td><td>Deep surgical site infection</td></tr> <tr><td>9</td><td>comp__9</td><td>Organ space surgical site infection</td></tr> <tr><td>10</td><td>comp__10</td><td>Cardiac arrest</td></tr> <tr><td>11</td><td>comp__11</td><td>Major arrhythmia</td></tr> <tr><td>12</td><td>comp__12</td><td>Myocardial infarction</td></tr> <tr><td>13</td><td>comp__13</td><td>Unplanned event</td></tr> <tr><td>14</td><td>comp__14</td><td>Brain death</td></tr> </table>	1	comp__1	ARDS (acute respiratory distress syndrome)	2	comp__2	Venous thromboembolism (VTE)	3	comp__3	AKI (acute kidney injury)	4	comp__4	Pneumonia	5	comp__5	CVA (cerebrovascular accident)	6	comp__6	multisystem organ failure	7	comp__7	Sepsis	8	comp__8	Deep surgical site infection	9	comp__9	Organ space surgical site infection	10	comp__10	Cardiac arrest	11	comp__11	Major arrhythmia	12	comp__12	Myocardial infarction	13	comp__13	Unplanned event	14	comp__14	Brain death
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196	<p>vte_type</p> <p>Show the field ONLY if: [comp]=2</p>	<p>Indicate type of VTE.</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Deep vein thrombosis</td></tr> <tr><td>2</td><td>Pulmonary embolism</td></tr> <tr><td>3</td><td>Both</td></tr> </table>	1	Deep vein thrombosis	2	Pulmonary embolism	3	Both																																				
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197	<p>kdigo</p> <p>Show the field ONLY if: [comp]=3</p>	<p>Indicate KDIGO stage of AKI.</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Stage 1</td></tr> <tr><td>2</td><td>Stage 2</td></tr> <tr><td>3</td><td>Stage 3</td></tr> </table>	1	Stage 1	2	Stage 2	3	Stage 3																																				
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198	unplanned_event Show the field ONLY if: [comp]=13	Indicate type of unplanned event. Choose all that apply.	checkbox <table border="1"> <tr> <td>1</td> <td>unplanned_event__1</td> <td>ICU admission</td> </tr> <tr> <td>2</td> <td>unplanned_event__2</td> <td>Intubation</td> </tr> <tr> <td>3</td> <td>unplanned_event__3</td> <td>Return to OR</td> </tr> </table>	1	unplanned_event__1	ICU admission	2	unplanned_event__2	Intubation	3	unplanned_event__3	Return to OR							
1	unplanned_event__1	ICU admission																	
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3	unplanned_event__3	Return to OR																	
199	prbc_24hrs	Total # of units of PRBC given in 1st 24 hours of hospital stay. <i>Do not include any blood or blood products given pre-hospital in this count.</i>	text (number)																
200	plasma_24hrs	Total # of units of plasma given in the 1st 24 hours of hospital stay. <i>Do not include any blood or blood products given in this count.</i>	text (number)																
201	platelets_24hrs	Total # of packs of platelets given during the 1st 24 hours of hospital stay.	text (number)																
202	crystalloids_24hr	Total volume (milliliters) of crystalloid given in the first 24 hours of hospital admission. <i>Do not include any crystalloids given pre-hospital in this count.</i>	text																
203	wb_24hrs	Total # of units of whole blood given in the 1st 24 hours of hospital admission <i>Do not include any whole blood given pre-hospital in this count.</i>	text (number)																
204	dispo	Discharge disposition	radio <table border="1"> <tr> <td>1</td> <td>Home</td> </tr> <tr> <td>2</td> <td>Inpatient rehabilitation</td> </tr> <tr> <td>3</td> <td>LTAC/SNF</td> </tr> <tr> <td>4</td> <td>Jail</td> </tr> <tr> <td>5</td> <td>Psychiatric facility</td> </tr> <tr> <td>6</td> <td>AMA</td> </tr> <tr> <td>7</td> <td>Transfer to another acute care facility</td> </tr> <tr> <td>8</td> <td>Death</td> </tr> </table>	1	Home	2	Inpatient rehabilitation	3	LTAC/SNF	4	Jail	5	Psychiatric facility	6	AMA	7	Transfer to another acute care facility	8	Death
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7	Transfer to another acute care facility																		
8	Death																		
205	death_loc Show the field ONLY if: [dispo]=8	Indicate death location.	radio <table border="1"> <tr> <td>1</td> <td>ED</td> </tr> <tr> <td>2</td> <td>OR or IR</td> </tr> <tr> <td>3</td> <td>ICU</td> </tr> <tr> <td>4</td> <td>Radiology</td> </tr> <tr> <td>5</td> <td>Floor</td> </tr> <tr> <td>6</td> <td>Other</td> </tr> </table>	1	ED	2	OR or IR	3	ICU	4	Radiology	5	Floor	6	Other				
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206	hr_mortality Show the field ONLY if: [dispo]=8	Did death occur within the 1st 24 hours of admission?	radio <table border="1"> <tr> <td>1</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> </table>	1	No	2	Yes												
1	No																		
2	Yes																		
207	cause_of_death Show the field ONLY if: [dispo]=8	Was primary cause of death hemorrhage?	radio <table border="1"> <tr> <td>1</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes</td> </tr> <tr> <td>3</td> <td>Unknown</td> </tr> </table>	1	No	2	Yes	3	Unknown										
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2	Yes																		
3	Unknown																		
208	in_hospital_data_and_outcomes_complete	Section Header: Form Status Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete										
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