

CDW Data Dictionary

| Variable | Element Name | Available choices for this data element | Definition | Investigators please note: | in CDW? | in i2b2? |
|---------------------------|--------------------------------|---|---|--|---------|-----------------|
| DATASOURCE_INST | Institution | GHS, MUSC, PH, or SRHS | Identifier for the institution where a patient was treated. | This is only available if requesting institutions identified. | y | n |
| DATASOURCE_ID | Institution ID | | A masked unique identifier for the institution. | This is only available if requesting institutions masked. | y | n |
| Visit Information: | | | | | | |
| VISIT_START_DATE | Visit Start Date | | The date when a visit was started. | Day, month, and year are available. | y | y; shifted |
| VISIT_END_DATE | Visit End Date | | The date when a visit ended. | Day, month, and year are available. | y | y; shifted |
| LOS | Length of Stay | | The length of time that a patient stayed in the hospital; see associated units. | This variable is not calculated by HSSC; it is submitted by the hospitals. | y | n |
| LOS_UNITS | Units for Length of Stay | Days | The time measure associated with length of stay. | | y | n |
| STATUS | Visit Status | Completed, Active, or Nullified | Describes whether a visit is ongoing or has ended. | Please see the Visit Status code sheet. | y | n |
| CLASS_CODE | Visit Class (Encounter Type) | Inpatient, Outpatient, or Emergency | The 3 broad patient classes are inpatient, outpatient, and emergency. | Please see the Encounter Type code sheet. | y | y |
| TYPE_CODE | Visit Type (Encounter Subtype) | There are 12 codes. | Indicates with more detail the type of visit. | Please see the Encounter Subtype code sheet. | y | y |
| ADMISSION_DATE | Admission Date | | The date the patient was admitted to the hospital. | Months, dates, and years are available | y | y; shifted |
| DISCHARGE_DATE | Discharge Date | | The date the patient was sent home (or elsewhere) from the hospital. | Months, dates, and years are available | y | y; shifted |
| AGE_AT_VISIT | Age at Visit | | The patient's age in years on the date of the visit. | Calculated using the birthdate and date of visit. | y | y; shifted |
| ADMISSION_TYPE | Admission Type | There are 7 codes. | Indicates the circumstances under which an inpatient visit began. | Please see the Admission Type code sheet. | y | y; HSSC project |

CDW Data Dictionary

| Variable | Element Name | Available choices for this data element | Definition | Investigators please note: | in CDW? | in i2b2? |
|--|------------------------|--|---|---|---------|--------------------|
| ADMISSION_SOURCE | Admission Source | There are 15 codes. | Indicates where the patient came from before they were admitted to the hospital. | Please see the Admission Source code sheet. | y | y |
| ACCOM_CODE | Accommodation Code | There are 13 codes. | Indicates the patient's accommodation during their hospital stay. | Please see the Accommodation code sheet. | y | y; HSSC project |
| DISCHARGE_DISPOSITION | Discharge Disposition | There are 22 codes. | Indicates where it was planned for the patient to go when they were discharged from the hospital. | Please see the Discharge Disposition code sheet. | y | y; HSSC project |
| FINANCIAL_CLASS_GROUP | Financial Class Group | Commercial, Government, Self-insured, or Other | The patient's broad category of insurance/payor. | Please see the Financial Class code sheet. | y | y; HSSC project |
| HOSPITAL_SERVICE_GROUP | Hospital Service Group | There are 42 codes. | Indicates the clinical/medical specialty area for the type of services received. | Please see the Hospital Service Group code sheet. | y | y; HSSC project |
| APRDRG | APR DRG | | All Patient Refined Diagnosis Related Group used for Medicare payment. | Available from GHS and MUSC. | y | n |
| MSDRG | MSDRG | | Medicare Severity Diagnosis Related Group required for Medicare payment. | Available from GHS only. | y | n |
| CITY | City | | Patient's city of residence at time of visit. | | y | n |
| STATE | State | | Patient's state of residence at time of visit. | | y | n |
| ZIP | Zip | | Patient's zip code of residence at time of visit. | | y | n; see urban rural |
| COUNTY | County | | Patient's county of residence at time of visit. | | y | n |
| Patient's Personal and Demographic Information: | | | | | | |
| FIRST_NAME | First Name | | Patient's first name | | y | n |
| MIDDLE_NAME | Middle Name | | Patient's middle name | | y | n |
| LAST_NAME | Last Name | | Patient's last name | | y | n |
| TITLE | Title | Dr, MD, Rev | Patient's title or prefix | Rarely populated | y | n |
| SUFFIX | Suffix | Jr, Sr, I, II, III, IV | Patient's suffix | Rarely populated | y | n |
| BIRTH_DATE | Birth Date | | Patient's date of birth | Day, month, and year are available. | y | y; shifted |
| AGE | Age | | Patient's age | | y | y; shifted |
| SEX | Sex | M, F, Unknown | Patient's standardized gender | Please see the Gender code sheet. | y | y; HSSC project |

CDW Data Dictionary

| Variable | Element Name | Available choices for this data element | Definition | Investigators please note: | in CDW? | in i2b2? |
|---------------------------------------|------------------------|---|--|--|---------|-----------------|
| SSN | Social Security Number | | Patient's social security number | This data element is available only for the purpose of merging with other databases. | y | n |
| MRN | Medical Record Number | | Patient's medical record number | This field can be requested with patient consent or with IRB approval. | y | n |
| MARITAL_STATUS | Marital Status | There are 6 choices. | Patient's standardized marital status | Please see the Marital Status code sheet. | y | y; HSSC project |
| LANGUAGE | Language | There are 16 choices. | Primary language spoken by the patient | Please see the Language code sheet. | y | y; HSSC project |
| ETHNICITY | Ethnicity | There are 10 choices. | Patient's standardized ethnicity | Please see the Ethnicity code sheet. | y | y; HSSC project |
| RACE | Race | There are 10 choices. | Patient's standardized race | Please see the Race code sheet. | y | y; HSSC project |
| RELIGION | Religion | There are 37 choices. | Patient's indicated religious preference | Please see the Religion code sheet. | y | y; HSSC project |
| DECEASED_IND | Deceased Indicator | Y, N | Indicator of whether the patient died in the hospital. | Does not include death registry data; this is only recorded if patient died in hospital. | y | y |
| DEATH_DATE | Death Date | | Patient's date of death, if applicable and known. | This is only recorded if patient died in hospital. | y | n |
| Patient's Address Information: | | | | | | |
| ADDR_1 | Address Line 1 | | Patient's home address, line 1. | | y | n |
| ADDR_2 | Address Line 2 | | Patient's home address, line 2. | | y | n |
| ADDR_3 | Address Line 3 | | Optional third address line. | | y | n |
| CITY | City | | Patient's current city of residence | | y | n |
| STATE | State | | Patient's current state of residence | | y | n |
| ZIP | Zip | | Patient's current zip code or postal code. | | | |

CDW Data Dictionary

| Variable | Element Name | Available choices for this data element | Definition | Investigators please note: | in CDW? | in i2b2? |
|---|----------------------------|---|--|---|---------|------------|
| COUNTY | County | | Patient's current county of residence | | y | n |
| COUNTRY | Country | | Patient's current country of residence | | y | n |
| URBAN_RURAL | Urban/Rural Classification | | NCHS Urban-Rural Classification Scheme for Counties | Please see Urban/Rural Classification code sheet. | y | y |
| HOME_PHONE | Home Phone | | Patient's home phone | | y | n |
| WORK_PHONE | Work Phone | | Patient's work phone | | y | n |
| MILITARY_STATUS | Military Status | Active, Retired, or Deceased | Patient's standardized military status | Please see Military Status code sheet. | y | y |
| MILITARY_BRANCH | Military Branch | | Patient's past or present military branch | | y | n |
| MILITARY_RANK | Military Rank | | Patient's past or present military rank | | y | n |
| Diagnosis and Procedure Information: | | | | | | |
| DX_CODE | Diagnosis Code | | The 3-to-5 digit code used to specify the diagnosis. | | y | y |
| DX_CODE_TYPE | Diagnosis Coding System | ICD-9 | The schema or version of coding system (eg. ICD-9). | Currently only ICD-9 is used. We anticipate converting to ICD-10 in 2015. | y | y |
| DX_SEQUENCE | Diagnosis Sequence | | Sequential ordering of the diagnoses in a single hospital visit. | | y | n |
| DX_TYPE | Diagnosis Type | There are 4 choices. | Type of diagnosis: admitting, discharge, intermediate, or unspecified. | Please see Diagnosis Type code sheet. | y | n |
| DIAGNOSIS_DATE | Diagnosis Date | | The date of the diagnosis. | Months, dates, and years are available | y | y; shifted |
| DX_SEVERITY | Diagnosis Severity | | Severity of the diagnosis symptoms | | y | n |
| PROC_CODE | Procedure Code | | The 3-to-5 digit code used to specify the procedure. | | y | y |
| PROC_CODE_TYPE | Procedure Coding System | ICD-9 | The schema or version of coding system (eg. ICD-9). | Currently only ICD-9 is used. We anticipate converting to ICD-10 in 2015. | y | y |
| PROC_SEQUENCE | Procedure Sequence | | Sequential ordering of procedures done in a single hospital visit. | | y | n |
| PROC_START_DATE | Procedure Start Date | | The date on which a procedure started. | Months, dates, and years are available. | y | y; shifted |
| PROC_END_DATE | Procedure End Date | | The date on which a procedure was completed. | Months, dates, and years are available. | y | y; shifted |

CDW Data Dictionary

| Variable | Element Name | Available choices for this data element | Definition | Investigators please note: | in CDW? | in i2b2? |
|---|--------------------------|---|--|--|---------|------------|
| Medical Provider Information: | | | | | | |
| PROVIDER_ID | Provider ID | | CDW's unique identifier for a provider. | | y | n |
| FIRST_NAME | First Name | | Provider's first name | | y | n |
| MIDDLE_NAME | Middle Name | | Provider's middle name | | y | n |
| LAST_NAME | Last Name | | Provider's last name | | y | n |
| SUFFIX | Suffix | | Provider's suffix, if applicable | | y | n |
| PROVIDER_TYPE | Provider Type | There are 4 choices. | The general type of provider. | Please see the Provider Type code sheet. | y | n |
| FUNCTION_CODE | Function Code | There are 14 choices. | Code indicating the provider's role in this particular visit. | Please see the Provider Function code sheet. | y | n |
| Ordered Medications Information: | | | Medications that have been ordered for a patient during an inpatient hospital stay. | | | |
| ORDER_PROVIDER_ID | Order Provider ID | | Unique identifier for the provider ordering the medication. | | y | n |
| ORDER_NUM | Order Number | | Ties all administrations of the medication to the order. | | y | n |
| ORDER_STATUS | Order Status | Aborted, Active, New, Nulified, Suspended | The state of completion of the medication order. | Please see the Medication Order Status code sheet. | y | n |
| START_DATE | Start Date | | Start date of the medication | Months, dates, and years are available. | y | y; shifted |
| END_DATE | End Date | | End date of the medication | Months, dates, and years are available. | y | y; shifted |
| MED_CODE | Medication Code | | Code for medication ordered | | y | y |
| MED_CODE_TYPE | Medication Coding System | | Type of code - RxNorm | | y | y |
| FREQUENCY | Frequency | There are 17 choices. | Frequency of the medication to be administered | | y | y |
| DOSE_QUANTITY | Dose Quantity | | Dose of the medication ordered or the rate of the IV | | y | n |
| DOSE_UNIT | Dose Unit | | Units associated with dose (e.g. milliliters, drams) | This data is not standardized. | y | n |
| DOSE_FORM | Dose Form | Tablet, capsule, etc. | Units associated with the dose quantity; can be expressed as weight, voume, or number of dosage forms (mg, mL) | This data is not standardized. | y | n |
| STRENGTH | Strength | | Strength of the medication dose (e.g. mg, units) | | y | n |
| ROUTE | Route | There are 46 choices. | The physical method through which the medication enters the body. | Please see the Route of Administration code sheet. | y | y |
| PRIORITY | Priority | Routine or STAT | The priority of the medication | Please see the Medication Priority code sheet. | y | y |

CDW Data Dictionary

| Variable | Element Name | Available choices for this data element | Definition | Investigators please note: | in CDW? | in i2b2? |
|--|----------------------------|---|---|---|---------|------------|
| GIVE_RATE_AMT | Give Rate Amount | | The dose of medication over the time frame (e.g. mL/hr) | | y | n |
| MAX_DAILY_DOSE | Maximum Daily Dose | | The maximum amount of medication the patient should get in a day. | | y | n |
| MAX_DAILY_DOSE_UNIT | Maximum Daily Dose Unit | | The units associated with the maximum daily dose. | | y | n |
| MAX_DOSE_QUANTITY | Max Dose | | The maximum amount of medication to be administered. | | y | n |
| MAX_DOSE_UNIT | Max Dose Unit | | The units associated with the maximum dose. | | y | n |
| MAX_GIVE_RATE_AMT | Max Give Rate Amount | | The maximum medication dosing rate to be administered. | | y | n |
| MAX_GIVE_RATE_UNIT | Max Give Rate Unit | | The units associated with the maximum give rate. | | y | n |
| ORDER_AS_WRITTEN | Order As Written | | Written instructions provided by the prescribing provider. | The is a free text data element. | y | n |
| Administered Medications Information: | | | Medications that have been given to a patient during an inpatient hospital stay. | | | |
| MED_ORDER_ID | Medication Order ID | | Unique identifier to link back to a specific medication order. | | y | n |
| ADMIN_PROVIDER_ID | Administration Provider ID | | Unique identifier for the provider administering the medication. | | y | n |
| MED_CODE | Medication Code | | Code for medication administered | | y | y |
| MED_CODE_TYPE | Medication Code Type | | Type of code - RxNorm | | y | y |
| ADMIN_START_DATE | Administration Start Date | | The date the medication started being administered | Months, dates, and years are available. | y | y; shifted |
| ADMIN_END_DATE | Administration End Date | | The date the medication stopped being administered | Months, dates, and years are available. | y | y; shifted |
| ADMIN_STATUS | Administration Status | Active, Completed, or Nullified | The status of the medication administration. | Please see the Medication Administration Status code sheet. | y | n |
| DOSE_QUANTITY | Dose Quantity | | The amount of the medication administered in one dose. Also describes the rate of IV administration. | This data is not standardized | y | n |
| DOSE_UNIT | Dose Unit | | The unit associated with the dose quantity. | This data is not standardized | y | n |
| DOSE_FORM | Dose Form | | Physical form associated with the dose quantity; can be expressed as weight, voume, or number of dosage forms (mg, mL). | This data is not standardized | y | n |
| ROUTE | Route of administration | There are 47 choices. | The physical method through which the medication enters the body. | Please see the Route of Administration code sheet. | y | y |
| SITE | Site of administration | There are 17 choices. | The area of the patient's body where the medication is administered, if applicable. | Please see the Site of Administration code sheet. | y | n |

Accommodation Code

| Code | Values |
|-------------|----------------------|
| CC | Coronary Care |
| ED | Emergency Department |
| IC | Intensive Care |
| MC | Intermediate Care |
| NU | Nursery |
| O | Obstetric |
| OP | Outpatient |
| OT | Other |
| PR | Private |
| SP | Special Program |
| ST | Short Term Care |
| SV | Semi-Private |
| WD | Ward |

Admission Source

| Code | Values |
|-------------|-------------------------------------|
| CR | Clinic Referral |
| ED | Emergency Department |
| HR | HMO Referral |
| LW | Court/Law |
| NB | Newborn |
| NF | Non Health Care Facility |
| PR | Physician Referral |
| PV | Physician Service |
| TA | Transfer - Outpatient Surgery |
| TD | Transfer - Other Hospital |
| TI | Transfer - Within Hospital |
| TN | Transfer - Skilled Nursing Facility |
| TO | Transfer - Other |
| TP | Transfer - Hospice |
| UNK | Unknown |

Admission Type

| Code | Values |
|-------------|---------------|
| E | Emergency |
| N | Newborn |
| O | Obstetric |
| R | Elective |
| TM | Trauma |
| U | Urgent |
| UNK | Unknown |

Deceased Index

| Code | Values |
|-------------|----------------|
| N | No (Living) |
| Y | Yes (Deceased) |

Diagnosis Type

| Code | Values |
|-------------|------------------------|
| ADMDX | Admitting Diagnosis |
| DISDX | Discharge Diagnosis |
| DX | Unspecified Diagnosis |
| INTDX | Intermediate Diagnosis |

Discharge Disposition

| Code | Values |
|-------------|---------------------------------|
| ADM | Admitted To Hospital |
| AHF | Hospice Facility |
| AHH | Hospice Home |
| AHR | Routine To Home Or Self Care |
| AIV | Home With Home Health And IV |
| ALW | Court / Law |
| AMA | Left Against Medical Advice |
| ANI | Home With Home Health And No IV |
| ATA | Assisted Living |
| ATC | Critical Access Hospital |
| ATE | Extended Care Nursing Facility |
| ATH | Short Term Hospital |
| ATI | Intermediate Care Facility |
| ATL | Acute Long Term Care Facility |
| ATM | Transfer Mental Health Center |
| ATO | Other Facility |
| ATS | Skilled Nursing Facility |
| ATX | Rehab Facility |
| DAZ | Died At Home |
| DBZ | Died In Medical Facility |
| DCZ | Died Place Unknown |
| UNK | Unknown |

Encounter Subtype

| Code | Values |
|-------------|------------------------|
| ED | Emergency / Trauma |
| IG | Inpatient General |
| IO | Inpatient Other |
| IX | Inpatient Transfer |
| OB | Outpatient Observation |
| OG | Outpatient General |
| OO | Outpatient Other |
| OR | Outpatient Series |
| OS | Outpatient Surgery |
| OT | Other |
| OV | Outpatient Service |
| TC | Transitional Care |

Encounter Type

| Code | Values |
|-------------|---------------|
| O | Outpatient |
| I | Inpatient |
| E | Emergency |

Ethnicity

| Code | Values |
|----------------------------------|----------------------------------|
| African American | African American |
| American Indian Or Alaska Native | American Indian Or Alaska Native |
| Asian Indian | Asian Indian |
| Hispanic Or Latino | Hispanic Or Latino |
| More Than One Race | More Than One Race |
| Not Hispanic Or Latino | Not Hispanic Or Latino |
| Other Race | Other Race |
| Refused Declaration | Refused Declaration |
| Unknown | Unknown |
| White | White |

Financial Class

| Code | Values |
|-------------|------------------------|
| COMM | Commercial |
| GOVT | Government |
| OTHR | Other |
| SELF | Self-Pay and Uninsured |
| UNK | Unknown |

Gender

| Code | Values |
|-------------|---------------|
| F | Female |
| M | Male |
| U | Unknown |

Hospital Service Group

| Code | Values |
|-------------|------------------------|
| ADA | Alcohol Drug Treatment |
| ALL | Allergy |
| ALL | Allergy |
| ANS | Anesthesiology |
| CAR | Cardiology |
| DEN | Dentistry |
| DER | Dermatology |
| EMS | Emergency Medicine |
| END | Endocrinology |
| ENT | Otolaryngology |
| EYE | Ophthalmology |
| FMD | Family Medicine |
| GIN | Gastroenterology |
| GYN | Gynecology |
| HOS | Hospitalists |
| ICU | Intensive Care |
| IDX | Infectious Disease |
| LTC | Long Term Care |
| MED | Internal Medicine |
| NEP | Nephrology |
| NRU | Neurology |
| NSU | Neuroscience |
| OBS | Obstetrics |
| OBV | Observation |
| ONC | Oncology |
| OPD | Outpatient Department |
| ORS | Oral Surgery |
| ORT | Orthopedic |
| PAL | Palliative Care |
| PAT | Pathology |
| PED | Pediatrics |
| POD | Podiatry |
| PSU | Plastic Surgery |
| PSY | Psychiatry |
| PUL | Pulmonary |
| RAD | Radiology |
| REC | Recovery |
| REH | Rehab Medicine |
| RHU | Rheumatology |
| SUR | Surgery |
| UNK | Unknown |
| URO | Urology |

Language

| Code | Values |
|-------------|----------------|
| ARA | Arabic |
| CHI | Chinese |
| ENG | English |
| FRE | French |
| GER | German |
| ITA | Italian |
| JPN | Japanese |
| KOR | Korean |
| OTH | Other |
| POL | Polish |
| POR | Portugese |
| RUS | Russian |
| SGN | Sign languages |
| SOM | Somali |
| SPA | Spanish |
| VIE | Vietnamese |

Marital Status

| Code | Values |
|-------------|-------------------|
| D | Divorced |
| T | Domestic Partner |
| W | Widowed |
| S | Single |
| L | Legally Separated |
| M | Married |

Medication Administration Status

| Code | Values |
|-------------|------------------|
| active | Active (ongoing) |
| completed | Completed |
| nullified | Canceled |

Medication Frequency

| Code | Values |
|-------------|---------------------------------|
| 0-1HR | Every 0 to 1 hours |
| 1-6HR | Every 1 to 6 hours |
| 7-12HR | Every 7 to 12 hours |
| 13-18HR | Every 13 to 18 hours |
| 19-24HR | Every 19 to 24 hours |
| 25-36HR | Every 25 to 36 hours |
| 37-48HR | Every 37 to 48 hours |
| 49-72HR | Every 49 to 72 hours |
| >72HR | Intervals greater than 72 hours |
| AC | Before Meals |
| AN | As Needed (PRN) |
| CC | With Food |
| CONT | Continuously |
| HS | At Bedtime |
| ONCE | Once |
| PREOP | Preoperative |
| STAT | Immediately |

Medication Order Status

| Code | Values |
|-------------|------------------|
| Aborted | Aborted |
| Active | Active (ongoing) |
| New | New |
| Nullified | Canceled |
| Suspended | Suspended |

Medication Priority

| Code | Values |
|-------------|---------------|
| ROUTINE | Routinely |
| STAT | Immediately |

Military Status

| Code | Values |
|-------------|--------------------------|
| ACTIVE | Active military |
| DECEASED | Prior Duty, Now Deceased |
| RETIRED | Retired military |
| Unknown | Unknown |

Provider Function

| Code | Values |
|--------------|--|
| ADMPHYS | Admitting Physician |
| ANESTH | Anesthesiologist |
| ATND_DOC | Attending Physician |
| CARE_DOC | Doctor Involved in Care of Patient During Stay |
| CONS_DOC | Consulting Physician During Stay |
| ER_DOC | Emergency Room Physician |
| MUSC_ADD_REF | MUSC Referring Physician |
| PCP | Primary Care Provider |
| PREREG_CLERK | Pre-Admission/Pre-Registration Clerk |
| PRISURG | Primary Surgeon |
| REF_DOC | Referring Physician |
| REG_CLERK | Admission/Registration Clerk |
| SURGEON | Performing Surgeon |
| TEAM_DOC | Team Physician |

Provider Type

| Code | Values |
|-------------|---------------|
| ADM | Admitting |
| ATND | Attending |
| CON | Consulting |
| REF | Referring |

Race

| Code | Values |
|---|---|
| African American | African American |
| American Indian Or Alaska Native | American Indian Or Alaska Native |
| Asian | Asian |
| Hispanic Or Latino | Hispanic Or Latino |
| More Than One Race | More Than One Race |
| Native Hawaiian Or Other Pacific Islander | Native Hawaiian Or Other Pacific Islander |
| Other Race | Other Race |
| Refused Declaration | Refused Declaration |
| Unknown | Unknown |
| White | White |

Religion

| Code | Values |
|-----------------------------|-----------------------------|
| African Methodist Episcopal | African Methodist Episcopal |
| Assembly Of God | Assembly Of God |
| Baptist | Baptist |
| Brethren | Brethren |
| Buddhist | Buddhist |
| Catholic | Catholic |
| Christian | Christian |
| Christian Science | Christian Science |
| Church of Christ | Church of Christ |
| Congregational | Congregational |
| Disciples Of Christ | Disciples Of Christ |
| Episcopalian | Episcopalian |
| Evangelical | Evangelical |
| Friends (Quakers) | Friends (Quakers) |
| Greek Orthodox | Greek Orthodox |
| Independent | Independent |
| Jehovah Witnesses | Jehovah Witnesses |
| Jewish | Jewish |
| Latter Day Saints | Latter Day Saints |
| Lutheran | Lutheran |
| Methodist | Methodist |
| Mission Covenant | Mission Covenant |
| Mormon | Mormon |
| Moslem | Moslem |
| Nazarene | Nazarene |
| No Religious Preference | No Religious Preference |
| Other Religion | Other Religion |
| Pentecostal | Pentecostal |
| Presbyterian | Presbyterian |
| Protestant, No Denomination | Protestant, No Denomination |
| Reformed | Reformed |
| Salvation Army | Salvation Army |
| Seventh Day Adventist | Seventh Day Adventist |
| Sunni (Islam) | Sunni (Islam) |
| Unitarian | Unitarian |
| United Church Of Christ | United Church Of Christ |
| Unknown | Unknown |

Route of Administration

| Code | Values | Code | Values |
|-----------|-------------------------------|----------|---------------|
| BUCCAL | Buccally | T-URETH | Transurethral |
| DENTAL | Dentally | TOPIC | Topically |
| E-TRACHE | Endotracheal | TRACHEAL | Intratracheal |
| EPIDUR | Epidural | UROGEN | Urogenital |
| FT | Feeding tube | VAGIN | Vaginally |
| I-ARTER | Intra-arterial | | |
| I-ARTIC | Intra-articular | | |
| I-BILI | Intra-hepatic | | |
| I-CAUDAL | Caudal block | | |
| I-CAVIT | Intra-cavitary | | |
| I-DERMAL | Intra-dermal | | |
| I-DURAL | Intra-dermal | | |
| I-OCUL | Intra-ocular | | |
| I-PERITON | Intra-peritoneal | | |
| I-PLEURAL | Intra-pleural | | |
| I-SPINAL | Intra-lumbar or intra-spinal | | |
| I-UTER | intra-uterine | | |
| I-VENTRIC | Intra-ventricular | | |
| IM | Intra-muscular | | |
| IMPLANT | Implant | | |
| INFIL | Infiltration | | |
| INHAL | Inhaled | | |
| INJECT | Injected | | |
| IRRIG | Irrigation | | |
| IT | Intrathecal | | |
| IV | Intravenous | | |
| NASAL | Nasally | | |
| OPHTHALM | Ophthalmic - one or both eyes | | |
| ORAL | Orally | | |
| OTHER | Other | | |
| OTIC | Otally - one or both ears | | |
| PERCUT | Percutaneous | | |
| RECTAL | Rectally | | |
| S-CONJUNC | Sub-conjunctival | | |
| SC | Subcutaneous | | |
| SL | Sub-lingual | | |
| T-DERMAL | Transdermal | | |
| T-ESOPHAG | Transesophageal | | |
| T-LINGUAL | Translingual | | |
| T-MUCOS | Trans-mucosal | | |
| T-PYLORIC | Transpyloric | | |

Site of Administration

| Code | Values |
|-------------|---------------------|
| L ARM | left arm |
| L CHEST | left chest |
| L GLUTEUS | left gluteus |
| L MASTOID | left mastoid |
| L SHOULDER | left shoulder |
| L THIGH | left thigh |
| LLA | left lower abdomen |
| ORAL | oral |
| R CHEST | right chest |
| R GLUTEUS | right gluteus |
| R MASTOID | right mastoid |
| R SHOULDER | right shoulder |
| R THIGH | right thigh |
| R ARM | right arm |
| RLA | right lower abdomen |
| RUA | right upper abdomen |
| SCRO | scrotum |

Urban/Rural Classification

| Code | Values |
|-------------|--------------------------------|
| 1 | Large Central Metro |
| 2 | Large Fringe Metro |
| 3 | Medium Metro |
| 4 | Small Metro |
| 5 | Micropolitan (Nonmetropolitan) |
| 6 | Noncore (Nonmetropolitan) |

Visit Status

| Code | Values |
|-------------|------------------|
| completed | Completed |
| active | Active (ongoing) |
| nullified | Cancelled |