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

Title 19—DEPARTMENT OF HEALTH
Division 30—Division of Health Standards and Licensure
Chapter 41—Head and Spinal Cord Injuries

19 CSR 30-41.010 Head and Spinal Cord Injury Reporting Requirements

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 rule filed June 2, 1987, effective Aug. 27, 1987.*

**Original authority 1986.*

MISSOURI DEPARTMENT OF HEALTH
DIVISION OF HEALTH RESOURCES

HEAD & SPINAL CORD INJURY/TRAUMA REGISTRY

RETURN TO:
P.O. BOX 570
J.C., MO 65102
(314) 751-6356

PATIENT INFORMATION

1. STATE REGISTRY NUMBER	2. HOSPITAL ID NUMBER	3. MEDICAL RECORD NUMBER	4. SOCIAL SECURITY NUMBER
			- -

5. NAME OF INJURED PATIENT (LAST, FIRST, MIDDLE INITIAL)	6. DATE OF BIRTH
	/ /

7. IF MINOR, NAME OF PARENT OR GUARDIAN (LAST, FIRST)	8. SEX
	[1] = MALE [2] = FEMALE

9. PATIENT RESIDENT ADDRESS (STREET, CITY, COUNTY, STATE, ZIP CODE)	10. RACE
	[1] = WHITE [4] = INDIAN [2] = BLACK [5] = ASIAN [3] = HISPANIC [6] = OTHER

11. PATIENT TELEPHONE NUMBER	12. BILLED HOSP. CHARGES	13. MAIN SOURCE OF PAYMENT
( ) -		[0] = UNKNOWN [1] = MEDICARE [2] = MEDICAID [3] = HMO [4] = BLUE CROSS [5] = WORKER'S COMP [6] = OTHER INS. [7] = SELF PAY [8] = NONE

PREHOSPITAL INFORMATION

14. DATE OF INJURY	15. TIME OF INJURY	16. SCENE OF INJURY (CITY, COUNTY, STATE)
/ /		

17. PLACE OF INJURY
[0] = HOME [1] = FARM [2] = MINE [3] = INDUSTRY [4] = RECREATION [5] = STREET [6] = PUBLIC BLDG. [7] = RESIDENTIAL INST. [8] = OTHER [9] = UNSPEC.

18. PROTECTIVE EQUIPMENT USED	19. INJURED WHILE WORKING
[1] = NONE [2] = UNKNOWN [3] = SEATBELT [4] = CHILD SEAT [5] = AIR BAG [6] = BELT & BAG [7] = HELMET [8] = OTHER	[1] = YES [2] = NO [3] = UNK

20. MODE OF ARRIVAL	21. AMBULANCE SERVICE NUMBER
[1] = GROUND AMBULANCE [2] = AIR AMBULANCE [3] = PRIVATE VEHICLE [4] = POLICE VEHICLE [5] = OTHER	

22. AMBULANCE REPORT NUMBER	23. AMBULANCE RESPONSE TIMES ▶	a. VEHICLE DISPATCHED	b. ARRIVED LOCATION	c. DEPARTED LOCATION	24. R.T.S. AT SCENE

25. IF TRANSFER FROM ACUTE CARE HOSPITAL (INFORMATION RELATED TO HOSPITAL SENDING PATIENT)

a. NAME OF HOSPITAL	b. CITY HOSPITAL LOCATED	c. DATE PATIENT ARRIVED	d. TIME PATIENT ARRIVED
		/ /	

EMERGENCY DEPARTMENT INFORMATION

26. DATE OF ARRIVAL IN E.D.	27. TIME OF ARRIVAL	28. TIME TRAUMA SURG. CALL.	29. TIME TRAUMA SURG. ARR.	30. TIME NEURO. CALLED	31. TIME NEURO. ARRIVED
/ /					
32. S.B.P. ON ARRIVAL	**33. RESP. RATE/MIN. ON ARR.**	**34. G. C. SCORE ON ARR.**	**35. P.T.S. ON ARRIVAL**	**36. TIME SENT TO CT SCAN**	**37. TIME OF DISCHARGE**

38. BLOOD ALCOHOL CONCENTRATION (mg/dL)	39. DRUGS DETECTED AS RESULT OF TOXICOLOGY TEST
	[1] = NONE [2] = COCAINE [3] = PCP [4] = BENZODIAZEPINE [5] = BARBITURATE [6] = NARCOTIC [7] = AMPHETAMINE [8] = MARIJUANA [9] = NOT TESTED

40. EMERGENCY DEPARTMENT DISPOSITION
[1] = OPERATING ROOM [2] = INTENSIVE CARE UNIT [3] = ADMIT TO FLOOR [4] = TRANSFER TO ACUTE CARE HOSPITAL [5] = EXPIRED

41. ADMITTING SERVICE
[0] = N/A [1] = TRAUMA [2] = NEUROSURG. [3] = BURN [4] = GEN. SURG. [5] = ORTHOPEDICS [6] = THORACIC SURG. [7] = OTHER SURG. [8] = NON-SURGICAL

42. IF TRANSFER TO ACUTE CARE HOSPITAL (ITEM # 40 CHOICE # 4 OR ITEM # 57 CHOICE # 7 IS CIRCLED)

a. NAME OF HOSPITAL	b. CITY HOSPITAL LOCATED

OPERATING ROOM INFORMATION

43. DATE OF FIRST OPERATION	44. START TIME FIRST OPERATION	45. PROCEDURES PERFORMED FIRST OPERATION ▶	a.	b.	c.
/ /					
46. DATE OF SECOND OPERATION	**47. START TIME SECOND OPERATION**	**48. PROCEDURES PERFORMED SEC. OPERATION ▶**	**a.**	**b.**	**c.**
/ /					

DISCHARGE INFORMATION

49. DATE OF ADMISSION	50. TIME OF ADMISSION	51. DATE OF DISCHARGE	52. TIME OF DISCHARGE
/ /		/ /	

53. FINAL INJURY DIAGNOSES (ICD-9-CM ANATOMIC INJURY CODES)

a.	b.	c.	d.	e.	f.	g.	h.

54. CAUSE OF INJURY (E-CODE)	55. TOTAL I.C.U. DAYS	56. I.S.S.	57. DISPOSITION AT DISCHARGE
E			[1] = HOME [2] = HOME HEALTH CARE [3] = HOME/OUTPT. REHAB. [4] = SNF [5] = ICF [6] = INPATIENT REHAB. [7] = ACUTE CARE HOSP. [8] = EXPIRED [9] = OTHER

58. DISABILITY AT DISCHARGE (REFER TO INSTRUCTIONS FOR DEFINITIONS OF 4, 3, 2, AND 1)

a. FEEDING	b. LOCOMOTION	c. EXPRESSION	4 = INDEPENDENT; 3 = INDEPENDENT WITH DEVICE 2 = DEPENDENT - PARTIAL HELP; 1 = DEPENDENT - TOTAL HELP

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AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

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 homocide (e.g., type of family member, aquaintance, 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.

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