Patient Care Report Information Standard 2016



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PCR Information Standard

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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 in the patient reports completed 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 ^[1].
- 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 ^[2].
- Data for research into pre-hospital skills, equipment and services ⁽³⁾.
- Data to support the development of Strategic Plans.

The Patient Care Report (PCR) Information Standard consists 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, chief complaint, vital observations, clinical impression and care delivered.

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 real-time 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.

Safe reliable care depends on access to and use of accurate reliable information. Here is a summary of data quality dimensions ^[4].

Pre-Hospital Emergency Care Council

1. Incident data

ID No.	Data Element	Data Domain	Definition	Data Type
1. Incide	nt data			
1.1	Date of call	Day Month Year	Specific day, month and year the call is received at National Emergency Operations Centre (NEOC). (ref: Definitions to support PHECC EMS Priority Dispatch Standard and PHECC Inter Facility Transfer Standard)	Numeric DD/WM/YYYY
1.2	Time of call	Hour Minute Second	Time recorded at the precise moment the call is connected to NEOC. (ref: Definitions to support PHECC EMS Priority Dispatch Standard and PHECC Inter Facility Transfer Standard)	Numeric 24hr clock HH:MM:SS
1.3	Passed	Hour Minute Second	Time the dispatch details of the call are passed to the first appropriate emergency response. (ref: Definitions to support PHECC EMS Priority Dispatch Standard and PHECC Inter Facility Transfer Standard)	Numeric 24hr clock HH:MM:SS
1.4	Mobile	Hour Minute Second	Time the first appropriate emergency response is mobile and on way to the scene. (ref: Definitions to support PHECC EMS Priority Dispatch Standard and PHECC Interfacility Transfer Standard)	Numeric 24hr clock HH:MM:SS
1.5	At scene	Hour Minute Second	Time of arrival of the first appropriate emergency response at the scene. (ref: Definitions to support PHECC EMS Priority Dispatch Standard and PHECC Inter Facility Transfer Standard)	Numeric 24hr clock HH:MM:SS
1.6	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 24hr clock HH:MM:SS
1.7	Depart scene	Hour Minute Second	Time the patient departs the scene to travel to the hospital/ destination facility. (ref: Definitions to support PHECC EMS Priority Dispatch Standard and PHECC Inter Facility Transfer Standard)	Numeric 24hr clock HH:MM:SS
1.8	At destination	Hour Minute Second	Time patient arrives at hospital/destination facility. (ref: Definitions to support PHECC EMS Priority Dispatch Standard and PHECC Inter Facility Transfer Standard)	Numeric 24hr clock HH:MM:SS
1.9	At handover	Hour Minute Second	Time of completed handover of patient at hospital/destination facility. (ref: Definitions to support PHECC EMS Priority Dispatch Standard and PHECC Inter Facility Transfer Standard)	Numeric 24hr clock HH:MM:SS
1.10	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 24hr clock HH:MM:SS
1.11	Destination	Code	Hospital destination code. (ref: PHECC Hospital/Destination facility codes for pre-hospital patient reports/Health Service Provider Identifier (HSPI) assigned to the healthcare organisation	Alphanumeric
1.12	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



ID No.	Data Element	Data Domain	Definition	Data Type	
1.13 Priority response					
	Echo	Yes No	Priority response code advised (ref: Definitions to support PHECC Priority Dispatch Standard) by NEOC	Tick box	
	Delta	Yes No			
	Charlie	Yes No			
	Bravo	Yes No			
	Alpha	Yes No			
	Omega	Yes No			

1.14 Inter facility patient transfer

Inter facility patient transfer	Yes Ap P EMT FAR No	Transfer of a patient between facilities (hospitals or local injury units), must be carried out with due regard to patient clinical needs. (ref: current PHECC Inter Facility Patient Transfer Standard)	Tick box
Hospital Clinical Escort	Yes MP RN M No		
Non-Clinical Escort	Yes Healthcare- assistant Family- member Other No		

1.15 Practitioner PIN

Practitioner attending	PIN	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
Practitioner supporting	PIN		Alphanumeric
Other	PIN		

1.16 Station

Station	code	Code	Station code allocated by PHECC to the individual pre-hospital emergency care service provider station locations. (Ref: PHECC Station Codes or Eircode as appropriate)	

ID No.	Data Element	Data Domain	Definition	Data Type		
1.17 Inci	1.17 Incident address					
	Incident address	Address of location of incident	Address to where the national ambulance service is dispatched in response to a phone call to (NEOC)	Alphanumeric entry Tick box if same as permanent address		
	Incident Eircode	Code	Location code comprising of routing key and unique identifier	Alphanumeric		
	Same as permanent address	Yes No				
1 1 7 1 1	cident location	-				

of injury

Place of occurance of incident is classified under International

Classification of Diseases, Australian Modification, Tenth Revision (ICD-10-AM Codes), External causes of morbidity and mortality. (u50-y98). Coded in combination with event and mechanism

1.17.1 Incident location

Home	Yes No
Farm	Yes No
Industrial place or premises	Yes No
Recreation or sports place	Yes No
Street or road	Yes No
Public building	Yes No
Residential institution	Yes No
Other places	Yes No
Other	Text

1.18 Nature of assistance prior to arrival of practitioner

None	Yes No	Type of assistance given prior to arrival of EMS practitioner	Tick box
First Aid	Yes No		
Compression only CPR	Yes No		
CPR	Yes No		
AED	Yes No		
ALS	Yes No		





Tick box

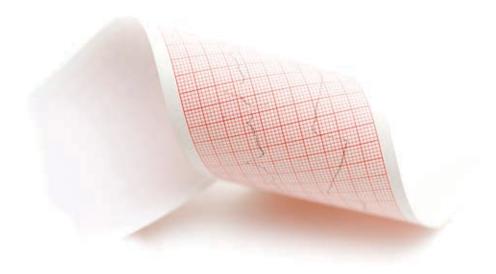
ID No.	Data Element	Data Domain	Definition	Data Type			
1.19 Identity of assistance prior to arrival of practitioner							
	Citizen	Yes No	Identity of individual providing assistance prior to arrival of EMS practitioner	Tick box			
	Responder	Yes No					
	Fire	Yes No					
	Garda	Yes No					
	Auxiliary	Yes No					
	Practitioner	Yes No					
	Other identity of assistance	Yes No					
	Other	Text					

1.19.1 Clinical level

No training	Yes No
Unknown training	Yes No
BLS/CFR	Yes No
FAR/OFA	Yes No
EFR	Yes No
EMT	Yes No
Paramedic	Yes No
Advanced paramedic	Yes No
Nurse	Yes No
Doctor	Yes No
Other	Yes No
Other clinical level	Text

Clinical level of individual providing assistance prior to arrival Tick box of EMS practitioner

ID No.	Data Element	Data Domain	Definition	Data Type
1.20 De	ad on arrival	_		
	Recognition of death	Yes No	Practitioner recognises death (ref: Current edition CPGs)	Tick box
	Cease resuscitation	Yes No	Practitioner ceases resuscitation (ref: Current edition CPGs)	
	Transported	Yes No	Patient is transported (ref: Current edition CPGs)	
1.21 Tre	eat Refer (TR)			
	Treat & immediate refer	Yes No	Treat and immediate referral for follow up care	Tick box
	Treat & recommend follow up <24 Hrs	Yes No	Treat and recommend for follow up care within 24 hours	
	Treat and refer self care with advice	Yes No	Treat and refer for self care with advice (ref: Current edition CPGs)	
1.22 No	ot treated / not transpo	ted (NTT)		
	Transport declined	Yes No	Transport declined by patient	Tick box
	Treatment declined	Yes No	Treatment declined by patient	
	Stood down	Yes No	Crew stood down by servcie provider	





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2. Patient demographics

ID No.	Data Element	Data Domain	Definition	Data Type
2.1 Uniqu	ue identifier			
	Incident number	Incident number	The second element is the incident number. This is a sequential Incident number generated for the incident by the individual service providers. (ref:PHECC Control Centre and Station codes for pre-hospital reports)	Alphanumeric
	Vehicle call sign	Vehicle call sign	The third element is the vehicle call sign, This is the call sign or number allocated to specific vehicles within the service providers. (ref:PHECC Control Centre and Station codes for pre-hospital reports)	Alphanumeric
	Patient number	A B C	The fourth elements indicate first, second or third patient, A, B or C in a possible multiple person incident travelling in the same ambulance. (ref:PHECC Command and Control Centre and Station codes for pre-hospital reports)	Alphanumeric
	Barcode number	Barcode number	Specific pre printed barcode Bar code number may be used in the absence of the Incident number	Not required
2.2 Patie	nt demographics			
	Title	Dr Ms Mr Mrs Prof	A prefix added to a name	Tick box
	Surname	Surname	Their family name, surname, last name or marital name	Free text Alphabetic
	Forename	First name	The given name, first name or forename	
	Individual Health Identifier (IHI)	Code	A unique, non-transferable number assigned to all individuals using health and social care services	Alphanumeric
	Date of birth	Day Month Year	Specific day, month and year the patient was born	Numeric DD/MM/YYYY
	Age	Age	Age of patient recorded in days, weeks, months or years as appropriate	Numeric
	Paediatric weight	Kilograms	Paediatric weight expressed in kilograms	Numeric
	Permanent address	Permanent address	Location of patient's permanent residence	Alphanumeric
	Eircode	Code	Location code comprising of routing key and unique identifier	Alphanumeric
	Gender	Male Female Intersex or Indetermined Not stated/ Inadequately described	Classification of sex of patient	Tick box M/F/I/U
	General Practitioner (GP)	Surname First name	Name of patient's GP	Alphabetic
	Next of kin	Surname First name	Name of patient's next of kin	Alphabetic
	Telephone number of next of kin	Telephone number	Telephone number of patient's next of kin	Numeric

3. Patient clinical assessment

ID No.	Data Element	Data Domain	Definition	Data Type
3.1 Chief	complaint			
	Patient chief complaint	Chief complaint	The presenting complaint which is the reason pre-hospital emergency care is being sought	Alphabetic
	Time of onset	Hour Minute	Time of onset of presenting complaint	24 hour HH:MM
	Date of onset	Day Month Year	Date of onset of presenting complaint	Numeric DD/MM/YYYY
3.2 Prima	iry survey			
	Airway clear	Yes No	Initial rapid assessment of airway to determine if any life threatening condition exists	Tick box
	Airway partially obstructed	Yes No		
	Airway obstructed	Yes No		
	C Spine suspect	Yes No	Initial rapid assessment of C Spine to determine if life threatening condition exists	Tick box
	C Spine not indicated	Yes No		
	Breathing normal	Yes No	Initial rapid assessment of breathing to determine if life threatening condition exists	Tick box
	Breathing abnormal	Yes No		
	Breathing fast	Yes No		
	Breathing slow	Yes No		
	Breathing absent	Yes No		
	Pulse present	Yes No	Initial rapid assessment of circulation to determine if life threatening condition exists	Tick box Numeric
	Pulse regular	Yes No		
	Pulse absent	Yes No		
	Pulse irregular	Yes No		
	Pulse rate	Measurement		
	Skin normal	Yes No		
	Skin pale	Yes No		



ID No.	Data Element	Data Domain	Definition	Data Type
	Skin flushed	Yes No		
	Skin cyanosed	Yes No		
	Cap-refill <2sec	Yes No		
	Cap-refill >2sec	Yes No		
	Loss of consciousness before arrival	Yes No Unknown	Initial rapid assessment of level of consciousness to determine if life threatening condition exists	Tick box
	AVPU	Alert, Verbal, Painful or Unresponsive	Determination of responsiveness of patient	A, V, P, U
	Abrasion	Yes No	Brief account of findings for time critical/potentially time critical features including circulation, sensation, motion, Wallace Rule of Nines Burns calculation	Tick box Alphabetic on body image Numeric %
	Burn	Yes No		
	CSM RA/RL/LA/LL	Yes No		
	% burn	Yes No		
	Contusion	Yes No		
	Dislocation	Yes No		
	Fracture	Yes No		
	Pain	Yes No		
	Rash	Yes No		
	Swelling numbness	Yes No		
	Wound	Yes No		

ID No.	Data Element	Data Domain	Definition	Data Type
3.3 AMPL	E assessment			
	No known allergies	Yes No	Reported known drug and agent allergies if known	Tick box Free text Alphabetic
	Allergies unknown	Yes No		
	Free text	Text		
	Medications known	Yes No	Record of medications taken regularly if known or as recorded	Tick box Free text Alphabetic
	Medications unknown	Yes No		
	Medications as supplied	Yes No		
	Medications per doctor's letter	Yes No		
	Free text	Text		
	Past medical history known	Yes No	Past medical history reported by patient or relative if present or known	Tick box Alphabetic
	Past medical history unknown	Yes No		
	Past medical history per doctor's letter	Yes No		
	Past medical history per relative	Yes No		
	Last intake unknown	Yes No	Description of last food or drink consumed Time last food or drink consumed	Tick box Free text Alphanumeric 24 hour HH:MM
	Last intake description	Description		
	Last intake time	Hour Minute		
	Event	Event	Identify the activity of the patient at the time the incident occurred. (ref: ICD 10 AM, External causes of morbidity and mortality (u50-y98)). Event is coded in combination with place of occurence and mechanism of injury	Free text Alphabetic





ID No.	Data Element	Data Domain	Definition	Data Type
3.4 Mech	anism of injury			
	Assault	Yes No	Mechanism by which injury occurred. (ref: ICD 10 AM, external causes of morbidity and mortality (u50-y98)). Coded	Tick box
	Attack/Bite by Animal/Insect	Yes No	in combination with place of occurrence and event	
	Chemical poisoning	Yes No		
	Electrocution	Yes No		
	Excessive cold	Yes No		
	Excessive heat	Yes No		
	Fall	Yes No		
	Firearm injury	Yes No		
	Injury to child	Yes No		
	Machinery accidents	Yes No		
	MVA off road	Yes No		
	RTA Bicycle	Yes No		
	RTA Motorbike	Yes No		
	RTA Pedestrian	Yes No		
	RTA Vehicle	Yes No		
	Smoke, Fire Flames	Yes No		
	Submersion	Yes No		
	Stabbing	Yes No		
	Water transport accident	Yes No		
	Other	Yes No		
	Other	Text		

ID No.	Data Element	Data Domain	Definition	Data Type
3.4.1 Cire	umstances of injury			
	Accident	Yes No	Assessment of circumstances of incident. (ref: ICD 10 AM, external causes of morbidity and mortality (u50-y98)). Coded in combination with place of occurrence and activity	Tick box
	Event of undetermined intent	Yes No		
	Intentional self harm	Yes No		

3.4.2 Vehicle details

Rollover	Yes No	Vehicle details following car crash	Tick box and record: Arrow/X ∕≠≠ as appropriate on diagram Numeric
Helmet removal	Yes No		
Seatbelt	Yes No		
Trapped	Yes No		
Airbag deployed	Yes No		
Greater (>) than 20 min extrication	Yes No		
Fatality in vehicle	Yes No		
Estimated vehicle speed	Measurement		





4. Clinical status

ID No.	Data Element	Data Domain	Definition	Data Type
4.1 Clinical status				
	Life threatening	Yes No	A clinical status decision following assessment by the practitioner where life is at risk in the immediate timeframe or a critical time frame	Tick box
	Serious not life threatening	Yes No	A clinical status decision following assessment by the practitioner where there is a serious but not life threatening risk to patient	
	Non serious or non life threatening	Yes No	A clinical status decision following assessment by the practitioner where the risk to life is not serious or not life threatening	

5. Vital observations

5.1 Vital observations

Vital observation time 1	Hour Minute	Clinical indicators of current health status. Up to 4 instances of vital observations	24 hour HH:MM Numeric
Vital observation time 2	Hour Minute	recorded for times 1, times 2, times 3 and times 4	Alphabetic or tick box
Vital observation time 3	Hour Minute		
Vital observation time 4	Hour Minute		
Pulse rate	Measurement		
Rhythm	Short code - R (regular) Short code - 1 (irregular)		
Electrocardiograph (ECG) rate	Rate		
	Short code - NSR (Normal sinus rhythm)		
	Short code - SB (Sinus bradycardia)		
	Short code - ST (Sinus tachycardia)		
	Short code - PAC (Premature atrial contraction)		
	Short code - PVC (Premature ventricular contraction)		
	Short code - VT (Ventricular tachycardia)		
	Short code - JR (Junctional rhythm)		
	Short code - SVT (Superventricular tachycardia)		
	Short code - AF (Atrial fibrillation) Short code - AFL (Atrial flutter)		
	Short code - FHB (First degree heart block)		
	Short code - SHBT1 (Second degree heart block type 1)		

ID No.	Data Element	Data Domain	Definition	Data Type
		Short code - SHBT2 (Second degree heart block type 2)		
		Short code - THB (Third degree heart block)		
		Short code - ASY (Asystole)		
		Short code - IDO (Idioventricular)		
		Short code - PEA (Pulseless electrical activity)		
		Short code - VF (Ventricular fibrillation)		
	Respiratory rate	Respiration rate		
	Respiratory quality	Short code - 1 (Normal respiration quality)		
		Short code - 2 (Laboured quality)		
		Short code - 3 (Shallow quality) Short code - 4 (Wheeze)		
		Short code - 5 (Creps)		
		Short code - 6 (Retract)		
		Short code - 7 (Absent)		
	Peak expiratory flow rate	Measurement		
	Percentage oxygen saturation (% SaO ₂)	Percentage		
	Percentage end tidal carbon dioxide (% ETCO ₂)	Percentage		
	Capillary refill	Measurement		
	Blood pressure	Systolic measurement Diastolic measurement		
	Temperature	Measurement		
	National Early Warning Score	Measurement	Early warning scoring using defined parameters which indicate deterioration in acute patients (ref: current PHECC CPGs)	Numeric +/-
	Pupil size	Measurement	Clinical indicators of patient current	Alphanumeric
	Pupil reaction	Short code - + (Pupil reacts) Short code (Pupil does not react) Short code - C (Eyes closed)	health status	+ / -
	Revised trauma score	Measurement	Injury severity score estimating the degree of injury and prognosis of a trauma patient (ref: current PHECC CPGs)	Numeric
	Pain score	Measurement	Pain score of the patient's pain intensity as reported by them	Numeric
	Blood glucose	Measurement	Numeric value in mmol/L as recorded by glucometer	Numeric

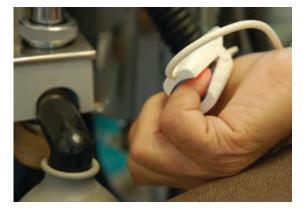




ID No.	Data Element	Data Domain	Definition	Data Type
5.1.1 Gld	isgow Coma Scale			
	Eyes	Short code - 4 (Spontaneous eye response)	Clinical indicators of patient current health status	Numeric
		Short code - 3 (Response to voice)		
		Short code - 2 (Response to pain)		
		Short code - 1 (No response)		
	Verbal	Short code - 5 (Orientated verbal response)		
		Short code - 4 (Confused verbal response)		
		Short code - 3 (Inappropriate words)		
		Short code - 2 (Incomprehensible sounds)		
		Short code - 1 (None)		
	Motor	Short code - 6 (Obeys)		
		Short code - 5 (Local pain)		
		Short code - 4 (Flexion to pain)		
		Short code - 3 (Abnormal flexion)		
		Short code - 2 (Extension to pain)		
		Short code - 1 (None)		

5.2 FAST assessment

Facial movement present	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		



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6. Clinical impression

ID No.	Data Element	Data Domain	Definition	Data Type
6.1 Cardi	ac			
	Cardiac arrest	Yes No	An early clinical impression of the presenting illness/injury. (ref: ICD 10 AM)	Tick box
	Cardiac arrhythmia	Yes No		
	Cardiac chest pain	Yes No		
	Heart failure	Yes No		
	Other cardiac	Yes No		
6.2 Medi	cal	-		
	Back pain	Yes No	An early clinical impression of the presenting illness/injury. (ref: ICD 10 AM)	Tick box
	Diabetes mellitus	Yes No		
	Fever	Yes No		
	Headache	Yes No		
	Hypothermia	Yes No		
	Other medical	Yes No		
6.3 Neur	ological			
	Altered level of consciousness	Yes No	An early clinical impression of the presenting illness/injury. (ref: ICD 10 AM)	Tick box
	Seizures	Yes No		
	Stroke	Yes No		
	Other neurological	Yes No		
6.4 Obst	etrics and or Gynaecol	ogical		
	Haemorrhage <24 wks	Yes No	An early clinical impression of the presenting illness/injury. (ref: ICD 10 AM)	Tick box
	 Haemorrhage >24 wks	Yes No		
	Labour	Yes No		
	- Post partum haemorrhage	Yes No		
	Pre-hospital delivery	Yes No		
	Other obs/Gynae	Yes No		
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ID No.	Data Element	Data Domain	Definition	Data Type
6.5 Resp	iratory			
	Asthma	Yes No	An early clinical impression of the presenting illness/injury. (ref: ICD 10 AM)	Tick box
	COPD	Yes No		
	FBAO	Yes No		
	Respiratory arrest	Yes No		
	Respiratory distress	Yes No		
	Smoke inhalation	Yes No		
	Other respiratory	Yes No		

6.6 Trauma

BurnsYes NoAn early clinical impression of the presenting illness/injury.Tick boxDislocation/SprainYes NoFractureYes NoHaemorrhageYes NoHead injuryYes NoMaxillo-facial injuryYes NoShockYes NoSpinal injuryYes NoOpen woundYes NoOther traumaYes NoYes NoOther traumaYes No	ma			
NoFractureYes NoHaemorrhageYes NoHead injuryYes NoMaxillo-facial injuryYes NoMultiple traumaYes NoShockYes NoSpinal injuryYes NoOpen woundYes NoOther traumaYes No	Burns		An early clinical impression of the presenting illness/injury. (ref: ICD 10 AM)	Tick box
NoHaemorrhageYes NoHead injuryYes NoMaxillo-facial injuryYes NoMultiple traumaYes 	Dislocation/Sprain			
NoHead injuryYes NoMaxillo-facial injuryYes NoMultiple traumaYes NoShockYes NoSpinal injuryYes NoOpen woundYes NoOther traumaYes No	Fracture			
NoMaxillo-facial injuryYes NoMultiple traumaYes NoShockYes NoSpinal injuryYes NoOpen woundYes NoOther traumaYes No	Haemorrhage			
NoMultiple traumaYes NoShockYes NoSpinal injuryYes NoOpen woundYes NoOther traumaYes No	Head injury			
NoShockYes NoSpinal injuryYes NoOpen woundYes NoOther traumaYes No	Maxillo-facial injury			
NoSpinal injuryYes NoOpen woundYes NoOther traumaYes No	Multiple trauma			
No Open wound Yes No Other trauma Yes No	Shock			
Other trauma Yes No	Spinal injury			
No	Open wound			
is	Other trauma			
	is	- 		

6.7 Sepsis

515				
	Severe sepsis	Yes No	An early clinical impression of the presenting illness	Tick box
	Septic shock	Yes No	An early clinical impression of the presenting illness	Tick box

ID No.	Data Element	Data Domain	Definition	Data Type
6.8 Gene	eral			
	Abdominal pain	Yes No	An early clinical impression of the presenting illness/injury. (ref: ICD 10 AM)	Tick box
	Acute intoxication	Yes No		
	Allergic reaction	Yes No		
	Behavioural disorder	Yes No		
	Illness unknown	Yes No		
	Nausea / Vomiting	Yes No		
	Poisoning	Yes No		
	Syncope / Collapse	Yes No		
	Other General	Yes No		

7. Care management

Basic airway management	Yes No	Airway care management intervention	Tick box
FB clearance magill forceps	Yes No		
Supraglotic airway	Yes No		
Pocket mask	Yes No		
BVM	Yes No		
Oxygen therapy	Yes No		
Intubation	Yes No		
CPAP therapy	Yes No		
Needle thoracocentesis	Yes No		
Cricothyroidotomy	Yes No		





ID No.	Data Element	Data Domain	Definition	Data Type
7.2 Care	liac support			
	12 lead ECG	Yes No	Cardiac support care management intervention	Tick box
	Active cooling	Yes No		
	Refer OHCA	Yes No		
7.3 Hae	morrhage control			
	Direct pressure	Yes No	Haemorrhage control management	Tick box
	Pressure points	Yes No		
	Tourniquet use	Yes No		
7.4 Circ	ulation support	-		
	Intravenous cannula	Yes No	Circulation support care management intervention	Tick box
	Intraosseous cannula	Yes No		
7.5 Imm	obilisation and or extr	cation		
	Canvas sheet	Yes No	Immobilisation and extrication care management intervention	Tick box
	Cervical collar	Yes No		
	Extrication device	Yes No		
	Log roll	Yes No		
	Long board	Yes No		
	Orthopaedic stretcher	Yes No		
	Rapid extraction	Yes No		
	Splint	Yes No		
	Spinal injury decision	Yes No		

ID No.	Data Element	Data Domain	Definition	Data Type
7.6 Sepsi	s bundle			
	Oxygen therapy	Yes No	Sepsis bundle care management	Tick box and record data in medication
	IV fluid	Yes No		treatment
	Antibiotics	Yes No		
	Pre-alert	Yes No	If yes to pre-alert record name	
7.7 Misc	ellaneous			
	Active re-warming	Yes No	Miscellaneous care management intervention not listed previously	Tick box
	Burns dressing	Yes No		
	Minor injury	Yes No		
	Other dressing	Yes No		
	Positioning	Yes No		
	Taser gun barb	Yes No		





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8. Medication treatment

ID No.	Data Element	Data Domain	Definition	Data Type
8.1 Med	lications			
	Medications	Medication name	Medications available to pre-hospital practitioners as per current edition of PHECC CPGs	Alphanumeric
8.1.2 Ro	oute of administration	on of medication		
	Route	Short code - PO (oral)	Route of administered medication	Alphabetic
		Short code - INH (inhalation)		
		Short code - IN (intranasal)		
		Short code - SL (sublingual)		
		Short code - BU (buccal)		
		Short code - ETT (endotracheal Tube)		
		Short code - IM (intramuscular)		
		Short code - SC (subcutaneous)		
		Short code - 10 (intraosseous)		
		Short code - IV (intravenous)		
		Short code - PR (per rectum)		
8.1.3 Do	ose of medication fo	r administration		
	Dose	Measurement in addition to the following:	Unit of measurement of administered medication	Numeric Alphabetic
		Short code - g (grams)		
		Short code - L (litres)		
		Short code - mcg (micrograms)		
		Short code - Mg (milligrams)		
		Short code - mL (millilitres)		
		Short code - mEq/L (milliEquivalent per litre)		
		Short code - % (percent)		
8.1.4 Tir	ne of medication ac	ministration		
	Time	Hour Minute	Time medication administered	24 hour entry HH:MM

	Minute		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

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9. Continuity of care

ID No.	Data Element	Data Domain	Definition	Data Type		
9.1 Han	9.1 Handover					
	Handover	Yes No	Record if patient handover received from practitioner/s engaged in the care of the	Tick box Numeric entry 24 hour entry HH:MM		
	Time of continuity of care	Hour Minute	patient, time and PIN			
	PIN	PIN				
9.2 Interv	vention					
	Intervention	Yes No	Record if care administered by a practitioner who is not the principal care giver, time and PIN. Record care administered in care management and PIN	Tick box Numeric entry HH:MM		
	Time of intervention	Hour Minute				
	PIN	PIN				
9.3 Assu	ming clinical lead					
	Assuming clinical lead	Yes No Hour Minute PIN	Record if clinical lead handed over/not handed over to a person of a higher clincal level	Tick box Numeric entry 24 hour entry HH:MM		
9.4 Relir	9.4 Relinquishing clinical lead					
	Relinquishing clinical lead	Yes No Hour Minute PIN	Record if clinical lead handed over/not handed over to a person of a higher clincal level	Tick box Numeric entry 24 hour entry HH:MM		

10. Clinical audit

10.1 Clinical audit						
Clinical audit	Yes No	Determine if the patient incident requires systematic review	Tick box			

11. Decline treatment and or refusal of transport

.1 Decline freatment and or re	Decline treatment and or retusal ot transport					
Understanding of clinical situation	Yes No	Determination of patient decision making capacity to reject treatment and or transport and to make an alternative care plan	Tick box			
Appreciation of applicable risk	Yes No					
Ability to make alternative care plan	Yes No					

12. Out-of-hospital cardiac arrest data

12.1 History of coronary disease

History of coronary disease

Yes No Unknown History of coronary artery disease present Tic

Tick box

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ID No.	Data Element	Data Domain	Definition	Data Type		
12.2 Che	12.2 Chest pain					
	Time of chest pain	Hour Minute	Time or best estimate of time of chest pain	24 hr clock HH:MM Tick box		
12.3 Coll	apse					
	Time of collapse	Hour Minute				
	Collapse witnessed	Yes No	Record of collapse seen or heard	Tick box		
	Civilian	Yes No	Category of witness of collapse and clinical level	Tick box Alphabetic		
	Responder	Yes No				
	Fire	Yes No				
	Garda	Yes No				
	Auxiliary/Voluntary	Yes No				
	Practitioner	Yes No				
	Other	Yes No				
	Other	Text				

12.3.1 Witness clinical level

No training	Yes No	Clinical level of witness of collapse	Tick box Alphabetic
Unknown training	Yes No		
CFR/BLS	Yes No		
FAR/OFA	Yes No		
EFR	Yes No		
EMT	Yes No		
Paramedic	Yes No		
Advanced paramedic	Yes No		
Nurse	Yes No		
Doctor	Yes No		
Other	Yes No		
Other	Text		

ID No.	Data Element	Data Domain	Definition	Data Type
12.4 Ches	st compressions			
	Chest compressions commenced	Yes No	Record of commencement of chest compressions	Tick box
12.4.1 W	ho commenced chest c	ompressions		
	Civilian	Yes No	Category of person who commenced chest compressions and clinical level	Tick box Alphabetic
	Responder	Yes No		
	Fire	Yes No		
	Garda	Yes No		
	Auxiliary/Voluntary	Yes No		
	Practitioner	Yes No		
	Other	Yes No		
	Other	Text		
12.4.2 Cl	inical level of person v	vho commenced chest compr	essions	
	No training	Yes No	Clinical level of person who commenced chest compressions	Tick box Alphabetic
	Unknown training	Yes No		
	CFR/BLS	Yes No		
	Far/Ofa	Yes No		
	EFR	Yes No		
	ЕМТ	Yes No		
	Paramedic	Yes No		
	Advanced paramedic	Yes No		
	Nurse	Yes No		
	Doctor	Yes No		
	Other	Yes No		
	Other	Text		





ID No.	Data Element	Data Domain	Definition	Data Type
	Time chest compressions commenced	Hour Minute	Time or best estimate of time chest compressions commenced	24 hr clock HH:MM Tick box entry
	Total duration of chest compressions	Hour Minute	Time or best estimate of duration of chest compressions	
	Mechanical Cardiopulmonary Resuscitation device?	Yes No	Mechnical CPR was /was not used	

12.5 Initial arrest rhythm

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

12.6 Defibrillator pads

Manual Automated External Defibrillator (AED)	Yes No	Manual AED use	Tick box
Defibrillator pads applied	Yes No	Record of application of defibrillator pads	Tick box

12.6.1 Who first applied defibrillator pads

e mor applica action			
Civilian	Yes No	Category of person who applied defibrillator pads	Tick box Alphabetic
Responder	Yes No		
Fire	Yes No		
Garda	Yes No		
Auxiliary/Voluntary	Yes No		
Practitioner	Yes No		
Other	Yes No		
Other	Text		

ID No.	Data Element	Data Domain	Definition	Data Type		
12.6.2 C	12.6.2 Clinical level of person who first applied defibrillator pads					
	No training	Yes No	Clinical level of person who fi defibrillator pads	rst applied Tick box Alphabetic	2	
	Unknown training	Yes No				
	CFR/BLS	Yes No				
	Far/Ofa	Yes No				
	EFR	Yes No				
	EMT	Yes No				
	Paramedic	Yes No				
	Advanced paramedic	Yes No				
	Nurse	Yes No				
	Doctor	Yes No				
	Other	Yes No				
	Other	Text				

12.7 Shock

Was shock advised	Yes No	When defibrillator pads applied was shock advised by defibrillator	Tick box
Was shock delivered	Yes No Unknown No shock advised	When defibrillator advised shock, was shock delivered	Tick box
Defibrillator malfunction	Yes No	Record of malfunction of defibrillator	Tick box

12.7.1 Who delivered first shock

Civilian	Yes No	Category of person who delivered first shock	Tick box
Responder	Yes No		
Fire	Yes No		
Garda	Yes No		
Auxiliary/Voluntary	Yes No		
Practitioner	Yes No		
Other	Yes No		



ID No.	Data Element	Data Domain	Definition	Data Type		
12.7.2 C	12.7.2 Clinical level of person who delivered first shock					
	No training	Yes No	Clinical level of person who delivered first shock	Tick box Alphabetic		
	Unknown training	Yes No				
	CFR/BLS	Yes No				
	FAR/OFA	Yes No				
	EFR	Yes No				
	EMT	Yes No				
	Paramedic	Yes No				
	Advanced paramedic	Yes No				
	Nurse	Yes No				
	Doctor	Yes No				
	Other	Yes No				
	Other	Text				
	Total number of shocks	Number	Total number of shocks delivered or best estimate of total number of shocks given	Numeric		
	Time first shock delivered	Hour Minute	Time first shock delivered	24 hr clock HH:MM		
12.8 CPR	in progress when tran	sporting				
	CPR in progress on transfer to hospital	Yes No	Patient transferred to hospital while CPR in progress	Tick box		
12.9 Doc	tor in attendance					
	Doctor in attendance	Yes No	Doctor in attendance	Tick box		
12.10 Re	12.10 Return of spontaneous circulation (ROSC)					
	ROSC at any stage	Yes No	ROSC returned at any stage during the cardiac incident	Tick box		
12.10.1 Person who first achieved return of spontaneous circulation (ROSC)						
	Civilian	Yes No	Category of person who first achieved ROSC	Tick box		
	Responder	Yes No				

ID No. Definition Data Element Data Domain Data Type Fire Yes No Garda Yes No Auxiliary/Voluntary Yes No Practitioner Yes No Other Yes No

12.10.2 Clinical level of person who first achieved spontaneous circulation (ROSC)

No training	Yes No	Clinical level of person who first achieved ROSC	Tick box Alphabetic
Unknown training	Yes No		
CFR/BLS	Yes No		
FAR/OFA	Yes No		
EFR	Yes No		
EMT	Yes No		
Paramedic	Yes No		
Advanced paramedic	Yes No		
Nurse	Yes No		
Doctor	Yes No		
Other	Yes No		
Other	Text		
Time of ROSC	Hour Minute	Time of Return of Spontaneous Circulation (ROSC)	24 hr clock HH:MM
Spontaneous circulation on arrival in ED	Yes No	Spontaneous circulation on arrival in ED	Tick box

12.11 Cardiac First Response Report completed

CFR Report completed	Yes No	CFR Report completed and handed over to EMS practitioner	Tick box
		··· -··· [·······	





13. References

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