Oklahoma Hospital Trauma Registry

Data Dictionary

Trauma Registry System
Injury Prevention Service
Oklahoma State Department of Health

Revised January 2005

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INTRODUCTION

The purpose of this document is to provide standardized definitions and protocols for use by registrars submitting data to the Oklahoma trauma registry. This document should also prove invaluable in the training of registrars and other staff who will be contributing information to the registry database.

Uniform compliance with the standardized definitions contained within this dictionary will result in a database which is both reliable and valid, and which can be used to support the functions and further development of the Oklahoma Trauma System.

Information beyond that contained within this dictionary may be obtained by contacting the OSDH Trauma Registry staff.

ACKNOWLEDGEMENTS

We are deeply indebted to the Trauma Registry Subcommittee of the Oklahoma State Trauma Advisory Council for ongoing input into the data dictionary. In particular, we are grateful to Sue Watkins, RN, JD, Chair of this Subcommittee, and staff from Saint Francis Hospital in design of the document.

GLOSSARY

AIS

The Abbreviated Injury Scale. A standardized system for classification of injuries by type and severity. The current AIS version (1990 Revision, Update 1998) is available from the Association for the Advancement of Automotive Medicine, call at phone (847) 844-3880, fax (847) 844-3884, or email aaam1@aol.com. The AAAM web site is located at www.carcrash.org.

COLLECTOR

Collector is the current version of the State Registry software program. Communications regarding the *Collector* program should be directed to the OSDH rather than the vendor if the facility is using the *Collector* software package provided by the OSDH.

DOWN LOAD

The electronic transmission of data. Down load may also be used to refer to the transferal of data by disk or CD. The OSDH has specified the content, method and timing of the transmission of data to the State Trauma Registry. The program selected by a facility for the collection of Trauma Registry data may vary, however that system must be capable of down load/import of data into the State Registry program. For questions regarding the down load process contact the OSDH.

ICD-9-CM, ICD-9

International Classification of Diseases 9th Revision Clinical Modification. A system of diagnostic coding developed to support diagnosis-related group reimbursement strategies implemented by the federal government. ICD-9 codes are updated annually, and ICD-10 coding system will soon be implemented- the OSDH will determine the timing of implementation of ICD-10 coding in the Registry. ICD-9 materials are available on-line and in print versions. One supplier is INGENIX (800-464-3649). There are several other potential sources for information on ICD-9 coding.

OSDH STANDARD DATA SET

The data elements required for submission to the OSDH. This Data Dictionary supports the OSDH Standard Data Set. The Standard Data Set is a subset of the Hospital Standard Data Set which contains over 200 elements including Quality Improvement filters and screens. The Hospital Data Set provides information to support data driven process development and quality improvement activities within a facility. The *Collector* software for the Hospital Standard Data Set is available from the OSDH.

DATA SUBMISSION GUIDELINES

Specific Section 310: 667-59-1(b) requires all hospitals to submit trauma registry data to the OSDH State Trauma Registry.

The following Case Inclusion and Exclusion criteria apply to those cases that **MUST** be included in the Oklahoma State Trauma Registry. Hospitals **may** elect to include additional cases in the database and to transmit/download those cases to the State Registry if desired and complete.

Case Inclusion Criteria:*
All patients must have at least one of ICD-9 of 800.00-959.9 AND at least one of the following:
- length of hospital stay > 48 hours; or
- patient dead on arrival or who die while in hospital; or
- patient transferred with *major or minor†* trauma; or
- "Trauma Team" activated; or
- patient admitted to intensive care unit; or
- patient direct to OR for *major* surgery (head, chest, abdomen, vascular)

Each reportable major trauma case must also meet at least one of the following criteria as computed by the trauma registry software:
1. an Abbreviated Injury Scale severity value of 3 or higher; or
2. an Injury Severity Score of 9 or higher; or
3. a TRISS or Burn Survival Probability less than .90; or
4. Death

Case Exclusion Criteria:*
- isolated orthopedic injury to the extremities due to same level falls* (E885)
- overexertion injuries
- injury caused by pre-existing condition, e.g. osteoporosis (fracture); esophageal stricture (choking)
- injuries greater than 30 days old
- poisonings and toxic events (960-989.9)
- submersion injuries (994.1)
- foreign body (leading to choking or otherwise) (non-codable)
- strangulation/asphyxiation/anoxic brain death (994.7)
- electrocution (994.8)

*The Exclusion criteria was modified effective July 1, 2003. Previously the exclusion was for isolated orthopedic injuries to extremities regardless of cause/mechanism of injury. Now isolated orthopedic injuries to extremities that meet severity criteria will be included if they are due to causes other than same level falls.

†Minor transfer patients required to be reported (minimal database) effective July 1, 2004.

TIMING OF DATA SUBMISSION

All facilities are required to submit the specified data electronically on all cases meeting Inclusion Criteria on a monthly basis. Case reports are due at the end of the month for all cases meeting criteria discharged from the hospital the previous month (i.e., April cases are due the last day of May).

Hospitals that do not provide care to a patient meeting Registry Inclusion Criteria during a particular month must report "No Cases" to the state Trauma Registrar by email to traumar@health.state.ok.us or by fax at (405) 271-2799.

FINANCIAL DATA SUBMISSION GUIDELINES

Payer Source (Primary and Secondary) must be submitted with the case download and may be updated as indicated.

It is recommended that *Total Hospital Charges* be reported on a quarterly basis. Charges for patients discharged July 1 through June 30 are required to be submitted by September 30.

Total Hospital Collections data *must* be reported annually. Collections for trauma cases for the July 1 through June 30 reporting year is due no later than December 31. For hospitals requesting trauma fund reimbursement, it is recommended that collections for cases discharged July 1 – June 30 be reported by September 30 to facilitate processing eligible cases by the trauma registry.

Hospital Cost data is not required.

DATA QUALITY REPORTS

Data quality reports will be sent to hospitals quarterly. Data corrections are required within 45 days.

CONFIDENTIALITY AND HIPAA STATEMENTS

Data Confidentiality:

Individual patient records received by the OSDH Trauma Registry are confidential in accordance with the Oklahoma Health Care Information Act (O.S. 63, Section 1-115).

Requests for Registry Data:

Requests for aggregate data output from the trauma registry may be made by writing, email, or phone. Case-level data (without identifiers) may be released if the stringent guidelines applicable to Research Projects have been satisfied. A *data use agreement for Oklahoma State Department of Health Trauma Registry Research* must be signed and submitted when specific data is requested from the Oklahoma State Trauma Registry. A current version of this form may be obtained by contacting the OSDH Trauma Registry staff.

HIPAA Compliance Statement:

The HIPAA Privacy Rule permits covered entities to disclose the amount and type of protected health information that is needed for public health purposes. In Oklahoma, the disclosure of trauma data is required by law; hospitals' participation is covered pursuant to 45 CFR 164.512(a) of the Rule.

DICTIONARY FORMAT

Dictionary Definition Format

*The following definitions describe the format of the **required** data fields within the Data Dictionary. The standard format is used throughout the dictionary. Some of the formatted fields may not apply to a particular Data Field and will be left blank i.e., Values/Value Range is not specified for all fields.*

Data Field Name: The name of the field as given in the database.

Required:　　Major = Field required for all major trauma cases.
　　　　　　　　Minor = Field required for all transfers of minor trauma.

Max Length of Field: Describes the number of characters the field will accept. Narrative entries (when applicable) must not exceed the maximum field length.

Type of Field:

> **Integer** = Numeric Field. Number must be entered.

> **Text** = **Alpha** characters must be used. Some text fields are not formatted to check the validity of the entered data. Care should be taken when making text entries to avoid misspellings, transposed characters etc.

Values/Value Range: Specifies the range given for entry of valid data. Data not meeting the specified value range should be assessed for accuracy. Values outside the specified range will not be accepted.

Calculated: A value is assigned to this field by the registry program when the required data elements have been entered.

Entered: Data for the completion of this field must be entered by the registrar.

Standard Date and Time Formats

Standard Date Format:

Month = **2 digit** identifier

January = 01	April = 04	July = 07	October = 10
February = 02	May = 05	August = 08	November = 11
March = 03	June = 06	September = 09	December = 12

Day = **2 digit** identifier, 01 – 31

Year = **4 digit**

 (e.g., a patient arriving Jan. 01, 2004, the value entered would be 2004)

Standard Time Format:

Entries are made using 4-digit military/continental time.

Hour = value range 00-23

Minute = value range 01-59

 (e.g., 3 minutes after midnight = 0003, 3 minutes after noon = 1203)

Time as documented by the appropriate provider should be entered. When a required time has not been documented by the applicable provider an alternative source or method of determining a time may be specified within the Data Dictionary. When a time has not been documented and an alternate source has not been given enter "UU:UU" for "unknown." If hour is known but minutes are unknown, put "UU:UU" instead of a partial entry.

FACILITY AND CASE IDENTIFIERS

INSTITUTION NUMBER

Data Field Name: INST_NUM (screen F1.1)
Required: Major/Minor
Max Length of Field: 6
Type of Field: Integer
Value Range: N/A
Calculated/Entered: Pre-programmed
Definition: Entered from software program and is specific code for each hospital/facility reporting data.

TRAUMA NUMBER

Data Field Name: TRAUMA_NUM (screen F1.1)
Required: Major/Minor
Max Length of Field: 8
Type of Field: Integer
Value Range: N/A
Calculated/Entered: Entered
Definition: Sequential numbering of cases entered into facility registry

DOWNLOAD CANDIDATE

Data Field Name: SYSTEM_YN (screen F1.1)
Required: Major/Minor
Max Length of Field: 1
Type of Field: Text
Value Range: Y (Yes) / N (No)
Calculated/Entered: Entered
Definition: Enter 'Yes' if this case meets the Oklahoma State Department of Health's *current* criteria for required download. If current OSDH criteria for download are not met enter 'No'.
Y (Yes) will be downloaded to OSDH. N (No) will not be downloaded to OSDH but will remain in the facility database.

MAJOR/MINOR TRAUMA DATASET

Data Field Name: WHICH_DS
Required: Major/Minor
Max Length of Field: 1
Type of Field: Integer
Value Range: 1==Minor; 2=Major
Calculated/Entered: Entered
Definition: If case doesn't meet severity criteria below, the patient should be noted as minor case.
1. An AIS severity of 3 or higher; or
2. An ISS of 9 or higher; or
3. A TRISS or Burn Survival Probability less than .90; or
4. Death

DEMOGRAPHIC INFORMATION - PATIENT INFORMATION

EMERGENCY DEPARTMENT ARRIVAL DATE AND TIME

Data Field Name: Multiple Fields (screen F1.1)
Required: Major/Minor
Max Length of Field: varies with field
Type of Field: Integer
Value Range: Month = 1-12, Day = 1-31, Year = 1980-2099. Hour = 0-23, minute = 0-59.
Calculated/Entered: Entered
Definition: Use *Standard Date* and *Time Format* (page 7) to enter the patient's documented time of arrival at this facility.

SOURCE OF TRAUMA SYSTEM INCLUSION DESIGNATION

Data Field Name: ENTRY_SYS (screen F1.1)
Required: Major/Minor
Max Length of Field: 1
Type of Field: Numeric
Value Range:
1 = Pre-hospital: This patient entered (first received care from) the Trauma System in the pre-hospital environment. The patient must have arrived at the reporting facility ED by *EMS medical transport (ground or air)* ONLY. Patient may have been transported directly from the scene of injury or from another location BUT not transferred from another hospital. Does not include patients arriving at the reporting facility by private vehicle.
2 = Trauma Team Activation: This patient entered (first received care from) the Trauma System at your reporting facility. This includes patients transported to reporting facility by private vehicle and police department. The patient arrived at the reporting hospital with no pre-hospital care and/or no pre-hospital notification of patient's arrival. The patient may have been cared for by the ED staff; *does NOT require the activation of a designated trauma team and/or surgeon.*
3 = Transfer from another acute care facility: Patient arrived at this facility after receiving care from another hospital. The patient may have been transported to the reporting facility from the referring hospital by EMS/air medical/or private vehicle.
4 = Transfer to Trauma Service from another service within this hospital: Patient was admitted to another service but there was appropriate Trauma Service involvement. The decision that the involvement of the Trauma Service was/or was not appropriate may be facility specific. Facility protocols may specify the timing and/or extent of Trauma Service notification or involvement in the patient's care.
5 = Retrospective Review: There was delayed or inappropriate Trauma Service involvement, or no Trauma Service participation in care.
Calculated/Entered: Entered
Definition: This is how the patient entered the trauma system.

MEDICAL RECORD NUMBER

Data Field Name: MR_NUM (screen F1.1)
Required: Major/Minor
Max Length of Field: 20
Type of Field: Text/Numeric
Calculated/Entered: Entered
Definition: Unique identifying number assigned by the facility for the patient.

VISIT NUMBER

Data Field Name: ACCT_NUM (screen F1.1)
Required: Major/Minor
Max Length of Field: 15
Type of Field: Integer
Calculated/Entered: Entered
Definition: Patient or Visit Number that uniquely identifies this visit. Hospital assigned. May be synonymous with billing number, account number or in-patient identification number.

SOCIAL SECURITY NUMBER

Data Field Name: SSN_1, SSN_2, SSN_3 (screen F1.1)
Required: Major/Minor
Max Length of Field: 9 digits
Type of Field: Integer
Calculated/Entered: Entered
Definition: Patient's unique, assigned Social Security Number. If patient could have a Social Security Number but it is unavailable enter UUU/UU/UUUU. If patient does not have a Social Security Number (infant under the age of 2 or is not a US citizen) enter III/II/IIII.

PATIENT'S NAME - LAST

Data Field Name: P_NAM_L (screen F1.1)
Required: Major/Minor
Max Length of Field: 50
Type of Field: Text
Calculated/Entered: Entered
Definition: The patient's *legal* last name. If patient is unidentified, use "John Doe" or other hospital assigned identification.

PATIENT'S NAME - FIRST

Data Field Name: P_NAM_F (screen F1.1)
Required: Major/Minor
Max Length of Field: 50
Type of Field: Text
Calculated/Entered: Entered
Definition: The patient's *legal* first name.

PATIENT'S NAME - MIDDLE INITIAL

Data Field Name: P_NAM_M (screen F1.1)
Required: Major/Minor
Max Length of Field: 1
Type of Field: Text
Calculated/Entered: Entered
Definition: The patient's *legal* middle initial. If no middle initial or if middle initial is unknown leave blank. Do not enter 'U' for unknown.

DATE OF BIRTH - MONTH

Data Field Name: DOB_DM (screen F1.1)
Required: Major/Minor
Max Length of Field: 2
Type of Field: Integer
Value Range: 1-12
Calculated/Entered: Entered
Definition: This is the specified month of patient's birth. Use standard date format. If unknown may use UU. Do not enter approximate or hospital-assigned date of birth.

DATE OF BIRTH - DAY

Data Field Name: DOB_DD (screen F1.1)
Required: Major/Minor
Max Length of Field: 2
Type of Field: Integer
Value Range: 1-31
Calculated/Entered: Entered
Definition: This is the specified day of patient's birth. Use standard date format. If unknown may use UU. Do not enter estimated or hospital assigned date of birth.

DATE OF BIRTH - YEAR

Data Field Name: DOB_DY (screen F1.1)
Required: Major/Minor
Max Length of Field: 4
Type of Field: Integer
Value Range: 1850-2099
Calculated/Entered: Entered
Definition: This is the specified year of patient's birth. Use standard date format. If unknown may use UUUU. Do not enter estimated or hospital assigned date of birth.

AGE

Data Field Name: RAW_AGE (screen F1.1)
Required: Major/Minor
Max Length of Field: 3
Type of Field: Integer
Value Range: 0-150
Calculated/Entered: Entered or Calculated
Definition: This is patient's age. If patient's date of birth has been entered the age will calculate automatically in *Collector*. If patient's birth date is unknown, an approximate age should be entered.

AGE TYPE

Data Field Name: AGE_TYPE (screen F1.1)
Required: Major/Minor
Max Length of Field: 1
Type of Field: Integer
Value Range: 1 = Years
            2 = Months
            3 = Days
            4 = Estimated in Years
Calculated/Entered: Entered
Definition: Enter whether age value represents years, months, days, or if age is estimated.

RACE

Data Field Name: RACE (screen F1.1)
Required: Major/Minor
Max Length of Field: 1
Type of Field: Integer
Value Range: 1 = White
            2 = Black
            3 = American Indian
            4 = Alaskan Native
            5 = Pacific Islander
            6 = Asian
            7 = Other
            U = Unknown
Calculated/Entered: Entered
Definition: This is patient's stated race.

ETHNICITY

Data Field Name: ETHNIC (screen F1.1)
Required: Major/Minor
Max Length of Field: 1
Type of Field: Integer
Value Range: 1 = Hispanic
           2 = Non-Hispanic
           U = Unknown
Calculated/Entered: Entered
Definition: This is patient's stated ethnic group.

SEX

Data Field Name: SEX (screen F1.1)
Required: Major/Minor
Max Length of Field: 1
Type of Field: Integer
Value Range: 1 = Male
           2 = Female
Calculated/Entered: Entered
Definition: This is patient's gender as noted on hospital medical record.

PATIENT'S ADDRESS - STREET 1

Data Field Name: P_ADR_S1 (screen F1.2)
Required: Major
Max Length of Field: 50
Type of Field: Text
Calculated/Entered: Entered
Definition: This is first line of patient's residential address as listed on hospital record.

PATIENT'S ADDRESS - CITY

Data Field Name: P_ADR_CI (screen F1.2)
Required: Major
Max Length of Field: 4
Type of Field: Integer
Value Range: Use OSDH assigned code from pull-down menu.
Calculated/Entered: Entered
Definition: This is patient's city of residence as listed on hospital record.

PATIENT'S ADDRESS - CITY - IF OTHER

Data Field Name: P_ADR_CI_O (screen F1.2)
Required: Major
Max Length of Field: 50
Type of Field: Text
Calculated/Entered: Entered
Definition: This field to be used ONLY if there is no OSDH Oklahoma city code assigned; type in name of city.

PATIENT'S ADDRESS - COUNTY

Data Field Name: P_ADR_CO (screen F1.2)
Required: Major/Minor
Max Length of Field: 5
Type of Field: Integer
Calculated/Entered: Entered
Definition: This is patient's county of legal residence. Use OSDH codes from pull-down menu.

PATIENT'S ADDRESS - STATE

Data Field Name: P_ADR_ST (screen F1.2)
Required: Major/Minor
Max Length of Field: 2
Type of Field: Alpha Numeric
Calculated/Entered: Entered
Definition: This is patient's state of residence as listed on hospital record. Use OSDH code from pull-down menu. For international patient, use "OT" for "other."

PATIENT'S ADDRESS - STATE-IF OTHER

Data Field Name: P_ADR_ST_O (screen F1.2)
Required: Major
Max Length of Field: 50
Type of Field: Text
Calculated/Entered: Entered
Definition: This is patient's state of residence as listed on hospital record. Use ONLY if there is NO OSDH code assigned in pull-down menu. Type country as applicable for international patients.

PATIENT'S ADDRESS - ZIP CODE 1
Data Field Name: P_ADR_Z1 (screen F1.2)
Required: Major
Max Length of Field: 5
Type of Field: Integer
Calculated/Entered: Entered
Definition: This is patient's zip code as listed on hospital record. If zip code not entered on hospital record use zip code directory or other resource to determine zip code assigned to address listed on hospital record.

PATIENT'S ADDRESS - ZIP CODE 2
Data Field Name: P_ADR_Z2 (screen F1.2)
Required: Major
Max Length of Field: 4
Type of Field: Integer
Calculated/Entered: Entered
Definition: This is four-digit extension assigned to zip code by U.S. Postal service.

PREHOSPITAL DATA - INJURY INFORMATION

Information in this section should be obtained from pre-hospital documentation (EMS run sheet) whenever possible. Secondary sources of information may include the hospital record, law enforcement documentation or other RELIABLE resource.

INCIDENT-MONTH
Data Field Name: INJ_DM (screen F2.1)
Required: Major/Minor
Max Length of Field: 2
Type of Field: Integer
Value Range: 1-12
Calculated/Entered: Entered
Definition: This is month in which patient's injury occurred. This information should be located in EMS or ED record.

INCIDENT-DAY
Data Field Name: INJ_DD (screen F2.1)
Required: Major/Minor
Max Length of Field: 2
Type of Field: Integer
Value Range: 1-31
Calculated/Entered: Entered
Definition: This is day of the month on which patient's injury occurred. This information should be located in EMS or ED record.

INCIDENT-YEAR
Data Field Name: INJ_DY (screen F2.1)
Required: Major/Minor
Max Length of Field: 4
Type of Field: Integer
Value Range: 1980-2099
Calculated/Entered: Entered
Definition: This is year in which patient's injury occurred. This information should be located in EMS or ED record.

INCIDENT-HOUR
Data Field Name: INJ_TH (screen F2.1)
Required: Major/Minor
Max Length of Field: 2
Type of Field: Integer
Value Range: 0-23
Calculated/Entered: Entered
Definition: This is hour of the day at which patient's injury occurred. This information should be located in EMS or ED record. UU = unknown.

INCIDENT-MINUTE

Data Field Name: INJ_TM (screen F2.1)
Required: Major/Minor
Max Length of Field: 2
Type of Field: Integer
Value Range: 0-59
Calculated/Entered: Entered
Definition: This is time in minutes when the patient's injury occurred. This information should be located in EMS or ED record. UU = unknown

PRIMARY INJURY TYPE

Data Field Name: INJ_TYPE (screen F2.1)
Required: Major/Minor
Max Length of Field: 1
Type of Field: Integer
Value Range: 1= Blunt
          2 = Penetrating
          3 = Thermal
Calculated/Entered: Entered
Definition: This is the primary injury type. "Blunt" is diffuse force. "Penetrating" is point force. "Thermal" is burn or injury due to heat or cold. When patient has sustained more than one type of injury use code for the more severe/extensive injury type.

PRIMARY E-CODE

Data Field Name: E_CODE1 (screen F2.1)
Required: Major/Minor
Max Length of Field: 5
Type of Field: Fixed (use pull-down menu)
Value Range: 800.0 – 999.0
Calculated/Entered: Entered
Definition: This is the external cause of injury. Use the code for the event or circumstance that was *most* responsible for the principle anatomic injury to the patient.

SECONDARY E-CODE

Data Field Name: E_CODE2 (screen F2.1)
Required: Major
Max Length of Field: 5
Type of Field: Fixed (use pull-down menu)
Value Range: 800.0 – 999.0
Calculated/Entered: Entered
Definition: This is used if there was more than one cause of injury. Use the code for the event or circumstance that was secondarily responsible for the anatomic injury to the patient.

TERTIARY E-CODE
Data Field Name: E_CODE3 (screen F2.1)
Required: Major
Max Length of Field: 5
Type of Field: Fixed (use pull-down menu)
Value Range: 800.0 – 999.0
Calculated/Entered: Entered
Definition: This is used if there was a third external cause of injury. Use the code for the event or circumstance that was least responsible for the anatomic injury to the patient.

CAUSE OF INJURY MEMO
Data Field Name: CAUSE_INJ (screen F2.1)
Required: Major/Minor
Max Length of Field: 200
Type of Field: Text
Calculated/Entered: Entered
Definition: Free-text field allowing additional details regarding incident to be entered. Briefly describe factors having relevance to circumstance of injury.

Key Terms that are to be included in the Cause of Injury Memo when relevant to the patient's injury/mechanism include:
ATV – do not use 'all terrain vehicle.' Use if the patient's injury mechanism involved an ATV in any manner.
Drug lab – do not use 'meth/methamphetamine lab/laboratory' or other term. Use whenever the patient's mechanism of injury was, or was suspected by a reliable source (EMS, law enforcement), to have involved the manufacture of drugs/illicit substances or to have occurred in an environment in which the manufacture of drugs was known/suspected to have occurred.
Rodeo – do not substitute type of rodeo activity in which patient was injured (i.e., calf-roping, bull riding, clowning). Specifics regarding the type of rodeo activity should be included in the memo but not substituted for the word "rodeo."
Additional Key Terms recommended by OSDH can be found in *Appendix V-OSDH Cause of Injury Key Terms*, page 94.

WORK-RELATED
Data Field Name: WORK_YN (screen F2.1)
Required: Major
Max Length of Field: 1
Type of Field: Text
Value Range: Y = Yes
                N = No
                I = children <12 years of age
Calculated/Entered: Entered
Definition: Indicates whether the patient was/was not injured while engaged in employment related activities. This includes self-employment and agriculture. Enter "I" for children <12 years of age.

INTERPERSONAL VIOLENCE
Data Field Name: IPV (screen F2.1)
Required: Major
Max Length of Field: 1
Type of Field: Text
Value Range:
0 = Known Assailant (neighbor, friend, coworker)
1 = Intimate Partner Violence (*intimate partner* includes current and former marital and
    non-marital partners, dating partners, and same-sex partners)
2 = Child Abuse and Neglect (<18 years of age)
3 = Elder Abuse and Neglect (≥ 65 years of age)
4 = Other Family Violence (includes parents, siblings, in-laws, step-relations, etc.)
5 = Stranger Violence
6 = Gang-Related Violence
7 = Illicit Drug-Related
8 = Caregiver Violence (includes abuse inflicted by a person who is responsible for the care of a
    vulnerable adult whether a family member or institutional staff person. Vulnerable adults
    may include persons with developmental disabilities, or persons with mental or physical
    disabilities who are dependent for their care.)
9 = Assailant identity unknown
Calculated/Entered: Entered
Definition: Patient sustained injury from above defined group. Enter "I" if no interpersonal
violence involved. Enter "U" if interpersonal violence unknown.

PRIMARY PLACE OF INJURY
Data Field Name: E849_X1 (screen F2.2)
Required: Major/Minor
Max Length of Field: 1
Type of Field: Integer
Value Range: Use pull-down menu
0 = Home (house, apartment, non-institutional place of residence, includes yard and surrounding
    structures including swimming pool)
1 = Farm (includes land, buildings except house & related premises) If injury occurs in, or
    adjacent to farm home use Code "0".
2 = Mine and quarry (includes gravel pit, tunnel under construction)
3 = Industrial place and premises (includes buildings under construction, factory building and
    premises, shop, warehouse, railway yard, work site)
4 = Place for recreation and sport (includes park and playground, playing fields and courts, gym,
    racecourse, stadium, public pool, vacation resort)
5 = Street and highway
6 = Public building (includes adjacent grounds, building used by the general public or specified
    groups for commercial, entertainment, or business purposes. Includes airport, post office,
    restaurant, church, cinema)
7 = Residential institution (includes nursing home, children's home, shelter, jail)
8 = Other specified place (includes derelict house, parking lot, waterway, trailer court, railway line)
9 =Unspecified place
Calculated/Entered: Entered
Definition: This is the generalized location of patient when injury occurred. If more than one
cause of injury has been identified, use the patient's location at time of injury caused by
mechanism assigned primary E-code.

SECONDARY PLACE OF INJURY

Data Field Name: E849_X2 (screen F2.2)
Required: Major
Max Length of Field: 1
Type of Field: Integer
Value Range: 0-9 (use pull-down menu)
Calculated/Entered: Entered
Definition: This is an additional field to use if more than one E-code has been assigned and those E-coded incidents occurred at separate injury locations. May also be used if more than one code can be properly assigned to the patient's location at the time of injury.

TERTIARY PLACE OF INJURY

Data Field Name: E849_X3 (screen F2.2)
Required: Major
Max Length of Field: 1
Type of Field: Integer
Value Range: 0-9 (use pull-down menu)
Calculated/Entered: Entered
Definition: This is an additional field to use if more than one E-code has been assigned and those E-coded incidents occurred at separate injury locations. May also be used if a third code can be properly assigned to the patient's location at the time of injury (a third correct code cannot generally be assigned to a single location of injury).

PLACE OF INJURY MEMO

Data Field Name: PLACE_INJ (screen F2.2)
Required: Major
Max Length of Field: 200
Type of Field: Text
Calculated/Entered: Entered
Definition: Brief narrative description of patient's location at time of injury. If known, include names of streets/roadways when injury occurred at an intersection.

INCIDENT ADDRESS - STREET 1

Data Field Name: I_ADR_S1 (screen F2.2)
Required: Major
Max Length of Field: 50
Type of Field: Text
Calculated/Entered: Entered
Definition: The street address where patient's injury occurred. May be obtained from EMS patient care record, dispatch records, law enforcement report or from hospital record.

INCIDENT ADDRESS – CITY

Data Field Name: I_ADR_CI (screen F2.2)
Required: Major
Max Length of Field: 4
Type of Field: Integer
Calculated/Entered: Entered
Definition: The city where patient's injury occurred. Use OSDH assigned code. If out-of-state, enter Incident City – Other. If unknown, enter "UUUU."

INCIDENT ADDRESS - CITY - IF OTHER

Data Field Name: I_ADR_CI_O (screen F2.2)
Required: Major
Max Length of Field: 50
Type of Field: Text
Calculated/Entered: Entered
Definition: Enter the city where patient's injury occurred. Use ONLY when there is no OSDH assigned code.

INCIDENT ADDRESS – COUNTY

Data Field Name: I_ADR_CO (screen F2.2)
Required: Major/Minor
Max Length of Field: 5
Type of Field: Integer
Value Range: Fixed (use pull-down menu)
Calculated/Entered: Entered
Definition: The county where patient's injury occurred. Use OSDH assigned code.

INCIDENT ADDRESS – STATE

Data Field Name: I_ADR_ST (screen F2.2)
Required: Major
Max Length of Field: 2
Type of Field: Alpha/numeric
Value Range: Fixed (use pull-down menu)
Calculated/Entered: Entered
Definition: The state where patient's injury occurred. Use OSDH assigned code.

INCIDENT ADDRESS - ZIP CODE 1

Data Field Name: I_ADR_Z1 (screen F2.2)
Required: Major
Max Length of Field: 5
Type of Field: Integer
Calculated/Entered: Entered
Definition: The zip code of the address where patient's injury occurred

POSITION IN VEHICLE

Data Field Name: POS_VEH1 (screen F2.3)
Required: Major
Max Length of Field: 2
Type of Field: Integer
Value Range:
01 = driver
02 = passenger, front middle
03 = passenger, front right
04 = passenger, front seat not further specified
05 = passenger, rear left
06 = passenger, rear middle
07 = passenger, rear right
08 = passenger, rear seat not further specified
09 = passenger, behind rear seat- middle
10 = passenger, open bed
11 = passenger, not further specified
12 = pedestrian
13 = other
14 = driver, other motorized vehicle (i.e., motorcycle, ATV, dirt bike, etc.)
15 = passenger, other motorized vehicle (i.e., motorcycle, ATV, dirt bike, etc.)
Calculated/Entered: Entered
Definition: Position of patient involved in any motorized vehicle crash. Enter "II" if patient not involved in motorized vehicle crash. Enter "UU" if unknown whether patient involved in motorized vehicle crash.

POSITION IN VEHICLE - IF OTHER

Data Field Name: POS_VEH1_O (screen F2.3)
Required: Major
Max Length of Field: 50
Type of Field: Text
Calculated/Entered: Entered
Definition: Briefly describe patient's position if previous values do not define patient's location when injured in any motor vehicle crash.

PROTECTIVE DEVICE

Data Field Name: PDEV (screen F2.3)
Required: Major
Max Length of Field: 2
Type of Field: Integer
Calculated/Entered: Entered
Value Range:
00 = none
01 = Seatbelt
02 = Airbag – deployed
03 = Infant/child seat
04 = Eye protection
05 = Protective clothing
06 = Padding
07 = Helmet
08 = Hard hat
09 = PFD
10 = Other
UU = Unknown
II = Not applicable
Definition: Protective device or gear that was in proper use at time of patient's injury. Do not enter 03 if patient was in infant/child seat at time but either the child was unrestrained or the infant/child seat was not restrained in the vehicle.

PROPER USE

Data Field Name: PDEVUSE_1 (screen F2.3)
Required: Major
Max Length of Field: 1
Type of Field: Yes/No (use pull-down menu)
Calculated/Entered: Entered
Value Range: Y = Yes, N = No, I = Not Applicable, U = Unknown
Definition: Was the protective device properly used? Example: Child safety seat securely fastened into the car using the car seat belt.

PREHOSPITAL EMS DATA

Data on EMS provider transporting patient from scene to first hospital.

MODE
Data Field Name: P1_Mode (screen F2.4)
Required: Major/Minor
Max Length of Field: 2
Type of Field: Integer
Calculated/Entered: Entered
Value Range: 01 = Land ambulance, includes MICU
　　　　　　　02 = Helicopter ambulance
　　　　　　　03 = Fixed-wing ambulance
　　　　　　　04 = Charter fixed-wing
　　　　　　　05 = Charter helicopter
　　　　　　　06 = Private vehicle / walk-in
　　　　　　　07 = Police, includes all law enforcement/Dept of Corrections
　　　　　　　08 = Commercial flight
　　　　　　　09 = Other
Definition: Method of patient's transportation to first facility. Enter "UU" for unknown. Entering "II" for "not applicable" is an *unacceptable* response. Mode is *always* applicable.

EMS AGENCY
Data Field Name: P1_Agen (screen F2.4)
Required: Major/Minor
Max Length of Field: 6
Type of Field: Integer
Calculated/Entered: Entered
Value: Fixed (use pull-down menu)
Definition: Enter code for EMS agency as assigned by OSDH from pull-down menu.

REPORT AVAILABLE
Data Field Name: P1_R_AV (screen F2.4)
Required: Major/Minor
Max Length Field: 1
Type of Field: Integer
Value Range: 1 = received, complete and legible, in a timely manner
　　　　　　　2 = received, complete and legible, not in a timely manner
　　　　　　　3 = received, incomplete
　　　　　　　4 = received, illegible
　　　　　　　5 = never received
Calculation/Entered: Entered
Definition: Documentation of the availability of the patient's pre-hospital care record, timeliness of access to the record and the legibility/completeness of the pre-hospital patient care record. Enter OSDH assigned value from pull-down menu based on the following definitions.

The following information would make the report complete for registry purposes:

Incident location; Report Number; Incident Date; ID of EMS agency providing prehospital care; Patient Last Name and Patient First Name (Unknown may be documented when appropriate); Gender; Age and/or Date of Birth (approximate age may be used if age/DOB not available); Chief Complaint; Narrative/Assessment: Time of Contact or Time of first Vital Sign; One Complete Set of Vital Signs (to include pulse, respiratory rate, GCS and blood pressure) or repeat vital signs if transport time is greater than 15 minutes; Treatments and response; Required interventions (i.e. IV, Oxygen, Intubation, etc); Procedures; IV Type/Rate; Airway; Run time information (call received, enroute, arrived scene, patient contact; depart scene, arrive destination); Cardiac Arrest Times (when applicable); Possible Contributing Factor; Patient Protection; Patient Location; Rescue/Extrication if applicable to mechanism of injury.

'Timely manner' means that the report was made available upon the patient's arrival at the hospital or while receiving treatment in the ED. Delivery of a report to the hospital after the patient has left the ED is not considered timely for this purpose.

REPORT NUMBER
Data Field Name: P1_R_NUM (screen F2.4)
Required: Major/Minor
Max Length Field: 12
Type of Field: Alpha-Numeric
Value Range: N/A
Calculation/Entered: Entered
Definition: Enter number from EMS report form. This information is often assigned retrospectively by the EMS provider but should be entered on every EMS patient care record.

INTERMEDIATE-TRANSFER FACILITY 1

Intermediate-Transfer Facilities are hospitals providing care for this patient for this injury prior to the patient's arrival at your reporting facility. Intermediate facilities are the first hospitals providing care for patients who are transferred.

FACILITY NUMBER

Data Field Name: F1A_ID (screen F3.1)
Required: Major/Minor
Max Length of Field: 6
Type of Field: Alpha/Numeric
Value Range: Fixed (use pull-down menu)
Calculated/Entered: Entered
Definition: First hospital/facility providing care for this injured patient. Enter numeric facility code as assigned by OSDH from pull-down menu. If unassigned, out-of-state, or other, call OSDH Trauma Registry staff for guidance.

FACILITY NAME (IF "OTHER" IN PRIOR FIELD)

Data Field Name: F1A_ID_0 (screen F3.1)
Required: Major/Minor
Max Length of Field: 50
Type of Field: Text
Calculated/Entered: Entered
Definition: To be used only when OSDH has agreed that "999999" "other" is correct response in prior field (Facility Number).

ARRIVAL DATE AND TIME

Data Field Name: Multiple Fields (screen F3.1)
Required: Major/Minor
Max Length of Field: varies with field
Type of Field: Integer
Value Range: Month = 1-12, Day = 1-31, Year = 1980-2099. Hour = 0-23, minute = 0-59.
Calculated/Entered: Entered
Definition: Use *Standard Date* and *Time Format* (page 7) to enter the patient's documented time of arrival at this facility.

DEPARTURE DATE AND TIME

Data Field Name: Multiple Fields (screen F3.1)
Required: Major/Minor
Max Length of Field: varies with field
Type of Field: Integer
Value Range: Month = 1-12, Day = 1-31, Year = 1980-2099. Hour = 0-23, minute = 0-59.
Calculated/Entered: Entered
Definition: Use *Standard Date* and *Time Format* (page 7) to enter the patient's documented time of departure from this facility.

TRANSFER PROVIDER 1

Data on EMS provider transporting an inter-facility transfer patient from one facility to another for acute trauma care.

MODE

Data Field Name: F1D_MODE (screen F3.1.5)
Required: Major/Minor
Max Length of Field: 2
Type of Field: Integer
Calculated/Entered: Entered
Value Range: 01 = Land ambulance, includes MICU
           02 = Helicopter ambulance
           03 = Fixed-wing ambulance
           04 = Charter fixed-wing
           05 = Charter helicopter
           06 = Private vehicle / walk-in
           07 = Police, includes all law enforcement/Dept of Corrections
           08 = Commercial flight
           09 = Other
Definition: Method of patient's transportation to first facility. Enter "UU" for unknown. Entering "II" for "not applicable" is an ***unacceptable*** response. Mode is ***always*** applicable.

EMS AGENCY

Data Field Name: F1D_AGEN (screen F3.1.5)
Required: Major/Minor
Max Length of Field: 6
Type of Field: Integer
Calculated/Entered: Entered
Value: Fixed (use pull-down menu)
Definition: Enter code for EMS agency as assigned by OSDH from pull-down menu.

REPORT AVAILABLE

Data Field Name: F1D_R_AV (screen F3.1.5)
Required: Major/Minor
Max Length Field: 1
Type of Field: Integer
Value Range: 1 = received, complete and legible, in a timely manner
           2 = received, complete and legible, not in a timely manner
           3 = received, incomplete
           4 = received, illegible
           5 = never received
Calculation/Entered: Entered
Definition: Documentation of the availability of the patient's pre-hospital care record, timeliness of access to the record and the legibility of the pre-hospital patient care record. Enter OSDH assigned value from pull-down menu.

REPORT NUMBER

Data Field Name: F1D_R_NUM (screen F3.1.5)
Required: Major/Minor
Max Length Field: 12
Type of Field: Alpha-Numeric
Value Range: N/A
Calculation/Entered: Entered
Definition: Enter number from EMS report form. This information is often assigned retrospectively by the EMS provider but should be entered on every EMS patient care record.

THIS REPORTING FACILITY DATA

THIS FACILITY ED DATA

Data Field Name: ED_ACCESS (screen F4.1)
Required: Major/Minor
Max Length of Field: 1
Type of Field: Numeric
Value Range: 01 = Emergency Department
      02 = Trauma Department, independent from ED
      03 = Direct Admit ICU
      04 = Direct Admit OR
      05 = Direct Admit Burn Unit
      06 = Direct Admit Floor
      07 = Direct Admit Other
      08 = Dead on Arrival in ED
Calculated/Entered: Entered
Definition: Enter code for method/site of patient's admission into the reporting facility. Use codes as assigned by OSDH.

TRAUMA TEAM ACTIVATION DATE AND TIME

Data Field Name: Multiple (screen F4.1)
Required: Major
Max Length of Field: varies
Type of Field: Integer
Value Range: Month = 1-12, Day = 1-31, Year = 1980-2099. Hour = 0-23, Minute = 0-59.
Calculated/Entered: Entered
Definition: Use *Standard Date* and *Time Format* (page 7) to enter time when trauma team was activated at this facility.

ED ARRIVAL DATE AND TIME

Data Field Name: Multiple (screen F4.1)
Required: Major
Max Length of Field: varies
Type of Field: Integer
Value Range: Month = 1-12, Day = 1-31, Year = 1980-2099. Hour = 0-23, Minute = 0-59
Calculated/Entered: Automatically filled by software and not accessible to users.
Definition: Use *Standard Date* and *Time Format* (page 7) to enter the documented date and time of patient's arrival in this facility's emergency department. For *Collector* users, this section is automatically filled from ED date and time entry in *Demographics Section*. NOTE: Arrival time and date for direct admits (those patients bypassing the emergency department and going directly to a nursing unit or operating room) will be the documented in ED arrival time and date fields.

ED DISCHARGE DATE AND TIME

Data Field Name: Multiple (screen F4.1)
Required: Major/Minor
Max Length of Field: varies
Type of Field: Integer
Value Range: Month = 1-12, Day = 1-31, Year = 1980-2099. Hour = 0-23, Minute = 0-59
Calculated/Entered: Entered
Definition: Use *Standard Date* and *Time Format* (page 7) to enter the documented date and time of patient's discharge from this facility's emergency department. NOTE: ED Discharge date is "II-II-IIII" and time is "II:II" for not applicable for patients who are direct admits.

ED DISPOSITION

Data Field Name: EDD_DISP (screen F4.1)
Required: Major/Minor
Max Length of Field: 2
Type of Field: Integer
Value Range: 00 = home
                01 = acute care hospital, not this facility
                02 = morgue
                03 = floor, inpatient unit not critical care or step down area, burn unit
                04 = step down unit
                05 = ICU, Peds ICU, Neuro ICU or other critical care area (includes Trauma or Burn ICU)
                06 = OR
                07 = Other. Exact location of patient's discharge should be defined in comments are. Ex. Jail, psych facility, etc.
                08 = Monitored telemetry floor unit. Use only if patient is actually being monitored, not to indicate the capabilities of the unit to which the patient has been admitted.
                09 = ED hold/admission for *planned* period of observation not to exceed 23 hrs.
Calculated/Entered: Entered
Definition: Use code assigned by OSDH to indicate patient's disposition from the emergency department.

If Other _____
Data Field Name: EDD_DISP_O
Definition: Text narrative allowing users to specify details if #7 "Other" is selected on provided pull-down menu above.

INITIAL ASSESSMENT DATE AND TIME

Data Field Name: Multiple (screen F4.1.1)
Required: Major/Minor
Max Length of Field: varies
Type of Field: Integer
Value Range: Month = 1-12, Day = 1-31, Year = 1980-2099, Hour = 0-23, Minute = 0-59
Calculated/Entered: Entered
Definition: Use *Standard Date* and *Time Format* (page 7) to enter the documented date and time of initial assessment as documented on patient's record. Definitions are given in *Prehospital Data Initial Assessment* fields.

PARALYTIC AGENTS IN EFFECT

Data Field Name: E1_PAR (screen F4.1.1)
Required: Major
Max Length of Field: 1
Type of Field: Integer
Value Range: Yes/No
Calculated/Entered: Entered
Definition: Enter 'Yes' if patient had received a paralytic drug that was in effect at the time of the initial ED assessment. (If so, GCS total should be 3 and unassisted respiratory rate should be 0. However, do not assume that patient with GCS 3 and respiratory rate 0 has received a paralytic drug). There are many paralyzing drugs, *some* examples are: succinylcholine/Anectine. pancuronium, Vecuronium/Norcuron, rocuronium/Zemuron, atracurium/Tracrium, etomidate/Amidate, propofol/Diprivan, and others.

BAGGING OR VENTILATOR

Data Field Name: E1_BAG (screen F4.1.1)
Required: Major
Max Length of Field: 1
Type of Field: Yes/No
Value Range: Y = Yes, N = No
Calculated/Entered: Entered
Definition: Enter 'Yes' if patient's breathing was assisted at the time of the initial ED assessment.

INTUBATED

Data Field Name: E1_INT (screen F4.1.1)
Required: Major
Max Length of Field: 1
Type of Field: Yes/No
Value Range: Y =Yes, N = No
Calculated/Entered: Entered
Definition: Enter 'Yes' if patient had been endotracheally intubated at time of the initial ED assessment.

SYSTOLIC BLOOD PRESSURE

Data Field Name: E1_SBP (screen F4.1.1)
Required: Major/Minor
Max Length of Field: 3
Type of Field: Integer
Calculated/Entered: Entered
Definition: The patient's systolic blood pressure as documented at the time of the initial assessment. Do not enter values not documented. If unknown, enter UUU.
Use the following values for systolic blood pressure if BP has been reported as pulse palpable at given location: Radial (R), Femoral (F), Carotid (C), Brachial (B): R=80; B- =75; F=70; C=60.

DIASTOLIC BLOOD PRESSURE

Data Field Name: E1_DBP (screen F4.1.1)
Required: Major
Max Length of Field: 3
Type of Field: Integer
Calculated/Entered: Entered
Definition: The patient's diastolic blood pressure at the time of the initial assessment.
Do not enter values not documented.

HEART RATE

Data Field Name: E1_HR (screen F4.1.1)
Required: Major
Max Length of Field: 3
Type of Field: Integer
Value Range: None
Calculated/Entered: Entered
Definition: Enter pulse rate as documented by provider. This field is defined as pulse rate – not monitor rate. Enter "0" if documented "no pulse" even if rhythm and/or rate on cardiac monitor is documented.

UNASSISTED RESPIRATORY RATE

Data Field Name: E1_RR (screen F4.1.1)
Required: Major/Minor
Max Length of Field: 2
Type of Field: Integer
Calculated/Entered: Entered
Definition: Enter numeric rate at the time of the initial assessment. Do not calculate/estimate value. Report "UU" if unknown or if no rate or description (as noted) is documented.

O2 ADMINISTERED

Data Field Name: E1_FIO2 (screen F4.1.1)
Required: Major
Max Length of Field: 1
Type of Field: Integer
Values/Value Range: Yes/No
Calculated/Entered: Entered
Definition: Enter 'Yes' if the patient was being given supplemental oxygen at the time of the initial assessment. Patients who are receiving assisted ventilation (ventilator, bag/ambu) are almost always receiving supplemental oxygen.

O2 SATURATION

Data Field Name: E1_SAO2 (screen F4.1.1)
Required: Major
Max Length of Field: 3
Type of Field: Numeric
Values/Value Range: 0-100
Calculated/Entered: Entered
Definition: Enter patient's oxygen saturation (pulse-ox)at the time of the initial assessment. Do not calculate/estimate value.

BASE DEFICIT

Data Field Name: E1_BASE (screen F4.1.1)
Required: Major
Max Length of Field: 3
Type of Field: Floating Point
Calculated/Entered: Entered
Definition: Enter reported lab value. This number is reported as a component of arterial or venous blood gases. The number may be reported by the lab as Base Deficit, or as Base Excess with a negative value. A Base Excess of −3 equals a Base Deficit of 3. Rarely arterial blood gases are reported without a value given for base deficit or base excess, the base deficit is then calculated in the clinical setting. If blood gases are documented without a base deficit or base excess value your lab should be able to provide this number. The initial and final lab values from the ED should be reported.

TEMPERATURE

Data Field Name: E1_TEMP (screen F4.1.1)
Required: Major
Max Length of Field: 5
Type of Field: Integer
Calculated/Entered: Entered
Definition: Enter the temperature first documented after arrival.

TEMPERATURE UNITS

Data Field Name: E1_TEMPU (screen F4.1.1)
Required: Major
Max Length of Field: 1
Type of Field: Integer
Value Range: 01 = Fahrenheit
            02 = Centigrade
Calculated/Entered: Entered
Definition: Enter the code to the temperature units first documented after arrival.

TEMPERATURE ROUTE

Data Field Name: E1_TEMPR (screen F4.1.1)
Required: Major
Max Length of Field: 1
Type of Field: Integer
Value Range: 01 = Tympanic
            02 = Oral
            03 = Axillary
            04 = Rectal
            05 = Foley
            06 = Other, could include temperature from esophageal probe, Swan Ganz catheter
                or other method of determining body temperature
Calculated/Entered: Entered
Definition: Enter code assigned by the OSDH to the route used to measure temperature.

WEIGHT

Data Field Name: E1_WGT (screen F4.1.1)
Required: Major
Max Length of Field: 5
Type of Field: Integer
Calculated/Entered: Entered
Definition: Enter the patient's weight as documented, may be documented as a stated or
estimated weight.

WEIGHT UNITS

Data Field Name: E1_WGTU (screen F4.1.1)
Required: Major
Max Length of Field: 1
Type of Field: Integer
Value Range: 01 = pounds, lbs.
            02 = kilograms, kgs
Calculated/Entered: Entered
Definition: Enter units for weight using code as designated by the OSDH

GLASCOW COMA SCALE SCORE (GCS)

Patient's Glascow Coma Scale score at time of initial ED assessment as documented by provider. Requires entry of three components: Eye, Verbal, and Motor to accurately reflect areas of deficit.

GCS COMPONENT - EYE

Data Field Name: E1_GCS_EO (screen F4.1.1)
Required: Major/Minor
Max Length of Field: 1
Type of Field: Integer
Value Range: 1 = none
         2 = open to pain only
         3 = open to voice
         4 = open spontaneously
Calculated/Entered: Entered
Definition: Total value may be assigned to accurate and ***complete*** narrative description of component (i.e., "opens eyes when name called"). ***Do not otherwise calculate*** or estimate unrecorded values.

GCS COMPONENT- VERBAL

Data Field Name: E1_GCS_VR (screen F4.1.1)
Required: Major/Minor
Max Length of Field: 1
Type of Field: Integer
Value Range: 1 = none (Includes intubated patients)
         2 = incomprehensible sounds
         3 = nonsensical or not applicable words
         4 = confused, but responsive to questions/commands
         5 = oriented
Calculated/Entered: Entered
Definition: Numeric, enter codes as assigned by OSDH for values documented by provider. Value may be assigned to accurate and ***complete*** narrative description of component (i.e., "incomprehensible sounds"). ***Do not otherwise calculate*** or estimate unrecorded values.

GCS COMPONENT- MOTOR

Data Field Name: E1_GCS_MR (screen F4.1.1)
Required: Major/Minor
Max Length of Field: 1
Type of Field: Integer
Value Range: 1 = none
         2 = extension
         3 = flexion
         4 = withdraws from painful or irritating stimulus
         5 = localizes
         6 = obeys
Calculated/Entered: Entered
Definition: Numeric, enter codes as assigned by OSDH for values documented by provider. Value may be assigned to accurate and ***complete*** narrative description of component (i.e., "withdraws to pain"). ***Do not otherwise calculate*** or estimate unrecorded values.

GCS TOTAL
Data Field Name: E1_GCS_TT (screen F4.1.1)
Required: Major/Minor
Max Length of Field: 2
Type of Field: Integer
Value Range: 3-15
Calculated/Entered: Calculated or Entered (see below)
Definition: This is the total for the three components of the GCS score – Eye, Verbal, and Motor, as entered into the registry. In event of total score of 3 or 15, a total can be entered without component parts.

FINAL ED: THIS FACILITY

Enter data using last documented values in the emergency department. Use format described for initial ED assessment data fields. If a value is only assessed/documented one time do not reenter the value reported for the initial assessment.

FINAL ED ASSESSMENT DATE AND TIME

Data Field Name: Multiple Fields (screen F4.1.3)
Required: Major
Max Length of Field: varies
Type of Field: Integer
Value Range: varies
Calculated/Entered: Entered
Definition: Use *Standard Date* and *Time Format* (page 7) to enter data as documented on patient's record.

PARALYTIC AGENTS IN EFFECT

Data Field Name: E2_PAR (screen F4.1.3)
Required: Major
Max Length of Field: 1
Type of Field: Integer
Value Range: Yes/No
Calculated/Entered: Entered
Definition: Enter 'Yes' if patient had received a paralytic drug that was in effect at the time of the final ED assessment. (If so, GCS total should be 3 and unassisted respiratory rate should be 0. However, do not assume that patient with GCS 3 and respiratory rate 0 has received a paralytic drug). There are many paralyzing drugs, *some* examples are: succinylcholine/Anectine. pancuronium, Vecuronium/Norcuron, rocuronium/Zemuron, atracurium/Tracrium, etomidate/Amidate, propofol/Diprivan, and others.

BAGGING OR VENTILATOR

Data Field Name: E2_BAG (screen F4.1.3)
Required: Major
Max Length of Field: 1
Type of Field: Yes/No
Value Range: Y = Yes, N = No
Calculated/Entered: Entered
Definition: Enter 'Yes' if patient's breathing was assisted at the time of the final ED assessment.

INTUBATED

Data Field Name: E2_INT (screen F4.1.3)
Required: Major
Max Length of Field: 1
Type of Field: Yes/No
Value Range: Y =Yes, N = No
Calculated/Entered: Entered
Definition: Enter 'Yes' if patient had been endotracheally intubated at time of the final ED assessment.

SYSTOLIC BLOOD PRESSURE

Data Field Name: E2_SBP (screen F4.1.3)
Required: Major
Max Length of Field: 3
Type of Field: Integer
Value Range: None
Calculated/Entered: Entered
Definition: The patient's systolic blood pressure as documented at the time of the final ED assessment. Do not enter values not documented. Enter "UUU" for unknown.
Use the following values for systolic blood pressure if BP has been reported as pulse palpable at given location: Radial (R), Femoral (F), Carotid (C), Brachial (B): R=80; B- =75; F=70; C = 60.

DIASTOLIC BLOOD PRESSURE

Data Field Name: E2_DBP (screen F4.1.3)
Required: Major
Max Length of Field: 3
Type of Field: Integer
Value Range: None
Calculated/Entered: Entered
Definition: The patient's diastolic blood pressure at the time of the final ED assessment. Do not enter values not documented. Enter "UUU" for unknown.

HEART RATE

Data Field Name: E2_HR (screen F4.1.3)
Required: Major
Max Length of Field: 3
Type of Field: Integer
Value Range: None
Calculated/Entered: Entered
Definition: Enter pulse rate as documented by provider. This field is defined as pulse rate not monitor rate, enter "0" if documented "no pulse" even if rhythm and/or rate on cardiac monitor is documented. Enter "UUU" for unknown.

UNASSISTED RESPIRATORY RATE

Data Field Name: E2_RR (screen F4.1.3)
Required: Major
Max Length of Field: 2
Type of Field: Integer
Value Range: None
Calculated/Entered: Entered
Definition: Enter numeric rate at the time of the final ED assessment. Do not calculate/estimate value. Enter "UU" for unknown if no rate or description (as noted) is documented.

O2 ADMINISTERED

Data Field Name: E2_FIO2 (screen F4.1.3)
Required: Major
Max Length of Field: 1
Type of Field: Integer
Values/Value Range: Yes/No
Calculated/Entered: Entered
Definition: Enter 'Yes' if the patient was being given supplemental oxygen at the time of the final ED assessment. Patients who are receiving assisted ventilation (ventilator, bag/ambu) are almost always receiving supplemental oxygen.

O2 SATURATION

Data Field Name: E2_SAO2 (screen F4.1.3)
Required: Major
Max Length of Field: 3
Type of Field: Numeric
Values/Value Range: 0-100
Calculated/Entered: Entered
Definition: Enter patient's oxygen saturation (pulse-ox) at the time of the final ED assessment. Do not calculate/estimate value.

BASE DEFICIT

Data Field Name: E2_BASE (screen F4.1.3)
Required: Major
Max Length of Field: 3
Type of Field: Floating Point
Value Range:
Calculated/Entered: Entered
Definition: Enter the last reported lab value in the ED.

TEMPERATURE

Data Field Name: E2_TEMP (screen F4.1.3)
Required: Major
Max Length of Field: 5
Type of Field: Integer
Value Range:
Calculated/Entered: Entered
Definition: Enter the temperature last documented in the ED.

TEMPERATURE UNITS

Data Field Name: E2_TEMPU (screen F4.1.3)
Required: Major
Max Length of Field: 1
Type of Field: Integer
Value Range: 1 = Fahrenheit
          2 = Centigrade
Calculated/Entered: Entered
Definition: Enter code assigned by the OSDH to the temperature units last documented in the ED.

TEMPERATURE ROUTE

Data Field Name: E2_TEMPR (screen F4.1.3)
Required: Major
Max Length of Field: 1
Type of Field: Integer
Value Range: 1 = Tympanic
          2 = Oral
          3 = Axillary
          4 = Rectal
          5 = Foley
          6 = Other, could include temperature from esophageal probe, in-dwelling catheter
             or other method of determining body temperature
Calculated/Entered: Entered
Definition: Enter code assigned by the OSDH to the route used to measure temperature.

GLASCOW COMA SCALE SCORE (GCS)

Patient's Glasgow Coma Scale score at time of final ED assessment as documented by provider. Requires entry of three components: Eye, Verbal, and Motor.

GCS COMPONENT- EYE

Data Field Name: E2_GCS_EO (screen F4.1.3)
Required: Major
Max Length of Field: 1
Type of Field: Integer
Value Range: 1 = none
      2 = open to pain only
      3 = open to voice
      4 = open spontaneously
Calculated/Entered: Entered
Definition: Numeric, enter codes as assigned by OSDH for values documented by provider. Value may be assigned to accurate and *complete* narrative description of component (i.e., "opens eyes when name called"). *Do not otherwise calculate* or estimate unrecorded values.

GCS COMPONENT- VERBAL

Data Field Name: E2_GCS_VR (screen F4.1.3)
Required: Major
Max Length of Field: 1
Type of Field: Integer
Value Range: 1 = none (Includes intubated patients)
      2 = incomprehensible sounds
      3 = nonsensical or not applicable words
      4 = confused, but responsive to questions/commands
      5 = oriented
Calculated/Entered: Entered
Definition: Numeric, enter codes as assigned by OSDH for values documented by provider. Value may be assigned to accurate and *complete* narrative description of component (i.e., "incomprehensible sounds"). *Do not otherwise calculate* or estimate unrecorded values.

GCS COMPONENT- MOTOR

Data Field Name: E2_GCS_MR (screen F4.1.3)
Required: Major
Max Length of Field: 1
Type of Field: Integer
Value Range: 1 = none
      2 = extension
      3 = flexion
      4 = withdraws from painful or irritating stimulus
      5 = localizes
      6 = obeys
Calculated/Entered: Entered
Definition: Numeric, enter codes as assigned by OSDH for values documented by provider. Value may be assigned to accurate and *complete* narrative description of component (i.e., "withdraws to pain"). *Do not otherwise calculate* or estimate unrecorded values.

GCS TOTAL

Screen:
Data Field Name: E2_GCS_TT (screen F4.1.3)
Required: Major
Max Length of Field: 2
Type of Field: Integer
Value Range: 3-15
Calculated/Entered: Calculated
Definition: This is the total for the three components of the GCS score – Eye, Verbal, and Motor, as entered into the registry.

ETOH/BAC (BLOOD ALCOHOL CONCENTRATION) TEST

Data Field Name: ETOH_TEST (screen F4.2)
Required: Major
Max Length of Field: 1
Type of Field: Integer
Value Range: 1 = Suspected, not tested (if charted) – *If a positive blood alcohol was suspected and documented by hospital personnel enter as suspected (i.e., "ETOH or Alcohol on Breath", "AOB", "appears intoxicated").*
2 = Yes, Positive results – *If a blood alcohol or ETOH test was done by the facility, enter "Yes" and indicate if the result was positive (any result other than 0) or negative.*
3 = Yes, Negative results
4 = Yes, Unknown results
5 = Not tested – *If a blood alcohol was drawn for law enforcement but not for the hospital (no value reported by the hospital lab) enter "Not Tested."*
Calculated/Entered: Entered
Definition: Enter status of blood alcohol testing using the following assigned OSDH codes.

ETOH/BAC TEST RESULTS

Data Field Name: ETOH_RES (screen F4.2)
Required: Major
Max Length of Field: 3
Type of Field: Integer
Value Range:
Calculated/Entered: ENTERED
Definition: Enter result reported by the hospital laboratory. Values should be reported as whole numbers. If the facility laboratory reports this value as a decimal convert to whole number before entry (i.e., .8 = 80).

DRUG SCREEN

Data Field Name: DRUG_TEST (screen F4.2)
Required: Major
Max Length of Field: 1
Type of Field: Integer
Value Range: 1 = Suspected, not tested (if charted) *If a drug use/substance abuse was suspected and documented by hospital personnel, enter as "Suspected."*

        2 = Yes, Positive results – *If a drug or toxicology test/screen was done by the facility, enter "Yes" and indicate if the result was positive. NOTE: In adults, screens indicating the use of caffeine and/or nicotine are not generally considered positive results.*

        3 = Yes, Negative results
        4 = Yes, Unknown results
        5 = Not tested
        I = Not applicable
Calculated/Entered: Entered
Definition: Enter status of drug/toxicology testing using the following assigned OSDH codes.

DRUG TEST RESULTS

Data Field Name: DRUG_RO (screen F4.2)
Required: Major
Max Length of Field: 2
Type of Field: Integer
Value Range: 01 = Amphetamines, methamphetamine
        02 = Barbiturates
        03 = Benzodiazepines
        04 = Cocaine, may be reported as a metabolite- check facility reporting method
        05 = Marijuana, may be reported as cannabinoid
        06 = Opiates
        07 = PCP (phencyclidines)
        08 = Other, do not use this code for positive results for caffeine or nicotine unless clinically significant ingestion is suspected.
Calculated/Entered: Entered
Definition: Enter results reported by the hospital laboratory using the codes assigned by the OSDH. Results for a specific drug *or metabolite* may be reported as "positive", "present" or a quantitative value (number) may be given- all are positive findings and should be listed in results. Multiple drugs may be listed.

PROCEDURES: THIS FACILITY

PROCEDURES

Data Field Name: DF_01_PR (screen F5.1.1)
Required: Major
Max Length of Field: 5
Type of Field: Float
Value Range: ICD-9 codes
Calculated/Entered: Entered
Definition: Use ICD-9-CM codes. Include procedures specified in *Appendix VII: Commonly Used Trauma Registry Procedure Codes,* page 97. Other procedures may be entered if, in the judgment of the registrar the procedure was clinically significant and was not a routine part of patient care (cardiac monitoring in the ED/ICU, foley or NG/OG tube etc).

PROCEDURE LOCATION

Data Field Name: DF_01_LC (screen F5.1.1)
Required: Major
Max Length of Field: 2
Type of Field: Integer
Value Range: 01-18
Calculated/Entered: Entered
Definition: Use codes assigned by OSDH to indicate the location or type of hospital unit in which patient was located at the time of the procedure.

OPERATION NUMBER

Data Field Name: DF_01_NM (screen F5.1.1)
Required: Major
Max Length of Field: 2
Type of Field: Integer
Value Range: 01-99
Calculated/Entered: Entered
Definition: The sequential indication of number of separate episodes of intervention that occurred in the operating room. This is not the number of individual procedures, often more than one procedure is performed during a single episode.

PROCEDURE DATE AND TIME

Data Field Name: Multiple Fields (screen F5.1.1)
Required: Major
Max Length of Field: varies
Type of Field: Integer
Value Range: Month = 1-12, Day = 1-31, Year 1980-2099. Hour = 0-23, Minute = 0-59.
Calculated/Entered: Entered
Definition: Use *Standard Date* and *Time Format* (page 7) to enter the time at which each listed episode was initiated.

SUMMARY: THIS FACILITY

Complete these fields at the time of the patient's discharge. Totals given are for this facility, not for interventions or days of care performed at a facility from which this patient was transferred to the reporting facility or at a facility to which the reporting facility transferred this patient.

Days of Care Partial days may only be counted in one location, the patient cannot receive 2 days of care in one 24-hour period. If a portion of a day is counted as an ICU day, the remaining portion is not counted as a monitor day even if the patient is transferred to a step-down unit and cardiac monitoring is done.

BLOOD PRODUCTS

TOTAL – PRBC'S
Data Field Name: TT_RBC (screen F5.2)
Required: Major
Max Length of Field: 5
Type of Field: Integer
Value Range: 0-99999
Calculated/Entered: Entered
Definition: Total number of units of packed red blood cells the patient received during this hospitalization. Do not count blood given at previous hospitals. If unknown, enter UUUUU.

TOTAL – FFP
Data Field Name: TT_FFP (screen F5.2)
Required: Major
Max Length of Field: 5
Type of Field: Integer
Value Range: 0-99999
Calculated/Entered: Entered
Definition: Total number of units of fresh frozen plasma the patient received during this hospitalization. Do not count fresh frozen plasma given at previous hospitals. If unknown, enter UUUUU.

TOTAL – ALBUMIN
Data Field Name: TT_ALB (screen F5.2)
Required: Major
Max Length of Field: 5
Type of Field: Integer
Value Range: 0-99999
Calculated/Entered: Entered
Definition: Total number of units of albumin the patient received during this hospitalization. Do not count albumin given at previous hospitals. If unknown, enter UUUUU.

TOTAL – WHOLE BLOOD

Data Field Name: TT_WHL (screen F5.2)
Required: Major
Max Length of Field: 5
Type of Field: Integer
Value Range: 0-99999
Calculated/Entered: Entered
Definition: Total number of units of whole blood the patient received during this hospitalization. Do not count whole blood given at previous hospitals. If unknown, enter UUUUU.

TOTAL – PLATELETS

Data Field Name: TT_PLA (screen F5.2)
Required: Major
Max Length of Field: 5
Type of Field: Integer
Value Range: 0-99999
Calculated/Entered: Entered
Definition: Total number of units of platelets the patient received during this hospitalization. Do not count platelets given at previous hospitals. If unknown, enter UUUUU.

TOTAL – CRYOPRECIPITATE

Data Field Name: TT_CRY (screen F5.2)
Required: Major
Max Length of Field: 5
Type of Field: Integer
Value Range: 0-99999
Calculated/Entered: Entered
Definition: Total number of units of cryoprecipitate the patient received during this hospitalization. Do not count cryoprecipitate given at previous hospitals. If unknown, enter UUUUU.

TOTAL – OTHER

Data Field Name: TT_OTH (screen F5.2)
Required: Major
Max Length of Field: 5
Type of Field: Integer
Value Range: 0-99999
Calculated/Entered: Entered
Definition: Total number of units of other blood products the patient received during this hospitalization. Do not count other blood products given at previous hospitals. If unknown, enter UUUUU.

VENTILATOR DAYS

Data Field Name: VENT_DAYS (screen F5.2)
Required: Major
Max Length of Field: 3
Type of Field: Integer
Value Range: 0 – 999 (0 = No Ventilator days)
Calculated/Entered: Entered
Definition: Enter the total number of days during which the patient required mechanical ventilation. Do not include C-PAP, Bi-PAP, wall flow-by, trach collar etc. Do not include ventilation during procedures/operations unless the patient required continued ventilation following the completion of the procedure.

ICU DAYS

Data Field Name: ICU_DAYS (screen F5.2)
Required: Major
Max Length of Field: 3
Type of Field: Integer
Value Range: 0 – 999 (0 = No ICU days)
Calculated/Entered: Entered
Definition: Enter the total number of days in ICU including specialized ICUs (trauma, neuro, pediatric etc.). If the patient had more than one episode of care in the ICU enter the total number of days for all episodes during this hospitalization. Do not count days in more than one location.

OUTCOME DATA
HOSPITAL DISCHARGE

DISCHARGE DATE AND TIME

Data Field Name: Multiple Fields (screen F7.1)
Required: Major/Minor
Max Length of Field: Varies
Type of Field: Integer
Calculated/Entered: Entered
Definition: Enter the date and time of hospital discharge using standard date/time format. Use the date and time of discharge from *acute care.* Discharge to Skilled Nursing beds or Rehabilitation beds within the same facility should not be counted as part of the acute care admission.

DISCHARGE STATUS

Data Field Name: DIS_STATUS (screen F7.1)
Required: Major/Minor
Max Length of Field: 1
Type of Field: Integer
Value Range: 6 = Alive
             7 = Dead
Calculated/Entered: Entered (use pull-down menu)
Definition: Enter the patient's status at discharge using OSDH assigned codes.

DELAY DAYS

Data Field Name: DELAY_DAYS (screen F7.1)
Required: Major
Max Length of Field: 3
Type of Field: Integer
Value Range: 0-999 (0 = No Delay days)
Calculated/Entered: Entered
Definition: Enter the number of days during which the patient was medically *ready* for discharge home or to another level of care but during which the patient remained in reporting facility. Include days patient remained in acute care in this facility pending discharge to any long term care facility, skilled nursing or rehabilitation facility or pending discharge home *if the patient remained hospitalized for any reason other than a continued need for acute care services.* (i.e., discharge is delayed because no there is no available rehab bed, discharge is delayed pending payer source approval, or discharge is delayed because of lack of family/social supports etc.)

DISCHARGED TO
Data Field Name: DIS_TO (screen F7.1)
Required: Major/Minor
Max Length of Field: 2
Type of Field: Integer
Value Range:
01 = Home, no assistance from agency or provider other than family/social
02 = Home, Health care. Plan/arrangements have been made for patient to receive full or part time assistance with care/ADLs after discharge
03 = Home, Rehab outpatient. Plan/arrangements have been made for patient to participate in a program of outpatient rehabilitation following discharge. Services might be provided in the home, outpatient areas of the hospital (PT, OT etc) or at a rehabilitation facility.
04 = Skilled Nursing Facility, patient will be discharged to an in-patient skilled nursing facility.
05 = Intermediate Care Facility, long term ACUTE care facility
06 = Rehab facility for any inpatient program of rehabilitation; including physical, cognitive or behavioral (addiction) treatment
07 = Acute care hospital
08 = Unable to complete treatment/AMA
09 = Burn Center
10 = Medical examiner/morgue, all deceased patients even if waived by the Medical Examiner
11 = Jail/Prison, also used for juveniles released to detention/law enforcement custody but not for juveniles released to DHS custody
12 = Other, any other disposition (DHS, Psych, LTAC-long term acute care)
Calculated/Entered: Entered (use pull-down menu)
Definition: Enter the type of facility or environment to which the patient was discharged using the codes assigned by the OSDH.

FACILITY
Data Field Name: DIS_TO_F (screen F7.1)
Required: Major/Minor
Max Length of Field: 6
Type of Field: Alpha/Numeric
Calculated/Entered: Entered (use pull-down menu for various facility codes by category)
Definition: Enter facility code assigned to discharge destination by OSDH. Most common categories are in Appendix I, page 58.

FACILITY- If Other (screen F7.1)
Do not use this field. Contact OSDH for a code number if destination facility is not on current list. Codes will be assigned to all facilities including out-of-state, other country destinations.

DISCHARGE TO CITY

Data Field Name: DIS_TO_C (screen F7.1)
Required: Major/Minor
Max Length of Field: 4
Type of Field: Integer
Calculated/Entered: Entered (use pull-down menu)
Definition: Enter city code assigned by OSDH.

DISCHARGE TO STATE

Data Field Name: DIS_TO_S (screen F7.1)
Required: Major/Minor
Max Length of Field: 2
Type of Field: Text
Calculated/Entered: Entered
Definition: Enter state code assigned by OSDH to discharge destination.

DISCHARGE / REASON FOR TRANSFER

Data Field Name: DIS_TO_RRS (screen F7.1)
Required: Major/Minor
Max Length of Field: 1
Type of Field: Integer
Value Range:
  No Capability
  1 = Specialist needed not available in community
  2 = Specialist needed available in community but not on-call
  3 = Specialist needed on-call but not available (specify reasons)
  4 = Diagnostic testing no available
  5 = Other, Specify _____
  No Capacity
  6 = No intensive care beds
  7 = Operating suites and/or staff at capacity
  8 = Other, Specify _____
  Personal Request
  9 = Patient/family requested transfer due to preference or payor source
Calculated/Entered: Entered
Definition: Enter code to reason *for patient's transfer to another facility* as assigned by OSDH

DISCHARGE / REASON FOR TRANSFER – OTHER
Data Field Name: DIS_TO_RRO
Required: Major/Minor
Max Length of Field: 50
Type of Field: Text
Value Range: N/A
Calculated/Entered: Entered
Definition: Enter brief detailed text information explaining why "8" was chosen for prior field.

DISCHARGE CONDITION

Data Field Name: DIS_COND (screen F7.2)
Required: Major
Max Length of Field: 1
Type of Field: Integer
Value Range:
1 = Good. Return to Previous Level of Function
2 = Temporary Disability. Expected to Return to Previous Level of Function
3 = Moderate Disability with Self Care
4 = Severe Disability, Dependent
5 = Persistent Vegetative State
I = Not Applicable
U = Unknown
Calculated/Entered: Entered
Definition: Condition at time of discharge which indicates severity of disability and/or likely persistence of disability.

MEDICAL REVIEW

Field name: MED_REVIEW (screen F7.2)
Required: Major/Minor
Length: 1
Type: Text
Value Range: Y= yes; N=no
Calculated/Entered: Entered
Definition:
A "yes" response by your reporting facility is a formal request for a medical QI review to be conducted by the legislatively mandated "Medical Audit Committee" (MAC) and trauma "Regional Advisory Board" (RAB). The purpose of MAC is to conduct continuous quality improvement activities, as they relate to trauma system functions to improve trauma patient care. Such reviews are confidential and not subject to disclosure by court subpoena or otherwise (as stated by statute).

A "no" response by your reporting facility means no review is requested.

OUTCOME DATA
DEATHS

ORGAN DONATION REQUESTED

Data Field Name: ORG_REQ_YN (screen F7.2)
Required: Major
Max Length of Field: 1
Type of Field: Yes/No
Value Range: Y = Yes, N =No
Calculated/Entered: Entered
Definition: In cases of fatal trauma, enter "Yes" if the family/next-of-kin was actually approached to request organ and/or tissue donation. Enter "No" if the death was unreported or reported to the OOSN but donor was waived. Enter "No" if the Medical Examiner refused permission to seek consent for donation.

ORGAN DONATION GRANTED?

Data Field Name: ORG_APP_YN (screen F7.2)
Required: Major
Max Length of Field: 1
Type of Field: Yes/No
Value Range: Y = Yes, N = No
Calculated/Entered: Entered
Definition: In cases of fatal trauma, enter "Yes" if the family/next-of-kin consented to the donation of any organ or tissue even if the donation could not actually be completed for other reasons.

OUTCOME DATA
FINANCIAL

PRIMARY PAYOR

Data Field Name: PAY_01 (screen F7.4)
Required: Major/Minor
Max Length of Field: 2
Type of Field: Integer
Value Range:
  01 = Insurance
  02 = Self Pay
  03 = Medicaid
  04 = Medicare
  05 = Workers Compensation
  06 = No Charge
  07 = Other
  08 = Other government
Calculated/Entered: Entered
Definition: Enter code assigned by the OSDH for each payer source identified for this patient. The list above shows all possible codes – do not use "other" unless all possible listed options have been ruled out. Other is NOT an option if the patient has an HMO, health insurance, or auto insurance. If Medicaid/Medicare is pending the correct option is self-pay. For further clarification call OSDH Trauma Registry staff at 800-522-0204 or 405-271-3430.

SECONDARY PAYOR(S)

Data Field Name: PAY_02 (screen F7.4)
Required: Major/Minor
Max Length of Field: 2
Type of Field: Integer
Value Range:
  01 = Insurance
  02 = Self Pay
  03 = Medicaid
  04 = Medicare
  05 = Workers Compensation
  06 = No Charge
  07 = Other
  08 = Other government
Calculated/Entered: Entered
Definition: Enter code assigned by the OSDH for each payor source identified for this patient.

TOTAL HOSPITAL CHARGES

Data Field Name: H_CHRG (screen F7.4)
Required: Major/Minor
Max Length of Field: 9
Type of Field: Integer
Calculated/Entered: Entered
Definition: Enter the dollar amount of the total charges assigned by the hospital to this account. Round to the nearest whole dollar – *do not include cents in number entered.*

TOTAL HOSPITAL COLLECTIONS

Data Field Name: H_COLL (screen F7.4)
Required: Major/Minor
Max Length of Field: 9
Type of Field: Integer
Calculated/Entered: Entered
Definition: Enter the dollar amount of the total charges assigned by the hospital to this account. Round to the nearest whole dollar – *do not include cents in number entered.*

ANATOMICAL DIAGNOSIS

DIAGNOSIS CODES
Data Field Name: INJ_TXT (screen F6.1)
Required: Major/Minor
Max Length of Field: 1750
Type of Field: Memo
Calculated/Entered: Entered
Definition: Enter the patient's confirmed diagnosis. Do not include 'possible', 'probable' or presumptive diagnosis without alerting the coding software with @ preceding the injury (as taught by OSDH in training).

Coding:
The system will assign ICD-9 and AIS codes based upon the text diagnosis entered. Sufficient detailed text data should be entered to allow an AIS to be assigned for all diagnosis with ICD-9 codes between 800 and 959.9. AIS have also been designated for a few ICD-9 codes outside the specified range when proper conditions are met for such coding and may be included where appropriate (i.e., ICD-9 348.5 Cerebral Edema assigned an AIS).

Sequence:
Diagnosis should be entered in order of severity/significance. Exceptions to this general recommendation are as follows:
- Blunt injuries should be listed before penetrating injuries;
- Penetrating mechanism of injury must be indicated prior to listing related injuries;
- Include age for pediatric patients (≤15 years of age) by itself on the first line of coding screen;
- Enter only definitive diagnoses (begin rule-out, possible, or probably injury lines with @.
For further coding guidelines, call the OSDH Trauma Registry staff for training and materials.

Manual Coding:
Manual coding should only be done by registrars who have had formal AAAM-AIS training and/or ICD-9 training from recognized coding expert sources. Manual coding of both the ICD-9 and AIS may be performed and entered into the appropriate data field. If manually coding, use the version of both coding systems currently specified by the OSDH. The currently specified systems are ICD-9 and AIS 1990, revision 1998.

UPGRADED TO MAJOR TRAUMA PER OSDH REQUEST
Data Field Name: Major_YN
Required: Major/Minor
Max Length of Field: 1
Type of Field: Yes/No
Calculated Entered: Entered
Definition: Usually is answered as "N" for No. This is only changed from "N" to "Y" for Yes when reporting facility has been directed by OSDH to upgrade/report case as major trauma.

BURN SCREEN DATA (if applicable)

BURN SIZE

Data Field Name: BURN_SIZE (screen F6.3)
Required: Major Burn Trauma Cases
Max Length of Field: 3
Range: 0-100
Type: Integer
Calculated/Entered: Entered
Definition: Percent of total body surface area with 2nd (second) and/or 3rd (third) degree burns.

BURN CARBOXY

Data Field Name: CARBOXY_A (screen F6.3)
Required: Major Burn Trauma Cases
Max Length of Field: 3
Type: Float
Calculated/Entered: Entered
Definition: Initial lab values for carboxy-hemoglobin.

COMORBID DIAGNOSES (if applicable)

Data Field Name: COMORB_01 through COMORB_15 (screen F6.4)
Required: Major
Max Length: 6
Type: Text
Calculated/Entered: Entered from pull-down menu of non-injury ICD-9 codes.
Definition: Non-injury ICD-9 codes, (i.e., chronic conditions). See ***Appendix VI for ICD-9 Co-morbid Diagnoses Codes***, page 96. If none, enter "IIIIII".

APPENDICES

APPENDIX I.
FACILITIES CODE LIST

General Medical Surgical Hospitals (alphabetical listing)

City	Facility Name (General Medical Surgical Hospitals)	ID #
Sulphur	Arbuckle Memorial Hospital	377169
Beaver	Beaver County Memorial Hospital	377090
Oklahoma City	Bone and Joint Hospital	377095
Tulsa	Cancer Treatment Centers of America at Tulsa, Inc.	376536
Carnegie	Carnegie Tri-County Municipal Hospital	377089
Oklahoma City	Centris	377126
Hugo	Choctaw Memorial Hospital	377081
Claremore	Claremore Regional Hospital	376573
Cleveland	Cleveland Area Hospital, Inc.	377078
Lawton	Comanche County Memorial Hospital	376576
Eufaula	Community Hospital Lakeview	377073
Tulsa	Continuous Care Center of Tulsa	377142
Cordell	Cordell Memorial Hospital	377072
Vinita	Craig General Hospital	377098
Okemah	Creek Nation Community Hospital	377070
Cushing	Cushing Regional Hospital	376580
Oklahoma City	Deaconess Hospital	376582
Tulsa	Doctors Hospital	376597
Duncan	Duncan Regional Hospital, Inc.	376584
Poteau	Eastern Oklahoma Medical Center, Inc.	376562
Edmond	Edmond Medical Center	376586
Hobart	Elkview General Hospital	377068
Fairview	Fairview Hospital	377060
Chickasha	Grady Memorial Hospital	376587
Elk City	Great Plains Regional Medical Center	376579
Buffalo	Harper County Community Hospital	377059
Stigler	Haskell County Hospital	376598
Henryetta	Henryetta Medical Center	376592
Oklahoma City	Hillcrest Health Center, Inc.	376593
Tulsa	Hillcrest Medical Center	376594
Tulsa	Hillcrest Specialty Hospital	377094
Holdenville	Holdenville General Hospital	377053
Oklahoma City	INTEGRIS Baptist Medical Center, Inc.	376563
Miami	INTEGRIS Baptist Regional Health Center	377110
Enid	INTEGRIS Bass Baptist Health Center	376567
Blackwell	INTEGRIS Blackwell Regional Hospital	377167
Yukon	INTEGRIS Canadian Valley Regional Hospital	370211
Clinton	INTEGRIS Clinton Regional Hospital	376575
Grove	INTEGRIS Grove General Hospital	376590
Madill	INTEGRIS Marshall Memorial Hospital	376585
Pryor	INTEGRIS Mayes County Medical Center	376554
Oklahoma City	INTEGRIS Southwest Medical Center	376545

City	Facility Name (General Medical Surgical Hospitals)	ID #
Altus	Jackson County Memorial Hospital	376595
Bartlesville	Jane Phillips Medical Center	376596
Oklahoma City	Lakeside Women's Hospital	377107
Wilburton	Latimer County General Hospital	377091
Lindsay	Lindsay Municipal Hospital	370214
Mangum	Mangum City Hospital	377050
Coalgate	Mary Hurley Hospital	377048
McAlester	McAlester Regional Health Center	376550
Idabel	McCurtain Memorial Hospital	377143
Durant	Medical Center of Southeastern Oklahoma	376519
Stilwell	Memorial Hospital	377032
Frederick	Memorial Hospital & Physician Group	377035
Guymon	Memorial Hospital of Texas County	377031
Oklahoma City	Mercy Health Center, Inc.	374636
Ardmore	Mercy Memorial Health Center, Inc.	376524
Midwest City	Midwest Regional Medical Center	374635
Muskogee	Muskogee Regional Medical Center	374629
Shattuck	Newman Memorial Hospital	377011
Norman	Norman Regional Hospital	376588
Oklahoma City	Northwest Surgical Hospital	376591
Okeene	Okeene Municipal Hospital	377005
Oklahoma City	Oklahoma Spine Hospital LLC	377093
Okmulgee	Okmulgee Memorial Hospital	374625
Oklahoma City	OU Medical Center	376583
El Reno	Park View Hospital	376601
Pauls Valley	Pauls Valley General Hospital	376600
Pawnee	Pawnee Municipal Hospital	377121
Perry	Perry Memorial Hospital	376599
Oklahoma City	Physicians Hospital of Oklahoma	377120
Purcell	Purcell Municipal Hospital	377122
Antlers	Pushmataha County-Town of Antlers Hospital Authority	377146
Edmond	Renaissance Women's Center of Edmond	377051
Broken Arrow	Saint Francis Hospital at Broken Arrow	376571
Tulsa	Saint Francis Hospital, Inc.	374616
Sayre	Sayre Memorial Hospital	377131
Seiling	Seiling Municipal Hospital Authority	377056
Oklahoma City	Select Specialty Hospital - Oklahoma City	377097
Oklahoma City	Select Specialty Hospital - Oklahoma City, East Campus	377096
Tulsa	Select Specialty Hospital - Tulsa	377164
Sallisaw	Sequoyah Memorial Hospital	377162
Alva	Share Memorial Hospital	377161
Tulsa	SouthCrest Hospital	377113
Lawton	Southwestern Medical Center	376547
Weatherford	Southwestern Memorial Hospital	377158
Oklahoma City	St. Anthony Hospital	374624
Tulsa	St. John Medical Center, Inc.	376528
Enid	St. Mary's Regional Medical Center	376538

City	Facility Name (General Medical Surgical Hospitals)	ID #
Stillwater	Stillwater Medical Center	376548
Oklahoma City	Surgical Hospital of Oklahoma LLC	377137
Tahlequah	Tahlequah City Hospital	376561
Tulsa	Tulsa Regional Medical Center	377166
Shawnee	Unity (formerly Mission Hill Mem Hosp)	374630
Shawnee	Unity (formerly Shawnee Reg Hosp)	376541
Ada	Valley View Regional Hospital	376551
Oklahoma City	Vencor Hospital - Oklahoma City	376560
Ponca City	Via Christi (formerly St. Joseph Reg Med Ctr)	376537
Wagoner	Wagoner Community Hospital	377148
Woodward	Woodward Hospital and Health Center	376535

Critical Access Hospitals (alphabetical listing)

City	Facility Name (Critical Access Hospitals)	ID #
Anadarko	Anadarko Municipal Hospital	377186
Atoka	Atoka Memorial Hospital	377196
Bristow	Bristow Medical Center	377193
Boise City	Cimarron Memorial Hospital	377191
Drumright	Drumright Memorial Hospital	377190
Fairfax	Fairfax Memorial Hospital, Inc.	377189
Hollis	Harmon Memorial Hospital	377173
Healdton	Healdton Municipal Hospital	377171
Nowata	Jane Phillips Nowata Health Center	377170
Waurika	Jefferson County Hospital	377187
Tishomingo	Johnston Memorial Hospital	377198
Kingfisher	Kingfisher Regional Hospital	377185
Guthrie	Logan Hospital and Medical Center	376555
Marietta	Mercy Health - Love County	377180
Pawhuska	Pawhuska Hospital, Inc.	377179
Prague	Prague Municipal Hospital	377177
Cheyenne	Roger Mills Memorial Hospital	377174
Seminole	Seminole Medical Center	377188
Sapulpa	St. John Sapulpa, Inc.	377195
Stroud	Stroud Municipal Hospital	377149
Watonga	Watonga Municipal Hospital	377199
Wetumka	Wetumka General Hospital	377172

Federal Hospitals in Oklahoma (alphabetical listing)

City	Facility Name (Federal Hospitals in Oklahoma)	ID #
Ada	Carl Albert Indian Hospital	IHS004
Talihina	Choctaw Nation Indian Hospital	IHS003
Claremore	Claremore Indian Hospital	IHS001
Clinton	Clinton Indian Hospital	IHS005
Lawton	Lawton Indian Hospital	IHS006
Lawton/Ft. Sill	Reynolds Army Hospital	US0001
Oklahoma City	Veterans Administration Hospital	VAOK01
Muskogee	Veterans Administration Hospital	VAOK02
Tahlequah	W.W. Hastings Indian Hospital	IHS002

Out-of-State Facilities (alphabetical listing by state then facility name)

State	City	Facility Name (Out of State Facilities)	ID Number
Arizona	Tucson	Carondelet St. Josephs Hospital	AZ1001
Arkansas	Ft. Smith	Advance Care Hospital (LTAC)	AR1020
Arkansas	Bentonville	Bates Medical Center	AR1012
Arkansas	Mountain Home	Baxter County Regional Hospital	AR1011
Arkansas	Little Rock	Childrens Hospital	AR1003
Arkansas	Van Buren	Crawford Memorial Hospital	AR1007
Arkansas	DeQueen	DeQueen Regional Hospital	AR1018
Arkansas	Eureka Springs	Eureka Springs Hospital	AR1008
Arkansas	Ft. Smith	Harborview Mercy Psych Hospital	AR1010
Arkansas	Fayetteville	HealthSouth Rehabilitation	AR1005
Arkansas	Ft. Smith	HealthSouth Rehabilitation	AR1015
Arkansas	Ozark	Mercy Hospital Turner Memorial	AR1013
Arkansas	Springdale	Northwest Arkansas Medical Center Rehab	AR1021
Arkansas	Springdale	Northwest Medical Center	AR1009
Arkansas	Ft. Smith	Select Specialty Rehabilitation Hospital	AR1016
Arkansas	Siloam Springs	Siloam Springs Memorial Hospital	AR1017
Arkansas	Ft. Smith	Sparks Regional Medical Center	AR1001
Arkansas	Ft. Smith	St. Edwards Mercy Medical Center	AR1002
Arkansas	Rogers	St. Marys Hospital	AR1006
Arkansas	Little Rock	University Hospital	AR1004
Arkansas	Little Rock	Veterans Administration Hospital	AR1014
Arkansas	Fayetteville	Washington Regional Medical Center	AR1019
Arkansas	Batesville	White River Medical Center	AR1022
Colorado	Aspen	Aspen Valley Hospital	CO1002
Colorado	Englewood	Craig Hospital	CO1001
Kansas	Cedar Vale	Cedar Vale Community Hospital	KS1012
Kansas	Coffeyville	Coffeyville DHS	KS1006
Kansas	Coffeyville	Coffeyville Medical Center	KS1009
Kansas	Hayes	Hayes Medical Center	KS1020
Kansas	Girard	Hospital District #1	KS1019
Kansas	LaBette	LaBette County Medical Center	KS1013
Kansas	Lawrence	Lawrence Memorial Hospital	KS1011
Kansas	Coffeeville	Medicalodge Skilled Nursing	KS1016

State	City	Facility Name (Out of State Facilities)	ID Number
Kansas		Mercy Hospital	KS1008
Kansas	Chanute	Neosho Memorial Hospital	KS1007
Kansas	Pratt	Pratt Regional Medical Center	KS1014
Kansas	Wichita	Riverside Hospital	KS1004
Kansas	Sedan	Sedan City	KS1010
Kansas	Wichita	St. Francis Hospital	KS1003
Kansas	Columbus	St. Johns Maude Norton Memorial Hospital	KS1015
Kansas	Wichita	St. Joseph Hospital	KS1018
Kansas	Pratt	South Central Kansas Bone and Joint	KS1017
Kansas	Kansas City	University of Kansas Medical Center	KS1005
Kansas	Wichita	Via Christi Rehabilitation	KS1002
Kansas	Wichita	Wesley Medical Center	KS1001
Kentucky	Louisville	Jewish Hospital	KY1001
Massachusetts	Worcester	University of Massachusetts Medical Center	MA1001
Mississippi		Copan Alcohol Treatment Center	MS1001
Missouri	Springfield	Cox Medical Center	MO1005
Missouri	Springfield	Cox Walnut Lawn Rehabilitation Center	MO1008
Missouri	Chesterfield	Delmar Gardens Nursing Center	MO1006
Missouri	Joplin	Freeman Hospital	MO1001
Missouri	Mt. Vernon	Missouri Rehabilitation Center	MO1007
Missouri	Branson	Skaggs Community Health Center	MO1003
Missouri	Joplin	St. Johns Hospital	MO1002
Missouri	St. Louis	St. Johns Mercy Medical Center	MO1004
Nebraska	Norfolk	St. Josephs Nursing Home	NE1001
Oregon	Portland	Legacy Emanuel Hospital	OR1001
Tennessee	Memphis	Regional Medical Center	TN1001
Tennessee	Nashville	Vanderbilt University Medical Center	TN1002
Texas	San Antonio	Baptist Health System	TX1011
Texas	Amarillo	Baptist St. Anthonys	TX1001
Texas	Dallas	Baylor Institute for Rehabilitation	TX1013
Texas	Dallas	Baylor University Medical Center	TX1019
Texas	Ft. Sam Houston	Brooke Army Medical Center	TX1021
Texas	Dallas	Childrens Hospital	TX1007
Texas	Paris	Christus St. Joseph Hospital (South)	TX1005
Texas	Texarkana	Christus St. Michaels Hospital	TX1004
Texas	Lubbock	Covenant Medical Center	TX1009
Texas	Paris	Dubois Hospital	TX1022
Texas	Tyler	East Texas Medical Center	TX1015
Texas	Ft. Worth	Harris Methodist Medical Center	TX1010
Texas	Ft. Worth	HealthSouth Rehabilitation	TX1017
Texas	Paris	McCuiston Hospital (St. Joseph North)	TX1006
Texas	Odessa	Medical Center Hospital	TX1018
Texas	Amarillo	Northwest Texas Hospital	TX1002
Texas	Dallas	Parkland Hospital	TX1008
Texas	Houston	Texas Childrens Hospital	TX1014
Texas	Denison	Texoma Medical Center	TX1012
Texas	Wichita Falls	United Regional Health Care System	TX1020

State	City	Facility Name (Out of State Facilities)	ID Number
Texas	Houston	Veterans Administration Medical Center	TX1016
Texas	Texarkana	Wadley Regional Medical Center	TX1003
Texas	Sherman	Wilson N. Jones	TX1015
Utah	Price	Castleview Hospital	UT1001
Utah	Salt Lake City	LDS Hospital	UT1002
Washington	Spokane	St. Lukes Rehabilitation Institute	WA1001

Rehabilitation Facilities (alphabetical listing)

City	Facility Name	ID #	Facility Type
Oklahoma City	Bone and Joint Hospital	377448	PPS-Rehabilitation
Lawton	Comanche County Memorial Hospital	377442	PPS-Rehabilitation
Oklahoma City	Deaconess Hospital	377483	PPS-Rehabilitation
Tulsa	Doctors Hospital	377502	PPS-Rehabilitation
Okmulgee	George Nigh Rehabilitation Institute	377215	Specialized Hospitals - Rehabilitation
Okmulgee	George Nigh Rehabilitation Institute	377522	PPS-Rehabilitation
Oklahoma City	HEALTHSOUTH Rehabilitation Hospital	377211	Specialized Hospitals - Rehabilitation
Oklahoma City	HEALTHSOUTH Rehabilitation Hospital	377436	PPS-Rehabilitation
Tulsa	HEALTHSOUTH Rehabilitation Hospital of Tulsa	377219	Specialized Hospitals - Rehabilitation
Oklahoma City	Hillcrest Health Center, Inc.	377520	PPS-Rehabilitation
Tulsa	Hillcrest Medical Center	377478	PPS-Rehabilitation
Edmond	Integrated Specialty Hospital of Edmond	377209	Specialized Hospitals - Rehabilitation
Midwest City	Integrated Specialty Hospital of Midwest City	377208	Specialized Hospitals - Rehabilitation
Enid	INTEGRIS Bass Baptist Health Center	377509	PPS-Rehabilitation
Clinton	INTEGRIS Clinton Regional Hospital	377474	PPS-Rehabilitation
Oklahoma City	INTEGRIS Southwest Medical Center	377439	PPS-Rehabilitation
Norman	J. D. McCarty Center for Children with Developmental Disabilities	377221	Specialized Hospitals - Rehabilitation
Bartlesville	Jane Phillips Episcopal-Memorial Medical Center	377464	PPS-Rehabilitation
Oklahoma City	Jim Thorpe Rehabilitation Network Center for Ambulatory Medicine	370094	Comprehensive Outpatient Rehabilitation Facility
McAlester	McAlester Regional Health Center	377472	PPS-Rehabilitation
Oklahoma City	Mercy Health Center, Inc.	377446	PPS-Rehabilitation
Ardmore	Mercy Memorial Health Center, Inc.	377461	PPS-Rehabilitation
Muskogee	Muskogee Regional Medical Center	377454	PPS-Rehabilitation
Norman	Norman Regional Hospital	377497	PPS-Rehabilitation
Broken Arrow	St. Francis Hospital at Broken Arrow, Inc.	377437	PPS-Rehabilitation
Seminole	Seminole Rehabilitation Services	370093	Comprehensive Outpatient Rehabilitation Facility
Lawton	Southwestern Medical Center	377468	PPS-Rehabilitation
Oklahoma City	St. Anthony Hospital	377432	PPS-Rehabilitation
Tulsa	St. John Medical Center, Inc.	377471	PPS-Rehabilitation
Enid	St. Mary's Mercy Hospital	377447	PPS-Rehabilitation
Tulsa	Tulsa Regional Medical Center	377518	PPS-Rehabilitation
Oklahoma City	University Health Partners	377487	PPS-Rehabilitation
Ada	Valley View Regional Hospital	377445	PPS-Rehabilitation

LTAC

Facility Type	Facility Name	City	ID Number
LTAC	Advance Care	Oklahoma City	372020
LTAC	Centris	Oklahoma City	372015
LTAC	Continuous Care Center	Bartlesville	372014
LTAC	Continuous Care Center	Tulsa	377142
LTAC	Edmond Specialty Hospital	Edmond	LTAC01
LTAC	Specialty Hospital of Midwest City	Midwest City	LTAC02
LTAC	Hillcrest Specialty Hospital	Tulsa	LTAC03
LTAC	Integris Bass Pavilion	Enid	372016
LTAC	Kindred Hospital	Oklahoma City	LTAC04
LTAC	Select Specialty Hospital	Oklahoma City	LTAC05
LTAC	Select Specialty Hospital-East Campus	Oklahoma City	LTAC06
LTAC	Select Specialty Hospital	Tulsa	377164

Nursing Homes

ID #	Facility Name (Nursing Homes)	City	County
37E405	89'er Care Center, The		
RC7202	A Special Place Like Home		
RC7251	Abby's Residential Care Home		
RC6205	Ada Baptist Village Personal Care Center	Ada	Pontotoc
RC6201	Ada Residential Care	Ada	Pontotoc
37E280	Ada Retirement & Care Center	Ada	Pontotoc
DC7201	Adult Day Healthcare- The Center For The Physically Limited		
DC1001	Adult Day Services Of Southern Oklahoma		
RC5801	Allgood Estates		
AL5510	Alterra Clare Bridge Cottage of SW Oklahoma		
AL5515	Alterra Clare Bridge Oklahoma City 122nd		
AL6201	Alterra Sterling House of Ada	Ada	Pontotoc
AL7401	Alterra Sterling House of Bartlesville North	Bartlesville	Washington
AL7402	Alterra Sterling House of Bartlesville South	Bartlesville	Washington
AL5502	Alterra Sterling House of Bethany	Bethany	Oklahoma
AL7204	Alterra Sterling House of Broken Arrow	Broken Arrow	Tulsa
AL2601	Alterra Sterling House of Chickasha	Chickasha	Grady
AL6601	Alterra Sterling House of Claremore	Claremore	Rogers
AL6902	Alterra Sterling House of Duncan	Duncan	Stephens
AL0701	Alterra Sterling House of Durant	Durant	Choctaw
AL5506	Alterra Sterling House of Edmond	Edmond	Oklahoma
AL5508	Alterra Sterling House of Edmond Sante Fe	Edmond	Oklahoma
AL2401	Alterra Sterling House of Enid	Enid	Garfield
AL1603	Alterra Sterling House of Lawton	Lawton	Comanche
AL5505	Alterra Sterling House of Midwest City	Midwest City	Oklahoma
AL5101	Alterra Sterling House of Muskogee	Muskogee	Muskogee
AL1401	Alterra Sterling House of Norman	Norman	Cleveland
AL5504	Alterra Sterling House of Oklahoma City North	Oklahoma City	Oklahoma
AL5503	Alterra Sterling House of Oklahoma City South	Oklahoma City	Oklahoma
AL5507	Alterra Sterling House of Oklahoma City West	Oklahoma City	Oklahoma
AL7207	Alterra Sterling House of Owasso	Owasso	Tulsa
AL3603	Alterra Sterling House of Ponca City	Ponca City	Kay
AL6301	Alterra Sterling House of Shawnee	Shawnee	Pottawatomie
AL6001	Alterra Sterling House of Stillwater	Stillwater	Payne
AL7206	Alterra Sterling House of Tulsa	Tulsa	Tulsa
AL7205	Alterra Sterling House of Tulsa South	Tulsa	Tulsa
AL2001	Alterra Sterling House of Weatherford	Weatherford	Custer
375315	Alvira Heights Manor	Oklahoma City	Oklahoma
AL7220	Alzheimer's Center of Tulsa	Tulsa	Tulsa
DC7208	Alzheimer's Center of Tulsa	Tulsa	Tulsa
RC7252	Alzheimer's Center of Tulsa	Tulsa	Tulsa
RC7256	Amazing Grace Residential Care Home		
RC7201	Amazonas Natural Aging Residential Care		
375168	Ambassador Manor Nursing Center	Tulsa	Tulsa
AL7210	Ambassadors' Courtyards, LLC		
375248	Amberwood Nursing Center	Oklahoma City	Oklahoma

ID #	Facility Name (Nursing Homes)	City	County
AL7219	Angel House Residential Assisted Living		
RC7238	Angel House Residential Assisted Living		
375313	Antlers Nursing Home	Antlers	Pushmataha
AL1405	Arbor House Assisted Living Center		
AL7215	Arbors Senior Residence, The		
37E034	Ardmore Memorial Convalescent Home	Ardmore	Carter
37E057	Arlington Manor, Inc.		
375289	Artesian Home	Sulphur	Murray
AL4201	Ash Street Place		
RC7203	Aspen Leaf		
37E006	Atoka Colonial Manor Nursing Center	Atoka	Atoka
RC7204	Autumn Terrace		
AL2101	Avondale Cottage of Grove	Grove	Delaware
AL2102	Avondale Cottage of Pryor	Pryor	Mayes
AL7301	Avondale Cottage of Wagoner	Wagoner	Wagoner
RC7254	Avonlea Cottage of Owasso	Owasso	Tulsa
37E134	Ayers Nursing Home	Snyder	Kiowa
375242	B & K Nursing Center	Hobart	Kiowa
AL6604	Baileys' Ridge		
375263	Ballard Nursing Center	Ada	Pontotoc
375390	Baptist Retirement Centers of Oklahoma, Inc.		
RC5523	Baptist Retirement Centers of Oklahoma, Inc.		
37E251	Barnsdall Nursing Home	Barnsdall	Osage
375110	Bartlesville Care Center	Bartlesville	Washington
375254	Bartlett Memorial Medical Center/SNF		
37E351	Beadles Nursing Home	Alva	Woods
37E554	Beare Manor	Hartshorne	Pittsburg
37E009	Beaver County Nursing Home	Beaver	Beaver
37E488	Bell Avenue Nursing Center	Elk City	Beckham
375349	Bellevue Nursing Center	Oklahoma City	Oklahoma
375096	Bethany Village Healthcare Center	Oklahoma City	Oklahoma
RC1901	Bethaven Boarding Home		
37E078	Betty Ann Nursing Center	Grove	Delaware
37G021	Billings Fairchild Center, Inc.		
37E518	Binger Nursing Home	Binger	Caddo
37E562	Bixby Manor	Bixby	Tulsa
37E124	Blackwell Nursing Home, Inc.	Blackwell	Kay
375219	Blevins Retirement & Care Center		
RC6105	Blevins Retirement and Care Center		
37E206	Boley ICF		
RC5402	Boley Residential Care #2		
RC5401	Boley Residential Care Home #1		
37E244	Bono Nursing Home	Henryetta	Okmulgee
375361	Boyce Manor Nursing Home	Holdenville	Hughes
RC4001	Bradford Place		
RC2001	Briarwood Guest Home		
RC4905	Brighton Circle		

ID #	Facility Name (Nursing Homes)	City	County
AL5513	Brighton Gardens of Oklahoma City	Oklahoma City	Oklahoma
AL7216	Brighton Gardens of Tulsa	Tulsa	Tulsa
375146	Broadway Manor Nursing Home	Muskogee	Muskogee
37E318	Broken Arrow Nursing Home, Inc.	Broken Arrow	Tulsa
375165	Broken Bow Nursing Home	Broken Bow	McCurtain
AL6602	Brookfield, Inc., The		
37E054	Brookhaven Gardens	Norman	Cleveland
AL1604	BrookRidge Retirement Community		
RC7205	Brookside Manor Home		
375235	Brookside Manor Nursing Home		
37E018	Bryan County Manor Nursing Center	Durant	Bryan
37G079	Bryant Place	Edmond	Oklahoma
375196	Bryant Village	Oklahoma City	Oklahoma
375325	Burford Manor, Inc.	Davis	Murray
DC6302	C. A. R. E. Association Adult Day Center		
37E019	Caddo Nursing Home	Caddo	Bryan
375161	Calera Manor Nursing Home	Calera	Bryan
37E185	Callaway Nursing Home	Sulphur	Murray
DC0901	Canadian Valley Vo- Tech Eldercare		
375114	Care Nursing Center		
DC5501	Caregiver Solutions, Inc.		
37E003	Carmen Home Of The Pentecostal Holiness Church, The		
37E024	Carnegie Nursing Home, Inc.	Carnegie	Caddo
DC5502	Carson's Care Center		
RC4602	Caruthers' Cottage		
RC5202	Castle Care Residential Care		
37E548	Cedar Crest Manor	Lawton	Comanche
37E168	Cedar Manor, Inc.	Checotah	McIntosh
375233	Cedarcrest Care Center	Broken Arrow	Tulsa
37G047	Center Of Family Love		
375297	Central Oklahoma Christian Home	Oklahoma City	Oklahoma
37G043	Cerebral Palsy & Handicapped Of Oklahoma, Inc.		
37E148	Chandler Nursing Center	Chandler	Lincoln
375140	Checotah Manor, Inc.	Checotah	McIntosh
375324	Cherokee County Nursing Center	Tahlequah	Cherokee
37E004	Cherokee Manor	Cherokee	Alfalfa
37E292	Cheyenne Care Center	Cheyenne	Roger Mills
DC0801	Chi Care, Ltd. Adult Care Center		
37E100	Chickasha Nursing Center, Inc.	Chickasha	Grady
37A006	Children's Convalescent Center, Inc.		
AL6903	Chisholm Trail Assisted Living		
37G074	Choctaw Living Center		
375372	Choctaw Nation Nursing Home	Antlers	Pushmataha
375359	Christian Care Retirement Village		
RC2002	Christian Home		
375102	Cimarron Nursing Center	Kingfisher	Kingfisher
37E048	Cimarron Nursing Home	Boise City	Cimarron

ID #	Facility Name (Nursing Homes)	City	County
375346	Cimarron Pointe Care Center	Mannford	Creek
37E487	Claremore Nursing Home, Inc.	Claremore	Rogers
375300	Claremore Regional Hospital	Claremore	Rogers
RC2501	Clarion House Residential Care		
3201	Clear Creek/Wetumka		
RC1402	Cleta's Cottage		
37E521	Cleveland Manor Nursing Home	Cleveland	Pawnee
37E154	Cole's Nursing Home, LLC	Guthrie	Logan
375278	Colonial Care Center	Chelsea	Rogers
RC7206	Colonial Country Care		
37E525	Colonial Estates	Guthrie	Logan
RC1904	Colonial House, The		
37E549	Colonial Living Center	Atoka	Atoka
RC5527	Colonial Manor		
37E108	Colonial Manor I	Hollis	Harmon
37E109	Colonial Manor II	Hollis	Harmon
375287	Colonial Manor Nursing Home		
37E321	Colonial Manor Nursing Home, Inc.		
375327	Colonial Park Nursing Home, Inc.	Okemah	Okfuskee
375299	Colonial Terrace Care Center	Pryor	Mayes
375368	Colonial Village Nursing Home	Grandfield	Tillman
375120	Columbia Edmond Medical Center-SNF		
375127	Comanche County Memorial Hospital Nursing Transition Unit	Lawton	Comanche
37E304	Comanche Nursing Center		
37E103	Community Care Center		
37E526	Community Care Center, Inc.		
375295	Community Health Care Of Gore, Inc.	Gore	Sequoyah
375290	Community Health Center	Wakita	Grant
37E138	Community Nursing Home of Wilburton, Inc.	Wilburton	Latimer
RC7247	Comprehensive Community Rehabilitation Services, Inc.		
RC5528	Comprehensive Community Rehabilitation Services, Inc.-Edmond		
37E322	Convalescent Center, Inc.		
RC6601	Copp's Residential Care, Inc.		
375224	Cordell Care Center	Cordell	Washita
375306	Cordell Christian Home	Cordell	Washita
37E465	Corn Heritage Village	Corn	Washita
RC4901	Cottage On Willow Road		
37G020	Cottonwood Manor		
RC6606	Country Air Residential Care Inc.		
RC1606	Country Care Home		
37E306	Country Club Care	Duncan	Stephens
RC7208	Country Club Of Woodland Hills Apartments		
37G064	Country Lane		
RC1807	Country Lane Residential Care		
RC7209	Country Living		
RC5601	Country Living Retirement Center		
375267	Country Manor	Tulsa	Tulsa

ID #	Facility Name (Nursing Homes)	City	County
RC7239	Country Spirit Residential Care		
RC6602	Country Squire Res. Care		
AL3701	Country Wood Manor, L.C.		
375341	Countryside Estates Inc.	Warner	Muskogee
375304	Coweta Manor Nursing Home	Coweta	Wagoner
DC1602	Creative Adult Day Care Center		
37E153	Crescent Care Center	Crescent	Logan
37E553	Crest View Life Center	Lawton	Comanche
AL5518	Crystal Place, L.L.C.		
375269	Crystal Pointe Care Center		
AL7701	Crystalwood Assisted Living Center	Woodward	Woodward
375074	Cushing Regional Hospital	Cushing	Payne
375228	Cyril Nursing Home	Cyril	Caddo
DC5504	Daily Living Center At Shadowlake		
DC5530	Daily Living Centers South		
DC5503	Daily Living Centers, Inc.		
DC5508	Daily Living Centers-Edmond	Edmond	Oklahoma
DC5510	Dale Rogers Training Center		
AL6005	Davis Home		
DC7401	Daybreak Adult Day Health Center		
375200	Deaconess Hospital SNF	Oklahoma City	Oklahoma
37G039	Del City Cerebral Palsy Center	Del City	Oklahoma
375085	Doctor's Hospital - SNF	Tulsa	Tulsa
AL5102	Dogwood Creek Retirement Center		
RC5101	Dogwood Creek Retirement Community		
RC6801	Don Mentzer Memorial Enhanced Mental Health Facility		
RC6102	Dow Residential Care Facility, Inc.		
37E312	Dr. W. F. & Mada Dunaway Manor Nursing Home Of Guymon, Inc	Guymon	Texas
RC4201	Driskell House Retirement Center		
37E068	Drumright Nursing Home	Drumright	Creek
375192	Duncan Care Center	Duncan	Stephens
RC6901	Duncan Community Residence	Duncan	Stephens
375083	Duncan Regional Hospital, Inc.	Duncan	Stephens
RC7253	Eagles Nest Inn Residential Care Home		
RC6002	Early Autumns At The Pines		
RC6001	Early Autumns, Inc.		
DC5512	Easter Seals of Oklahoma Adult Day Care Center		
375190	Eastgate Village Retirement Center	Muskogee	Muskogee
37E257	Eastwood Manor	Commerce	Ottawa
RC1806	Edna Lee's Residential Care		
375339	Edwards Redeemer Nursing Center, LLC	Oklahoma City	Oklahoma
RC3601	Edwin Fair Community M. H. C.		
37G093	Eidetik of Weleetka, LLC	Weleetka	
RC0901	El Reno Residential Care Home	El Reno	Canadian
375247	Elk City Nursing Center	Elk City	Beckham
AL0501	Elkwood Assisted Living L.C.		
RC5501	Elm Tree House		

ID #	Facility Name (Nursing Homes)	City	County
375160	Elmbrook Home	Ardmore	Carter
37E296	Elmwood Manor Nursing Home	Wewoka	Seminole
AL5509	Emerald Square Assisted Living Center		
37E117	English Village Manor	Altus	Jackson
375088	Enid Regional Hospital-SNF	Enid	Garfield
375182	Enid's Senior Care - A Wellness Community	Enid	Garfield
37E010	Erick Nursing Center	Erick	Beckham
DC5505	Ernest Wolfe Adult Day Service & Training Center		
37E490	Eufaula Manor, Inc.	Eufaula	McIntosh
RC6802	Evening Shades Living Residential Care		
37E455	Evergreen Care Center	Owasso	Tulsa
RC4902	Fair Oaks		
37E470	Fairfax Manor	Fairfax	Osage
37E174	Fairview Fellowship Home For Senior Citizens, Inc.	Fairview	Major
37E258	Family Care Center of Fairland	Fairland	Ottawa
RC2301	Fargo Residential Care		
RC5406	Firm Foundation		
37E382	First Shamrock Care Center	Kingfisher	Kingfisher
AL5512	Forest Glade I I Retirement Center		
RC5504	Forest Glade I I Retirement Community		
AL5511	Forest Glade Retirement Center		
RC5503	Forest Glade Retirement Community		
AL7211	Forest Hills Assisted Living		
37X019	Forest Hills Health Care Center		
RC7211	Forest Hills Health Care Center		
37E345	Forrest Manor Nursing Center	Dewey	Washington
375330	Fort Gibson Nursing Home	Fort Gibson	Muskogee
37E245	Fountain View Manor, Inc.	Henryetta	Okmulgee
375183	Fountains at Canterbury Retirement Community, The		
RC5505	Fountains At Canterbury, The		
375238	Four Seasons Nursing Center Of Durant, Inc.	Durant	Bryan
RC7217	Fox Fire Homes		
37E320	Frances Streitel Villa		
AL7218	Frances Streitel Villa		
37E390	Franciscan Villa		
37E408	Frederick Nursing Center, Inc.		
37E375	French Quarters Health Care Facility	Oklahoma City	Oklahoma
DC1401	Full Circle Senior Adult Day Center		
37E086	Garber Nursing Center	Garber	Garfield
AL1404	Gardens at Rivermont, The		
AL1901	Gardens Living Center & Assisted Living Center, The		
37E516	Gardens, The	Sapulpa	Creek
37G019	Gatesway Foundation, Inc.		
37G035	Gatesway Foundation, Inc. I I		
37G083	Gatesway Residential Alternatives, Inc. #1		
37G084	Gatesway Residential Alternatives, Inc. #2		
37G085	Gatesway Residential Alternatives, Inc. #3		

ID #	Facility Name (Nursing Homes)	City	County
37G088	Gatesway Residential Alternatives, Inc. #4		
37G055	Gatesway West		
RC5530	Gatewood Place Residential Care Facility		
37E015	Geary Community Nursing Home, Inc.	Geary	Beckham
375314	George Nigh Skilled Nursing Facility	Okmulgee	Okmulgee
375164	Georgian Court Nursing Center, LLC	Tulsa	Tulsa
RC2405	Georgia's House Of Care		
375148	Glenpool Health Care Center	Glenpool	Tulsa
37X005	Go Ye Village Med-Center	Tahlequah	Cherokee
RC1102	Go Ye Village Residential Care Center		
375374	Golden Age Nursing Home Of Guthrie, Inc.	Guthrie	Logan
RC7212	Golden Haven, Inc.		
AL6003	Golden Oaks Assisted Living		
37E540	Golden Oaks Nursing Center	Enid	Garfield
RC6605	Golden Outlook Residential Home		
RC7213	Golden Pond Residential Care Home		
RC6301	Golden Rule Home, Inc.		
37E467	Golden Rule Home, Inc., The	Shawnee	Pottawatomie
DC3601	Golden Villa Center		
RC6701	Golden Years Residential Care		
RC5604	Goshen Residential Care Home		
375260	Grace Living Center - Altus House	Altus	Jackson
375107	Grace Living Center - Bethany	Bethany	Oklahoma
375106	Grace Living Center - Brookwood	Oklahoma City	Oklahoma
375259	Grace Living Center - Buffalo	Buffalo	Harper
375144	Grace Living Center - Chickasha	Chickasha	Grady
375141	Grace Living Center - Clinton	Clinton	Custer
375186	Grace Living Center - Del City	Del City	Oklahoma
375158	Grace Living Center - Edmond	Edmond	Oklahoma
375113	Grace Living Center - El Reno	El Reno	Canadian
375358	Grace Living Center - Jenks	Jenks	Tulsa
375206	Grace Living Center - Lindsay	Lindsay	Garvin
375207	Grace Living Center - Mangum	Mangum	Greer
375159	Grace Living Center - Muskogee	Muskogee	Muskogee
375122	Grace Living Center - Norman	Norman	Cleveland
375155	Grace Living Center - Northeast O K C	Oklahoma City	Oklahoma
375209	Grace Living Center - Northwest O K C	Oklahoma City	Oklahoma
375151	Grace Living Center - Southwest O K C	Oklahoma City	Oklahoma
375178	Grace Living Center - Stillwater	Stillwater	Payne
375124	Grace Living Center - Tahlequah East Shawnee	Tahlequah	Cherokee
375185	Grace Living Center - Tahlequah University Northwest	Tahlequah	Cherokee
37E544	Grace Living Center - Wildewood	Oklahoma City	Oklahoma
375189	Grace Living Center - Wilshire & Broadway	Oklahoma City	Oklahoma
375195	Grace Living Center - Woodward	Woodward	Woodward
375176	Grace Living Center - Wynnewood	Wynnewood	Garvin
375251	Grady Memorial Hospital SNF	Chickasha	Grady
RC2101	Grand Comfort Inn		

ID #	Facility Name (Nursing Homes)	City	County
375116	Grand Lake Villa	Grove	Delaware
375187	Grand Place Living Center		
37E381	Grand Valley Care Center		
37E005	Great Plains Care Center, The	Helena	Alfalfa
375294	Great Plains Regional Medical Center	Elk City	Beckham
RC1101	Green Acres Residential Care		
37E506	Green Country Care Center		
AL7403	Green Country Village Assisted Living Center		
375261	Green Park Nursing & Rehab Center, LLC	Tulsa	Tulsa
AL5103	Greenbriar at Muskogee	Muskogee	Muskogee
375353	Greenbrier Nursing Home Number Two, Inc.	Enid	Garfield
RC2401	Greenbrier Village Residential Care		
RC2402	Greenbrier Village Special Care		
37E305	Gregston Nursing Home, Inc.	Marlow	Stephens
375249	Grove General Hospital SNF	Grove	Delaware
37E486	Grove Nursing Center	Grove	Delaware
37E567	Harrah Nursing Center, Inc.	Harrah	Oklahoma
RC5506	Harrah Residential Care, Inc.	Harrah	Oklahoma
RC1401	Harvest Home		
RC7214	Harvest Homes, Inc. at Harvard		
37E485	Haskell County Nursing Center	Stigler	Haskell
375268	Haskell Manor		
RC5602	Haven House		
37G031	Hays House Nursing Home		
375262	Healdton Nursing Home	Healdton	Carter
AL5514	Hearthstone at Quail Springs		
375222	Heartland At Cedar Creek	Norman	Cleveland
375309	Heartland Care Center		
375099	Heartland Health Care Center Of Bethany	Bethany	Oklahoma
375112	Heartland Health Care Center Of Edmond	Edmond	Oklahoma
RC1003	Heartland Plaza		
RC1411	Heartland Plaza		
RC5803	Heartland Plaza		
RC6202	Heartland Plaza		
RC6903	Heartland Plaza		
AL1802	Heartsworth House		
RC1801	Heartsworth House Senior Living Community		
AL7203	Heatheridge Assisted Living		
AL7201	Heatheridge Heights Assisted Living		
RC7215	Heatheridge Residential Care Community		
37E141	Heavener Nursing Home	Heavener	LeFlore
37E131	Hennessey Care Center	Hennessey	Kingfisher
375307	Hensley Nursing Home	Sayre	Beckham
AL5521	Heritage Assisted Living		
375317	Heritage Hills Nursing Center, Inc.	McAlester	Pittsburg
RC7702	Heritage Home Place		
37E510	Heritage Manor	Oklahoma City	Oklahoma

ID #	Facility Name (Nursing Homes)	City	County
375153	Heritage Nursing Center	Muskogee	Muskogee
37E215	Heritage Park	Bethany	Oklahoma
RC5507	Heritage Park Estates		
AL1101	Heritage Place Assisted Living		
RC1105	Heritage Place Retirement Residence		
375109	Heritage Villa Nursing Center	Bartlesville	Washington
375199	Heritage Village Nursing Home	Holdenville	Hughes
RC1404	High Cedar Residential Care		
37E261	Higher Call Nursing Center	Quapaw	Ottawa
375265	Highland Park Manor		
37E246	Highland Park Manor		
375234	Hill Nursing Home, Inc.	Idabel	McCurtain
375076	Hillcrest Health Center Skilled Nursing Facility	Oklahoma City	Oklahoma
375149	Hillcrest Manor	Blackwell	Kay
375021	Hillcrest Medical Center Extended Care Facility	Tulsa	Tulsa
375331	Hillcrest Nursing Center	Moore	Cleveland
375302	Hillcrest Nursing Home	Tishomingo	Johnston
RC1406	Hilltop Manor		
37G018	Hissom Memorial Center		
375279	Hobart Good Samaritan Center	Hobart	Kiowa
37E563	Hobart Good Samaritan Home	Hobart	Kiowa
37E052	Holiday Heights Nursing Home	Norman	Cleveland
37G063	Home Of Hope Gunter House		
37G062	Home Of Hope Sequoyah House		
37G065	Home Of Hope Warren House		
37G024	Home Of Hope, Inc.		
RC5804	Home Sweet Home		
DC2401	Home-Away-From-Home Senior Adult Care Center		
37E326	Homestead Nursing Home	Tulsa	Tulsa
37E253	Hominy Nursing Home	Hominy	Osage
37G066	Hope Housing Brewer House		
37G070	Hope Housing Elmwood House		
37G067	Hope Housing Foreman House		
37G071	Hope Housing K House		
37G072	Hope Housing Oakcrest House		
37G068	Hope Housing Scraper House		
37G073	Hope Housing Wilson House		
37G069	Hope Housing, Thompson House		
7255	Hope of Angels, Inc.		
375390	Hugo Golden Age Home	Hugo	Choctaw
375213	Hugo Health & Rehabilitation Center	Hugo	Choctaw
DC3501	Indian Territory Adult Care Center		
37E483	Inola Health Care Center	Inola	Rogers
375082	Integrated Health Services at Bryant Nursing Center		
375252	Integrated Health Services at Midwest City	Midwest City	Oklahoma
375100	Integrated Health Services of Moore	Moore	Cleveland
375282	INTEGRIS Medical Center		

ID #	Facility Name (Nursing Homes)	City	County
375091	INTEGRIS Baptist Regional Health Center-SNF	Miami	Ottawa
375079	Integris Bass Health Center	Enid	Garfield
375257	Integris Bethany Hospital, LLC	Oklahoma City	Oklahoma
375162	Integris Southwest Medical Center-SNF	Oklahoma City	Oklahoma
375077	Jackson County Memorial Hospital Skilled Nursing Facility	Altus	Jackson
375243	Jan Frances Care Center	Ada	Pontotoc
375152	Jane Phillips Episcopal Memorial Medical Center SNF	Bartlesville	Washington
RC1802	Jeanie's Residential Care		
RC2102	Kennedy's Home Place		
37E091	Kenwood Manor	Enid	Garfield
375311	Kingfisher Regional Hospital- SNF	Kingfisher	Kingfisher
37E022	King's Daughters & Sons Nursing Home, The	Durant	Bryan
375310	Lake Country Manor	Marietta	Love
37G030	Lake Drive Home		
RC0101	Lake Francis Retirement Center		
37E038	Lakeland Manor, Inc.	Ardmore	Carter
37E532	Lakes, The	Oklahoma City	Oklahoma
RC0902	Lakeview Lodging		
RC4903	Lari's Res Care		
37E139	Latimer Nursing Home	Wilburton	Latimer
375177	Laurel Skilled and Rehabilitation Center, Inc.	Broken Arrow	Tulsa
375237	Lawnview Nursing Center	Tishomingo	Johnston
37E492	Leedey Nursing Center	Leedey	Dewey
37E444	Leigh Manor, Inc.	Picher	Ottawa
RC7216	Leisure Living		
37E461	Leisure Manor	Okmulgee	Okmulgee
375230	Leisure Village Health Care Center	Tulsa	Tulsa
DC5506	Lennie Marie Tolliver Alternative Care Center		
37E565	Lexington Nursing Home, Inc.	Lexington	Cleveland
RC1407	Lexington Residential Care		
DC6001	Life Adult Day Center		
RC6103	Lindley's Residential Care Facility		
37E537	Linwood Village Nursing & Retirement Apts.	Cushing	Payne
37E075	Little Bird Nursing Home, Inc.		
DC2001	Little Bird Nursing Home, Inc.		
37E426	Living Center, The	Enid	Garfield
375227	Logan Hospital & Medical Center SNF	Guthrie	Logan
37G092	Loosen Center, The		
DC5531	Love Care, Inc.		
37E552	Magnolia Manor	Lexington	Cleveland
AL5519	Manchester House		
375070	Manorcare Health Care Services- Norman	Norman	Cleveland
375098	Manorcare Health Services- Midwest	Midwest City	Oklahoma
375042	Manorcare Health Services- Northwest	Oklahoma City	Oklahoma
375135	Manorcare Health Services- Southwest	Oklahoma City	Oklahoma
375094	Manorcare Health Services- Tulsa	Tulsa	Tulsa
375275	Manorcare Health Services- Warr Acres	Oklahoma City	Oklahoma

ID #	Facility Name (Nursing Homes)	City	County
37G056	Mansfield Manor		
AL5591	Mansion at Waterford, The		
37E017	Maple Lawn Manor, Inc.	Hydro	Beckham
375034	MapleWood Care Center	Tulsa	Tulsa
RC7218	Marie & Bridgett's Care Home		
37E309	Marlow Manor	Marlow	Stephens
375364	Mayfair, The	Tulsa	Tulsa
375073	McAlester Regional Hospital Skilled Nursing Facility	McAlester	Pittsburg
37G054	McCall's Chapel School Inc. #9		
37G022	McCall's Chapel School, Inc.		
RC6203	McCall's Chapel School, Inc.		
37G076	McCall's Chapel School, Inc. #10		
37G077	McCall's Chapel School, Inc. #12		
37G053	McCall's Chapel School, Inc. #5		
37G090	McCall's Chapel School, Inc. #7		
375236	McCaskill Nursing Home	Maysville	Garvin
375133	McCurtain Manor Nursing Home	Broken Bow	McCurtain
RC1001	McDar Corporation		
375347	McLoud Nursing Center, Inc.	McLoud	Pottawatomie
37E362	McMahon-Tomlinson Nursing Center	Lawton	Comanche
RC4003	Meadow Brook Residential Care		
375276	Meadowbrook Nursing Center	Chouteau	Mayes
375352	Medford Nursing Home	Medford	Grant
375202	Medical Centers Hospital-SNF		
375150	Medicalodge Of Dewey	Dewey	Washington
375371	Medi-Home Of Arkoma, Inc.	Arkoma	LeFlore
375326	Meeker Nursing Center, Inc.	Meeker	Lincoln
375123	Memorial Heights Nursing Center	Idabel	McCurtain
37E454	Memorial Nursing Center	Frederick	Tillman
RC1408	Mercie And Compassion Residential Care Home, Inc.		
375139	Mercy Hospital	Oklahoma City	Oklahoma
RC7219	Mercy Manor Elder Care		
375130	Mercy Memorial Health Center		
37E310	Meridian Nursing Home, Inc.	Comanche	Stephens
AL7202	Mi Casa		
37E260	Miami Nursing Center	Miami	Ottawa
375163	Midwest City Hospital Transitional Care Unit	Midwest City	Oklahoma
RC1803	Miller Cozy Home, Inc.		
RC7220	Millers Crossing		
AL7221	Mimosa Assisted Living Center		
RC7221	Mimosa Center		
37E273	Mitchell Manor Convalescent Home, Inc.	McAlester	Pittsburg
37E081	Monroe Manor	Jay	Delaware
AL5517	Monticello Retirement Estates		
NH0001	Montreau Nursing Facility	Tulsa	Tulsa
37E354	Mooreland Heritage Manor	Mooreland	Woodward
37E137	Mt. View Health Care, Inc.	Mountain View	Kiowa

ID #	Facility Name (Nursing Homes)	City	County
37E301	Muldrow Nursing Home	Muldrow	Sequoyah
375376	Muskogee Nursing Center	Muskogee	Muskogee
AL0902	Mustang Manor Assisted Living	Mustang	Canadian
375363	Mustang Nursing Center	Mustang	Canadian
RC1410	My Place		
375335	N. E. O. Health Care Center		
RC7301	New Beginnings Residential Care Home		
RC7222	New Day Residential Care		
RC7223	New Day Residential Care Home #2		
37G082	New Frontiers - Chisholm		
37G075	New Frontiers #1		
37G078	New Frontiers Bradley		
37G091	New Frontiers Cherokee House		
37G089	New Frontiers Donald Ave.		
37G087	New Frontiers Gardner		
RC5806	New Home Acres		
DC7206	New Hope Adult Day Center		
37G033	New Horizon Nursing Home		
37E127	Newkirk Nursing Center, Inc.	Newkirk	Beckham
375245	Noble Health Care Center	Noble	Cleveland
375128	Norman Regional Hospital Skilled Nursing Facility	Norman	Cleveland
DC0902	North Care Center-El Reno	El Reno	Canadian
DC5509	North Care Center-Oklahoma City	Oklahoma City	Oklahoma
RC4601	North Fork Residential Care		
375181	North Winds Living Center	Oklahoma City	Oklahoma
375218	Northeast Oklahoma Rehabilitation Hospital		
37G017	Northern Oklahoma Resource Center Of Enid		
37E070	Northside Nursing Home	Sapulpa	Creek
375292	Northwest Nursing Center	Oklahoma City	Oklahoma
37G049	Nova Centre, The		
375354	Nowata Nursing Center	Nowata	Nowata
375285	Oak Dale Manor	Sand Springs	Tulsa
375201	Oak Grove Manor, Inc.	Idabel	McCurtain
375117	Oak Hill Living Center	Jones	Oklahoma
375360	Oak Ridge Manor		
37G025	Oakridge Nursing Home	Caddo	Bryan
375166	Oaks Healthcare Center, The	Poteau	LeFlore
DC7202	Oasis Inc, Adult Day Services		
RC7237	Oasis Residential Care Home		
RC2801	Ogden's Retirement Home		
37E545	Okeene Nursing Center	Okeene	Beckham
375355	Okemah Pioneer Nursing Home	Okemah	Okfuskee
37E531	Oklahoma Christian Home		
AL7226	Oklahoma Methodist Manor Inc.		
37E329	Oklahoma Methodist Manor, Inc.		
37X015	Oklahoma Veterans Center, Ardmore Division	Ardmore	Carter
37X014	Oklahoma Veterans Center, Claremore Division	Claremore	Rogers

ID #	Facility Name (Nursing Homes)	City	County
37X016	Oklahoma Veterans Center, Clinton Division	Clinton	Custer
37X018	Oklahoma Veterans Center, Norman Division	Norman	Cleveland
37X013	Oklahoma Veterans Center, Sulphur Division	Sulphur	Murray
37X017	Oklahoma Veterans Center, Talihina Division	Talihina	LeFlore
RC5603	Okmulgee Baptist Village	Okmulgee	Okmulgee
37G026	Okmulgee Terrace Nursing Home	Okmulgee	Okmulgee
AL3302	Optimum Assisted Living Center		
RC1808	Orchard Grove		
37E203	Osage Nursing Home	Nowata	Nowata
RC5529	Our House		
RC5403	Paden Residential Care	Paden	Okfuskee
375174	Park Boulevard Care Center	Muskogee	Muskogee
AL7208	Parke Assisted Living, The		
375322	Parkhill North Nursing Home	Salina	Mayes
375323	Parkhill South Nursing Home	Locust Grove	Mayes
375385	Parkland Manor Nursing Home	Prague	Lincoln
375351	Parks Edge Nursing And Rehabilitation Center	Tulsa	Tulsa
375319	Parkview Manor	Walters	Cotton
37E167	Parkview Nursing Center	Valliant	McCurtain
37E286	Parkview Nursing Home	Shawnee	Pottawatomie
RC5103	Parkview Residential Care Facility	Shawnee	Pottawatomie
RC1601	Parkview Supervised Apartments	Shawnee	Pottawatomie
375126	Pauls Valley General Hospital S N F	Pauls Valley	Garvin
37E099	Pauls Valley Health Care Facility	Pauls Valley	Garvin
37E254	Pawhuska Nursing Home	Pawhuska	Osage
RC5802	Pepper's Eastside Care Home		
375373	Perry Green Valley Nursing Home, Inc.	Perry	Noble
AL6603	Pheasant Run		
RC6603	Pheasant Run		
37E546	Pioneer Estate Nursing Home	Chandler	Lincoln
37G061	Pioneer Nursing Home Of Hughes County, Inc.		
AL5601	Plantation House		
AL3303	Plantation Village Assisted Living Center	Altus	Jackson
375284	Pleasant Manor Nursing Home	Sapulpa	Creek
37E360	Pleasant Valley Health Care Center	Muskogee	Muskogee
375188	Pocola Nursing Home	Pocola	LeFlore
375337	Ponca City Nursing & Rehabilitation Center	Ponca City	Kay
RC1405	Ponderosa Residential Care		
DC6201	Pontotoc County Adult Day Care Center, Inc.		Pontotoc
RC4002	Poteau Retirement Center	Poteau	LeFlore
375204	Prague Hospital S N F	Prague	Lincoln
RC4102	Prague Residential Care Center	Prague	Lincoln
RC2004	Prairie View Health Care Center- Clinton	Clinton	Custer
375298	Prairie View Living Center		
RC5508	Prime Care Homes		
RC0903	Prime Care Of El Reno	El Reno	Canadian
375119	Quail Creek Nursing And Rehabilitation Center	Oklahoma City	Oklahoma

ID #	Facility Name (Nursing Homes)	City	County
375386	Quail Ridge Living Center, Inc.	West Siloam Springs	Delaware
RC1809	Quality Living Residential Care		
375271	Quartz Mountain Care Center	Altus	Jackson
37E276	Quinton Manor Nursing Home	Quinton	Pittsburg
375320	Rainbow Health Care Center, Inc.		
375320	Rainbow Health Care/Assisted Living Community		
37E204	Rainbow Terrace Care Center	Weleetka	Okfuskee
AL1403	Rambling Oaks Assisted Living Center		
RC4904	Rambling Rose Independent Living		
37E072	Ranch Terrace Nursing Home, Inc.	Sapulpa	Creek
375229	Ranchwood Nursing Center	Yukon	Canadian
37E557	Rebold Manor	Okmulgee	Okmulgee
37E027	Red Rock Manor, Inc.	Hinton	Caddo
RC7224	Redbud Home		
AL3601	Renaissance of Ponca City, The	Ponca City	Kay
AL6002	Renaissance of Stillwater, The	Stillwater	Payne
AL6004	Renaissance of Stillwater-Extended Care, The	Stillwater	Payne
375274	Rest Haven Nursing Center		
375343	Rest Haven Nursing Center		
RC5526	Retirement Inn At Quail Ridge		
RC0702	Reunion Plaza		
AL7223	Richmond Hills		
37E119	Ringling Nursing Home	Ringling	Jefferson
37E333	Riverside Health Care Center, I		
37G046	Robert M. Greer Center		
DC6601	Rogers County Elder Day Care, Inc.		Rogers
375241	Rolling Hills Care Center	Catoosa	Rogers
RC0801	Rolling Hills Ranch Residential Care Facility		
RC5522	Roosevelt Manor		
375167	Rose Haven Nursing Home		
37E547	Rose Manor Nursing Center	Shawnee	Pottawatomie
375104	Rosewood Manor Nursing Center		
375170	Rosewood Of Stillwater	Stillwater	Payne
37E065	Rosewood Terrace	Vinita	Craig
375312	Ruth Wilson Hurley Manor	Coalgate	Coal
375203	Ryan Nursing Home	Ryan	Jefferson
AL5522	Saint Ann Assisted Living		
RC1804	Santa Fe Residential Care Home		
AL0601	Schallmo Assisted Living		
37E133	Second Shamrock Care Center	Kingfisher	Kingfisher
37E082	Seiling Nursing Center	Seiling	Dewey
375348	Seminole Estates Nursing Center, Inc.	Seminole	Seminole
375350	Seminole Pioneer Nursing Home, Inc.	Seminole	Seminole
DC1201	Senior Services of Hugo	Hugo	Choctaw
37E161	Senior Village Nursing Home	Blanchard	McClain
37E350	Sentinel Nursing Home, Inc.		
37E541	Sequoyah East Nursing Center	Roland	Sequoyah

ID #	Facility Name (Nursing Homes)	City	County
375173	Sequoyah Manor	Sallisaw	Sequoyah
375344	Sequoyah Pointe Living Center	Owasso	Tulsa
RC6803	Shadow Mountain Village		
375334	Shady Rest Care Center	Pryor	Mayes
375362	Shanoan Springs Residence, Inc.	Chickasha	Grady
37E534	Share Medical Center	Alva	Woods
37E084	Shattuck Nursing Center	Shattuck	Ellis
375194	Shawn Manor Nursing Home	Ponca City	Kay
375246	Shawnee Care Center	Shawnee	Pottawatomie
37E559	Shawnee Colonial Estates Nursing Home	Shawnee	Pottawatomie
375211	Shawnee Regional Hospital S N F	Shawnee	Pottawatomie
375272	Shawnee Sunset Estates	Shawnee	Pottawatomie
RC4101	Sherry's Old Fashioned Room & Board		
375305	Sherwood Manor Nursing Home	Tulsa	Tulsa
RC5512	Shiloh Manor		
375191	Silver Crest Manor	Anadarko	Caddo
375345	Silver Lake Care Center	Bartlesville	Washington
RC6303	Silver Pines Care Home		
375293	Skiatook Nursing Home	Skiatook	Osage
37E237	Skyview Nursing Center	Oklahoma City	Oklahoma
AL5201	Smith Manor		
RC5201	Smith Manor, LLC		
5532	Sommerset Adult Day Care		
AL1402	Sommerset Assisted Living Residences, LLC		
37X012	South Park East		
375365	South Park Health Care Center	Oklahoma City	Oklahoma
375255	Southbrook Healthcare Facility	Ardmore	Carter
AL7213	Southern Hills Assisted Living Center		
RC7226	Southern Hills Memory Loss Unit		
375172	Southern Hills Rehabilitation Center	Tulsa	Tulsa
375378	Southern Oaks	Pawnee	Pawnee
375256	Southern Oaks Manor	Oklahoma City	Oklahoma
37G060	Southern Oklahoma Resource Center Of Pauls Valley		
375281	Southern Pointe Living Center	Colbert	Bryan
RC1603	Southwest Retirement Home		
375318	Southwestern Convalescent Manor	Oklahoma City	Oklahoma
RC7227	Southwood Residential Care		
37X020	Spanish Cove Health Center		
RC0904	Spanish Cove Living Center		
375258	Spiro Nursing Home, Inc.	Spiro	LeFlore
37E493	St. Ann's Home, Inc.	Oklahoma City	Oklahoma
375212	St. Anthony Hospital Skilled Nursing Unit	Oklahoma City	Oklahoma
375068	St. Francis Hospital, Inc.	Tulsa	Tulsa
375069	St. John Medical Center, Inc.	Tulsa	Tulsa
375225	St. Joseph Regional Medical Center S N F	Ponca City	Kay
375080	St. Mary's Regional Medical Center	Enid	Garfield
DC7207	St. Simeon's Adult Day Services		

ID #	Facility Name (Nursing Homes)	City	County
37X021	St. Simeon's Alzheimer's And Related Dementia Center		
37X007	St. Simeon's Episcopal Home, Inc.		
AL7209	St. Simeon's Episcopal Home, Inc.		
RC5524	Stelly's Care Home		
RC7402	Sterling House Of Bartlesville I I	Bartlesville	Washington
RC7242	Sterling House Of Tulsa/ 71st Street	Tulsa	Tulsa
RC5404	Stevenson's Residential Care Facility		
37E523	Stigler Nursing Home	Stigler	Haskell
375129	Stillwater Medical Center Skilled Nursing Facility	Stillwater	Payne
375333	Stilwell Nursing Home	Stilwell	Adair
37E282	Stonegate Nursing Center	Stonewall	Pontotoc
375221	Stratford Nursing Center	Stratford	Garvin
37E152	Stroud Health Care Center North	Stroud	Lincoln
37E149	Stroud Health Care Center South	Stroud	Lincoln
RC0201	Sugar Mountain Retreat, Inc.		
AL1001	Suites at Elmbrook, The		
RC5519	Summit Ridge Retirement Center		
375134	SunBridge Lodge Care & Rehabilitation	McAlester	Pittsburg
375145	SunBridge Park Care & Rehabilitation	McAlester	Pittsburg
RC7231	Sunny Acres Boarding Manor, Inc.		
RC1811	Sunny Acres Residential Care Home		
37G028	Sunnyside Nursing Center		
37E290	Sunset Estates	Tecumseh	Pottawatomie
375231	Sunset Estates Of El Reno	El Reno	Canadian
37E285	Sunset Estates Of Maud	Maud	Pottawatomie
37E542	Sunset Estates Of Purcell	Purcell	McClain
AL5501	Susanna Wesley Center At Epworth Villa Assisted Living		
37X002	Susanna Wesley Nursing Center At Epworth Villa		
375377	Sweetbriar Nursing Center	Midwest City	Oklahoma
AL0903	Sycamore Square Assisted Living		
RC6004	T. L. C. Residential Care		
375328	Talihina Manor	Talihina	LeFlore
RC5805	Talking Winds, Inc.		
AL3301	Tamarack Retirement Center		
375270	Temple Manor Nursing Home	Temple	Cotton
AL1602	Ten Oaks a Merrill Gardens Community		
375342	Tender Heart Health Care Of Pauls Valley	Pauls Valley	Garvin
37E387	Tender Heart Health Care Of Perry	Perry	Noble
37E125	Tender Heart Health Care Of Ponca City	Ponca City	Kay
375338	Tender Heart Health Care Of Woodward	Woodward	Woodward
DC5507	Tenth Street Better Living Center, Inc.		
37E374	Texoma Manor		
DC4803	Texoma Manor Living Center		
375240	Thomas Nursing Center	Thomas	Custer
RC2003	Thomas Residential Care Center	Thomas	Custer
AL5520	Timberwood Assisted Living LC		
RC4501	Tokens Of Friendship		

ID #	Facility Name (Nursing Homes)	City	County
AL7224	Touch of Love		
37E195	Tower Hill Nursing Home	Muskogee	Muskogee
37E083	Town Of Vici Nursing Home	Vici	Dewey
375169	Tulsa Christian Care Center	Tulsa	Tulsa
RC7232	Tulsa Jewish Retirement & Health Care Center	Tulsa	Tulsa
37X010	Tulsa Jewish Retirement Community And Health Care Center	Tulsa	Tulsa
RC7233	Tulsa Loving Care Home	Tulsa	Tulsa
37E393	Tulsa Nursing Center	Tulsa	Tulsa
375108	Tulsa Regional Medical Center-SNF	Tulsa	Tulsa
DC7204	Tulsa Senior Services Adult Day Care	Tulsa	Tulsa
AL7212	Turtle Creek		
375154	Tuttle Care Center	Tuttle	Grady
37E278	Twin City Nursing Center	Hartshorne	Pittsburg
375253	United Methodist Health Care Center, Inc.	Clinton	Custer
37E443	United Methodist Home Of Enid, Inc., The	Enid	Garfield
2402	University Nursing Center		
AL7214	University Village Hillcrest Healthcare System L L C		
37X009	University Village In Affiliation With Hillcrest Healthcare	Tulsa	Tulsa
37XXXX	Unlicensed Facility		
RC7248	Unlimited Care Of Oklahoma		
RC7249	Unlimited Care Of Tulsa (Autumn Terrace)	Tulsa	Tulsa
RC2103	Valley Springs, Inc.		
375370	Valley View Regional Transitional Care Unit	Ada	Pontotoc
RC6101	Van Buren House Of McAlester Regional Heath Center, The	McAlester	Pittsburg
RC2404	Veterans Acres		
RC5521	Veterans Harbor		
37E303	Vian Nursing Home, Inc.	Vian	Sequoyah
AL0901	Victorian Estates		
RC7235	Victorian Residential Care Home		
AL2403	Village Assisted Living Center		
375171	Village Health Care Center	Broken Arrow	Tulsa
AL1601	Village On Lee Retirement Center, The		
RC2406	Village Residential Center		
RC7250	Vintage Heights Residential Living Center		
375391	Vista Nursing Home	Heavener	LeFlore
AL7217	Vyne at Cedar Ridge, The		
AL7225	Vyne at Preston Lakes, The		
375286	Wadley Care Center	Purcell	McClain
375369	Wagoner Care Center	Wagoner	Wagoner
RC7303	Wagoner Care Center Res. Care		
RC7236	Walker Hall Transitional Living Center		
375340	Walnut Grove Living Center	McAlester	Pittsburg
375266	Watonga Nursing and Rehabilitation Center	Watonga	Beckham
37E353	Waynoka Nursing Center	Waynoka	Woods
375332	Weatherford Living Center	Weatherford	Custer
AL1801	Welch Assisted Living Center		
RC1805	Welch Residential Care		

ID #	Facility Name (Nursing Homes)	City	County
375316	Wellington Hills Nursing Center	Eufaula	McIntosh
AL6904	West Wind		
375193	Westbrook Home	Waurika	Jefferson
375157	Western Hills Health Care Center	Lawton	Comanche
RC1002	Western Hills Residential Care, Inc.		
37E564	Westhaven Nursing Home	Stillwater	Payne
RC3604	Westminster Village		
37E533	Westminster Village, Inc.		
37G040	Westview Living Center		
375214	Westville Nursing Home	Westville	Adair
375180	Wetumka General Hospital S N F	Wetumka	Hughes
37E388	Wetumka Nursing Home, Inc.	Wetumka	Hughes
375303	Wewoka Nursing Home, Inc.	Wewoka	Seminole
375283	Whispering Oaks	Ardmore	Carter
37E307	Wilkins Nursing Center	Duncan	Stephens
37E130	Willow Haven	Tonkawa	Kay
375125	Willow Park Health Care Center	Lawton	Comanche
37E041	Wilson Nursing Center	Wilson	Carter
37E410	Windcrest Care Center	Muskogee	Muskogee
375131	Windsor Hills Nursing Center	Oklahoma City	Oklahoma
AL5516	Windsor Manor Assisted Living		
DC1601	Wintergreen Adult Day Services Center		
37E538	Wolfe Living Center at Summit Ridge, The	Harrah	Oklahoma
37E561	Wood Manor Nursing Center	Claremore	Rogers
37E283	Woodland Hills Nursing Center	Allen	Pontotoc
37G051	Woodland Park Home, Inc.		
37E040	Woodview Home, Inc.	Ardmore	Carter
375111	Woodward Hospital Skilled Nursing Facility	Woodward	Woodward
37E271	Yale Nursing Home	Yale	Payne
375132	York Manor Nursing Home	Muskogee	Muskogee
RC7240	Yorktown Assisted Residential Care		

APPENDIX II. EMS PROVIDER CODE LIST

County	City	EMS	Code #
Nowata	Nowata	10-33 Emergency Team	000169
Out of State	Rogers, AR	Aero Med Express	000284
Tulsa	Tulsa	Aerocare Medical Transport	000290
Out of State	Englewood, CO	Air Ambulance Specialists	140002
Out of State	Paris, TX	Air Evac Lifeteam	000371
Out of State	Springdale, AR	Air Evac Lifeteam	000301
Rogers	Claremore	Air Evac Lifeteam (Claremore)	000368
Payne	Cushing	Air Evac Lifeteam (Cushing)	000377
Comanche	Lawton	Air Evac Lifeteam (Lawton)	000363
Garvin	Pauls Valley	Air Evac Lifeteam (Pauls Valley)	000362
Pittsburg	McAlester	Air Evac Lifeteam 13	000346
Alfalfa	Cherokee	Alfalfa County EMS	000016
Woods	Alva	Alva Ambulance Service	000026
Stephens	Duncan	American Medical Response (Duncan)	000315
Stephens	Marlow	American Medical Response (Marlow)	000337
Caddo	Anadarko	Anadarko Fire Dept EMS	000088
Caddo	Apache	Apache Ambulance Service	000210
Out of State	St. Louis, MO	Arch Air Medical Service	000348
	Closed 6-30-2001	Area Life Care EMS	000299
	Closed 6-30-2001	Area Rescue Consortium of Hospital	000341
Out of State	Arkansas	Arkansas Patient Transfer	160003
Pittsburg	McAlester	Army Ammunition Plant	000311
Out of State	Aspen, CO	Aspen Ambulance District	140001
Atoka	Atoka	Atoka County Ambulance	000028
Ottawa	Miami	Baptist Regional Health Center	000094
Osage	Barnsdall	Barnsdall Community Ambulance	000002
Osage	Bartlesville	Bartlesville Ambulance Service	000077
Beaver	Beaver	Beaver County EMS	000029
Noble	Billings	Billings Fire Department	000203
Kay	Blackwell	Blackwell FD Ambulance Service	000031
Tulsa	Broken Arrow	Broken Arrow Fire Department	000023
Bryan	Durant	Bryan County EMS	000128
Bryan	Durant	Bryan County EMS Critical Care	000380
Harper	Buffalo	Buffalo EMS District	000255
Washita	Burns Flat	Burns Flat Ambulance Service	000084
Custer	Butler	Butler EMS	000355
Out of State	Caldwell, KS	Caldwell EMS	130010
Blaine	Canton	Canton-Longdale EMS Dist	000111
		Cardiac Air Transport	000378
	Closed 6-30-2002	Care Ambulance Service	000283
Caddo	Carnegie	Carnegie Tri Co Municipal Hosp	000102
	Closed 6-30-2000	Carter Ambulance Service	000189
Kingfisher	Cashion	Cashion Fire Department	000175
		Central Med EMS	000385
Lincoln	Chandler	Chandler Ambulance Service	000032
McIntosh	Checotah	Checotah Emergency Amb Svc	000174

County	City	EMS	Code #
Out of State	Baxter Springs, KS	Cherokee County EMS	130003
Cherokee	Tahlequah	Cherokee Nation Ambulance	000263
Custer	Clinton	Cheyenne & Arapaho Amb Serv	000213
Pontotoc	Ada	Chickasaw Nation Emergency	000300
Grady	Chickasha	Chickasha Fire Dept EMS	000007
Choctaw	Hugo	Choctaw County Ambulance Auth	000227
Latimer	Talihina	Choctaw Nation Specialty Trans	000352
Cimarron	Boise City	Cimarron County EMS	000001
Pushmataha	Clayton	Clayton Volunteer Ambulance	000037
Pawnee	Cleveland	Cleveland Ambulance Service	000085
Coal	Closed 6-30-2003	Coal County EMS	000038
Coal	Coalgate	Coalgate Fire Department	000375
Out of State	Coffeyville, KS	Coffeyville EMS	130001
Bryan	Colbert	Colbert EMS	000125
Rogers	Collinsville	Collinsville Ambulance Service	000033
Comanche	Lawton	Comanche Co Mem Hosp Amb Dept	000314
Ottawa	Closed 6-30-2000	Commerce EMS	000241
Dewey	Seiling	Community Ambulance Service	000179
McIntosh	Eufaula	Community Hospital Ambulance	000130
Washita	Cordell	Cordell Ambulance	000211
Wagoner	Coweta	Coweta Fire Department	000131
		Craig General Hospital EMS	000374
Creek	Sapulpa	Creek Co Emergency Amb Svc Dis	000083
Okfuskee	Okemah	Creek Nation EMS	000219
Logan	Crescent	Crescent Ambulance District	000140
Payne	Cushing	Cushing Municipal Ambulance	000039
Caddo	Cyril	Cyril Ambulance Service (Cyril)	000292
Comanche	Elgin	Cyril Ambulance Service (Elgin)	000350
Lincoln	Davenport	Davenport Fire Dept Ambulance	000040
Creek	Closed 6-30-2001	Drumright Ambulance Service	000041
Out of State	Joplin, MO	Eagle Med	120329
Out of State	Wichita, KS	Eaglemed	000338
Noble	Perry	Eaglemed (Perry)	000367
Kay	Ponca City	Eaglemed (Ponca City)	000364
Cherokee	Tahlequah	Eaglemed (Tahlequah)	000382
Bryan	Bokchito	Eastern Bryan County Amb Serv	000237
Jackson	Eldorado	Eldorado EMS	000103
Beckham	Elk City	Elk City Fire Department	000383
Ellis	Shattuck	Ellis County EMS	000042
Garvin	Elmore City	Elmore City EMS	000186
LeFlore	Poteau	EMS of LeFlore County	000303
Tulsa	Broken Arrow	EMS Plus LLC (Broken Arrow)	000358
Rogers	Closed 5-31-2003	EMS Plus LLC (Chelsea)	000357
Tulsa	Tulsa	EMSA - East Division	000044
Oklahoma	Oklahoma City Area	EMSA - West Division	000296
Cleveland	Norman	EMSstat-Norman Regional EMS	000322
Beckham	Erick	Erick Ambulance Service	000034

County	City	EMS	Code #
	Closed 6-10-2003	First Call EMS	000370
Woods	Freedom	Freedom Vol Ambulance Service	000015
Garfield	Garber	Garber EMS	000202
Tulsa	Catoosa	Gold Cross Ambulance Inc	000345
Texas	Goodwell	Goodwell Ambulance Service	000141
Tillman	Grandfield	Grandfield Ambulance Service	000030
Greer	Closed 6-30-2002	Granite Ambulance Service	000035
Osage	Sand Springs	Green Country Fire & Rescue	000336
Greer	Mangum	Greer Co Special Amb Serv	000107
Delaware	Grove	Grove EMS	000136
Logan	Guthrie	Guthrie EMS	000152
Texas	Guymon	Guymon Fire Department - Sc	000344
Texas	Guymon	Guymon Fire Dept Amb	000173
Pittsburg	Hartshorne	Hartshorne EMS	000047
Haskell	Stigler	Haskell County Hospital	000305
Alfalfa	Helena	Helena EMS Inc	000239
Kingfisher	Closed 6-30-2001	Hennessey Fire Dept EMS	000192
Tulsa	Closed 1-31-2003	Hillcrest Airevac Inc (Air)	000242
Tulsa	Closed 6-30-2003	Hillcrest Airevac Inc (Gr)	000293
Osage	Hominy	Hominy Community Med Trust Authority	000232
Texas	Hooker	Hooker Municipal Ambulance	000050
Hughes	Holdenville	Hughes County EMS	000051
	Closed 6-30-2002	International Business Aircraft	000351
Jackson	Altus	Jackson County EMS	000238
Delaware	Jay	Jay EMS	000200
Johnston	Tishomingo	Johnston County EMS	000079
Bryan	Kemp	Kemp Volunteer Ambulance	000164
Cimarron	Keyes	Keyes EMS	000347
Kingfisher	Kingfisher	Kingfisher Amb (City of)	000147
Kiowa	Mountain Park	Kiowa County District 3 EMS	000052
Comanche	Lawton	Kirks Emergency Service	000003
Seminole	Konawa	Konawa EMS	000011
Garfield	Kremlin	Kremlin Fire Dept Ambulance	000081
Out of State	Parsons, KS	LaBette County EMS	130004
Harper	Laverne	Laverne EMS	000118
Dewey	Leedey	Leedey Amb Serv	000113
Garfield	Enid	Life EMS (Enid)	000075
Kingfisher	Hennessey	Life EMS (Hennessey)	000354
		Life EMS (sc)	000372
Out of State	Salt lake City, UT	Lifeflight	150001
Sequoyah	Sallisaw	Life Star EMS	000243
	Closed 6-30-1998	Life Stat & International Bus Air	000308
Tulsa	Broken Arrow	Life Stat Ambulance Service (Broken Arrow)	000273
Osage	Fairfax	Life Stat Ambulance Service (Fairfax)	000324
Out of State	Springdale, AR	Life Team Helicopter	160002
		Lifeline EMS	000387
Out of State	Olathe, KS	Lifenet	000349

County	City	EMS	Code #
Out of State	Missouri	LifeNet Helicopter Service	120002
Garvin	Lindsay	Lindsay EMS	000343
Kiowa	Lone Wolf	Lone Wolf Community Ambulance	000053
Major	Fairview	Major County EMS District	000054
Creek	Mannford	Mannford Ambulance Service	000093
Marshall	Madill	Marshall County EMS District	000127
Logan	Marshall	Marshall Vol Amb Serv (City)	000177
Mayes	Pryor	Mayes Emg Svc Trust Authority	000265
Pittsburg	McAlester	McAlester Fire Dept EMS	000080
McClain	Blanchard	McClain/Grady Co EMS Dist #1	000222
McCurtain	Idabel	McCurtain County EMS	000124
Out of State	Joplin, MO	Med-Flight St. John Med Ctr	120328
Grant	Medford	Medford Ambulance (City of)	000036
Oklahoma	Oklahoma City Area	Medi Flight Oklahoma (Air)	000339
Oklahoma	Oklahoma City Area	Medi Flight Oklahoma (Sc)	000340
		Medical Trans Service of American	000376
Seminole	Seminole	Medicus	000126
Rogers	Closed 6-30-2001	Med-Tec EMS-Chelsea	000291
Rogers	Claremore	Med-Tec EMS-Claremore	000360
Craig	Closed 7-22-2003	Med-Tec EMS-Vinita/Craig County	000321
Osage	Closed 6-30-2003	Mercy Amb Inc (Pawhuska)	000335
Oklahoma	Bethany	Mercy EMS (Air)	000294
Oklahoma	Bethany	Mercy EMS (Gr)	000249
Love	Marietta	Mercy Health-Love Co. EMS	000312
Oklahoma	Closed	Mercy Mobile Health - ICTS (Air)	000379
Oklahoma	Bethany	Mercy Mobile Health - ICTS (Gr)	000316
		Midwest Lifeteam	000369
Oklahoma	Midwest City	Midwest Regional EMS	000055
Out of State	Joplin, MO	Missouri EMS	120001
Kiowa	Mountain View	Mountain View Gotebo Ambulance	000104
Sequoyah	Closed 6-30-2002	Muldrow EMS	000313
Murray	Sulphur	Murray County EMS	000332
Muskogee	Muskogee	Muskogee County EMS	000078
Out of State	Neosho, KS	Neosho Memorial Hospital EMS	130002
Kay	Newkirk	Newkirk Fire Dept EMS	000108
Cleveland	Noble	Noble Fire Department	000176
Cleveland	Norman	Norman Regional EMSstat (sc)	000381
Out of State	Sherman, TX	North Texas LifeStar	100001
Blaine	Okeene	Okeene Ambulance Service	000008
Okmulgee	Okmulgee	Okmulgee County EMS	000076
Rogers	Oologah	Oologah-Talala EMS District	000356
Tulsa	Owasso	Owasso Fire Dept EMS	000006
		Pafford-Wadsworth Ambulance	000386
Pittsburg	McAlester	Para Med Inc	000132
Canadian	El Reno	Park View Ambulance Service	000057
Blaine	Geary	Park View Hospital Amb Service (Geary)	000353
Canadian	El Reno	Park View Hospital EMS -Sc	000329

County	City	EMS	Code #
Garvin	Pauls Valley	Pauls Valley Gen Hospital EMS	000058
Pawnee	Pawnee	Pawnee Ambulance Serv1ce	000187
Noble	Perry	Perry Fire Department	000059
Ottawa	Closed 6-30-2000	Picher Volunteer Ambulance	000060
Kay	Ponca City	Ponca City Fire Dept Ambulance	000160
Grant	Pond Creek	Pond Creek Fire & Ambulance	000061
Lincoln	Closed 6-30-2003	Prague Ambulance Service	000086
Lincoln	Prague	Prague EMS	000373
Out of State	Arkansas	Pulse EMS	160001
Pushmataha	Antlers	Pushmataha Co/Town of Antlers	000270
Ottawa	Quapaw	Quapaw EMS	000073
Pottawatomie	Shawnee	React EMS	000325
Roger Mills	Cheyenne	Roger Mills Amb Serv	000063
Sequoyah	Closed 6-30-2003	Roland EMS	000359
Craig	Big Cabin	Rural Emg Medical Organization	000021
Grady	Rush Springs	Rush Springs EMS	000229
Jefferson	Ryan	Ryan Ambulance Service	000116
Out of State	Sedan, KS	Sedan Area Ambulance	130005
Washita	Sentinel	Sentinel City Amb Serv	000105
Osage	Shidler	Shidler Ambulance Service	000089
Custer	Clinton	Sinor EMS Inc (Clinton)	000171
Beckham	Closed 9-30-2003	Sinor EMS Inc (Elk City)	000143
Kiowa	Hobart	Sinor EMS Inc (Hobart)	000145
Beckham	Sayre	Sinor EMS Inc (Sayre)	000275
Custer	Weatherford	Sinor EMS Inc (Weatherford)	000109
Osage	Skiatook	Skiatook Fire Department	000024
Tulsa	Skiatook	Skiatook Fire Department	000024
Carter	Ardmore	Southern Okla Ambulance Svc	000064
Harmon	Hollis	Southwest Okla Ambulance Auth	000117
Payne	Stillwater	Stillwater Fire Department	000082
Adair	Stilwell	Stilwell Ambulance Service	000095
Garvin	Stratford	Stratford Ambulance Service	000097
Creek	Closed 11-14-2002	Stroud Ambulance Service	000087
Creek	Stroud	Stroud EMS	000365
Cherokee	Tahlequah	Tahlequah City Hosp Ambulance	000065
Dewey	Taloga	Taloga Ambulance Service	000066
Texas	Texhoma	Texhoma Amb Serv (City Of)	000166
Tillman	Frederick	Tillman County EMS District	000115
Kay	Tonkawa	Tonkawa Fire Dept Ambulance	000161
Tulsa	Tulsa	Tulsa Life Flight (Air)	000178
Tulsa	Tulsa	Tulsa Life Flight (Grd)	000319
Tulsa	Closed 6-30-2003	Tulsa Life Flight (sc)	000342
Grady	Tuttle	Tuttle EMS	000068
Pontotoc	Ada	Valley View Reg Hosp EMS	000069
Stephens	Velma	Velma Community Ambulance	000302
Dewey	Camargo	Vici Camargo EMS	000017
Dewey	Vici	Vici Camargo EMS	000017

County	City	EMS	Code #
Pittsburg	McAlester	Wadley Amb Serv (Mac)	000170
Latimer	Wilburton	Wadley Ambulance (Latimer Co)	000277
McClain	Closed 12-2-2003	Wadleys Ambulance	000317
		Wadley's EMS	000384
Wagoner	Wagoner	Wagoner EMS	000014
Grant	Closed 6-16-2003	Wakita Ambulance Service	000010
Cotton	Walters	Walters Volunteer Amb Serv	000198
Blaine	Watonga	Watonga EMS	000245
Jefferson	Waurika	Waurika Ambulance Service	000172
Woods	Waynoka	Waynoka Ambulance Service	000004
Okfuskee	Weleetka	Weleetka Graham EMS	000230
Lincoln	Wellston	Wellston Ambulance Service	000168
Seminole	Wewoka	Wewoka Fire Dept/EMS	000184
McCurtain	Valliant	Weyerhaeuser Paper Company	000228
Woodward	Woodward	Woodward County EMS	000119
Garvin	Closed 7-3-2003	Wynnewood EMS	000231

APPENDIX III. COUNTY CODE LIST

County	County Code	County	County Code
Adair	40001	LeFlore	40079
Alfalfa	40003	Lincoln	40081
Atoka	40005	Logan	40083
Beaver	40007	Love	40085
Beckham	40009	Major	40093
Blaine	40011	Marshall	40095
Bryan	40013	Mayes	40097
Caddo	40015	McClain	40087
Canadian	40017	McCurtain	40089
Carter	40019	McIntosh	40091
Cherokee	40021	Murray	40099
Choctaw	40023	Muskogee	40101
Cimarron	40025	Noble	40103
Cleveland	40027	Nowata	40105
Coal	40029	Okfuskee	40107
Comanche	40031	Oklahoma	40109
Cotton	40033	Okmulgee	40111
Craig	40035	Osage	40113
Creek	40037	Ottawa	40115
Custer	40039	Pawnee	40117
Delaware	40041	Payne	40119
Dewey	40043	Pittsburg	40121
Ellis	40045	Pontotoc	40123
Garfield	40047	Pottawatomie	40125
Garvin	40049	Pushmataha	40127
Grady	40051	Roger Mills	40129
Grant	40053	Rogers	40131
Greer	40055	Seminole	40133
Harmon	40057	Sequoyah	40135
Harper	40059	Stephens	40137
Haskell	40061	Texas	40139
Hughes	40063	Tillman	40141
Jackson	40065	Tulsa	40143
Jefferson	40067	Wagoner	40145
Johnston	40069	Washington	40147
Kay	40071	Washita	40149
Kingfisher	40073	Woods	40151
Kiowa	40075	Woodward	40153
Latimer	40077		

APPENDIX IV. CITY CODE LIST

City	Code	City	Code	City	Code	City	Code
Achille	1000	Bethany	1041	Calvin	1082	Commerce	1126
Ada	1001	Bethel	1042	Camargo	1083	Concho	1127
Adair	1002	Big Cabin	1043	Cameron	1084	Connerville	1128
Adams	1003	Billings	1044	Canadian	1085	Cookson	1129
Addington	1004	Binger	1045	Caney	1086	Copan	1130
Afton	1005	Bison	1046	Canton	1087	Cordell	1131
Agra	1006	Bixby	1047	Canute	1088	Corn	1132
Albany	1007	Blackwell	1048	Capron	1089	Council Hill	1133
Albert	1008	Blair	1049	Cardin	1090	Countyline	1134
Albion	1009	Blanchard	1050	Carmen	1091	Covington	1135
Alderson	1010	Blanco	1051	Carnegie	1092	Coweta	1136
Alex	1011	Blocker	1052	Carney	1093	Coyle	1137
Aline	1012	Bluejacket	1053	Carrier	1094	Crawford	1138
Allen	1013	Boise City	1054	Carter	1095	Crescent	1139
Altus	1014	Bokchito	1055	Cartwright	1096	Cromwell	1140
Altus AFB	1015	Bokoshe	1056	Cashion	1097	Crossbow	1604
Alva	1016	Boley	1057	Castle	1098	Crowder	1141
Amber	1017	Boswell	1058	Catoosa	1099	Cushing	1142
Ames	1018	Bowlegs	1059	Cement	1100	Custer City	1143
Amorita	1019	Bowring	1060	Centrahoma	1101	Cyril	1144
Anadarko	1020	Boynton	1061	Chandler	1102	Dacoma	1145
Antlers	1021	Bradley	1062	Chattanooga	1103	Daisy	1146
Apache	1022	Braggs	1063	Checotah	1104	Dale	1605
Arapaho	1023	Braman	1064	Chelsea	1105	Davenport	1147
Arcadia	1024	Bray	1065	Cherokee	1106	Davidson	1148
Ardmore	1025	Bristow	1066	Chester	1107	Davis	1149
Arkoma	1026	Britton	1601	Cheyenne	1108	Deer Creek	1150
Arnett	1027	Broken Arrow	1067	Chickasha	1109	Del City	1606
Asher	1028	Broken Bow	1068	Choctaw	1110	Delaware	1151
Atoka	1029	Bromide	1069	Chouteau	1111	Depew	1152
Atwood	1030	Brookside	1602	Claremore	1112	Devol	1153
Avant	1031	Buffalo	1070	Clarita	1113	Dewar	1154
Bache	1032	Bunch	1071	Clayton	1114	Dewey	1155
Baker	1598	Burbank	1072	Clearview	1115	Dibble	1156
Balko	1033	Burlington	1073	Cleo Springs	1116	Dill City	1157
Barnsdall	1034	Burneyville	1074	Cleveland	1117	Disney	1158
Bartlesville	1035	Burns Flat	1075	Clinton	1118	Donaldson	1607
Battiest	1036	Butler	1076	Coalgate	1119	Dougherty	1159
Bearden	1599	Byars	1077	Colbert	1120	Douglas	1160
Beaver	1037	Byron	1603	Colcord	1121	Dover	1161
Beggs	1038	Cache	1078	Coleman	1122	Drummond	1162
Bennington	1039	Caddo	1079	Collinsville	1123	Drumright	1163
Bernice	1600	Calera	1080	Colony	1124	Duke	1164
Bessie	1040	Calumet	1081	Comanche	1125	Duncan	1165

City Code List (continued)

City	Code	City	Code	City	Code	City	Code
Durant	1166	Fox	1204	Haywood	1245	Kemp	1286
Durham	1167	Foyil	1205	Headrick	1246	Kendrick	1620
Dustin	1168	Francis	1206	Healdton	1247	Kenefic	1287
Eagle City	1608	Frederick	1207	Heavener	1248	Kenton	1288
Eagletown	1169	Freedom	1208	Hefner	1617	Keota	1289
Eakly	1170	Gage	1209	Helena	1249	Ketchum	1290
Earlsboro	1171	Gans	1210	Hendrix	1250	Keyes	1291
Edmond	1172	Garber	1211	Hennepin	1251	Kiefer	1292
El Reno	1173	Garvin	1212	Hennessey	1252	Kingfisher	1293
Eldorado	1174	Gate	1213	Henryetta	1253	Kingston	1294
Elgin	1175	Geary	1214	Hillsdale	1254	Kinta	1295
Elk City	1176	Gene Autry	1215	Hinton	1255	Kiowa	1296
Elmer	1177	Geronimo	1216	Hitchcock	1256	Knowles	1297
Elmore City	1178	Gilcrease	1614	Hitchita	1257	Konawa	1298
Elmwood	1609	Glencoe	1217	Hobart	1258	Krebs	1299
Enid	1179	Glenpool	1218	Hodgen	1259	Kremlin	1300
Erick	1180	Golden	1219	Hoffman	1618	Lahoma	1301
Eucha	1181	Goltry	1220	Holdenville	1260	Lamar	1302
Eufaula	1182	Goodwell	1221	Hollis	1261	LaMesa	1621
Fairfax	1183	Gore	1222	Hollister	1262	Lamont	1303
Fairland	1184	Gotebo	1223	Hominy	1263	Lane	1304
Fairmont	1185	Gould	1224	Honobia	1264	Langley	1305
Fairview	1186	Gowen	1225	Hooker	1265	Langston	1306
Fanshawe	1187	Gracemont	1226	Hopeton	1266	Laverne	1307
Fargo	1188	Graham	1227	Howe	1267	Lawton	1308
Farley	1610	Grandfield	1228	Hoyt	1268	Leach	1622
Farris	1611	Granite	1229	Hugo	1269	Lebanon	1309
Faxon	1189	Grant	1230	Hulbert	1270	Leedey	1310
Fay	1190	Greenfield	1231	Hunter	1271	LeFlore	1311
Felt	1191	Grove	1232	Hydro	1272	Lehigh	1312
Finley	1192	Guthrie	1233	Idabel	1273	Leisure Square	1623
Fittstown	1193	Guymon	1234	Indiahoma	1274	Lenapah	1313
Fitzhugh	1194	Haileyville	1235	Indianola	1275	Leon	1314
Fletcher	1195	Hallett	1236	Inola	1276	Leonard	1315
Fontana	1612	Hammon	1237	Isabella	1277	Lequire	1316
Foraker	1613	Hanna	1238	Jay	1278	Lexington	1317
Forgan	1196	Harden City	1615	Jenks	1279	Lindsay	1318
Fort Cobb	1197	Hardesty	1239	Jennings	1280	Loco	1319
Fort Gibson	1198	Harmon	1616	Jet	1281	Locust Grove	1320
Fort Sill	1199	Harrah	1240	Jibike	1619	Logan	1321
Fort Supply	1200	Hartshorne	1241	Jones	1282	Lone Grove	1322
Fort Towson	1201	Haskell	1242	Kansas	1283	Lone Wolf	1323
Foss	1202	Hastings	1243	Kaw City	1284	Longdale	1324
Foster	1203	Haworth	1244	Kellyville	1285	Lookeba	1325

City	Code	City	Code	City	Code	City	Code
Loveland	1326	Monroe	1366	Omega	1406	Quapaw	1445
Loyal	1327	Moodys	1367	Oologah	1407	Quinton	1446
Lucien	1328	Moore	1628	Optima	1632	Ralston	1447
Luther	1329	Mooreland	1368	Orienta	1633	Ramona	1448
Macomb	1330	Morris	1369	Orlando	1408	Randlett	1449
Madill	1331	Morrison	1370	Osage	1409	Ratliff City	1450
Manchester	1332	Mounds	1371	Oscar	1410	Rattan	1451
Mangum	1333	Mountain Park	1372	Other	9999	Ravia	1452
Manitou	1334	Mountain View	1373	Overbrook	1411	Red Oak	1453
Mannford	1335	Moyers	1374	Owasso	1412	Red Rock	1454
Mannsville	1336	Muldrow	1375	Paden	1413	Redbird	1455
Maramec	1337	Mulhall	1376	Panama	1414	Reed	1637
Marble City	1338	Muse	1377	Panola	1415	Rentiesville	1456
Marietta	1339	Muskogee	1378	Paoli	1416	Reydon	1457
Marland	1340	Mustang	1379	Park Hill	1417	Ringling	1458
Marlow	1341	Mutual	1380	Pauls Valley	1418	Ringold	1459
Marshall	1342	Nardin	1381	Pawhuska	1419	Ringwood	1460
Martha	1343	Nash	1382	Pawnee	1420	Ripley	1461
Mason	1624	Nashoba	1383	Peckham	1634	Rocky	1462
Maud	1344	New Lima	1629	Peggs	1421	Roff	1463
May	1345	Newalla	1384	Perkins	1422	Roland	1464
Mayfield	1346	Newcastle	1385	Pernell	1423	Roosevelt	1465
Maysville	1347	Newkirk	1386	Perry	1424	Rose	1466
Mazie	1348	Nichols Hills	1630	Pharoah	1425	Rosston	1467
McAlester	1350	Nicoma Park	1387	Picher	1426	Rubottom	1638
McCurtain	1351	Ninnekah	1388	Pickens	1427	Rufe	1468
McLoud	1349	Noble	1389	Piedmont	1428	Rush Springs	1469
McMillan	1625	Norman	1390	Pittsburg	1429	Ryan	1470
Mead	1352	North Miami	1391	Platter	1430	S Coffeyville	1471
Medford	1353	Nowata	1392	Pocasset	1431	Saint Louis	1472
Medicine Park	1354	Oakhurst	1393	Pocola	1432	Salina	1473
Meeker	1355	Oaks	1394	Ponca City	1433	Sallisaw	1474
Meers	1356	Oakwood	1395	Pond Creek	1434	Sand Springs	1475
Meno	1357	Ochelata	1396	Pooleville	1635	Sapulpa	1476
Meridian	1358	Octavia	1631	Porter	1435	Sasakwa	1477
Miami	1359	Oilton	1397	Porum	1436	Savanna	1478
Midwest City	1626	Okarche	1398	Poteau	1437	Sawyer	1479
Milburn	1360	Okay	1399	Prague	1438	Sayre	1480
Milfay	1361	Okeene	1400	Preston	1439	Schulter	1481
Mill Creek	1362	Okemah	1401	Proctor	1440	Seiling	1482
Millerton	1363	Oklahoma City	1402	Prue	1441	Selmon	1639
Milo	1627	Okmulgee	1403	Pryor	1442	Seminole	1483
Minco	1364	Oktaha	1404	Purcell	1443	Sentinel	1484
Moffett	1365	Olustee	1405	Putnam	1444	Shady Point	1485

City Code List (continued)

City	Code	City	Code	City	Code
Shamrock	1486	Terral	1528	Washita	1566
Sharon	1487	Texhoma	1529	Watonga	1567
Shattuck	1488	Texola	1530	Watson	1568
Shawnee	1489	Thackerville	1531	Watts	1569
Shidler	1490	TheVillage	1642	Waukomis	1570
Skiatook	1491	Thomas	1532	Waurika	1571
Slick	1492	Tinker AFB	1643	Wayne	1572
Smithville	1493	Tipton	1533	Waynoka	1573
Snow	1494	Tishomingo	1534	Weatherford	1574
Snyder	1495	Tom	1644	Webbers Falls	1575
Soper	1496	Tonkawa	1535	Welch	1576
Southard	1497	Tryon	1536	Weleetka	1577
Sparks	1498	Tullahassee	1537	Welling	1578
Spavinaw	1499	Tulsa	1538	Wellston	1579
Spencer	1500	Tupelo	1539	Welty	1580
Spencerville	1501	Turley	1645	Westville	1581
Sperry	1502	Turpin	1540	Wetumka	1582
Spiro	1503	Tuskahoma	1541	Wewoka	1583
Springer	1504	Tussy	1542	Wheatland	1584
Sterling	1505	Tuttle	1543	Whitefield	1585
Stidham	1506	Twin Oaks	1544	Whitesboro	1586
Stigler	1507	Tyrone	1545	Whittier	1648
Stillwater	1508	Union City	1546	Wilburton	1587
Stilwell	1509	Valliant	1547	Willow	1588
Stonewall	1510	Vance AFB	1548	Wilson	1589
Strang	1511	Velma	1549	Wister	1590
Stratford	1512	Vera	1550	Woodward	1591
Stringtown	1513	Verden	1551	Wright City	1592
Strong City	1640	Vernon	1646	Wyandotte	1593
Stroud	1514	Vian	1552	Wynnewood	1594
Stuart	1515	Vici	1553	Wynona	1595
Sulphur	1516	Vinita	1554	Yale	1596
Summerfield	1641	Vinson	1555	Yukon	1597
Sweetwater	1517	Wagoner	1556	Other	9999
Swink	1518	Wainwright	1557		
Taft	1519	Wakita	1558		
Tahlequah	1520	Walters	1559		
Talala	1521	Wanette	1560		
Talihina	1522	Wann	1561		
Taloga	1523	Wapanucka	1562		
Tatums	1524	Wardville	1563		
Tecumseh	1525	Warner	1564		
Temple	1526	Warr Acres	1647		
Terlton	1527	Washington	1565		

APPENDIX V. OSDH CAUSE OF INJURY KEY TERMS

KEY WORDS/PHRASES for Cause of Injury Memo Field

Traffic & Non-traffic:
Automobile, Auto
Motorcycle
Bus
Van
SUV
Pickup
Emergency/public safety vehicle- Fire engine, police car, ambulance
Restrained/Unrestrained
T-bone, Rollover, Ejection, High-speed, Head-on
Bicycle/bike
Helmeted/Un-helmeted
ATV – 3-wheeler, 4-wheeler
Dirt Bike
Dune Buggy

Watercraft:
Motorboat
Non-motorized
Personal watercraft (specify jet ski, sea-doo when known)

Pedestrian:
Walking, Running
Baby carriage
Skating/skateboarding/rollerblading
Wheelchair

Aircraft:
Airplane
Balloon
Helicopter
Parachute

Falls:
On or from Building-- balcony, bridge, wall, tower, window, through roof
Same Level, from one level to another
Stairs or steps
Ladder

Falls (continued):
Into-hole, pit, cavity, trench, shaft, tank, well, swimming pool
Slipping, Tripping, Stumbling
Pushing, Shoving
During sports

Machinery:
Farm equipment –Tractor, baler, combine
Forklift
Crane
Drilling machine
Saw or sawing machine
Winch
Bulldozer
Pulley
Combine
Manufacturing machinery
Powered/ Non-powered

Cutting/Piercing instruments:
Household appliances—blender, knife, sewing machine, garbage disposal
Knives
Hand tools—axe, pitchfork, ice pick, needle, rake, scissors, shovel
Broken glass
Arrow
Dart
Nail
Impalement

Explosives & Burns:
Terrorism
Fireworks
Bomb
Blasting cap
Detonator
Flash fire
Grenade
Explosive missile, Explosive gases
Boiler, Pressure vessel, Pressure cooker

Explosives & Burns (continued):
Aerosol can
Gas tank, Air tank
Drug-lab related
Scald, steam
Chemical, Thermal, Radiation
Fire caused
Caustic, Corrosive
Clothing ignited
Smoking, Cigarette
Fire-play
Smoke alarm
Arson
While sleeping
House fire, structure fire
Candle
Heating device/space heater

Firearms:
Pistol
Handgun
Shotgun
Rifle
BB gun, pellet gun
Flare gun
Assault weapon

Intentional injury/violence:
Fight, Brawl, Assault
Rape/sexual assault
Stab
Murder/homicide
Attempted assassination
Kicked, Bitten, Choked
Shoved in front of, or struck/run over by vehicle
Suicide, Self-inflicted
Inflicted by other
Perpetrator

Sports:
Baseball
Football
Wrestling
Diving/swimming
Boxing
Basketball
Rodeo

Miscellaneous/Other:
Crushed
Trampled
Stomped
Animal bite
Tornado
Storm

APPENDIX VI. ICD-9 CODES FOR CO-MORBID DIAGNOSES

Diagnosis	ICD-9 Code
Alcohol Abuse (Nondependent)	305.00
Alcohol Dependence	303.90
Alzheimer's Disease	331.0
Coagulation Disorder	286.9
Congestive Heart Failure	428.0
Coronary Artery Disease	414.0
Dialysis	V45.1
Drug Abuse (Nondependent)	305.90
Drug Dependence	304.90
Heart Disease	429.9
History of Cardiac Surgery	V15.1
Hypertension	401.9
Immunity Deficiency	279.3
Liver Disease (Chronic)	571.9
Obesity	278.00
Organic Brain Syndrome (Chronic)	294.8
Peptic Ulcer Disease	533.90
Pregnancy	V22.2
Psychiatric Disorders:	
Mental Disorder, Non-Psychiatric	300.9
Neurotic Disorder	300.9
Personality Disorder	301.9
Psychotic Disorder	298.9
Respiratory Disease (Chronic)	519.9
Seizure Disorder	780.39
Type I Insulin Dependent Uncontrolled	250.03
Type I Insulin Dependent Without Complication	250.01
Type II Non-Insulin Dependent Uncontrolled	250.02
Type II Non-Insulin Dependent Without Complication	250.00

APPENDIX VII.
COMMONLY USED TRAUMA REGISTRY PROCEDURE CODES

PROCEDURES	RADIOLOGY EXAMS	SURGERIES
96.04, Intubation	87.49, Chest	54.11, Exp Laporotomy
96.71, Ventilator	87.22, Cervical Spine	86.04, Other Skin I&D
96.72, Mech Vent 96 Hours or >	87.24, Lumbar Spine	
99.60, CPR	87.29, Spinal X-ray	
99.62, Defibrillation	88.19, Abdomen	
96.01, Nasal Airway	87.16, Facial Bones	
96.02, Oral Airway	87.11, Full Mouth	
93.52, C Collar/Immobilization (application)	88.39, Other X-ray	
93.15, Immobilization Spine (backboard)		
86.59, Suture		
99.10, Inject/Infuse Thrombolitic Agent	**CAT SCAN**	
99.15, Parenteral Nutrition	87.03, Head	
38.94, Venous Cutdown	87.41, Thorax/Chest	
38.93, Central Line	88.01, Abdomen	
39.91, Arterial Line	88.79, Other CT	
34.04, Chest Tube		
34.02, Thoracotomy		
34.91, Thoracentesis	**MRI**	
37.00, Pericardiocentesis	88.91, Brain	
89.14, EEG	88.92, Chest	
96.59, Wound Irrigation if in OR	88.93, Spinal Canal	
93.56, Pressure Dressing Application, if used pre-hosp	88.95, Pelvis	
93.54, Splint Application	88.97, Other MRI	
54.25, DPL		
	ULTRASOUND	
	88.76, Abdomen	
	88.72, Heart	
	88.72, TEE	**COMMENTS**
	88.77, Dopplers	
	88.79, Other US	
	ISOTOPE STUDY	
	92.11, Cerebral Flow Study	

INDEX OF FIELD NAMES