

# VALIDATION WORKSHEET

Data Base Number :		123456			
Original Abstractor:		Name			
Validation Completed By:		Name			
DATA POINTS/ELEMENTS	Agree Y/N	NOTES	TOTAL # CORRECT	TOTAL # POSSIBLE	PERCENTAGE CORRECT
PATIENT DATA			2	2	100.00%
Medical Record Number	Y				
Account Number	Y				
INJURY TIME			2	2	100.00%
Injury Time	Y				
Injury Date	Y				
DEMOGRAPHIC DATA			13	14	92.86%
ABSTRACT	Y				
Address	Y				
RES ZIP	N	numbers were reversed			
CITY	Y				
COUNTY	Y				
Country	Y				
Alt. Home	Y				
Area Code	Y				
Phone	Y				
Race	Y				
Ethnicity	Y				
Sex	Y				
Marital Status	Y				
DOB	Y				
Age	Y				
EVENT DATA			20	20	100.00%
Indust acc	Y				
Occupation	Y				
Industry	Y				
Trauma type	Y				
Category	Y				
TRName	Y				
FEE	Y				
Details	Y				
Protective devices	Y				
Airbag	Y				
Abuse Report	Y				
Position in Vehicle	Y				
Extracaiton	Y				
Injury Zip	Y				
Nearest town	Y				
Injury State	Y				
Injury County	Y				
County	Y				
Location	Y				
Locale	Y				
Hospital transfer	Y				
PREHOSPITAL INFO			20	20	100.00%
Transport Mode	Y				
Trans Other	Y				
Agency	Y				
Unit	Y				
Origin	Y				
Record No	Y				
ALS/ BLS	Y				
Trip	Y				
Completed	Y				
Notify Time	Y				
Notify Date	Y				
Respond Time	Y				
Respond Date	Y				
Arrival Time	Y				
Arrival Date	Y				
Depart Time	Y				
Depart Date	Y				
Dest Time	Y				
Dest. Date	Y				
Destinaiton	Y				
Status	Y				

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Trauma Base Number :		123456			
Original Abstractor:		Initials			
Validation Completed By:		Initials			
SCENE PROCEDURES			16	16	100.00%
Bag-Valve- Mask Ventilation	Y				
Endotracheal Tube ( ETT) insertion	Y				
Chest Tube/ Thoracotomy	Y				
Peripheral venous access line	Y				
C-collar in place	Y				
Application of splint	Y				
Cardio- pulmonary resuscitation ( CPR)	Y				
Pulse Rate	Y				
Resp Rate	Y				
Systolic BP	Y				
Eye Opening	Y				
Verbal Response	Y				
Motor Response	Y				
Gcs Total	Y				
Gcs Qualifiers	Y				
Oxygen Saturation	Y				
HOSPITAL INFO			6	6	100.00%
Hospital Arrival Time	Y				
Hospital Arr. Date	Y				
Admit Services	Y				
Admit Type	Y				
Trauma Team	Y				
Team Nofity Time	Y				
PROVIDERS			11	12	91.67%
Trauma Surgeon Arrival Date	Y				
ED MD	N	entered resident name instead of attg			
Senior	Y				
Junior	Y				
NSR	Y				
Anes	Y				
Ortho	Y				
RadTech	Y				
RT	Y				
LAB	Y				
BLOOD	Y				
ABG	Y				
CT	Y				
FULL VITALS			15	15	100.00%
VS_NUMBER	Y				
VS_LOCATION_CODE	Y				
Pulse Rate	Y				
Resp Assist	Y				
Systolic BP	Y				
GCS Eye	Y				
GCS Verbal	Y				
GCS Motor	Y				
GCS Score Total	Y				
Qualifier Status	Y				
O2 Sat	Y				
Supplemental O2	Y				
Temp	Y				
Date	Y				
Time	Y				
Additional Errors/ 5 errors=1 point					#DIV/0!
ERROR 1					
ERROR 2					
ERROR 3					
ERROR 4					
ERROR 5					
ERROR 6					
ERROR 7					
ERROR 8					
ERROR 9					
ERROR 10					
Total			105	107	98.13%