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| **DATE:** | **REGISTRY DATA** | **EMR DATA** |
| **REGISTRY DATA FIELD** |
| **MRN:** |  |  |
| **NAME:**  |  |  |
| **DATE OF BIRTH:** |  |  |
| **RACE (TEXT ):** |  |  |
| **SEX:** |  |  |
| **ARRIVAL MODE:** |  |  |
| **PRE-HOSPITAL EMS AGENCY:** |  |  |
| **INJURY DATE:** |  |  |
| **INJURY TIME:** |  |  |
| **INJURY ECODE:** |  |  |
| **E849 CODE:** |  |  |
| **CITY OF INJURY (TEXT):** |  |  |
| **SAFETY EQUIPMENT:** |  |  |
| **WORK RELATED:** |  |  |
| **INDUSTRY:** |  |  |
| **OCCUPATION:** |  |  |
| **ED DATE OF ARRIVAL:** |  |  |
| **ED TIME OF ARRIVAL:** |  |  |
| **INITIAL ED VITAL SIGNS** |  |  |
| * SBP:
 |  |  |
| * HR:
 |  |  |
| * RR:
 |  |  |
| * O2 SATS:
 |  |  |
| * GCS TOTAL:
 |  |  |
| * TEMP:
 |  |  |
| * TEMP SOURCE (TEXT):
 |  |  |
| **ED DISPOSITION (TEXT):** |  |  |
| **DC DISPOSITION:** |  |  |
| **TOIP:****VTE INCLUSION** |  |  |

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| **ALL INJURIES** |
| **AIS 2005:** | **ICD-9:** |
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| **NOTES** |
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| **SCORE** | **DATA REVIEWER:****REVIEW DATE:** |
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