Rules of
Department of Health
Division 30—Division of Health Standards and Licensure
Chapter 41—Head and Spinal Cord Injuries

Title                                                                 Page
19 CSR 30-41.010  Head and Spinal Cord Injury Reporting Requirements .........................3
PURPOSE: The Department of Health is mandated by section 192.737, RSMo 1986 to establish and maintain an information registry and reporting system for the purpose of data collection and needs assessment of head and spinal cord injured persons in this state.

(1) Based on information provided by the reporting physician or his/her designee, all Missouri hospitals shall report on forms supplied by the Department of Health registry information on the following patients:
   (A) Any head- or spinal cord-injured patient who is dead on arrival or dies after arriving in the emergency department;
   (B) Any head- or spinal cord-injured patient who is transferred to another hospital from the emergency department; and
   (C) Any inpatient admitted to a hospital for the purpose of treating a head or spinal cord injury.

(2) The registry forms for patients discharged during any one (1) month shall be completed and sent to the Department of Health by the last day of the following month.

(3) The registry form shall include, but not be limited to the following items: hospital name and hospital medical record number; patient name, Social Security number, date of birth, sex and race; previous treatment for the same injury; if minor (under 18) name of parent or guardian and Social Security number; date of injury; time of injury; external cause (E code); scene of injury; place of injury; factors related to the injury such as blood alcohol content, use of all-terrain vehicle, use of restraint and use of helmet; mode of arrival; ambulance service number; ambulance report number; ambulance times; if transfer in, sending hospital; data and time of arrival in emergency department; glasgow coma score and cardiopulmonary functions at arrival in the emergency department; time intubated, sent to ct scan and sent to X-ray; time of arrival in emergency department of the trauma surgeon, orthopedic surgeon and neurosurgeon; time of discharge from emergency department; emergency department disposition; if transferred out, receiving hospital; date and time of arrival in operating room; time anesthetist arrived in operating room; operating room procedures ranked by apparent severity; final diagnoses ranked by apparent severity; date admitted; date discharged; total ICU days; disposition at discharge; degree of disability and disability related to; and expected main source of payment.

AUTHORITY: section 192.737, RSMo 1986.*

*Original authority 1986.
DESCRIPTION OF INJURY EVENT

Enter a concise statement describing how the injury occurred, including:
The specific activity or task of the patient when the injury occurred, including occupational or sports/recreational activity.
Exactly how the injury was caused (e.g., landed on concrete, caught hand in the lathe, struck windshield).
The intentionality of the injury.
The reported relationship of offender to victim in an assault or homicide (e.g., type of family member, acquaintance, stranger, etc.).
If motor vehicle related: mode of transport, location in the vehicle, and the object with which the vehicle collided.
If work related: industry, name of employer, specific occupation of patient.