



# Cardiac First Response Report Information Standard 2016

# CFR Information Standard

## TABLE OF CONTENTS

<b>Introduction</b>	1	<b>3. Cardiac arrest</b>	3
<b>1. Incident data</b>	2	3.1 Chest pain	3
1.1 Date of call	2	3.2 Collapse	3
1.2 Passed	2	3.3 Chest compressions	4
1.3 At scene	2	3.4 Defibrillator pads	5
1.4 At patient	2	3.5 Cardiac arrest rhythm	5
1.5 Clear	2	3.6 Shock	6
1.6 Control centre	2	3.7 Return of spontaneous circulation (ROSC)	7
1.7 Dispatch clarification reference	2	3.8 CPR in progress when transporting	7
1.8 Incident location address	2	3.9 Spontaneous circulation on arrival to hospital	7
1.9 Dead on arrival (DOA)	3	<b>4. Doctor in attendance</b>	7
1.10 Foreign body airway obstruction (FBAO)	3	<b>5. Medication management</b>	7
<b>2. Patient demographics</b>		<b>6. Care management</b>	8
2.1 Title	3	<b>7. FAST assessment</b>	9
2.2 Surname	3	<b>8. CFR report handover</b>	9
2.3 Forename	3	<b>9. References</b>	10
2.4 Individual Health Identifier (IHI)	3		
2.5 Date of birth	3		
2.6 Age	3		
2.7 Gender	3		



# Introduction

The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the delivery of quality pre-hospital emergency care for people in Ireland.

PHECC is charged under our Establishment Order (Statutory Instrument No. 109 of 2000).

*(f) advise the Minister of the standards which should inform the education and training of emergency medical technicians in the State;*

To fulfil this commitment PHECC develops and supports the national implementation of EMS information standards, associated patient reports and data completion standards across all PHECC recognised licenced providers; statutory, private, auxiliary and voluntary. The standards provide definitions for all of the data elements, data types and data domains on the patient reports completed nationally by all licenced providers.

**The benefits of good quality data include providing:**

- Accurate information to enable informed decision making in the delivery of safe quality care <sup>(1)</sup>.
- Documentary evidence to assist the practitioner meet his/her CPC requirements.
- Data for quality, robust clinical audit.
- Data to support the legal requirements under the Data Protection Acts <sup>(2)</sup>.
- Data for research into pre-hospital skills, equipment and services <sup>(3)</sup>.
- Data to support the development of Strategic Plans.

The Cardiac First Response Report (CFR) Information Standard consists of the set of data elements about the patient which include but are not exclusive to: name and address, date of birth, key provider response times to the patient, history of complaint, chest compressions and care delivered.

Safe reliable care depends on access to and use of accurate reliable information. Here is a summary of data quality dimensions <sup>(4)</sup>.

Completion Standard	Description
Accuracy and Factualness	Accurate data is an essential requirement of documentation. Pre-hospital emergency care practitioners and responders must capture data accurately and distinguish between what they observe and what the patient states.
Completeness	Complete data will have all of the information recorded of the interaction which occurred between the practitioner/responder and the patient.
Legibility	The data must be recorded legibly to enable a correct interpretation of the data.
Objectivity	Data must be recorded objectively and not include value judgements.
Timeliness	Data should be recorded realtime or as close to real-time as possible.
Validity	The data is collected in accordance with the data definitions recorded in the current information standard which applies to the patient report which is being completed.

# 1. Incident data

ID No.	Data Element	Data Domain	Definition	Data Type
<b>1. Incident data</b>				
1.1	Date of call	Day Month Year	Specific day, month and year the call is received at EMS Control Centre. (ref: Definitions to support PHECC EMS Priority Dispatch Standard and PHECC Inter Facility Transfer Standard)	Numeric DD/MM/YYYY
1.2	Passed	Hour Minute Second	Time the dispatch details of the call are passed to the first appropriate emergency response (ref: Definitions to support EMS Priority Dispatch and Inter Facility Transfer Standard)	Numeric 24 hour HH:MM:SS
1.3	At scene	Hour Minute Second	Time of arrival of the ambulance service at the scene (ref: Definitions to support EMS Priority Dispatch and Inter Facility Transfer Standard)	Numeric 24 hour HH:MM:SS
1.4	At patient	Hour Minute Second	Time of arrival of the first appropriate emergency response at the patient. (ref: Definitions to support PHECC EMS Priority Dispatch Standard and PHECC Inter Facility Transfer Standard)	Numeric 24 hour HH:MM:SS
1.5	Clear	Hour Minute Second	Time ambulance/vehicle, crew and equipment available to respond to another incident. (ref: Definitions to support PHECC EMS Priority Dispatch Standard and PHECC Inter Facility Transfer Standard)	Numeric 24 hour HH:MM:SS
1.6	Control Centre (CC)	Code	Licensed provider Control Centre Code (ref: PHECC Control Centre and Station Codes for pre-hospital reports)	Alpha Numeric
	Incident number	Number	Sequential number generated for the incident by the licensed provider	Numeric
1.7	Dispatch Classification Reference	Number range 1-37 Echo, Delta, Charlie, Bravo, Alpha or Omega Number range 1-9 Suffix code	Dispatch Classification advised (ref: Medical Priority Dispatch System)	Numeric Alphabetic
1.8	Incident location address	Address of location of incident	Address to where the ambulance service is dispatched in response to a phone call to EMS Control Centre	Alphanumeric
	Incident Eircode	Code	Location code comprising of routing key and unique identifier	Alpha Numeric

## 1.8.1 Incident location type

Home/residence	Yes No	Place of occurrence of incident. (Ref: ICD 10 AM, external causes of morbidity and mortality) coded in combination with even and mechanism of injury	Tick box
Industrial place or premises	Yes No		
Recreation or sports place	Yes No		
Street or road	Yes No		
Public building	Yes No		
Nursing home/assisted living	Yes No		
Educational institution	Yes No		
Other places	Yes No		

ID No.	Data Element	Data Domain	Definition	Data Type
<b>1.9 Dead on arrival (DOA)</b>				
1.9.1	Recognition of death	Yes	Death is recognised on arrival	Tick box
<b>1.10 Foreign body airway obstruction (FBAO)</b>				
1.10.1	FBAO	Yes	An early clinical impression of the presenting injury	Tick box

## 2. Patient demographics

<b>2. Patient Demographics</b>				
2.1	Title	Dr / Ms / Mr / Mrs / Prof	A prefix added to a name	Tick box
2.2	Surname	Surname	Their family name, surname, last name or marital name	Free text - Alphabetic
2.3	Forename	First name	The given name, first name or forename	
2.4	Individual Health Identifier (IHI)	Code	An Individual Health Identifier can be defined as the designation permanently assigned to an individual for the purpose of identification to facilitate the provision of health and social care in both public and private care	Alphanumeric
2.5	Date of birth	Day Month Year	Specific day, month and year the patient was born	Numeric DD/MM/YYYY
2.6	Age	Age	Age of patient, recorded in days, weeks months or years as appropriate	Numeric
2.7	Gender	Male Female Intersex or Indetermined Not stated/Inadequately described	Classification of sex of patient	Tick box M / F / I / U

## 3. Cardiac arrest

<b>3.1 Chest pain</b>				
3.1.1	Chest pain on arrival	Yes No Unknown	Record of chest pain	Tick box 24 hour HH:MM
3.1.2	Time of chest pain	Hour Minute	Time or best estimate of time of chest pain	24 hour HH:MM
<b>3.2 Collapse</b>				
3.2.1	Time of collapse	Hour Minute	Time of collapse	24 hour HH:MM
3.2.2	Collapse witnessed	Yes No	Record of collapse seen or heard	Tick box Alphabetic

ID No.	Data Element	Data Domain	Definition	Data Type
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### 3.2.1 Category of person who witnessed collapse

Citizen	Yes	Not dispatched by ambulance control	Tick box Alphabetic
Responder on duty	Yes	Dispatched by ambulance control	
Responder other	Yes	Not dispatched by ambulance control	
Responder auxillary/ voluntary service	Yes	On duty at or near the scene	
Practitioner	Yes	Dispatched by ambulance control	
Doctor or off-duty practitioner	Yes	Dispatched by ambulance control	
Doctor or off-duty practitioner	Yes	Not dispatched by ambulance control	
Nurse	Yes	Not dispatched by ambulance control	
Fire	Yes	Dispatched by relevant control	
Garda	Yes	Dispatched by relevant control	

### 3.3 Chest Compressions

Chest compressions commenced	Yes No	Record of commencement of chest compressions. If no add reason not commenced	Tick box Alphabetic
Time chest compressions commenced	Hour Minute	Time or best estimate of time chest compressions commenced	24 hour HH:MM Tick box
Total duration of chest compressions	Hour Minute	Time or best estimate of duration of chest compressions	
Mechanical cardiopulmonary device	Yes No	Mechanical CPR was /was not used	
PIN/HSPI	PIN/HSPI	Personal Identification Number (PIN)/ Health Service Provider Identifier (HSPI) assigned to the PHECC practitioner or health professional engaged in the care of the patient	Numeric Alphanumeric

### 3.3.1 Category of person who commenced chest compressions

Citizen	Yes	Not dispatched by ambulance control	Tick box Alphabetic
Responder on duty	Yes	Dispatched by ambulance control	
Responder other	Yes	Not dispatched by ambulance control	
Responder auxillary/ voluntary service	Yes	On duty at or near the scene	
Practitioner	Yes	Dispatched by ambulance control	
Doctor or off-duty practitioner	Yes	Dispatched by ambulance control	
Doctor or off-duty practitioner	Yes	Not dispatched by ambulance control	
Nurse	Yes	Not dispatched by ambulance control	
Fire	Yes	Dispatched by relevant control	
Garda	Yes	Dispatched by relevant control	



ID No.	Data Element	Data Domain	Definition	Data Type
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### 3.4 Defibrillator pads

Defibrillator pads applied	Yes No		Record of application of defibrillator pads	Tick box
PIN/HSPI	PIN/HSPI		PHECC Personal Identification Number (PIN)/Health Service Provider Identifier (HSPI) assigned to the PHECC practitioner or health professional engaged in the care of the patient	Numeric

### 3.4.1 Category of person who first applied defibrillator pads

Citizen	Yes		Not dispatched by ambulance control	Tick box Alphabetic
Responder on duty	Yes		Dispatched by ambulance control	
Responder other	Yes		Not dispatched by ambulance control	
Responder auxillary/voluntary service	Yes		On duty at or near the scene	
Practitioner	Yes		Dispatched by ambulance control	
Doctor or off-duty practitioner	Yes		Dispatched by ambulance control	
Doctor or off-duty practitioner	Yes		Not dispatched by ambulance control	
Nurse	Yes		Not dispatched by ambulance control	
Fire	Yes		Dispatched by relevant control	
Garda	Yes		Dispatched by relevant control	

### 3.5 Cardiac arrest rhythm

Initial rhythm	Shockable Unshockable		Was initial rhythm a shockable rhythm	Tick box Alphabetic
Specify rhythm	Ventricular fibrillation  Ventricular tachycardia Unknown rhythm - shock advised Unknown rhythm - no shock advised Asystole Pulseless electrical activity		What was first cardiac rhythm recorded prior to defibrillation	
Time first rhythm analysis	Hour Minute		Time or best estimated first cardiac rhythm recorded prior to defibrillation	24 hour HH:MM

ID No.	Data Element	Data Domain	Definition	Data Type
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### 3.6 Shock

Was shock advised	Yes No		When defibrillator pads applied was shock advised by defibrillator	Tick box
PIN/HSPI	PIN/HSPI		PHECC Personal Identification Number (PIN)/Health Service Provider Identifier (HSPI) assigned to the PHECC practitioner or health professional engaged in the care of the patient	Numeric Alphanumeric
Was shock delivered	Yes No  No shock advised		When defibrillator advised shock, was shock delivered	Tick box
Defibrillator malfunction	Yes No		Record of malfunction of defibrillator	Tick box
Total shocks delivered	Number		Number of shocks delivered	Numeric
Time first shock delivered	Time		Time first shock delivered	24 hour HH:MM

### 3.6.1 Category of person who delivered first shock

Citizen	Yes		Not dispatched by ambulance control	Tick box Alphabetic
Responder on duty	Yes		Dispatched by ambulance control	
Responder other	Yes		Not dispatched by ambulance control	
Responder auxillary/ voluntary service	Yes		On duty at or near the scene	
Practitioner	Yes		Dispatched by ambulance control	
Doctor or off-duty practitioner	Yes		Dispatched by ambulance control	
Doctor or off-duty practitioner	Yes		Not dispatched by ambulance control	
Nurse	Yes		Not dispatched by ambulance control	
Fire	Yes		Dispatched by relevant control	
Garda	Yes		Dispatched by relevant control	





ID No.	Data Element	Data Domain	Definition	Data Type
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### 3.7 Return of spontaneous circulation (ROSC)

ROSC at any stage	Yes No		ROSC returned at any stage during the cardiac incident	Tick box
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#### 3.7.1 Category of person who first achieved return of spontaneous circulation (ROSC)

Citizen	Yes		Not dispatched by ambulance control	Tick box Alphabetic
Responder on duty	Yes		Dispatched by ambulance control	
Responder other	Yes		Not dispatched by ambulance control	
Responder auxillary/ voluntary service	Yes		On duty at or near the scene	
Practitioner	Yes		Dispatched by ambulance control	
Doctor or off-duty practitioner	Yes		Dispatched by ambulance control	
Doctor or off-duty practitioner	Yes		Not dispatched by ambulance control	
Nurse	Yes		Not dispatched by ambulance control	
Fire	Yes		Dispatched by relevant control	
Garda	Yes		Dispatched by relevant control	

### 3.8 CPR in progress when transporting

CPR in progress on transfer to hospital	Yes No		Patient transferred to hospital while CPR in progress	Tick box
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### 3.9 Spontaneous circulation on arrival to hospital

Spontaneous circulation on arrival to hospital	Yes No		Spontaneous circulation on arrival to hospital	Tick box
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## 4. Doctor in attendance

ID No.	Data Element	Data Domain	Definition	Data Type
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### 4. Doctor in attendance

Doctor in attendance	Yes No MCRN		Doctor in attendance	Tick box Alphanumeric
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## 5. Medication management

### 5.1 Medications

Medication	Medication Name		Medications available to responders as per current edition of PHECC CPGs	Alphanumeric
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ID No.	Data Element	Data Domain	Definition	Data Type
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### 5.1.1 Dose of medication for administration

Dose of medication for administration	Measurement in addition to the following:	Unit of measurement of administered medication	Alphabetic
	Short code - g (grams)		
	Short code - L (litres)		
	Short code - mcg (micrograms)		
	Short code - Mg (Milligrams)		
	Short code - mL (milliliters)		
	Short code mEq/L (Milli Equivalent per liter)		
	Short code - % (percent)		

### 5.1.2 Route of medication for administration

Route	Short code - PO (oral)	Route of administered medication	Alphabetic
	Short code - INH (inhalation)		
	Short code - SL (sublingual)		
	Short code - BU (buccal) BU		

## 6. Care management

### 6.1 Interventions

Time	Hour Minute	Time medication administered	24 hour HH:MM
PIN	Practitioner PIN/HSPI	PHECC Personal Identification Number (PIN)/Health Service Provider Identifier (HSPI) assigned to the PHECC practitioner or health professional engaged in the care of the patient	Numeric
Oropharangeal airway (OPA)	Yes No	Airway care management intervention	Tick box
Supraglottic airway (SGA)	Yes No		
Suction	Yes No		
Positioning	Yes No	Recovery position/other	Tick box

## 7. FAST assessment

ID No.	Data Element	Data Domain	Definition	Data Type
<b>7. FAST assessment</b>				
	Facial movement present on request	Yes No	Rapid assessment tool to assist in the early recognition of stroke (CVA)	Tick box
	Arm movement present on request	Yes No		
	Speech difficult or slurred	Yes No		
	Time	Not required	Time to call emergency services if you see any of these signs	Not required
	Time of onset	Hour Minute	Time or best estimate of onset of symptoms	24 hour HH:MM

## 8. Cardiac First Response Report handover

<b>8. Cardiac First Response Report handover</b>				
	CFR Report handover	Yes No	CFR Report completed and handed over to the ambulance service	Tick box
	Signature PIN	Text PIN	PHECC Personal Identification Number (PIN) of registered pre-hospital emergency care practitioner engaged in the care of the patient/Health Service Provider Identifier (HSPI) assigned to the healthcare professional	Alphabetic** PIN <i>**storage of signature image to be explored</i>



## 9. References

- (1, 3) Pre-Hospital Emergency Care Council. (2007) *Patient Care Report Guidebook: For Pre-Hospital Emergency Care*, 2nd ed., Kildare: Pre-Hospital Emergency Care Council.
- (2) Health Information and Quality Authority. (2012) *What you should know about Data Quality: A Guide for health and social care staff*, Dublin: Health Information and Quality Authority.  
Available; <http://www.hiqa.ie/publications/what-you-should-know-about-data-quality-guide-health-and-social-care-staff>; accessed October 2015.
- (4) Health Information and Quality Authority. (2013) *National Standard Demographic Dataset and Guidance for use in health and social care settings in Ireland*, Dublin: Health Information and Quality Authority.  
Available; <http://www.hiqa.ie/publications/national-standard-demographic-dataset-and-guidance-use-health-and-social-care-settings>; accessed October 2015.



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