

PCR Information Standard

TABLE OF CONTENTS

Intro	duction	1	6.3	Neurological	17
1.	Incident data		6.4	Obstetrics and/or Gynaecological	17
			6.5	Respiratory	18
1.1	Date of call	2	6.6	Sepsis	18
1.2	Time of call	2	6.7	Trauma	18
1.3	Passed	2	6.8	General	19
1.4	Dispatch Classification Reference (DCR)	2	7.	Care management	
1.5	Mobile	2	7.1	Airway and breathing	19
1.6	At scene	2	7.1	Cardiac support	20
1.7	At patient	2	7.2	Circulation support	20
1.8	Depart scene	2	7.3	· ·	20
1.9	At destination	2	7.4 7.5	Haemorrhage control Motion Restriction	21
1.10	At handover	2			
1.11	Destination	2	7.6	Sepsis bundle	21
1.12	Clear	2	7.7	Miscellaneous	22
1.13	Priority response	3	8.	Medication treatment	
1.14	Inter facility patient transfer	3	8.1	Time, PIN, medications, dose and route	23
1.15	Practitioner PIN	3	•	Continuity of any	
1.16	Station	3	9.	Continuity of care	0.4
1.17	Incident address	4	9.1	Assuming clinical lead	24
1.18	Nature of assistance prior to arrival		9.2	Relinquishing clinical lead	24
	of practitioner	4	9.3	Medical support received	24
1.19	Identity of assistance prior to arrival		9.4	Pre-alert to destination facility	24
	of practitioner	5	9.5	Handover	24
1.20	Dead on arrival	5	9.6	Intervention	24
1.21	Verification of Death	6	10.	Clinical audit	
1.22	Palliative Care (PC)	6	10.1	Clinical audit	24
1.23	Treat Refer (TR)	7			
1.24	Not Treated/not Transported (NTT)	7	11.	Declined treatment and/or transpo	
1.27	The medical her hanspelled (Fifty)	,	11.1	Declined treatment and/or transport	25
2.	Patient demographics		12.	Cardiac arrest	
2.1	Unique identifier	8	12.1	Chest pain	26
2.2	Patient demographics	8	12.2	Collapse	26
•	Detical district		12.3	Chest compressions	26
3.	Patient clinical assessment	0	12.4	Defibrillator pads	27
3.1	Chief complaint	9	12.4	Cardiac arrest rythmn	28
3.2	Primary survey	9	12.6	Shock	28
3.3	AMPLE assessment	11	12.7	Return Of Spontaneous Circulation (ROSC)	29
3.4	Mechanism of injury	12	12.7		30
4.	Clinical status			CPR in progress when transporting	30
4.1	Clinical status	14	12.9	Spontaneous circulation on arrival to hospital	30
4.1		14	13.	Doctor in attendance	
5.	Vital observations		13.1	Doctor in attendance	30
5.1	Vital observations	14	14.	Cardiac First Response (CFR)	
5.2	FAST assessment	16	17.	Report handover	
,			14.1		20
6.	Clinical impression	17	14.1	Cardiac First Response (CFR) Report handover	30
6.1	Cardiac	1 <i>7</i>	15.	References	31
	Modical	1/			



Introduction

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

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

The Pre-Hospital Emergency Care Council (PHECC) was established in 2000, as an independent statutory body, with responsibility for standards, education and training in the area of pre-hospital emergency care in Ireland. In order to drive reform in the delivery of pre-hospital emergency care, the PHECC Establishment Order was amended in 2004 and PHECC became a statutory healthcare regulator.

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 licensed CPG 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 PHECC licensed CPG providers.

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.

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 by recording, measuring, and using the information and data to improve.
- 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.

Ensure that personal health information is managed in line with the key legislative frameworks of General Data Protection Regulation (EU) 2016/679 (GDPR), Data Protection Acts 1988 Revised (8), Data Protection (Amendment) Act 2003 (9), and Data Protection Act 2018 (10). Ensure that it is only accessed by those who need it (11). The principles of good information management ensure that personal information is handled securely, efficiently, effectively (12) and in line with data protection legislation (7, 8, 9,12,11). This supports the provision of the highest level of care and support to the patient for whom PHECC licensed CPG providers collect health data (5).

Summary of data quality dimensions (4).

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 interactions 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.		

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 EMS Control Centre. (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 received at EMS Control Centre. (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	Dispatch Classification Reference (DCR)	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
1.5	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
1.6	At scene	Hour Minute Second	Time of arrival of the first appropriate emergency response at scene. (ref: Definitions to support PHECC EMS Priority Dispatch Standard and PHECC Inter Facility Transfer Standard)	Numeric 24hr clock HH:MM:SS
1.7	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
1.8	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
1.9	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
1.10	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
1.11	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	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



ID No.	Data Element	Data Domain	Definition	Data Type
1.13 Prio	rity response			
	Echo	Yes No	Priority response code advised (ref: Definitions to support PHECC Priority Dispatch Standard)	Tick box
	Delta	Yes No		
	Charlie	Yes No		
	Bravo	Yes No		
	Alpha	Yes No		
	Omega	Yes No		
1.14 Inter	r facility patient transf	er		
	Inter facility patient transfer and clinical level	Yes No AP P EMT FAR	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 and clinical level	Yes No MP RN M		
	Non-Clinical Escort	Yes No Healthcare- assistant Family- member Other Free Text		
1.15 Prac	titioner PIN			
	Practitioner attend	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
	Practitioner support	PIN HSPI		
	Other	PIN HSPI		
1.16 Stat	ion			
	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)	Alphanumeric



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 first appropriate response is dispatched in response to a phone call to EMS Control Centre	Alphanumeric entry Tick box if same as permanent address				
	Same as permanent address	Yes No						
	Incident Eircode	Code	Location code comprising of routing key and unique identifier	Alphanumeric				

1.17.1 Incident location

aent location			
Home	Yes No	Place of occurrence 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 of injury	Tick box
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		
Healthcare facility	Yes No		
Other places	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 Response (FAR)	Yes No		
Compression only CPR	Yes No		
CPR	Yes No		
AED	Yes No		
ALS	Yes No		



ID No.	Data Element	Data Domain	Definition	Data Type
1.19 Ide	ntity of assistance prior	to arrival of	f 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/Voluntary	Yes No		
	Practitioner	Yes No		
	Other	Text		

1.19.1 Clinical level

No training	Yes No	Clinical level of individual providing assistance prior to arrival of EMS practitioner	Tick box
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	Text		

1.20 Dead 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)	

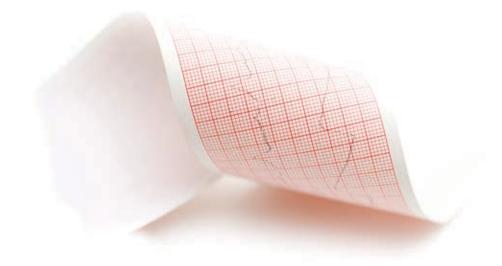
ID No.	Data Element	Data Domain	Definition	Data Type
1.21 Verif	ication of Death			
	Verification of Death	Yes No	The decision taken by a PHECC registered Paramedic or Advanced Paramedic, in the pre-hospital environment, that a person has died and life is extinct and the documentation of this decision	Tick box
	Time death verified	Hour Minute Second	Record of time of verification of death	24 hour HH:MM:SS
	Expected Death	Yes No	Death following a period of illness which has been identified as terminal, where nurses and doctors have been involved in providing palliative care, and where there is an agreement between dying person, those important to the dying person, medical and nursing teams that no active intervention to prolonging life is ongoing and a Do Not Attempt Resuscitation decision has been made and the decision is recorded in the dying person's health care record and has been communicated to the whole team	Tick box
	Sudden/Unexpected Death	Yes No	A death where there was no expectation that the person was terminally ill or likely to die	
	Obvious dead body	Yes No	An unwitnessed cardiac arrest found with indicators of death present, a body with injuries that cannot sustain life or a decomposed body	
	Verification of Death Record Completed	Yes No	A written record completed by the PHECC registered Paramedic or Advanced Paramedic verifying that death has occurred	
	Control Contacted	Yes No	Ambulance Control informed	
	Name of person who completed verification of death record	Name	Record of name of person who completed Verification of Death Record	Free text
	Next of Kin	Yes No	Is the person who completed the Verification of Death Record the next of kin to the person	Tick box
	Family Member	Yes No	Is the person who completed the Verification of Death Record a family member	
	Other	Name	Record of name of person who completed Verification of Death Record	Free text
1.22 Pallie	ative Care (PC)			
	PC Services at home	Yes No	Palliative care services for patients with a known advanced and life-limiting illness who are currently receiving palliative care services at home	Tick box
	Known advanced progressive and life limiting illness	Yes No PIN		
	Medication Directive in place	Yes No		
	Specialist PC Team/ GP Contacted	Yes No PIN		
	Completed PCR Copy left on scene	Yes No		
	DNR Order in place	Yes No		



ID No.	Data Element	Data Domain	Definition	Data Type			
1.23 Treat 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)				

1.24 Not Treated/not Transported (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 service provider	



2. Patient demographics

No.	Data Element	Data Domain	Definition	Data Type
.1 Uniq	ue identifier: Patient Co	are Report u	nique identifier comprises of 4 elements	
	Control Centre (CC) (1)	Code	Licensed provider Control Centre Code (ref: PHECC Control Centre and Station Codes for pre-hospital reports)	Alphanumeric
	Incident number (2)	Incident number	The second element is the incident number. Sequential number generated for the incident by the licensed CPG provider (ref: PHECC Control Centre and station codes for pre-hospital reports)	Alphanumeric
	Vehicle call sign (3)	Vehicle call sign	The third element is the vehicle call sign. This is the call sign or number allocated to specific vehicles within the licensed CPG providers. (ref: PHECC Control Centre and Station codes for pre-hospital reports)	Alphanumeric
	Patient number (4)	А В С	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 Patie	nt demographics			
	Title	Mr Mrs Ms Other	A prefix added to a name	Free text
	Individual Health Identifier (IHI)	Code	A unique, non-transferable number assigned to all individuals using health and social care services	Alphanumeric
	Surname	Surname	Their family name, surname, last name or marital name	Free text Alphabetic
	Forename	Forename	The given name, first name or forename	
	Permanent address	Permanent address	Location of patient's permanent residence	Alphanumeric
	Eircode	Code	Location code comprising of routing key and unique identifier	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
	Gender	Male Female	Classification of sex of patient	Tick box M/F
	General Practitioner (GP)	Surname Forename	Name of patient's GP	Alphabetic
	Next of kin	Surname	Name of patient's next of kin	Alphabetic



Numeric

Telephone number of next of kin

Telephone number of patient's next of kin

Forename

Telephone

number

3. Patient clinical assessment

ID No.	Data Element	Data Domain	Definition	Data Type		
3.1 Chief	3.1 Chief complaint					
	Patient's 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		

ry 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		
Haemorrhage	Yes No		
Skin normal	Yes No		
Skin pale	Yes 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		
% Burn	Yes No		
CSM RA/RL/LA/LL	Yes No		
Contusion	Yes No		
Dislocation	Yes No		
Fracture	Yes No		
Pain	Yes No		
Rash	Yes No		
Swelling	Yes No		
Numbness	Yes No		
Wound	Yes No		



ID No.	Data Element	Data Domain	Definition	Data Type
3.3 AMPLI	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 none	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 none	Yes No	Past medical history reported by patient or relative if present or known	Tick box Free text Alphabetic
	Past medical history unknown	Yes No		,
	Past medical history per doctor's letter	Yes No		
	Past medical history per relative	Yes No		
	Free text	Text		
	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 occurrence and mechanism of injury	Free text Alphabetic
	Free text	Text		



Data Element	Data Domain	Definition	Data Type
anism of injury			
Assault	Yes No	Mechanism by which injury occurred. (ref: ICD 10 AM, external causes of morbidity and mortality (u50-y98)). Coded in combination with place of occurrence and event	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 and Flames	Yes No		
Submersion	Yes No		
Stabbing	Yes No		
Water transport accident	Yes No		
Other	Yes No		



ID No.

ID No.	Data Element	Data Domain	Definition	Data Type
3.4.1 Circ	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 timeframe	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 o

oservations				
Vital observation time 1	Hour Minute	Clinical indicators of current health status. Up to 4 instances of vital observations	24 HH No	
Vital observation time 2	Hour Minute	recorded for times 1, times 2, times 3 and times 4		
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 and rhythm	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 (Supraventricular 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)			

4 hour H:MM Numeric Aphabetic tick box



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 (Rales)		
	Short code - 6 (Retract)		
	Short code - 7 (Absent)		
Peak expiratory flow rate	Measurement		
Percentage oxygen saturation (% S _p O 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 health status	Alphanumeric + / -
Pupil reaction	Short code - + (Pupil reacts) Short code (Pupil does not react) Short code - C (Eyes closed)	neum siulus	T / -



ID No.	Data Element	Data Domain	Definition	Data Type
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5.1.1 Glasgow Coma Scale (GCS)

Eye opening	Short code - 4 (Spontaneous)	Clinical indicators of patient current health status	Numeric
	Short code - 3 (Response to sound)		
	Short code - 2 (Response to pressure)		
	Short code - 1 (No response)		
	Non testable - (NT)		
Verbal Response	Short code - 5 (Orientated)		
	Short code - 4 (Confused)		
	Short code - 3 (Words)		
	Short code - 2 (Sounds)		
	Short code - 1 (None)		
	Non testable - (NT)		
Motor Response	Short code - 6 (Obey commands)		
	Short code - 5 (Localising)		
	Short code - 4 (Normal flexion)		
	Short code - 3 (Abnormal flexion)		
	Short code - 2 (Extension)		
	Short code - 1 (None)		
	Non testable - (NT)		
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

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		
Time	HH MM	Time is time of assessment carried out	Numeric 24hr clock HH:MM:SS



6. Clinical impression

ID No.	Data Element	Data Domain	Definition	Data Type
6.1 Card	liac			
	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		
	STEMI	Yes No		
	Other cardiac	Yes No		
6.2 Med	ical			
	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 Neu	rological			
	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 Obs	stetrics and/or Gynaeco	ological		
	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		

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 Seps	is			
	Sepsis	Yes No	An early clinical impression of the presenting illness	Tick box
	Severe/Septic Shock	Yes No	An early clinical impression of the presenting illness	Tick box
6.7 Trau	ma			
	Burns	Yes No	An early clinical impression of the presenting illness/injury. (ref: ICD 10 AM)	Tick box
	Dislocation/Sprain	Yes No		
	Fracture	Yes No		
	Haemorrhage	Yes No		
	Head injury	Yes No		
	Maxillo-facial injury	Yes No		
	Multiple trauma	Yes No		
	Open wound	Yes No		
	Shock	Yes No		
	Soft tissue injury	Yes No		
	Spinal injury	Yes No		
	Other trauma	Yes No		



ID No.	Data Element	Data Domain	Definition	Data Type
6.8 Gen	neral			
	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

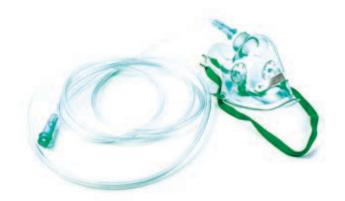
7.1 Airway and breathing

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

ID No.	Data Element	Data Domain	Definition	Data Type
7.2 Card	iac support			
	12 lead ECG	Yes No PIN	Cardiac support care management intervention	Tick box Numeric
	Refer OHCA	Yes No PIN		Tick box Numeric
	PCI Centre Contacted	Yes No PIN	PCI Centre accepted patient PCI Centre declined patient	Tick box Numeric
	Cardiologist	MCRN	Medical Council Registration Number of Cardiologist in PCI Centre	Numeric
	Accepted	Yes No PIN		Tick box Numeric
	Declined	Yes No PIN		
7.3 Circu	lation support			
	Intravenous cannula	Yes No PIN	Circulation support care management intervention	Tick box Numeric
	Intraosseous cannula	Yes No PIN		
7.4 Haer	norrhage control			
	Direct pressure	Yes No PIN	Haemorrhage control management	Tick box Numeric
	Pressure points	Yes No PIN		
	Tourniquet use	Yes No PIN		
	Haemostatic dressing	Yes No PIN		
	Wound closure	Yes No PIN		
	Other	Yes No PIN		

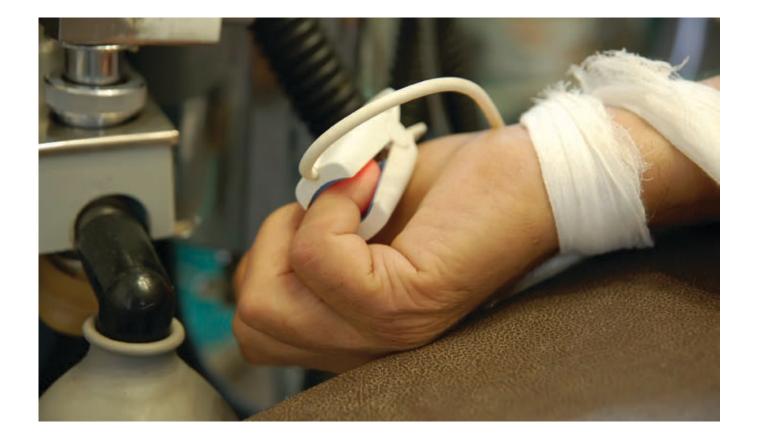


ID No.	Data Element	Data Domain	Definition	Data Type
7.5 Motion	n Restriction			
	Canvas sheet	Yes No PIN	Motion restriction and extrication care management intervention	Tick box Numeric
	Cervical collar	Yes No PIN		
	Vacuum mattress	Yes No PIN		
	Long board	Yes No PIN		
	Split stretcher	Yes No PIN		
	Rapid extrication	Yes No PIN		
	Splint	Yes No PIN		
	Spinal injury decision ⁽⁶⁾	Yes No PIN	Assessment of whether spinal motion restriction is required	Tick box Numeric
7.6 Sepsis	bundle			
	Sepsis bundle	Yes No PIN	Sepsis bundle care management	Tick box/Numeric and record data in medication treatment





Data Element	Data Domain	Definition	Data Type
ellaneous			
Active rewarming	Yes No PIN	Miscellaneous care management intervention not listed previously	Tick box Numeric
Burns dressing	Yes No PIN		
Other dressing	Yes No PIN		
Positioning	Yes No PIN		
Taser gun barb	Yes No PIN		
Urinary Catheterisation	Yes No PIN		
Other	PIN MCRN		





ID No.

8. Medication treatment

lo. Data Element	Data Domain	Definition	Data Type
Time of medication adr	ministration		
Time	Hour Minute	Time medication administered	24 hour entry 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
.1 Medications			
Medications	Medication name	Medications available to pre-hospital practitioners as per current edition of PHECC CPGs	Alphanumeric
.2 Dose of medication fo	or 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)		
.3 Route of administrati	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 - IO (intraosseous) Short code - IV (intravenous)		

9. Continuity of care

ID No.	Data Element	Data Domain	Definition	Data Type
9.1 Assu	ming clinical lead			
	Assuming clinical lead	Yes No Hour Minute PIN/MCRN	Record if clinical lead handed over/not handed over to a person of a higher clinical level	Tick box Numeric entry 24 hour entry HH:MM
9.2 Relin	nquishing clinical lead			
	Relinquishing clinical lead	Yes No Hour Minute PIN/MCRN	Record if clinical lead handed over/not handed over to a person of a higher clinical level	Tick box Numeric entry 24 hour entry HH:MM
9.3 Med	ical support received			
	Medical support received	Yes No Hour Minute PIN/MCRN	Record of medical support received	Tick box Numeric entry 24 hour entry HH:MM
9.4 Pre-	alert to destination faci	lity		
	Pre-alert to destination facility	Yes No Hour Minute PIN/MCRN	Record of destination facility pre-alerted	Tick box Numeric entry 24 hour entry HH:MM
9.5 Han	dover			
	Handover	Yes No	Record if patient handover received from practitioner/s engaged in the care of the patient, time and PIN	Tick box Numeric entry
	Time of receiving handover	Hour Minute	palletti, tittle atla t ti v	24 hour entry HH:MM
	PIN	PIN/HSPI		
9.6 Inter	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 24 hour entry HH:MM
	Time of intervention	Hour Minute		
	PIN	PIN/HSPI		

10. Clinical audit

Clinical audit Yes No Determine if the patient incident requires systematic review Receiving staff signature Signature/HSPI Record of person receiving patient Free text



11. Declined treatment and/or transport

ID No. Data Element Data Domain Definition Data Type

11.1 Declined treatment and/or transport

A person lacks of capacity to make a decision if he or she is unable to:

A person lacks of capacity to make a decision if he of she is unable to.					
Understand the information relevant to the decision	Yes No	Practitioner aid to determine patient decision making capacity to reject treatment and/or transport and to make an alternative care plan	Tick box Numeric		
Retain the information long enough to make a voluntary choice	Yes No	Practitioner aid to determine patient decision making capacity to reject treatment and/or transport and to make an alternative care plan	Tick box Numeric		
Use or weigh that information as part of the process of making the decision	Yes No	Practitioner aid to determine patient decision making capacity to reject treatment and/or transport and to make an alternative care plan	Tick box Numeric		
or					
Communicate decision by any means (including sign language/assistive technology) or if the implementation of the decision requires the act of a third party	Yes No	Practitioner aid to determine patient decision making capacity to reject treatment and/or transport and to make an alternative care plan	Tick box Numeric		
PIN/HSPI (1)	PIN HSPI	I/We witness declined treatment and have	Numeric		
PIN/HSPI (2)	PIN HSPI	advised patient			
Report to EMS Control Centre	Yes No	I/We report to EMS Control Centre	Tick box		





12. Cardiac arrest

ID No.	Data Element	Data Domain	Definition	Data Type
12.1 Che	est pain			
	Chest pain	Yes No Unknown	Record of chest pain	Tick box 24 hour HH:MM
	Time of chest pain	Hour Minute	Time or best estimate of time of chest pain	24 hour HH:MM
12.2 Col	lapse			
	Collapse	Yes No	Record of collapse seen or heard	Tick box Alphabetic
	Time of collapse	Hour Minute	Time of collapse	24 hour HH:MM
2.2.1 C	ategory of person who	witnessed collapse		
	Citizen	Yes	Not dispatched by EMS control centre	Tick box
	Responder on duty	Yes	Dispatched by EMS control centre	Alphabetic
	Responder other	Yes	Not dispatched by EMS control centre	
	Responder auxiliary/ voluntary service	Yes	On duty at or near the scene	
	Practitioner	Yes	Dispatched by EMS control centre	
	Doctor or off-duty practitioner	Yes	Dispatched by EMS control centre	
	Doctor or off-duty practitioner	Yes	Not dispatched by EMS control centre	
	Nurse	Yes	Not dispatched by EMS control centre	
	Fire	Yes	Dispatched by relevant control	
	Garda	Yes	Dispatched by relevant control	
2.3 Che	est compressions			
	Chest compressions commenced	Yes No	Record of commencement of chest compressions. If no add reason not commenced	Tick box Alphabetic
	Reason not commenced			Free text
	Dispatcher aided	Yes No	Record if chest compressions assisted by dispatcher	Tick box
	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



ID No.	Data Element	Data Domain	Definition	Data Type		
12.3.1 C	12.3.1 Category of person who commenced chest compressions					
	Citizen	Yes	Not dispatched by EMS control centre	Tick box Alphabetic		
	Responder on duty	Yes	Dispatched by EMS control centre			
	Responder other	Yes	Not dispatched by EMS control centre			
	Responder auxiliary/voluntary service	Yes	On duty at or near the scene			
	Practitioner	Yes	Dispatched by EMS control centre			
	Doctor or off-duty practitioner	Yes	Dispatched by EMS control centre			
	Doctor or off-duty practitioner	Yes	Not dispatched by EMS control centre			
	Nurse	Yes	Not dispatched by EMS control centre			
	Fire	Yes	Dispatched by relevant control			

12.4 Defibrillator pads

Garda

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

Dispatched by relevant control

12.4.1 Category of person who first applied defibrillator pads

Yes

egory or person who	in si applied delibrillator po	aus	
Citizen	Yes	Not dispatched by EMS control centre	Tick box Alphabetic
Responder on duty	Yes	Dispatched by EMS control centre	Alphabelic
Responder other	Yes	Not dispatched by EMS control centre	
Responder auxiliary/ voluntary service	Yes	On duty at or near the scene	
Practitioner	Yes	Dispatched by EMS control centre	
Doctor or off-duty practitioner	Yes	Dispatched by EMS control centre	
Doctor or off-duty practitioner	Yes	Not dispatched by EMS control centre	
Nurse	Yes	Not dispatched by EMS control centre	
Fire	Yes	Dispatched by relevant control	
Garda	Yes	Dispatched by relevant control	

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

12.6 Shock

ID No.

Was shock advised	Yes No N/A	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	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





ID No.	Data Element	Data Domain	Definition	Data Type		
12.6.1 Category of person who delivered first shock						
	Citizen	Yes	Not dispatched by EMS control centre	Tick box Alphabetic		
	Responder on duty	Yes	Dispatched by EMS control centre	Albumenc		
	Responder other	Yes	Not dispatched by EMS control centre			
	Responder auxiliary/ voluntary service	Yes	On duty at or near the scene			
	Practitioner	Yes	Dispatched by EMS control centre			
	Doctor or off-duty practitioner	Yes	Dispatched by EMS control centre			
	Doctor or off-duty practitioner	Yes	Not dispatched by EMS control centre			
	Nurse	Yes	Not dispatched by EMS control centre			
	Fire	Yes	Dispatched by relevant control			

12.7 Return Of Spontaneous Circulation (ROSC)

Yes

Garda

ROSC at any stage	Yes No	ROSC returned at any stage during the cardiac incident	Tick box
Did rearrest(s) occur	Yes No Number	Did a rearrest occur at any stage post ROSC? If so, number of rearrests	Numeric

Dispatched by relevant control

12.7.1 Category of person who first achieved ROSC

			_
Citizen	Yes	Not dispatched by EMS control centre	Ti
Responder on duty	Yes	Dispatched by EMS control centre	-
Responder other	Yes	Not dispatched by EMS control centre	
Responder auxiliary/ voluntary service	Yes	On duty at or near the scene	
Practitioner	Yes	Dispatched by EMS control centre	
Doctor or off-duty practitioner	Yes	Dispatched by EMS control centre	
Doctor or off-duty practitioner	Yes	Not dispatched by EMS control centre	
Nurse	Yes	Not dispatched by EMS control centre	
Fire	Yes	Dispatched by relevant control	
Garda	Yes	Dispatched by relevant control	

Tick box Alphabetic

ID No.	Data Element	Data Domain	Definition	Data Type	
12.8 CPR	R in progress when tran	sporting			
	CPR in progress when transporting	Yes No	Patient transferred to hospital while CPR in progress	Tick box	
12.9 Spc	12.9 Spontaneous circulation on arrival to hospital				
	Spontaneous circulation on arrival to hospital	Yes No	Spontaneous circulation on arrival to hospital	Tick box	

13. Doctor in attendance

ID No.	Data Element	Data Domain	Definition	Data Type			
13.1 Doct	13.1 Doctor in attendance						
	Doctor in attendance	Yes No MCRN	Doctor in attendance	Tick box Alphanumeric			

14. Cardiac First Response (CFR) Report handover

ID No.	Data Element	Data Domain	Definition	Data Type
14.1 Cardiac First Response (CFR) Report handover				
	CFR Report handover	Yes No	CFR Report completed and handed over to the ambulance service	Tick box
	Signature PIN/HSPI	Text PIN/HSPI	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 **storage of signature image to be explored





15. References

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