Appendix 3: Glossary of Terms

CO-MORBID CONDITIONS

Advanced directive limiting care: The patient had a Do Not Resuscitate (DNR) document or similar advanced directive recorded prior to injury.

Alcohol use disorder (Consistent with APA DSM 5): Diagnosis of alcohol use disorder documented in the patient medical record.

Attention deficit disorder/Attention deficit hyperactivity disorder (ADD/ADHD): History of a disorder involving inattention, hyperactivity or impulsivity requiring medication for treatment.

Bleeding disorder: Any condition that places the patient at risk for bleeding in which there is a problem with the body’s blood clotting process (e.g., vitamin K deficiency, hemophilia, thrombocytopenia, chronic anticoagulation therapy with Coumadin, Plavix, or similar medications.) Do not include patients on chronic aspirin therapy.

Cerebrovascular accident (CVA): A history prior to injury of a cerebrovascular accident (embolic, thrombotic, or hemorrhagic) with persistent residual motor sensory or cognitive dysfunction (e.g., hemiplegia, hemiparesis, aphasia, sensory deficit, impaired memory.)

Chronic Obstructive Pulmonary Disease (COPD): Severe chronic lung disease, chronic obstructive pulmonary disease (COPD) such as emphysema and/or chronic bronchitis resulting in any one or more of the following:

- Functional disability from COPD (e.g., dyspnea, inability to perform activities of daily living [ADLs].)
- Hospitalization in the past for treatment of COPD.
- Requires chronic bronchodilator therapy with oral or inhaled agents.
- A Forced Expiratory Volume in 1 second (FEV1) of <75% of predicted on pulmonary function testing.
- Do not include patients whose only pulmonary disease is acute asthma. Do not include patients with diffuse interstitial fibrosis or sarcoidosis.

Chronic renal failure: Acute or chronic renal failure prior to injury that was requiring periodic peritoneal dialysis, hemodialysis, hemofiltration, or hemodiafiltration.

Cirrhosis: Documentation in the medical record of cirrhosis, which might also be referred to as end stage liver disease. If there is documentation of prior or present esophageal or gastric varices, portal hypertension, previous hepatic encephalopathy, or ascites with notation of liver disease, then cirrhosis should be considered present. Cirrhosis should also be considered present if documented by diagnostic imaging studies or a laparotomy/laparoscopy.

Congenital Anomalies: Documentation of a cardiac, pulmonary, body wall, CNS/spinal, GI, renal, orthopedic, or metabolic congenital anomaly.
**Congestive Heart Failure:** The inability of the heart to pump a sufficient quantity of blood to meet the metabolic needs of the body or can do so only at an increased ventricular filling pressure. To be included, this condition must be noted in the medical record as CHF, congestive heart failure, or pulmonary edema with onset of increasing symptoms within 30 days prior to injury. Common manifestations are:

- Abnormal limitation in exercise tolerance due to dyspnea or fatigue
- Orthopnea (dyspnea on lying supine)
- Paroxysmal nocturnal dyspnea (awakening from sleep with dyspnea)
- Increased jugular venous pressure
- Pulmonary rales on physical examination
- Cardiomegaly
- Pulmonary vascular engorgement

**Currently receiving chemotherapy for cancer:** A patient who is currently receiving any chemotherapy treatment for cancer prior to admission. Chemotherapy may include, but is not restricted to, oral and parenteral treatment with chemotherapeutic agents for malignancies such as colon, breast, lung, head and neck, and gastrointestinal solid tumors as well as lymphatic and hematopoietic malignancies such as lymphoma, leukemia, and multiple myeloma.

**Current Smoker:** A patient who reports smoking cigarettes every day or some days within the last 12 months. Exclude patients who smoke cigars or pipes or use smokeless tobacco (chewing tobacco or snuff.)

**Dementia:** Documentation in the patient’s medical record of dementia including senile or vascular dementia (e.g., Alzheimer’s.)

**Diabetes mellitus:** Diabetes mellitus prior to injury that required exogenous parenteral insulin or an oral hypoglycemic agent.

**Disseminated cancer:** Patients who have cancer that has spread to one site or more sites in addition to the primary site. AND in whom the presence of multiple metastases indicates the cancer is widespread, fulminant, or near terminal. Other terms describing disseminated cancer include: “diffuse,” “widely metastatic,” “widespread,” or “carcinomatosis.” Common sites of metastases include major organs, (e.g., brain, lung, liver, meninges, abdomen, peritoneum, pleura, bone.)

**Drug use disorder** (Consistent with APA DSM 5): Diagnosis of drug use disorder documented in the patient medical record.

**Functionally Dependent health status:** Pre-injury functional status may be represented by the ability of the patient to complete age appropriate activities of daily living (ADL) including: bathing, feeding, dressing, toileting, and walking. This item is marked YES if the patient, prior to injury, and as a result of cognitive or physical limitations relating to a pre-existing medical condition, was partially dependent or completely dependent upon equipment, devices or another person to complete some or all activities of daily living.

**History of angina within 30 days:** Documentation of chest pain or pressure, jaw pain, arm pain, or other equivalent discomfort suggestive of cardiac ischemia present within the last 30 days from hospital arrival date.
History of myocardial infarction: The history of a non-Q wave, or a Q wave infarction in the six months prior to injury and diagnosed in the patient’s medical record.

History of Peripheral Vascular disease (PVD): Any type of operative (open) or interventional radiology angioplasty or revascularization procedure for atherosclerotic PVD (e.g., aorta-femoral, femoral-femoral, femoral-popliteal, balloon angioplasty, stenting, etc.) Patients who have had amputation from trauma or resection/repair of abdominal aortic aneurysms, including Endovascular Repair of Abdominal Aortic Aneurysm (EVAR,) would not be included.

Hypertension requiring medication: History of a persistent elevation of systolic blood pressure >140mm Hg and a diastolic blood pressure >90mm Hg requiring an antihypertensive treatment (e.g., diuretics, beta blockers, angiotensin-converting enzyme (ACE) inhibitors, calcium channel blockers.)

Major psychiatric illness: Documentation of the presence of pre-injury major depressive disorder, bipolar disorder, schizophrenia, anxiety/panic disorder, borderline or antisocial personality disorder, and/or adjustment disorder/post-traumatic stress disorder.

Prematurity: Documentation of premature birth, a history of bronchopulmonary dysplasia, or ventilator support for greater than 7 days after birth. Premature birth is defined as infants delivered before 37 weeks from the first day of the last menstrual period.

Steroid use: Patients that required the regular administration of oral or parenteral corticosteroid medications (e.g., prednisone, dexamethasone in the 30 days prior to injury for a chronic medical condition (e.g., COPD, asthma, rheumatologic disease, rheumatoid arthritis, inflammatory bowel disease.) Do not include topical corticosteroids applied to the skin or corticosteroids administered by inhalation or rectally.
**CO-MORBID CONDITIONS**

**Definition**
Pre-existing co-morbid factors present before patient arrival at the ED/hospital.

**Field Values**

1. Other
2. Alcohol Use Disorder
3. **RETIRED 2015** Ascites within 30 days
4. Bleeding disorder
5. Currently receiving chemotherapy for cancer
6. Congenital anomalies
7. Congestive heart failure
8. Current smoker
9. Chronic renal failure
10. Cerebrovascular Accident (CVA)
11. Diabetes mellitus
12. Disseminated cancer
13. Advanced directive limiting care
14. **RETIRED 2015** Esophageal varices
15. Functionally dependent health status
16. History of angina within 30 days
17. History of myocardial infarction
18. History of Peripheral Vascular Disease (PVD)
19. Hypertension requiring medication
20. **RETIRED 2012** Impaired sensorium
21. Prematurity
22. **RETIRED 2015** Obesity
23. Chronic Obstructive Pulmonary Disease (COPD)
24. Steroid use
25. Cirrhosis
26. Dementia
27. Major psychiatric illness
28. Drug use disorder
29. **RETIRED 2015** Pre-hospital cardiac arrest with resuscitative efforts by healthcare provider
30. Attention deficit disorder/attention deficit hyperactivity disorder (ADD/ADHD)

**Additional Information**

- The null value “Not Applicable” is used for patients with no known co-morbid conditions.
- For any Co-Morbid Condition to be valid, there must be a diagnosis noted in the patient medical record that meets the definition noted in Appendix 3: Glossary of Terms.
- Check all that apply.

**Data Source Hierarchy Guide**

1. History & Physical
2. Physician’s Notes
3. Progress Notes
4. Case Management/Social Services
5. Nursing Notes/Flow Sheet
6. Triage/Trauma Flow Sheet
7. Discharge Summary

**Associated Edit Checks**

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