

## TQIP CLASSIFICATION OF DOA

TQIP Benchmarking Report Criteria considers the following a DOA and will be *Excluded* by TQIP from a facilities Benchmark Report. (NTDS does not define DOA. Registrars do not base submitting a patient or not submitting a patient based on these criteria.)

Exclude patients indicated as dead on arrival (DOA) based on three Initial ED/Hospital vitals. Up to one of these three vitals can be unknown and the patient will still be excluded. The vitals and values excluded for this status are:

1. GCS Motor or GCS 40 Motor  
GCS Motor = 1 and/or  
"Sedated/Paralyzed" Qualifier  
GCS 40 Motor = 1 or "Not Testable"
2. Systolic Blood Pressure (SBP) = 0, and
3. Pulse = 0

**\*\*\* If vitals are 0, ROSC is achieved with vitals regained, will remain a DOA for TQIP.**

## DATA SOURCES HIERARCHY FOR DOCUMENTING VITALS

### TRIAGE/TRAUMA/HOSPITAL FLOW SHEET

- May find documentation for vitals, GCS, pupillary response, intubation, respiratory assistance, cardiac arrest

### NURSING NOTES/ FLOW SHEET

- May find documentation for vitals, CPR, intubation, ROSC

### PHYSICIAN NOTES

- May find documentation for vitals, CPR, GCS, pupillary response, intubation, respiratory assistance, ROSC

### HISTORY AND PHYSICAL

- May find documentation for vitals, CPR, GCS, pupillary response, intubation, respiratory assistance, ROSC

Check code documentation along with trauma flow sheet.

## SUBSTANCES THAT CAN AFFECT VITAL SIGNS

### ANESTHETIC

Etomidate  
Ketamine  
Lidocaine  
Methohexital  
Propofol

### PARALYTICS

Rocuronium  
Succinylcholine

### SEDATIVES

Midazolam

### OTHER

Epinephrine  
Cocaine  
Amphetamine  
Opioids

## VITALS WITHIN NORMAL LIMITS

### ADULT

Heart Rate: 60-100                      Respiration: 12-18  
BP: Systolic 90/Diastolic 60--Systolic 120/ Diastolic 80

### PEDIATRIC

#### 1 to 12 Months

Heart Rate: 100-180                      Respiration: 30-53  
BP: Systolic 72-104/ Diastolic 37-56

#### 2 to 5 Years

Heart Rate: 80 – 130                      Respiration: 20-30  
BP: Systolic 86-112/ Diastolic 42-72

#### 6 to 12 Years

Heart Rate: 70 – 110                      Respiration: 20-30  
BP: Systolic 97-120/ Diastolic 57-80

#### 13 to 18 Years

Heart Rate: 55 – 105                      Respiration: 12-20  
BP: Systolic 110-131/ Diastolic 64-83

## MEDICAL ABBREVIATIONS AND TERMINOLOGY

**CPR:** Procedure involving repeated compression of a patient's chest, in the attempt to restore blood circulation and breathing.

**CPR paused:** To briefly withhold chest compression during CPR to analyze cardiac rhythm

**ROSC:** Return of spontaneous circulation

**SBP:** Systolic blood pressure

**HR:** Heart rate

**RR:** Respiratory rate

**V-tach:** Ventricular tachycardia

**ARDS:** Acute respiratory distress syndrome

**PEA:** Pulseless electrical activity (aka pulseless)\*\*\*

**Pulseless:** Unresponsive, not breathing or having no perceptible pulse.\*\*\*

**Asystole:** Flatline reading where all electrical activity within the heart ceases.\*\*\*

**AAOX3:** Alert, awake, and oriented can be reported as a GCS 15, IF there is no other contradicting information (NTDS)

**Intubation:** Placement of a tube through the mouth, down the throat into the lungs, to aid with breathing

**Assisted Respiration:** Artificial ventilation used to aid air in and out of the lungs, when one is not able to breathe on their own.

\*\*\*Allowed to document 0 value for Pulse, if allowed by your facility.

## SHOCK DEFINITION

The following vitals are signs that the body is in shock:  
Hypotensive (BP <90), Tachycardic (HR >100) or  
Respiration below 12

## SCENARIOS/EXAMPLE:

1. Patient is 53-year-old male driver in an MVC, arrived by EMS at 22:56. While in route patient went into cardiac arrest, placed on O2 via BMV and was given epinephrine. Upon entering the emergency department patients' vitals on the monitor were BP 190/96 HR 140 R 12 (assisted). At 22:58 the patient was declared dead.

With the patient being declared deceased shortly after arrival, the vitals taken from the monitor in the ED were abnormally high for an adult. The abnormally high vitals are more than likely due to the patient being given epinephrine just prior to the patient's arrival in attempt to aid in the cardiac event. The vitals and the course of events do not make sense clinically, even though it is what should be put into the registry. This type of scenario should be flagged for review by a PI Coordinator/TPM.

2.

COLUMN A	COLUMN B
16:24 CPR started	21:54 CPR initiated
16:25 Chest compression continued	21:55 <b>Pause check</b> BP 102/45 HR 100 RR 12 (assisted)
16:26 Manual chest compressions BP 56/30 HR 68 RR 12 (assisted)	21:56 CPR resumed
16:27 ETT placed, CPR discontinued (positive CO2 detection)	21:57 Pronounced dead
Based on the documentation in Column A, the only appropriate vitals to be entered to the registry would be the respiratory rate.	Based on the documentation in Column B, the appropriate vitals that should be entered is the full set of vital signs BP 102/45, HR 100, and RR 12.
Per NTDB if CPR is in progress vital signs for HR and Systolic BP can only documented in the registry if CPR has been paused. With that being said respiration can be documented regardless of/if CPR has been paused or not	

3. Patient is an 89-year-old female found down at home, arrived in the ED by EMS at 07:16. The trauma flowsheet has a slash through the vitals section, under the notes section patient as pronounced at 07:19. The Trauma H&P stated the patient arrived by EMS, had been intubated + LOC and pulseless on arrival to the ED.

Based on the documentation from the trauma flowsheet there are no vitals available to enter into the registry. Looking at the documentation in the Trauma H&P, the physician makes note that the patient arrived pulseless. It is an acceptable practice to enter a "0" for HR in the registry based on the documentation of the word pulseless, if allowed by your facility.

4. Patient is 27-year-old male, arrived by EMS at 23:42. Per the trauma flowsheet (23:44 HR 0, BP 0, RR12, GCS 3) patient arrived with no signs of life. An emergent clamshell thoracotomy was done, and cardiac massage began. ROSC was achieved, (23:54 monitor shows HR 72, BP 60/40, and RR 12 (assisted), patient was transported to the OR for further treatment.

Based on the documentation the patient arrived with no signs of life, however ROSC was achieved and there was documentation of some vital signs. Even though ROSC was achieved you have to take the first set of vitals for the registry, which is HR 0, BP 0 . You can then capture the second set of vitals if that is a standard practice of your facility.