Department of Human Resources
Division of Public Health
Office of Emergency Medical Services

Georgia Patient Care Report Data Conformity Process

January 2007

Georgia Emergency Medical Services
Essential Database Elements
Patient Care Report
May 12, 2006

Agency
Call Date
Unit Response Time
County
EMS VID
Driver/Medic State License Number
Medic 1 State License Number
Service Requested
Incident/Patient Disposition

DOB
Gender
Race
Ethnicity
Report 911
Time Unit Notified
Clinical Area
Provider Impressions
Care Rendered
Cause of Injury
Destination (Dest)
Pulse
Respiration
BP Systolic
BP Diastolic
Location Type

PCR data fields to be validated: Validation consists of blank fields or invalid codes only

Georgia EMS
Uniform Dataset

Data Exchange Format

Fixed Width ASCII

Name	Type	Length	Position	Format	Regional Extract	State Extract
Incident Address	Text	50		Free	N	N
Incident City	Text	20		Free	N	N
Incident County	Text	3	1	Numeric Only	Y	Y
Incident State	Text	2	4	Standard Abbreviation	Y	Y
EMSVID	Text	5	6	Numeric Only	Y	Y
Location Type	Text	5	11	Alpha Numeric (1 field, single entry) E-Code	Y	Y
Date Reported	Text	8	16	"YYYYMMDD"	Y	Y
Time Reported	Text	5	24	"HH:MM"	Y	Y
Time Dispatch Notified	Text	5	29	"HH:MM"	Y	Y
Time Unit Notified	Text	5	34	"HH:MM"	Y	Y
Time Unit Responded	Text	5	39	"HH:MM"	Y	Y
Time 1st Arrival	Text	5	44	"HH:MM"	Y	Y
Time At Scene	Text	5	49	"HH:MM"	Y	Y
Time At Patient	Text	5	54	"HH:MM"	Y	Y
Time 1st Defib	Text	5	59	"HH:MM"	Y	Y
Extri Defib Type	Text	1	64	"E" "D"	Y	Y
Time Unit Left Scene	Text	5	65	"HH:MM"	Y	Y
Time At Destination	Text	5	70	"HH:MM"	Y	Y
Time In Service	Text	5	75	"HH:MM"	Y	Y
Response Out	Text	2	80	Numeric Only	Y	Y
Response In	Text	2	82	Numeric Only	Y	Y
911 Used	Text	1	84	"Y" "N"	Y	Y
Service Requested	Text	2	85	Numeric Only	Y	Y
Response Number	Text	6	87	Numeric Only – Service Assigned	Y	N
Incident Number	Text	14	93	Numeric Only – Last 2 digits of year + 3 digit service + 3 digit unit + 6 digit response number	Y	Y
Agency	Text	3	107	Numeric Only	Y	Y
Unit Number	Text	3	110	Numeric Only	Y	Y
Vehicle Type	Text	2	113	Numeric Only	Y	Y
Drv/Medic Number	Text	3	115	Numeric Only	Y	N
Medic1 Number	Text	3	118	Numeric Only	Y	N
Medic2 Number	Text	3	121	Numeric Only	Y	N

Revision date 1/22/02

Drv/Medic Type	Text	1	124	“F” “E” “I” “C” “P” “O”	Y	Y
Medic1 Type	Text	1	125	“F” “E” “I” “C” “P” “O”	Y	Y
Medic2 Type	Text	1	126	“F” “E” “I” “C” “P” “O”	Y	Y
Patient Name	Text	30		Last, First, MI	N	N
Patient Address	Text	50		Free	N	N
Patient City	Text	20		Free	N	N
Patient County	Text	3		Numeric Only	N	N
Patient State	Text	2		Standard Abbreviation	N	N
Patient Zip	Text	11		Numeric Only – no formatting	N	N
Patient ID Number	Text	9	127	1st 2 letters of first name + first2 letters of last name + last 2 letters of last name+ 3 spaces	Y	Y
Patient Phone	Text	10		Numeric Only – no formatting	N	N
Patient DOB	Text	8	136	“YYYYMMDD”	Y	Y
Age	Numeric	3	144		Y	Y
Gender	Text	1	147	“M” “F” ”U”	Y	Y
Race	Text	2	148	Numeric Only	Y	Y
Destination	Text	3	150	Numeric Only	Y	Y
Destination Choice	Text	3	153	Numeric Only	Y	Y
Disposition	Text	2	156	Numeric Only	Y	Y
Clinical Course	Text	1	158	Numeric Only	Y	Y
Chief Complaint	Text	255		Alpha Numeric	N	N
Injury Cause	Text	5	159	E-code with decimal without “E”	Y	Y
(Impression)						
Abdominal Pain	Text	1	164	“Y” “N” Default “N”	Y	Y
Airway Obstruction	Text	1	165	“Y” “N” Default “N”	Y	Y
Allergic Reaction	Text	1	166	“Y” “N” Default “N”	Y	Y
Altered LOC	Text	1	167	“Y” “N” Default “N”	Y	Y
Back Pain	Text	1	168	“Y” “N” Default “N”	Y	Y
Bleeding	Text	1	169	“Y” “N” Default “N”	Y	Y
Burn Therm	Text	1	170	“Y” “N” Default “N”	Y	Y
Burn Other	Text	1	171	“Y” “N” Default “N”	Y	Y
Cardiac Arrest	Text	1	172	“Y” “N” Default “N”	Y	Y
Chest Pain	Text	1	173	“Y” “N” Default “N”	Y	Y
Choking	Text	1	174	“Y” “N” Default “N”	Y	Y
Crushing Injury	Text	1	175	“Y” “N” Default “N”	Y	Y
Diarrhea	Text	1	176	“Y” “N” Default “N”	Y	Y
Dizziness	Text	1	177	“Y” “N” Default “N”	Y	Y
Dysrythmia	Text	1	178	“Y” “N” Default “N”	Y	Y
Ear Pain	Text	1	179	“Y” “N” Default “N”	Y	Y
Eye Pain	Text	1	180	“Y” “N” Default “N”	Y	Y
Fever	Text	1	181	“Y” “N” Default “N”	Y	Y
GI Bleed	Text	1	182	“Y” “N” Default “N”	Y	Y
Headache	Text	1	183	“Y” “N” Default “N”	Y	Y
Hyperglycemia	Text	1	184	“Y” “N” Default “N”	Y	Y
Hypoglycemia	Text	1	185	“Y” “N” Default “N”	Y	Y
Hypertension	Text	1	186	“Y” “N” Default “N”	Y	Y
Hyperthermia	Text	1	187	“Y” “N” Default “N”	Y	Y

Hypothermia	Text	1	188	“Y” “N” Default “N”	Y	Y
Hypovolemia	Text	1	189	“Y” “N” Default “N”	Y	Y
Inhal Injury	Text	1	190	“Y” “N” Default “N”	Y	Y
NauseaVomiting	Text	1	191	“Y” “N” Default “N”	Y	Y
Apparent Death	Text	1	192	“Y” “N” Default “N”	Y	Y
Palpitation	Text	1	193	“Y” “N” Default “N”	Y	Y
Paralysis	Text	1	184	“Y” “N” Default “N”	Y	Y
Poisoning	Text	1	185	“Y” “N” Default “N”	Y	Y
Psychiatric	Text	1	196	“Y” “N” Default “N”	Y	Y
OB Delivery	Text	1	197	“Y” “N” Default “N”	Y	Y
Resp Arrest	Text	1	198	“Y” “N” Default “N”	Y	Y
Resp Distress	Text	1	199	“Y” “N” Default “N”	Y	Y
Seizure	Text	1	200	“Y” “N” Default “N”	Y	Y
Sexual Assault	Text	1	201	“Y” “N” Default “N”	Y	Y
Stroke	Text	1	202	“Y” “N” Default “N”	Y	Y
Syncope	Text	1	203	“Y” “N” Default “N”	Y	Y
Unresponsive	Text	1	204	“Y” “N” Default “N”	Y	Y
Vaginal Bleeding	Text	1	205	“Y” “N” Default “N”	Y	Y
Weakness	Text	1	206	“Y” “N” Default “N”	Y	Y
Not Applicable	Text	1	207	“Y” “N” Default “N”	Y	Y
(End of Impression)						
Asthma	Text	1	208	“Y” “N” Default “N”	Y	Y
Diabetes	Text	1	209	“Y” “N” Default “N”	Y	Y
TB	Text	1	210	“Y” “N” Default “N”	Y	Y
Chronic Resp	Text	1	211	“Y” “N” Default “N”	Y	Y
Chronic Renal	Text	1	212	“Y” “N” Default “N”	Y	Y
HTN	Text	1	213	“Y” “N” Default “N”	Y	Y
Psych	Text	1	214	“Y” “N” Default “N”	Y	Y
Seizure	Text	1	215	“Y” “N” Default “N”	Y	Y
Trach	Text	1	216	“Y” “N” Default “N”	Y	Y
Cardiac	Text	1	217	“Y” “N” Default “N”	Y	Y
Dev/MR	Text	1	218	“Y” “N” Default “N”	Y	Y
Pre-Baby	Text	1	219	“Y” “N” Default “N”	Y	Y
TBI	Text	1	220	“Y” “N” Default “N”	Y	Y
(Injury Site & Type)						
Amputate Head	Text	1	221	“Y” “N” Default “N”	Y	Y
Amputate UpExtrem	Text	1	222	“Y” “N” Default “N”	Y	Y
Amputate LowExtrem	Text	1	223	“Y” “N” Default “N”	Y	Y
Burn Head	Text	1	224	“Y” “N” Default “N”	Y	Y
Burn Face	Text	1	225	“Y” “N” Default “N”	Y	Y
Burn Neck	Text	1	226	“Y” “N” Default “N”	Y	Y
Burn Thorax	Text	1	227	“Y” “N” Default “N”	Y	Y
Burn Abdomen	Text	1	228	“Y” “N” Default “N”	Y	Y
Burn Pelvis	Text	1	229	“Y” “N” Default “N”	Y	Y
Burn Back	Text	1	230	“Y” “N” Default “N”	Y	Y
Burn UpExtrem	Text	1	231	“Y” “N” Default “N”	Y	Y
Burn LowExtrem	Text	1	232	“Y” “N” Default “N”	Y	Y
DFx Head	Text	1	233	“Y” “N” Default “N”	Y	Y

DFx Face	Text	1	234	“Y” “N” Default “N”	Y	Y
DFx Neck	Text	1	235	“Y” “N” Default “N”	Y	Y
DFx Thorax	Text	1	236	“Y” “N” Default “N”	Y	Y
DFx Abdomen	Text	1	237	“Y” “N” Default “N”	Y	Y
DFx Pelvis	Text	1	238	“Y” “N” Default “N”	Y	Y
DFx Back	Text	1	239	“Y” “N” Default “N”	Y	Y
DFx UpExtrem	Text	1	240	“Y” “N” Default “N”	Y	Y
DFx LowExtrem	Text	1	241	“Y” “N” Default “N”	Y	Y
GSW Head	Text	1	242	“Y” “N” Default “N”	Y	Y
GSW Face	Text	1	243	“Y” “N” Default “N”	Y	Y
GSW Neck	Text	1	244	“Y” “N” Default “N”	Y	Y
GSW Thorax	Text	1	245	“Y” “N” Default “N”	Y	Y
GSW Abdomen	Text	1	246	“Y” “N” Default “N”	Y	Y
GSW Pelvis	Text	1	247	“Y” “N” Default “N”	Y	Y
GSW Back	Text	1	248	“Y” “N” Default “N”	Y	Y
GSW UpExtrem	Text	1	249	“Y” “N” Default “N”	Y	Y
GSW LowExtrem	Text	1	250	“Y” “N” Default “N”	Y	Y
Lac Head	Text	1	251	“Y” “N” Default “N”	Y	Y
Lac Face	Text	1	252	“Y” “N” Default “N”	Y	Y
Lac Neck	Text	1	253	“Y” “N” Default “N”	Y	Y
Lac Thorax	Text	1	254	“Y” “N” Default “N”	Y	Y
Lac Abdomen	Text	1	255	“Y” “N” Default “N”	Y	Y
Lac Pelvis	Text	1	256	“Y” “N” Default “N”	Y	Y
Lac Back	Text	1	257	“Y” “N” Default “N”	Y	Y
Lac UpExtrem	Text	1	258	“Y” “N” Default “N”	Y	Y
Lac LowExtrem	Text	1	259	“Y” “N” Default “N”	Y	Y
Pain Head	Text	1	260	“Y” “N” Default “N”	Y	Y
Pain Face	Text	1	261	“Y” “N” Default “N”	Y	Y
Pain Neck	Text	1	262	“Y” “N” Default “N”	Y	Y
Pain Thorax	Text	1	263	“Y” “N” Default “N”	Y	Y
Pain Abdomen	Text	1	264	“Y” “N” Default “N”	Y	Y
Pain Pelvis	Text	1	265	“Y” “N” Default “N”	Y	Y
Pain Back	Text	1	266	“Y” “N” Default “N”	Y	Y
Pain UpExtrem	Text	1	267	“Y” “N” Default “N”	Y	Y
Pain LowExtrem	Text	1	268	“Y” “N” Default “N”	Y	Y
Puncture Head	Text	1	269	“Y” “N” Default “N”	Y	Y
Puncture Face	Text	1	270	“Y” “N” Default “N”	Y	Y
Puncture Neck	Text	1	271	“Y” “N” Default “N”	Y	Y
Puncture Thorax	Text	1	272	“Y” “N” Default “N”	Y	Y
Puncture Abdomen	Text	1	273	“Y” “N” Default “N”	Y	Y
Puncture Pelvis	Text	1	274	“Y” “N” Default “N”	Y	Y
Puncture Back	Text	1	275	“Y” “N” Default “N”	Y	Y
Puncture UpExtrem	Text	1	276	“Y” “N” Default “N”	Y	Y
Puncture LowExtrem	Text	1	277	“Y” “N” Default “N”	Y	Y
Soft Head	Text	1	278	“Y” “N” Default “N”	Y	Y
Soft Face	Text	1	279	“Y” “N” Default “N”	Y	Y
Soft Neck	Text	1	280	“Y” “N” Default “N”	Y	Y
Soft Thorax	Text	1	281	“Y” “N” Default “N”	Y	Y
Soft Abdomen	Text	1	282	“Y” “N” Default “N”	Y	Y
Soft Pelvis	Text	1	283	“Y” “N” Default “N”	Y	Y
Soft Back	Text	1	284	“Y” “N” Default “N”	Y	Y

Soft UpExtrem	Text	1	285	"Y" "N" Default "N"	Y	Y
Soft LowExtrem	Text	1	286	"Y" "N" Default "N"	Y	Y
(End Injury Site &Type)						
Injury Intent	Text	1	287	Numeric Only	Y	Y
(Safety Equipment)						
Not Used	Text	1	288	"Y" "N" Default "N"	Y	Y
Shoulder Belt	Text	1	289	"Y" "N" Default "N"	Y	Y
Lap Only	Text	1	290	"Y" "N" Default "N"	Y	Y
LapShoulder	Text	1	291	"Y" "N" Default "N"	Y	Y
Child Seat	Text	1	292	"Y" "N" Default "N"	Y	Y
Airbag Deployment	Text	1	293	"Y" "N" Default "N"	Y	Y
Helmet	Text	1	294	"Y" "N" Default "N"	Y	Y
Eye Protection	Text	1	295	"Y" "N" Default "N"	Y	Y
Float Device	Text	1	296	"Y" "N" Default "N"	Y	Y
Protect Clothing	Text	1	297	"Y" "N" Default "N"	Y	Y
Unknown	Text	1	298	"Y" "N" Default "N"	Y	Y
(End Safety Equipment)						
(Begin Factors)						
Weather	Text	1	299	"Y" "N" Default "N"	Y	Y
Road Cond	Text	1	300	"Y" "N" Default "N"	Y	Y
Veh Problem	Text	1	301	"Y" "N" Default "N"	Y	Y
Unsafe	Text	1	302	"Y" "N" Default "N"	Y	Y
Language	Text	1	303	"Y" "N" Default "N"	Y	Y
Extric>20	Text	1	304	"Y" "N" Default "N"	Y	Y
HazMat	Text	1	305	"Y" "N" Default "N"	Y	Y
Crowd	Text	1	306	"Y" "N" Default "N"	Y	Y
Other	Text	1	307	"Y" "N" Default "N"	Y	Y
NA	Text	1	308	"Y" "N" Default "N"	Y	Y
(End Factors)						
(Begin Env Cause)						
Abuse	Text	1	309	"Y" "N" Default "N"	Y	Y
Alcohol	Text	1	310	"Y" "N" Default "N"	Y	Y
Housing	Text	1	311	"Y" "N" Default "N"	Y	Y
Neglect	Text	1	312	"Y" "N" Default "N"	Y	Y
Nutrition	Text	1	313	"Y" "N" Default "N"	Y	Y
Substance	Text	1	314	"Y" "N" Default "N"	Y	Y
NA	Text	1	315	"Y" "N" Default "N"	Y	Y
(End Env Cause)						
1st CPR Provider	Text	2		Numeric Only	N	N
Time CPR Discon	Text	5		"HH:MM"	N	N
Time Witnessed	Text	5		"HH:MM"	N	N
Witness Of Arrest	Text	2		Numeric Only	N	N
ROSC	Text	2	316	Numeric Only	Y	Y
Clinical Area	Text	1	318	"C" "M" "N" "O" "P" "T" only	Y	Y
Pulse Rate	Numeric	3	319		Y	Y

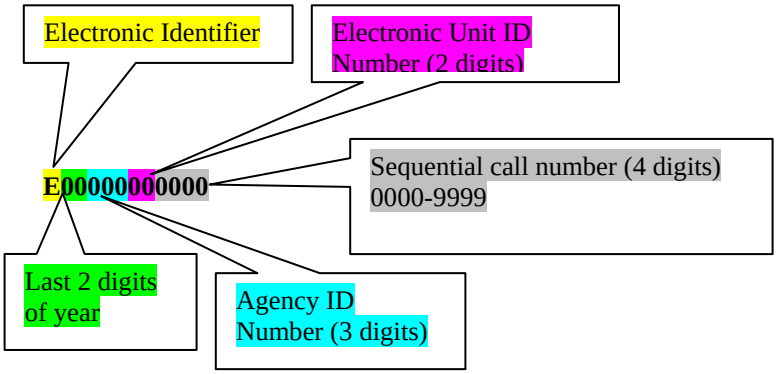
Initial Rhythm	Text	2	322	Numeric Only	Y	Y
Rhythm Destination	Text	2	324	Numeric Only	Y	Y
Resp Rate	Numeric	2	326		Y	Y
Resp Effort	Text	1	328	“N” “L” “S” “A” only	Y	Y
Systolic BP	Numeric	3	329		Y	Y
Palp	Text	1	332	“Y” “N” Default “N”	Y	Y
Diastolic BP	Numeric	3	333		Y	Y
Pulse Ox	Numeric	3	336		Y	Y
Room Air	Text	1	339	“Y” “N” Default “N”	Y	Y
Skin Perfusion	Text	1	340	“N” “D” only	Y	Y
GCS Eye	Numeric	1	341		Y	Y
GCS Verbal	Numeric	1	342		Y	Y
GCS Motor	Numeric	1	343		Y	Y
GCS Total	Numeric	2	344	Calculated	Y	Y
Trauma Triage Criteria	Text	1	346	“P” “A” “M”	Y	Y
(Care Rendered)						
Assist Delivery	Numeric	1	347	Summation 1 thru 7	Y	Y
Auto Ventilation	Numeric	1	348	Summation 1 thru 7	Y	Y
BagValveMask	Numeric	1	349	Summation 1 thru 7	Y	Y
Bleeding Controlled	Numeric	1	350	Summation 1 thru 7	Y	Y
Cardiac Monitor	Numeric	1	351	Summation 1 thru 7	Y	Y
CPR	Numeric	1	352	Summation 1 thru 7	Y	Y
C Spine Managed	Numeric	1	353	Summation 1 thru 7	Y	Y
Glucose Monitor	Numeric	1	354	Summation 1 thru 7	Y	Y
MAST	Numeric	1	355	Summation 1 thru 7	Y	Y
Oxygen	Numeric	1	356	Summation 1 thru 7	Y	Y
Splints	Numeric	1	357	Summation 1 thru 7	Y	Y
Suction	Numeric	1	358	Summation 1 thru 7	Y	Y
Traction Splint	Numeric	1	359	Summation 1 thru 7	Y	Y
12 Lead EKG	Numeric	1	360	Summation 1 thru 7	Y	Y
(Begin Procedures)						
AED Medic	Text	1	361	“D” “1” “2”	Y	N
AED Attempts	Numeric	1	362		Y	Y
AED Success	Text	1	363	“Y” “N”	Y	Y
SynCard Medic	Text	1	364	“D” “1” “2”	Y	N
SynCard Attempts	Numeric	1	365		Y	Y
SynCard Success	Text	1	366	“Y” “N”	Y	Y
ManDefib Medic	Text	1	367	“D” “1” “2”	Y	N
ManDefib Attempts	Numeric	1	368		Y	Y
ManDefib Success	Text	1	369	“Y” “N”	Y	Y
Chest Medic	Text	1	370	“D” “1” “2”	Y	N
Chest Attempts	Numeric	1	371		Y	Y
Chest Success	Text	1	372	“Y” “N”	Y	Y
Airway Medic	Text	1	373	“D” “1” “2”	Y	N
Airway Attempts	Numeric	1	374		Y	Y
Airway Success	Text	1	375	“Y” “N”	Y	Y
Combi Medic	Text	1	376	“D” “1” “2”	Y	N
Combi Attempts	Numeric	1	377		Y	Y

Combi Success	Text	1	378	“Y” “N”	Y	Y
ETNT Medic	Text	1	379	“D” “1” “2”	Y	N
ETNT Attempts	Numeric	1	380		Y	Y
ETNT Success	Text	1	381	“Y” “N”	Y	Y
IntraOs Medic	Text	1	382	“D” “1” “2”	Y	N
IntraOs Attempts	Numeric	1	383		Y	Y
IntraOs Success	Text	1	384	“Y” “N”	Y	Y
IV1 Medic	Text	1	385	“D” “1” “2”	Y	N
IV1 Attempts	Numeric	1	386		Y	Y
IV1 Success	Text	1	387	“Y” “N”	Y	Y
IV2 Medic	Text	1	388	“D” “1” “2”	Y	N
IV2 Attempts	Numeric	1	389		Y	Y
IV2 Success	Text	1	390	“Y” “N”	Y	Y
IV3 Medic	Text	1	391	“D” “1” “2”	Y	N
IV3 Attempts	Numeric	1	392		Y	Y
IV3 Success	Text	1	393	“Y” “N”	Y	Y
Needle Medic	Text	1	394	“D” “1” “2”	Y	N
Needle Attempts	Numeric	1	395		Y	Y
Needle Success	Text	1	396	“Y” “N”	Y	Y
Pacing Medic	Text	1	397	“D” “1” “2”	Y	N
Pacing Attempts	Numeric	1	398		Y	Y
Pacing Success	Text	1	399	“Y” “N”	Y	Y
Vagal Medic	Text	1	400	“D” “1” “2”	Y	N
Vagal Attempts	Numeric	1	401		Y	Y
Vagal Success	Text	1	402	“Y” “N”	Y	Y
(End Procedures)						
Medication1	Text	2	403	Numeric	Y	N
Medication2	Text	2	405	Numeric	Y	N
Medication3	Text	2	407	Numeric	Y	N
Medication4	Text	2	409	Numeric	Y	N
Medication5	Text	2	411	Numeric	Y	N
Medication6	Text	2	413	Numeric	Y	N
Medication7	Text	2	415	Numeric	Y	N
Treatment Auth	Text	2	417	Numeric	Y	Y
Miscellaneous	Text	7		Numeric	N	N
Study1	Text	3	419	Numeric	Y	Y
Study2	Text	3	422	Numeric	Y	Y
(Begin Tech Assist)						
Home Vent	Text	1	425	“Y” “N” Default “N”	Y	Y
CPAP	Text	1	426	“Y” “N” Default “N”	Y	Y
Cent IV	Text	1	427	“Y” “N” Default “N”	Y	Y
Pacemaker	Text	1	428	“Y” “N” Default “N”	Y	Y
Feeding Cath	Text	1	429	“Y” “N” Default “N”	Y	Y
CSF Shunt	Text	1	430	“Y” “N” Default “N”	Y	Y
Colostomies	Text	1	431	“Y” “N” Default “N”	Y	Y
PCRNumber***	Text	12	432	Alphanumeric	Y	Y
Miles Out	**Text**	3	444	Numeric	Y	Y

Miles In	**Text**	3	447	Numeric	Y	Y
Ethnicity	Text	1	450	“Y” “N” Default “N”	Y	Y
Rash/Blister	Text	1	451	“Y” “N” Default “N”	Y	Y
CPAP Medic	Text	1	452	“D” “1” “2”	Y	N
CPAP Attempt	Numeric	1	453		Y	Y
CPAP Success	Text	1	454	“Y” “N”	Y	Y
Stroke	Text	1	455	“Y” “N” Default “N”	Y	Y
DRV/Medic	Text	5	456	Numeric (Cert Number)	Y	Y
Medic1	Text	5	461	Numeric (Cert Number)	Y	Y
Medic2	Text	5	466	Numeric (Cert Number)	Y	Y
Traffic/Train	**Text**	1	471	“Y” “N” Default “N”	Y	Y
END OF DATA DEFINITION						

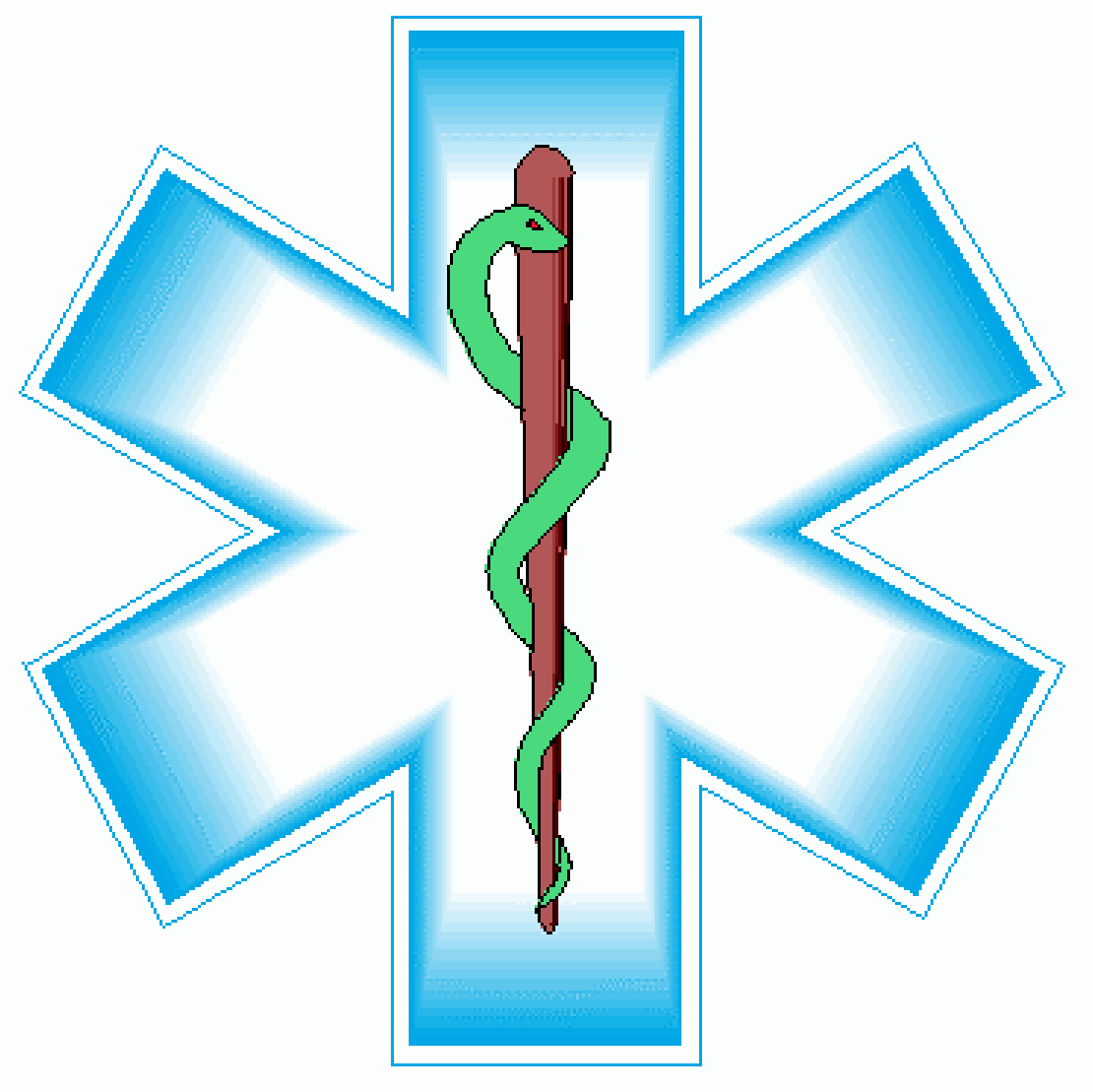
PCRNumber***

Electronic PCR Numbers (collected through electronic means) will utilize the following format to prevent duplication with other electronic units or paper forms



Revision date 1/22/02

Georgia EMS Patient Care Report Data Elements
and
Supplemental Educational Material



Department of Human Services
Division of Public Health
Office of Emergency Medical Services and Trauma

Georgia Uniform EMS Data Element Dictionary

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This document is divided into three sections: 1 – EMS Uniform Data Elements, 2 – Educational Materials, and 3 – Instructional Lesson Plan with audio-visuals for course delivery. Georgia has been working toward the development of a statewide data collection system as a component of the overall EMS System for planning and evaluation. This product expresses the desire and commitment toward the development of an EMS Information System and the commitment of the State and Regional Offices of Emergency Medical Services to ensure implementation.

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Introduction and Format

Each data element is presented using the following template. This data set was developed by the Georgia Emergency Medical Services (EMS) Data Task Force, assigned by the Office of EMS, Division of Public Health and is based heavily on the National Highway Traffic Safety Administration (NHTSA) recommended data set. The EMS Data Task Force considered it important to provide sufficient detail about each data element to justify its inclusion in the uniform data set, as well as to assist agencies, in the implementation a data collection system. When a data element requires specific categories, these are listed in the data item specification ("Data Items").

It is important to understand that this data set does not contain all fields that are actually on the Georgia Patient Care Report (PCR) in the electronic versions. The Task Force members felt that an expanded data set that adhered closely to the NHTSA standard set would provide a more comprehensive and more flexible data collection and analysis system for Georgia. It will also allow those services using computer based data collection methods (i.e. pen or pad based computers) to collect additional information over and above what is collected via scanning of the Patient Care Report (PCR) without having multiple databases or requiring elaborate conversion processes.

The new version of the Georgia PCR includes a legend indicating shaded areas and the appropriate responses these areas must be completed. They are shown below and the corresponding areas in this manual may be shaded to match.

Always required

Required for all Patient Contact

Required for Trauma Only Responses

Name of Data Element:	**Agency**
Definition:	**Number that identifies the responding agency**
Code:	**Numerical Entry 3 Digit**

Content: This element consists of the Georgia EMS Agency Number as assigned by the Department Of Human Resources, Division of Public Health, Office of EMS.

Discussion and Justification: Identifies specific agency. Can be used to construct reports, which are specific to agencies. It is particularly valuable for local reporting. This number is also of value in the automatic construction of PCR numbers or incident numbers.

Must use state assigned number in order to maintain uniqueness of data element

Name of Data Element:	**Unit**
Definition:	**Service assigned unique identifier for an EMS unit**
Code:	**Numerical Entry 3 Digit**

Content: 3-digit Unit Identifier

Discussion and Justification: Allows local services to identify and sort data by unit number.

Services that use unit identifiers of less than 3 digits may continue to do so. The length of the field should be padded with zeroes in order to reach the 3-digit length.

Name of Data Element:	**EMS VID**
Definition:	**EMS Vehicle Identification Number Provided by the State Office of EMS/Trauma**
Code:	**5 Digit Numerical Entry**

Content: This element can be coded using the 5 - digit number provided by the State Office of EMS/Trauma

Discussion and Justification: Provides a means of complying with the Health and Human Services Administration's requirement to ensure that EMS Vehicles are appropriately equipped and manned by licensed EMS Personnel

This area cannot be left blank.

Name of Data Element:	**Service Requested**
Definition:	Type of service requested
Code:	Single Entry

Data Items:

Scene
Unscheduled
Scheduled
Standby
Rendezvous
Other

Discussion and Justification: Used to categorize the types of service that are required and allows planning of EMS resource allocation.

Scene

Refers to direct response to scene of incident or injury, such as roadway, etc. This location should be the location indicated in Data Elements 1-5 in this document. This code should not be used by the second unit that receives the transfer, of a patient from another EMS responder, prior to arrival at a medical facility or final destination that is coded as a rendezvous.

Unscheduled

Refers to transfers of patients from one facility to another facility. This code should not be used for planned, scheduled transfers, which are coded separately. This code should not used by the second unit involved in the transfer of a patient from one EMS responder to another responder during an unscheduled inter-facility transfer, which is also coded as a rendezvous.

Scheduled

Refers to transfers of patients from one facility to another facility, as defined above for *inter-facility*. However, this code is chosen when the transfer is scheduled in advance, such as a planned morning transfer of a patient from one hospital to another.

Standby

Refers to situation in which EMS response unit is requested to arrive at a scene and be available, such as at a football stadium. If an incident occurs during the *standby*, the service requested becomes *scene*.

Rendezvous

Refers to situation in which a second EMS unit receives transfer of patient from first EMS unit before arrival at a medical facility. Can be used when two units meet to complete the initial scene response or during an unscheduled inter-facility transfer. Can also be used by ALS Non-transport units conducting ALS intercepts with BLS transport units.

Name of Data Element:	**Vehicle type**
Definition:	**Type of vehicle that responded to incident**
Code:	**Single Entry**

Data Items:

Ground
Rotor craft
Fixed wing
Other
None

Discussion and Justification: Allows EMS managers and planners to break out EMS responses by the major categories of responding vehicles. While there are clearly numerous other possible vehicles, such as watercraft, skis, sleds, etc., the categories provided here are the major vehicle types, which will be of interest at regional and state levels.

Name of Data Element:	**Location Type**
Definition:	Type of location of incident
Code:	Single Entry

Location Type Data Items:

Home	Educational Institution
Farm	Hospital
Mine/Quarry	Physician/Clinic
Industry	Jail
Recreation	Pubic Building
Street/HWY	Nursing Home
Residence/Institution	Other

Content: This location refers to the location where the injury occurred, not necessarily the origin of the transport.

Discussion and Justification: Location type of the incident is important for epidemiologists as well as EMS planners deciding where to allocate EMS resources. The categories in this dictionary are from ICD-9 and are E849 place of occurrence codes, with the exceptions that a category for educational institutions has been added.

Home / Residence

Includes apartment, boarding house, farm house, home premises, residential house, non-institutional place of residence, private driveway, private garage, private garden, private home, private walkway, swimming pool within private house or garden, and yard of home. Excludes home under construction but not occupied, or institutional place of residence.

Farm

Includes farm buildings and land under cultivation. Excludes farm house and home premises of farm.

Mine or quarry

Includes gravel pit, sand pit, or tunnel under construction.

Industry

Includes building under construction, dockyard, dry dock, factory building or premises, garage (place of work), industrial yard, loading platform in factory or store, industrial plant, railway yard, shop (place of work), warehouse, and workhouse.

Place for recreation or sport

Includes amusement park, baseball field, basketball court, beach resort, cricket ground, football field, golf course, gymnasium, hockey field, holiday camps, ice palace, lake resort, mountain resort, playgrounds including school playground, public parks, racecourses, resorts of all types, riding school, rifle range, seashore resorts, skating rink, sports ground, sports palace, stadium, public swimming pool, tennis court, vacation resort. Excludes occurrences in private house, private garden, private swimming pool, private yard.

Street or highway

Includes all public roadways.

Residential institution

Children's home, dormitory, jail, assisted-living center, orphanage

Educational institution

Includes state, public and private schools. Excludes playground, gymnasium, and other recreational locations within educational institutions, which should be coded as place for recreation or sport.

Hospital

Hospitals, Medical Centers or other recognized medical facilities of similar type.

Physician/Clinic

Doctor offices; free standing clinics (other than one meeting the definition of 'Hospital'), etc.

Jail

Facility where persons are in custody of the judicial system.

Public building

Includes any building used by the general public, including airport, bank, cafe, casino, church, cinema, clubhouse, courthouse, dance hall, parking garage, hotel, market, movie theater, music hall, nightclub, office, office building, opera house, post office, public hall, broadcasting station, restaurant, commercial shop, bus or railway station, store, or theater. Excludes home garage or industrial building or workplace. Also excludes state, public, and private schools and physician offices, which vary from the ICD-9 definition.

Nursing Home

Includes all medical residential institutions that are licensed by the State as a Nursing Home.

Other

Is to be used when location of the incident is not included in the above categories.

Name of Data Element:	**911 Used?**
Definition:	**Establishes whether the call for assistance was received via a 911 Center**
Code:	**Yes/No Entry**

Data Items:

Yes
No

Content: This entry will be marked "Y"es if the unit received the call via a 911 PSAP. If they received from some other dispatcher (i.e. company dispatches unit on routine transfer call that did not originate at a PSAP) then the entry is marked "N"o.

Discussion and Justification: Provides a method to assess 911-response traffic.

Name of Data Element:	**Response Mode Out**
Definition:	The use of lights and sirens en route to scene
Code:	Single Entry

Data Items:

Red Lights and Sirens (RLS)
No Red Lights and Sirens (NoRLS)
Upgrade
Downgrade
Walk/Drive
Urgent

Discussion and Justification: To allow system administrators to know the frequency with which responder vehicles are using lights and sirens. Such usage carries explicit risks and EMS managers are responsible to assure that lights and sirens are used appropriately.

Urgent: Will allow the system administrators to track calls that are emergent in nature but does not require lights or sirens. Examples: Chest pain, where siren would affect patient's condition, close proximity to receiving facility, and etc.

Name of Data Element:	**Response Mode In**
Definition:	Use of lights and/or sirens from the scene
Code:	Yes/No Entry
Data Items:	Red Lights and Sirens (RLS) No Red Lights and Sirens (NoRLS) Upgrade Downgrade Walk/Drive Urgent

Discussion and Justification: Allows system administrators to know the frequency with which responder vehicles are using lights and sirens. Such usage carries explicit risks and EMS managers are responsible to assure that lights and sirens are used appropriately.

Urgent: Will allow the system administrators to track calls that are emergent in nature but does not require lights or sirens. Examples: Chest pain, where siren would affect patient's condition, close proximity to receiving facility, and etc.

Name of Data Element:	County
Definition:	County patient was found or to which unit responded (or best approximation) (if applicable)
Code:	Numerical Entry 3 Digit
Data Items:	Refer to current county code list, which includes bordering States.

Content: This field will be coded with the 3-digit number assigned to each Georgia county and bordering states.

Discussion and Justification: Provides county location of incident, which can be used to determine the appropriate level of EMS resources for specific areas. In addition, this field may facilitate probabilistic linkage to crash reports from the same county, or to hospitals within the same county. Field may be used for local county reports, permitting local understanding of the impact of EMS. Can link data file with census data to determine effects of population density, socioeconomic information, etc. on need for EMS and evaluations of EMS outcome.

Name of Data Element:	**Response Number**
Definition:	**Unique number for each individual response by a response unit to an incident**
Code:	**Numerical Entry 6 Digit**

Content: Code missing values in a consistent manner.

Discussion and Justification: This is the unique number within an individual response unit's records that identifies its runs. This number should be unique for an incident within a single EMS response unit. Useful for linking to other health files. Same purposes as incident number. This number is sometime referred to as "Alarm number" or "Case Number".

Name of Data Element:	**Driver / Medic**
Definition:	**Certification number for first crewmember.**
Code:	**Numerical Entry 5 Digit**

Discussion and Justification: Necessary to identify specific crewmembers participating in an EMS response. Useful for constructing experience reports, monitoring care rendered by specific providers and planning educational programs. This number is the state assigned certification number as shown on the individual's current license.

Name of Data Element:	**Driver / Medic Type**
Definition:	Personnel certification / license level of crew member
Code:	Single Entry

Data Items:

First Responder
EMT-Basic
EMT-Intermediate
Cardiac Technician
EMT-Paramedic
Other

***Other Includes*:**
Physician
Nurse
Respiratory Therapist

Discussion and Justification: This data element permits assessing the level of care, which was available on the EMS responder team. By combining this information with vehicle type, there is maximum flexibility in describing the type of service that was provided. For instance, any level of crewmember certification may be present with any type of vehicle.

Reports of value may include descriptions of therapies according to level of provider, adherence to protocols, which are written differently for various levels of provider, etc.

Name of Data Element:	**Medic 1**
Definition:	**Certification number for first crew member**
Code:	**Numerical Entry 5 Digit**

Discussion and Justification: Necessary to identify specific crewmembers participating in an EMS response. Useful for constructing experience reports, monitoring care rendered by specific providers and planning educational programs. This number is the state assigned certification number as shown on the individual's current license.

Name of Data Element:	**Medic 1 Type**
Definition:	Personnel certification / license level of crew member
Code:	Single Entry

Data Items:

First Responder
EMT-Basic
EMT-Intermediate
Cardiac Technician
EMT-Paramedic
Other

***Other Includes*:**
Physician
Nurse
Respiratory Therapist

Discussion and Justification: This data element permits assessing the level of care, which was available on the EMS responder team. By combining this information with vehicle type, there is maximum flexibility in describing the type of service that was provided. For instance, any level of crewmember certification may be present with any type of vehicle.

Reports of value may include descriptions of therapies according to level of provider, adherence to protocols, which are written differently for various levels of provider, etc.

Name of Data Element:	**Medic 2**
Definition:	**Certification number for first crew member**
Code:	**Numerical Entry 5 Digit**

Discussion and Justification: Necessary to identify specific crewmembers participating in an EMS response. Useful for constructing experience reports, monitoring care rendered by specific providers and planning educational programs. This number is the state assigned certification number as shown on the individual's current license.

Name of Data Element:	**Medic 2 Type**
Definition:	Personnel certification / license level of crew member
Code:	Single Entry

Data Items:

First Responder
EMT-Basic
EMT-Intermediate
Cardiac Technician
EMT-Paramedic
Other

***Other Includes*:**
Physician
Nurse
Respiratory Therapist

Discussion and Justification: This data element permits assessing the level of care, which was available on the EMS responder team. By combining this information with vehicle type, there is maximum flexibility in describing the type of service that was provided. For instance, any level of crewmember certification may be present with any type of vehicle.

Reports of value may include descriptions of therapies according to level of provider, adherence to protocols, which are written differently for various levels of provider, etc.

Name of Data Element:	Call Date
Definition:	Date the call is responded to by provider
Code:	Date format should be coded as abbreviated Month Entry : DD, YY

Content: Required for data export purposes.

Discussion and Justification: The data element is used to help EMS planners allocate resources by day of week and season of year. For day and year, use leading zeros if necessary to pad the fields to 2-characters.

Name of Data Element:	**Report 911**
Definition:	**Time call is first received by Public Safety Answering Point (PSAP) or other designated entity**
Code:	**Time format should be coded as HH:MM**

Content: ***HH ranges from 00 to 23; MM ranges from 00 to 59***. When available, the time should be the connect time to the PSAP.

Discussion and Justification: Provides the start point of the EMS response, and allows managers to assess the adequacy of EMS response, identify delays, and plan resources in a manner to provide expeditious EMS response. Use leading zeros to assure 2-character field width for HH and MM. ***Midnight is coded as 00:00, and begins the new day.***

Name of Data Element:	**Dispatch Notified**
Definition:	**Time of first connection with EMS dispatch**
Code:	**Time format should be coded as HH:MM**

Content: ***HH ranges from 00 to 23; MM ranges from 00 to 59.***

Discussion and Justification: Provides the start point of the dispatch component of the EMS response. This data element allows managers to assess delays between the time of incident report and the notification of EMS dispatchers. Use leading zeros to assure 2-character field width for HH and MM. ***Midnight is coded as 00:00, and begins the new day.***

Name of Data Element:	**Unit Notified**
Definition:	Time response unit is notified by EMS dispatch
Code:	Time format should be coded as HH:MM

Content: ***HH ranges from 00 to 23; MM ranges from 00 to 59.***

Discussion and Justification: Permits measurement of the actual responder response or delays. Assists planning of communication resources for individual responders, and allows identification of system delays following the dispatch component of the EMS system. Use leading zeros to assure 2-character field width for HH and MM. ***Midnight is coded as 00:00, and begins the new day.***

Name of Data Element:	**Unit Response**
Definition:	**Time that the response unit begins physical motion**
Code:	**Time format should be coded as HH:MM**

Content: ***HH ranges from 00 to 23; MM ranges from 00 to 59.***

Discussion and Justification: Permits measurement of delay between notification of EMS responder and the actual mobilization of the response unit. This data element refers to physical motion of the responding EMS vehicle, and does not refer to individual EMTs who may respond directly to the scene when notified by individual radio or telephone. For example, if an EMS incident is reported, one EMT may be at home or at work and be responsible to go to the station that holds the EMS vehicle. Another EMT may be notified and may drive in a private vehicle directly to the scene. The data element entered should be the time that the ambulance actually leaves the station, not the time at which the other EMT drives to the scene in the private vehicle. Use leading zeros to assure 2-character field width for HH and MM. ***Midnight is coded as 00:00, and begins the new day.***

Name of Data Element:	**At Scene**
Definition:	**Time EMS unit stops physical motion at scene (last place that the unit or vehicle stops prior to assessing the patient)**
Code:	**Time format should be coded as HH:MM**

Content: ***HH ranges from 00 to 23; MM ranges from 00 to 59.***

Discussion and Justification: Permits measurement of the time required for the response vehicle to go from the station to the scene. This data element refers to the physical motion of the responding EMS vehicle. If an individual EMT arrives at the scene by private vehicle the value is NOT to be entered in this field. Otherwise, system delays in having an equipped vehicle at the scene will fail to be identified. Use leading zeros to assure 2-character field width for HH and MM. ***Midnight is coded as 00:00, and begins the new day.***

Name of Data Element:	**At Patient**
Priority:	**Critical**
Definition:	**Time response personnel establish direct contact with patient**
Code:	**Time format should be coded as HH:MM**

Content: ***HH ranges from 00 to 23:MM ranges from 00 to 59.***

Discussion and Justification: Desirable in certain situations in which there may be a significant delay between the time at which a response unit arrives at the scene and the time at which the personnel can access the patient. For example, if the EMTs are prevented because of fire or adverse conditions from approaching the patient, this time will be useful. Search and rescue operations will also note delays between arrival at the overall scene and the actual patient contact. Use leading zeros to assure 2-character field width for HH and MM. ***Midnight is coded as 00:00, and begins the new day.***

Name of Data Element:	1st Shock OR Extrication
Definition:	Time when patient in Cardiac Arrest presenting with V-Fib or Pulseless V-Tach was defibrillated or in cases of entrapment/entanglement, the time the patient was extricated
Code:	Time format should be coded as HH:MM

Content: ***HH ranges from 00 to 23; MM ranges from 00 to 59.***

Discussion and Justification: Permits calculation of the time required to deliver defibrillation to an arrest patient. This data element is a required element for services that report their cardiac arrest data using the Utstein Data format, which is the international standard for recording cardiac arrest statistics. Use leading zeros to assure 2-character field width for HH and MM. ***Midnight is coded as 00:00, and begins the new day.***

Name of Data Element:	**En Route**
Definition:	**Time when the response unit begins physical motion from scene**
Code:	**Time format should be coded as HH:MM**

Content: ***HH ranges from 00 to 23; MM ranges from 00 to 59.***

Discussion and Justification: Permits calculation of scene time by subtracting the time of arrival at scene from the time unit left scene. Use leading zeros to assure 2-character field width for HH and MM. ***Midnight is coded as 00:00, and begins the new day.***

Name of Data Element:	**Destination**
Definition:	**Time when patient arrives at destination or transfer point**
Code:	**Time format should be coded as HH:MM**

Content: ***HH ranges from 00 to 23; MM ranges from 00 to 59.***

Discussion and Justification: Permits calculation of the time required to go from the scene to the destination of the response unit. If the patient is transferred from one EMS responder vehicle to another, then the time of arrival at destination for the first responder is the time of arrival or patient contact (or both) for the second agency. Use leading zeros to assure 2-character field width for HH and MM. ***Midnight is coded as 00:00, and begins the new day.***

Name of Data Element:	**In Service**
Definition:	**Time response unit back in service and available for response**
Code:	**Time format should be coded as HH:MM**

Content: ***HH ranges from 00 to 23; MM ranges from 00 to 59.***

Discussion and Justification: Allows planning of EMS resources. Permits assessment of the delay between arrival at destination and availability of the response unit. Use leading zeros to assure 2-character field width for HH and MM. ***Midnight is coded as 00:00, and begins the new day.***

Note:
The relationship between various time periods may be demonstrated through the use of a chart as follows:

Report 911	Time/date
Dispatch notified	Time
Unit notified	Time
Unit response	Time
At scene	Time
At patient	Time
1st Shock/Extrication	Time
En route	Time
Destination	Time
In service	Time

Name of Data Element:	**Gender**
Definition:	**Gender of patient**
Code:	**Single Entry**

Data Items:

Male

Female

Unknown

Discussion and Justification: Valuable for linkage to other files, and permits reporting of epidemiological information by gender.

Name of Data Element:	Race
Definition:	Patient's ethnic origin
Code:	Single Entry

Data Items:

African American
Asian
Caucasian
Native American
Pacific Islander
Multiracial

Discussion and Justification: Useful for epidemiological studies, and of importance to data systems in order to access certain types of Federal or state funds which are directed to specific ethnic groups. Data item format taken from the Office of Management and Budget Directive 15.

Name of Data Element:	Hispanic
Definition:	Patient's ethnic origin
Code:	Single Entry

Data Items:

Yes
No

Discussion and Justification: Useful for epidemiological studies, and of importance to data systems in order to access certain types of Federal or state funds which are directed to specific ethnic groups. Data item format taken from the Office of Management and Budget Directive 15. Primarily applies to those individuals who are Caucasian or African- American.

Name of Data Element:	Date of Birth (DOB)
Definition:	Patient's date of birth
Code:	Date format should be coded as abbreviated Month, DD, choice of 18,19,or 20 century digits, and YY

Content: Format permits sorting across multiple years, and is recommended for data export purposes. Century digits are mandatory.

Discussion and Justification: Extremely valuable for probabilistic linkage and calculation of accurate age information. Provides much more discriminatory power in probabilistic linkage than the numeric age. For day and year, use leading zeros if necessary to pad the fields to 2 characters. If DOB is unknown, leave entire field blank.

Name of Data Element:	**Patient ID Number**
Definition:	**First and second letter of first name, first and second letters of last name, and last two letters of last name**
Code:	**Numerical Entry**

Data Items:
A-Z coded as 1-26, See next page for conversion chart.

Content: Code as 12-character text field with input limited to numerals representing alpha characters.

Discussion and Justification: Will provide THE link that will facilitate total patient tracking from pre-hospital to discharge. This will allow true outcome studies.

ALPHA CHARACTER CONVERSION CHART

A	1	***N***	14
B	2	***O***	15
C	3	***P***	16
D	4	***Q***	17
E	5	***R***	18
F	6	***S***	19
G	7	***T***	20
H	8	***U***	21
I	9	***V***	22
J	10	***W***	23
K	11	***X***	24
L	12	***Y***	25
M	13	***Z***	26

Name of Data Element:	**Clinical Area**
Definition:	Designates the primary clinical category for the patient
Code:	Single Entry

Data Items:

Cardiac	C
Medical	M
Neonate	N
OB/GYN	O
Psych	P
Trauma	T

Discussion and Justification: Allows the sorting of data into clinical categories, which can facilitate statistical research.

Name of Data Element:	**Trauma Triage**
Definition:	**Criteria to Identify patients needing transport to a Trauma Center**
Code:	**Single Entry**

Content: Physio = Physiologic, Anat = Anatomic, Mech = Mechanism of injury

Discussion and Justification: The need for a standardized method of identifying patients who need the services of a Trauma Center has been well documented. Several methods exist for identifying these patients, however the simplest method and the one endorsed by the American College of Surgeons - Committee on Trauma, is the one that will be used in Georgia. This allows the field personnel a straightforward means of relaying to the Trauma Center the status of their patient.

The Trauma Triage Criteria is a hierarchical pick list, *Physiologic, Anatomic and Mechanism of Injury*. The medic runs through the list starting at the most life threatening, physiologic complications. As the medic goes through the list of qualifiers if they find one that the patient matches, *i.e. Systolic BP <90 (no radial pulse)* they stop there. The patient is not identified as having met *physiologic* criteria. If the patient does not meet *physiologic* then the medic goes through the *Anatomic* qualifiers. If the patient meets one of these then they are identified as meeting *Anatomic* criteria. If the patient does not meet *physiologic or Anatomic* criteria the medic goes through the list of Mechanism of Injury qualifiers to see if any apply. When ever a patient meets one of these criteria's then the medic stops there and designates the patient according to the highest or most urgent qualifier. The qualifiers are marked as 1, 2 or 3 respectively for *Physiologic, Anatomic and Mechanism of Injury.*

TRAUMA TRIAGE CRITERIA

PHYSIOLOGIC

A. Systolic <90 (No radial pulse)
B. GCS ≤ 10
C. Respiratory rate < 10 or > 29 with respiratory compromise or impending respiratory compromise.

If YES to ANY of these then STOP HERE. The patient is a candidate for a Trauma Center. Indicate this by filling in the (1) bubble for Physiologic criteria.

ANATOMIC

A. Penetrating wound to head, torso or long bones
B. Flail Chest
C. Trauma with burns
D. Two or more proximal long bone fractures
E. Pelvic Fractures
F. Paralysis (related to current event)
G. Amputations (excluding fingers and toes)

If YES to ANY of these then STOP HERE. The patient is a candidate for a Trauma Center. Indicate this by filling in the (2) bubble for Anatomic Criteria.

MECHANISM OF INJURY

A. Ejection from auto
B. Death in same passenger compartment
C. Extrication time > 20 minutes
D. Falls > 20 feet
E. Rollover
F. High Speed MVC (25 MPH)
G. Passenger space intrusion > 15 inches
H. Pedestrian or bicycle rider struck by a vehicle moving > 5 MPH
I. Pedestrian thrown or run over
J. Motorcycle crash > 20 MPH or separation of rider from motorcycle

If YES to ANY of these then STOP HERE. The patient is a candidate for a Trauma Center. Indicate this by filling in the (3) bubble for Mechanism of Injury Criteria.

This data should be entered for Trauma patients only. This data is not required for medical patients. The forwarding of this information to the respective trauma center would be appropriate and in keeping with ACS-COT guidelines for pre-hospital activation of a "Trauma Alert."

Name of Data Element:	Cause of Injury
Definition:	Cause of injury
Code:	Single Entry

Discussion and Justification: It is necessary to have a broad taxonomy for defining the causes of injury. This data element is based on E codes, but the coding structure is intended to be more flexible. An additional category for unknown has been added, so that this data element can always be filled in on the database.

Injury Codes Definitions

Acc Hit - *Struck by accident*
Patients who are hit by individuals, objects, or animals accidentally, i.e. a child hit by a baseball bat while playing baseball.

Aircraft - *Aircraft related accident*
Includes spacecraft.

Assault
Assault, non-specific to wound type.

Bicycle - *Bicycle accident*
Includes any pedal cycle accident. Pedal cycle is defined to include bicycles, tricycles, and excludes any motorized cycles.

Bites
Includes animal bites, including non-venomous snakes and lizards. Sub-codes are available to include dog, cat, rat, and other specific bites.

Chem Ex - *Accidental chemical exposure*
Includes accidental poisoning by solid or liquid substances, gases, and vapors, which are not included under accidental drug poisoning.

Cold Ex - *Excessive cold exposure*
Includes cold injury due to weather exposure, or cold produced by man, such as in a freezer.

Drowning
Accidental drowning not related to watercraft use. Includes swimming accidents, bath-tubs, etc.

Electric - *Electrical accident (non-lightning)*
Includes accidents related to electric current from exposed wire, faulty appliance, high voltage cable, live rail, or open electric socket.

Fall - *Accidental falls*
Excludes falls that occur in the context of other external causes of injury, such as fires, falling off boats, or falling in accidents involving machinery.

Fall Obj - *Struck by Falling Object*
Patients struck by any falling object not thrown, projected, dropped or otherwise a result of an intentional act.

Fire - *Fire and flames*
Includes burning by fire, asphyxia or poisoning from conflagration or ignition, and fires secondary to explosions. Excludes injuries related to machinery in operation, vehicle accidents, and arson.

GSW - ACC - *Firearm injury (accidental)*

GSW - ASLT - *Firearm assault*

GSW - SELF - *Firearm self inflicted (intentional)*

Heat Ex - *Excessive heat exposure*
Includes thermal injuries related to weather or heat produced by man, such as in a boiler room or factory. Excludes heat injury from conflagration.

Lightning
Excludes falling of an object secondary to lightning, and also excludes injuries from fire secondary to lightning.

Machine - *Machinery accidents*
Includes all machinery accidents except when machinery is not in operation. Excludes electrocution.

Motorcycle- *Motorcycle accidents*
Includes all injuries as a result of a motorcycle accident.

MVC - *Motor vehicle collision*
This includes any motor vehicle accident occurring on a public roadway or highway.

Off Road - *Motor vehicle non-traffic accident*
This includes any motor vehicle accident occurring entirely off public roadways or highways. For instance, an accident involving an all terrain vehicle (ATV) in an off-road location would be a non-traffic accident.

Other
Includes all injuries as a result of anything not listed within this category.

Pedest - *Pedestrian traffic accident*
Motor vehicle accidents in which the patient was a pedestrian struck by a motor vehicle of any type. Includes individuals on skates, in baby carriages, in wheelchairs, on skate-boards, skiers, etc.

Radiation - *Radiation exposure*
Excludes complications of radiation therapy.

Rape
Includes all injuries as a result of forced sexual assault.

Rx OD - *Accidental drug poisoning*
Includes accidental poisoning by drugs, medicinal substances, or biological products.

Smoke - *Smoke inhalation*
Includes smoke and fume inhalation from conflagration.

Stabbing- *assault by stabbing*
Includes cuts, punctures, or stabs of any part of the body.

Stings - *Venomous stings (plants, animals)*
Includes bites and stings from venomous snakes, lizards, spiders, scorpion, insects, marine life, or plants.

Suffocat - *Mechanical suffocation*
Includes suffocation in bed or cradle (crib death), closed space suffocation, plastic bag asphyxia, accidental hanging, etc.

Unknown
This code is provided primarily for situations in which the data is being entered at a time when the information cannot be accurately reconstructed from the run record. This should be a rare entry.

Water Craft - *Water transport accident*
Includes all accidents related to watercraft. Excludes drowning and submersion accidents unless they are related to watercraft use. Thus, if a person falls out of a boat and drowns, it should be coded within this category. If a person drowns in a swimming pool or bathtub, it should be coded as drowning.

Name of Data Element:	**Provider Impressions/Signs and Symptoms**
Definition:	**Provider's clinical impression which led to the management given to the patient (treatments, medications, procedures)**
Code:	**Single Entry**

Data Items:	
Abdominal Pain / Problems	Hypertension
Airway Obstruction	Hyperthermia
Allergic	Hypoglycemia
Altered Level of Consciousness	Hypothermia
Apparent Death	Hypovolemia
Back Pain	Inhalation
Bleeding	Rash/Blister
Burn/Other	Nausea/Vomiting
Burn/Term	OB Delivery
Cardiac Arrest	Palpitation
Choking	Paralysis
Chest Pain	Poisoning
Crush Injury	Psychiatric
Diarrhea	Respiratory Arrest
Dizziness	Respiratory Distress
Dysrhythmia	Seizures
Ear Pain	Sexual Assault
Eye Pain	Stroke
Fever	Syncope
GI Bleed	Unresponsive
Headache	Vaginal Bleed
Hyperglycemia	Weakness

Discussion and Justification: This data element contains the single clinical assessment, which primarily drove the actions of the EMS responder. It should be possible to determine whether the treatments or medications provided match protocols that relate to the clinical impression. ***When more than one choice is applicable to a patient, the responder should indicate the clinical assessments that drove most of the plan of therapy and management.***

It is obvious that this list is incomplete. It is also recognized that different agencies, which have different assessment driven protocols, will wish to have additional lists corresponding to the authority of their own responders. The list above is provided in order that consistent coding of at least the above items is achieved.

Provider Impressions/Signs and Symptoms

Abdominal Pain
Includes acute abdomen, painful abdomen, cramps, etc. Does not include abdominal trauma.

Airway Obstruction
Includes choking, swelling of neck, croup, epiglottitis, foreign body in airway, etc.

Allergic
Includes reactions to drugs, plants, insects, etc. Category includes hives, urticaria, wheezing and so forth when suspected of being related to allergy.

Altered Level of Consciousness
Refers to patients with any alteration of consciousness, including patients who appear to be substance abusers or under the influence of drugs or alcohol.

App Death - *Obvious death*
Patients who were dead at the scene, in which no therapy was undertaken. Situations where CPR is withheld pending official pronouncement of death. It would also apply in circumstances where DNR orders are received/available on scene and CPR withheld pending official pronouncement of death.

Back Pain
Patients complaining of back pain.

Bleeding
Patients with bleeding, excluding gastrointestinal bleeding.

Burn/Other
Patients suffering from burns, non-thermal in nature.

Burn/Thermal
Patients suffering from burns thermal in nature.

Cardiac Arrest
All instances in which cardiac arrest occurred and either death was pronounced immediately, or external cardiac massage was instituted.

Choking
Patients with injuries resulting from choking both internal and external.

Chest Pain
Includes patients with complaint of chest pain, including pain felt related to heart disease, upset stomach, or muscle pain in the chest wall.

Crush Injury
Patients suffering from injuries as a result of a crushing mechanism.

Diarrhea
Patients suffering from the gastrointestinal disturbance of diarrhea or loose stools.

Dizziness
Patients suffering from an alteration in spacial orientation or balance.

Dysrythm - *Cardiac rhythm disturbance*
Includes any rhythm disturbance, which was noted on physical examination or with a cardiac monitor, when the rhythm was the major clinical reason for care rendered by the EMS responder.

Ear Pain
Patients suffering from pain in the ear, internal or external.

Eye Pain
Patients suffering from pain in the eye or on the external surface of the eye area.

Fever
Patients suffering from an elevation in body temperature, excluding conditions of hyperthermia resulting from excessive heat exposure.

GI Bleed- *Gastrointestinal bleed*
Patients suffering from blood loss, internal or external, within the gastrointestinal system.

Headache
Patients suffering from head pain, internally or externally caused.

Hyperglyc - *Diabetic symptoms (hyperglycemia)*
The major symptom is hypoglycemia, but in circumstances where diabetes is known to exist, this category can include ketoacidosis, as well as other complications of diabetes.

Hypertension
Patients suffering from an elevation in blood pressure, either acute or chronic.

Hyperthermia
When hyperthermia is the major clinical assessment driving EMS responder care.

Hypoglyc -*Diabetic symptoms (hypoglycemia)*
Relates to patients with symptoms related to diabetes, generally when there is a history of diabetes in the patient.

Hypothermia
Usually relates to environmental hypothermia, such as following submersion in cold water, avalanches, or other environmental exposure situations.

Hypovolemia
Patients with clinical shock, usually felt to be hypovolemic. All patients considered to have shock by EMS responders should be coded with this code, as it is relatively difficult to identify other less common forms of shock outside the hospital setting.

Inhalation
Patients suffering from inhalation injuries from toxic gases, excludes smoke.

Rash/Blister
Patients suffering from external rashes or blisters.

Nausea/Vomiting
Patients suffering from nausea or stomach upset and/or regurgitation of stomach contents.

OB Deliv - *Pregnancy / OB delivery*
Includes all aspects of obstetric care rendered in the out-of-hospital setting.

Palpitation
Patients complaining of palpitations cardiac in nature.

Paralysis
Patients suffering from immobility of any part of the body, non-stroke related.

Poisoning
Includes drug ingestions, which are inappropriate drugs or overdoses, as well as poisonings from chemicals.

Psychiatric
Includes all situations in which a behavioral or psychiatric problem was considered the major problem for the EMS responder.

Resp Arr - *Respiratory arrest*
Instance in which the patient stops breathing. These patients always require ventilatory support on at least a temporary basis.

Resp Dist - *Respiratory distress*
Includes patients with respiratory distress who continue to have spontaneous breathing and never suffer respiratory arrest. These patients may require ventilatory support.

Seizures
Includes major and minor motor or focal seizures.

Sex Aslt - *Sexual assault / rape*
Refers to suspected sexual assault / rape. The code refers to unspecified traumatic injury, but the Cause of Injury code should resolve this adequately.

Stroke - *CVA*
Cerebral vascular accidents, strokes, TIA.

Syncope - *fainting*
Fainting is the major clinical assessment, even though the patient may be fully awake at the time of EMS evaluation.

Unresponsive
Patient is unconscious or unresponsive to stimuli upon clinical exam by EMS.

Vag Bleed - *Vaginal hemorrhage*
Refers to abnormal vaginal bleeding in sufficient amount to have driven the EMS response. When pregnancy is involved, vaginal hemorrhage should be coded when the hemorrhage itself was the major concern to the EMS responder.

Weakness
Patient complains of generalized nonspecific weakness or nonspecific pain.

Name of Data Element:	**Safety Equipment**
Definition:	Safety equipment in use by patient at time of injury
Code:	Single Entry

Data Items:

Not used	Helmet
Shoulder-(belt only)	Eye protection
Lap only	Flotation device
Lap/Shoulder-(combination)	Protective clothing-(gear)
Child seat-(car seat)	Unknown
Airbag deployed	

Discussion and Justification: Provides important information about safety device use in motor vehicle accidents, boating accidents, and industrial accidents with eye injuries. Data will be of use for corroboration of police reports concerning crashes.

If the EMS responder knows that no safety device was employed, then the data element should be coded as not used. ***Finally, if the EMS provider has no information about safety device use and cannot obtain such information from first responders or public safety, then the data element should be coded as unknown.***

Name of Data Element:	**Factors**
Definition:	**Special circumstances affecting the EMS response or delivery of care**
Code:	**Single Entry**

Data Items:

Weather	**Extrication (>20 min)**
Road conditions	**Hazardous material**
Vehicle problems	**Crowd**
Unsafe scene	**Other**
Language	**Not applicable**
Traffic/Train	

Discussion and Justification: For systems planners who are evaluating response times, this data element provides explanations for delays encountered in the system. For instance, the time to scene would be expected to be prolonged if there was a blizzard, or if gunfire prevented EMS responders from patient access. If there were no problem with EMS delivery, this data element would be coded as not applicable. Unsafe scene includes presence of gunfire, instances in which police prevented access because of safety concerns, etc. Vehicle problems include problems with the EMS responder vehicle itself, not with other vehicles, which might have obstructed traffic. Extrication has been moved into this data element because extrication is not a patient treatment and relates less to the medical care of the patient than to the environment in which EMS responders must work.

Name of Data Element:	**Injury Site and Type**
Definition:	Clinical description of injury type and body site
Code:	Single or Multiple Entry, Cross-Tabular

Data Items:

Body Sites	Injury Types
- Head only *(*excluding neck*,* cervical spine and ear)	- Amputation
- Face *(including ear)*	- Burn
- Neck	- Dislocation/fracture
- Thorax (excluding thoracic spine)	- Gunshot wound
- Abdomen *(excluding lumbar spine)*	- Laceration
- Pelvis	- Pain
- Back	- Puncture
- Upper extremities	- Soft tissue/blunt injury
- Lower extremities	

Content: Intended to permit the detailed listing of all injuries sustained by a patient, coded according to injury type and body site of the injury. Multiple entries will be possible. Each injury should be designated by body site and injury type

Discussion and Justification: This is a crucial data element that will enable EMS planners to know what types of injuries are incurred by patients using the EMS system. The data element will also be of value in assessing the correspondence between injury assessment in the field and actual injuries as evaluated in medical facilities. A major reason for using ISS related body sites is the ability to compare the hospital inpatient ISS areas with those indicated by the pre-hospital provider.

It is understood that various levels of providers will be permitted to make injury assessments at different levels of sophistication***. It is stressed that this data element is supposed to reflect the clinical impression of injury by the EMS responder, not necessarily the final, correct medical diagnosis.***

Name of Data Element:	**Pulse**
Definition:	**Patient's palpated or auscultated pulse rate expressed in number per minute**
Code:	**Numerical Entry 3 Digits**

Content: Code as 3-digit field.

Discussion and Justification: The pulse rate is a component of various triage-scoring systems, and permits a rough assessment of the severity of illness of the patient. This data element is based on the physical examination of the patient, and the pulse must be palpated or auscultated. An electrical rhythm is not sufficient, as the patient could have electromechanical dissociation. In this instance, the correct value of this data element is '000'. Leading zeros must be used for entries with only two digits.

Name of Data Element:	**Respirations**
Definition:	**Unassisted patient respiratory rate expressed as number per minute**
Code:	**Numerical Entry 2 Digits**

Content: Coded as 2-digit field.

Discussion and Justification: Component of several triage scoring systems and provides some assessment of severity of illness or injury. If a patient is not breathing and requires artificial ventilation, ***this data element should be coded as '00'.*** Leading zeros must be used for one-digit entries.

Name of Data Element:	Systolic Blood Pressure
Definition:	Patient's systolic blood pressure
Code:	Numerical Entry 3 Digits

Data Items:

Palpated - single entry

Content: Coded as 3-digit field.

Discussion and Justification: Important component of several scoring systems for triage, and permits some assessment of acuity of patient. Leading zeros must be used for two digit entries.

Palpated Systolic Blood Pressure entry is a single box. If left blank, entry is no. If marked, entry is yes.

Name of Data Element:	Diastolic Blood Pressure
Definition:	Patient's diastolic blood pressure
Code:	Numerical Entry 3 Digits

Content: Coded as 3-digit field.

Discussion and Justification: Important component of several scoring systems for triage, and permits some assessment of acuity of patient. Leading zeros must be used for two-digit entry.

Name of Data Element:	**Pulse Oximetry (OX)**
Definition:	Patient's oxygen saturation
Code:	Numerical Entry 3 Digits

Data Items:

RA-Room Air
O2-Oxygen

Content: Coded as 3-digit field.

Discussion and Justification: Permits some assessment of acuity of patient. Leading zeros must be used for two-digit entry. Notation should be made as to whether saturation reading was obtained with patient breathing room air or on supplemental oxygen.

Name of Data Element:	**Respiratory Effort**
Definition:	Patient respiratory effort
Code:	Single Entry

Data Items:

N	Normal
L	Labored
S	Shallow
A	Absent

Discussion and Justification: Respiratory effort is an integral component of respiratory assessment.

Name of Data Element:	**Skin Perfusion**
Definition:	**Patient skin perfusion, expressed as normal or decreased**
Code:	**Single Entry**

Data Items:

N **Normal**
D **Decreased**

Discussion and Justification: Normal is defined as warm, pink, and with a capillary refill time of 2 or less seconds. Decreased is defined as cool, pale, mottled, dusky, and with a capillary refill time of greater than 2 seconds.

If the patient is hypothermic or febrile, this may affect skin perfusion. However, the skin perfusion should be scored consistently as defined above.

Name of Data Element:	Glasgow Eye Opening Component
Definition:	Patient's eye opening component of the Glasgow coma scale
Code:	Single Entry

Data Items:

1	None
2	Opens eyes in response to painful stimulation
3	Opens eyes in response to verbal stimulation
4	Opens eyes spontaneously

Discussion and Justification: One of three components of the Glasgow coma scale, which is widely used to assess neurological status. The score and its components are also parts of a variety of triage scoring systems.

Name of Data Element:	**Glasgow Verbal Component**
Definition:	Patient's verbal component of the Glasgow coma scale
Code:	Single entry

Data Items:

For patients >5years:

1 None
2 Non-specific sounds
3 Inappropriate words
4 Confused conversation or speech
5 Oriented and appropriate speech

For patients 2-5 years:

1 None
2 Grunts
3 Cries and/or screams
4 Inappropriate words
5 Appropriate words

For patients 0-23 months:

1 None
2 Persistent cry, grunting
3 Inappropriate cry
4 Cries, inconsolable
5 Smiles, coos, cries appropriately

Discussion and Justification: One of three components of the Glasgow coma scale, which is widely used to assess neurological status. The score and its components are also parts of a variety of triage scoring systems. If the patient is intubated and deeply comatose, then this data element is coded as 1 for none, since there was no verbal response at the time of intubations. However, if the patient is intubated but not deeply comatose, and there is a possibility of verbal response, it is difficult to apply the Glasgow coma scale. The EMS responder can ask questions and if the patient can nod his head or blink eyes, etc. appropriately, then this element is coded as 5.

If the medic uses one of the scoring categories other than greater than five years of age, the age category used should be documented in the narrative. You do not have to document all the elements of the category. Document only the age range used. Example: "0 -23 months or 2 - 5 years."

Name of Data Element:	**Glasgow Motor Component**
Definition:	Patient's motor component of the Glasgow coma scale
Code:	Single Entry

Data Items:

For patients >5 years:

1	None
2	Extensor posturing in response to painful stimulation
3	Flexor posturing in response to painful stimulation
4	General withdrawal in response to painful stimulation
5	Localization of painful stimulation
6	Obeys commands with appropriate motor response

For patients up to 5 years:

1	None
2	Extensor posturing in response to painful stimulation
3	Flexor posturing in response to painful stimulation
4	General withdrawal in response to painful stimulation
5	Localization of painful stimulation
6	Spontaneous

Discussion and Justification: One of three components of the Glasgow coma scale, which is widely used to assess neurological status. The score and its components are also parts of a variety of triage scoring systems. This component cannot be assessed if the patient has received a muscle relaxant

If the medic uses the scoring category other than greater than five years of age, the age category used should be documented in the narrative. You do not have to document all the elements of the category. Document only the age range used. Example: "up to 5 years."

Name of Data Element:	Glasgow Coma Score (Total)
Definition:	Patient's total Glasgow coma scale score
Code:	Numerical Entry, Written

Content: Calculated 2-digit character field. It is a sum of the eye opening, verbal and motor response components.

Discussion and Justification: Important component of several triage scoring systems. Provides information about severity of a neurological disorder. The range of the score is 3 to 15.

Name of Data Element:	**Treatment Authorization**
Definition:	**Indicates the type, if any, of treatment authorization**
Code:	**Single Entry**

Data Items

Standing Orders (Protocols)
On-Line (Radio/Telephone)
On-Scene
Written Orders (Patient Specific)

Discussion and Justification: Enables managers of EMS systems to determine the authorization type used for emergency medical care provided on specific EMS runs. This data may be of used for determining legal accountability and for auditing the supervision of EMS systems.

Standing Orders (Protocols)
A set of policies and procedures for all components of an EMS system.

On-line *(Radio Telephone)*
Immediate physician orders to EMS provider through direct telecommunications such as radio or telephone. Also known as *on-line medical direction*.

On-Scene
Immediate orders to an EMS provider by a physician at the scene of the medical emergency who has officially assumed responsibility for the management of the pre-hospital care of the patient.

Written Orders *(Patient Specific)*
Written instructions must accompany the patient, they must be in writing, and be signed by approved personnel. Also known as advanced medical directions. An example is "Do Not Resuscitate" orders.

Name of Data Element:	Clinical Course
Definition:	Change in patient's condition from time of initial assessment to time released from the EMS providers care
Code:	Single Entry
Data Items:	Improved Maintained Deteriorated Expired

Content: This entry will contain a coded entry containing the field personnel's assessment of the change, if any, in the patient's condition.

Discussion and Justification: This element will be helpful in the assessment of the efficacy of out-of-hospital interventions

Improved - Subjective and Objective assessments demonstrate positive changes from the original assessments.

Maintained - Neither positive nor negative changes noted between assessments.

Deteriorated - Subjective and Objective assessments demonstrate negative changes from the original assessments.

Expired - Assessment of patient condition reveals clinical death pending authorized pronouncement of death and no further interventions are performed.

Name of Data Element:	**Environmental Causes**
Definition:	Suspected alcohol or drug use by patient
Code:	Single Entry

Data Items:

Abuse	Suspected Abuse
Alcohol	Suspected Alcohol
Housing	Suspected Housing Inadequacies
Neglect	Suspected Neglect
Nutrition	Suspected Nutrition
Substance	Suspected Drugs
N/A	Does not apply

Discussion and Justification: Important data element for injury research, permitting reports of value to public health researchers and policy makers. Should be coded whenever the EMS responder suspect alcohol or drugs used by the patient may have contributed to the incident. The use of drugs or alcohol in isolation has been coded individually for epidemiological purposes and specific use should be coded appropriately when possible.

Not applicable should be used when there is no patient, such as in a standby response.

Name of Data Element:	Injury Intent
Definition:	Intent of individual inflicting injury
Code:	Single Entry
Data Items:	
Unintent	Unintentional
Intent-Self	Intentional, self
Intent-Other	Intentional, other
Unknown	Unknown
N/A	Not applicable

Discussion and Justification: Intended to help injury surveillance specialists who are interested in homicide and suicides, inflicted child injuries, etc. The EMS provider may be in a unique situation to assess this issue which would then be of enormous value to the medical personnel caring for the patient. However, it is clear that the EMS provider will often not be able to assess this question.

Drug or alcohol abuse is impossible to code with this data element unless involved in a suicide attempt. For instance, if an EMS responder transports an intoxicated patient to a hospital with no other injuries, this data element would be coded as not applicable.

If the data element is collected, the EMS provider should indicate that an event is intentional if he or she has any suspicion of such. The data element is not intended to carry legal significance, but rather is intended to assist researchers in identifying possible cases of intentional injury for further study.

Name of Data Element:	**Initial Cardiac Rhythm**
Definition:	Initial monitored cardiac rhythm as interpreted by EMS personnel
Code:	Single Entry

Data Items:	
Sinus	Sinus Rhythm
S Brady	Bradycardia
S Tach	Sinus Tachycardia
Narrow Complex Tach	Narrow Complex Tachycardia
Wide Complex Tach	Wide complex Tachycardia
PVC, PAC, PJC	Premature Ventricular, Atrial or Junction Contractions
V-Tach	Ventricular Tachycardia
V-Fib	Ventribular Fibrillation
Asystole	Asystole
PEA	Pulseless Electrical Activity
A-Fib	Atrial Fibrillation
2nd Deg Type 1	Second Degree Block Type 1
2nd Deg Type 2	Second Degree Block Type 2
3rd Deg Block	Third Degree Block
Paced	Paced Rhythm

Discussion and Justification: Provides the initial monitored rhythm, permitting reports generated according to initial rhythm. Such reports would be of use in assessing the survival rate after certain rhythms. **Only one rhythm should be marked for the initial rhythm.**

Name of Data Element:	**Destination Cardiac Rhythm**
Definition:	Initial monitored cardiac rhythm as interpreted by EMS personnel
Code:	Single Entry

Data Items:	
Sinus	Sinus Rhythm
S Brady	Bradycardia
S Tach	Sinus Tachycardia
Narrow Complex Tach	Narrow Complex Tachycardia
Wide Complex Tach	Wide complex Tachycardia
PVC, PAC, PJC	Premature Ventricular, Atrial or Junction Contractions
V-Tach	Ventricular Tachycardia
V-Fib	Ventribular Fibrillation
Asystole	Asystole
PEA	Pulseless Electrical Activity
A-Fib	Atrial Fibrillation
2nd Deg Type 1	Second Degree Block Type 1
2nd Deg Type 2	Second Degree Block Type 2
3rd Deg Block	Third Degree Block
Paced	Paced Rhythm

Discussion and Justification: Provides the destination monitored rhythm, permitting reports generated according to destination rhythm. Such reports would be of use in assessing the survival rate after certain rhythms. **Only one rhythm should be marked for the destination rhythm.**

Name of Data Element:	**Care Rendered**
Definition:	Identification of care attempted or performed on patient
Code:	Multiple Entry

Data Items:	
CARE RENDERED	
12 Lead ECG	C-Spine Management
Assist Delivery	Glucose Monitor
Bag Valve Mask	MAST
Auto Ventilation	Oxygen
Bleeding Control	Splints
Cardiac Monitor	Suction
CPR	Traction Splint

Discussion and Justification: Intended to provide planners and educators with information about which care is rendered in the field, by whom, and for what indications.

More than one medic number can be entered for each care rendered category.

Name of Data Element:	**Procedure**
Definition:	Identification of procedure attempted or performed on patient
Code:	Multiple Entry

Data Items:

PROCEDURES

Automatic Defibrillation (AED)	IV #1
Synchronized Cardioversion	IV #2
Manual Defibrillation	IV #3
Chest Decompression	Needle Cricothyrotomy
Oral/Nasal Airway	Transcutaneous Pacing
Advanced Airway	Vagal Maneuvers
ET/NT Intubation	CPAP (Continuous Positive Airway Pressure)
Intraosseous	

Discussion and Justification: Intended to provide planners and educators with information about which procedures are conducted in the field, by whom, and for what indications. All of these would be considered procedures for purposes of this data element.

Name of Data Element:	**Procedure Attempts**
Definition:	**Total number of attempts for each procedure attempted, regardless of success**
Code:	**Single Entry**

Discussion and Justification: For procedures, which are performed on the patient, this field indicates the number of attempts required. In most instances, this number will be 1. This data element permits educators to know whether certain procedures are posing particular technical problems in the field. This data element will be linked to the procedure name and medic ID number. In order to insure accurate data the definition of what constitutes attempts for various procedures needs to be clearly defined. The Data Taskforce proposes the following definitions:

Attempt / Success Definitions

Intubation (ET/NT): An attempt is defined as any time an attempt is made to pass an endotracheal tube into the trachea. Visualization and/or manipulation of the airway with a laryngoscope does constitute an attempt.

IV / IO: Any time the skin is punctured is a valid attempt. A success would be a free flowing line.

Defibrillation: An attempt is any time an unsynchronized defibrillation is preformed. A successful defibrillation is defined as the patient converting to a viable, pulse producing rhythm.

Name of Data Element:	**Procedure Success**
Definition:	**Success / Failure of procedure**
Code:	**Single Entry**

Discussion and Justification: For procedures which are performed on the patient, this field indicates the whether the procedure was successful or not. This can be useful in tracking skill competency trends among providers and the efficacy of various interventions.

Procedure: In medic procedure column enter only one medic for each procedure

Success Definitions

Intubation (ET/NT): Success is establishing a patent airway through which the patient Can be successfully ventilated.

IV / IO: Success would be a free flowing line.

Defibrillation: A successful defibrillation is defined as the patient converting to a viable, pulse-producing rhythm.

Name of Data Element:	**Medication Name**
Definition:	**Medication name**
Code:	**Numerical Entry 2 Digit**

Discussion and Justification: Intended to provide planners and educators with information about which drugs are administered in the field. The drugs listed on the medication list is consistent statewide, however additional service specific medications may be added to the list as needed. This is not a restrictive list, nor is it expected that every agency will permit its providers to use all these drugs.

Enter only entry per medication administered not per dose.

There will be 10 fields for entering drugs given. Items will be entered using the appropriate 2-digit number.

GEORGIA PCR 2000 DRUG LIST ID CODES

NUMBER	DRUG NAME	NUMBER	DRUG NAME	NUMBER	DRUG NAME
01 Activated	Charcoal	34	Ipecac	67	Valium
02 Adenocard		35	Isuprel	68	Verapmil
03	Alupent	36	Lactated Ringers	69	Versed
04	Aminophylline	37	Lasix	70	Vistaril
05	Anectine	38	Lidocaine 21%	71	
06	Aspirin	39	Lidocaine Drip	72	
07	Ativan	40	Mag Sulfate	73	
08	Atropine	41	Mivacron	74	
09	Benadryl	42	Morphine	75	
10	Bretylium	43	Narcan	76	
11	Calcium Chloride	44	Nipride	77	
12	Cardizen	45	Nitro Paste	78	
13	Compazine	46	NS	78	
14	D5 ½ NS	47	NTG	80	
15	D5W	48	NTG Drip	81	
16	Decadron	49	Nubain	82	
17	Demerol	50	Other Thrombolytic	83	
18	Dextrose 10%	51	Phenergan	84	
19	Dextrose 25%	52	Phenobarb	85	
20	Dextrose 50%	53	Pitocin	86	
21	Digoxin	54	Procainamide	87	
22	Dilantin	55	Procardia	88	
23	Dobutamine	56	Proventil	89	
24	Dopamine	57	Respiratory Saline	90	
25	Fentanyl	58	Romazicon	91	
26	Epinephrine 1:1,000	59	Saline Flush	92	
27	Epinephrine 1:10,000	60	Sodium Bicarb	93	
28	Epi-Pen	61	Solumedrol	94	
29	Glucagon	62	Stadol	95	
30	Haldol	63	Terbutaline	96	
31	Heparin Drip	64	Thiamine	97	
32	Heparin	65	TPA	98	
33	Instant Glucose	66	Tylenol	99	Other

Name of Data Element:	**Return of Spontaneous Circulation**
Definition:	**Whether a palpable pulse or blood pressure was restored following cardiac arrest and resuscitation in the field**
Code:	**Yes or No Entry**

Data Items:

Y - Yes
N - No

Discussion and Justification: Outcome of cardiac resuscitation in the field. If the patient remains in cardiac arrest throughout the incident and continues to receive CPR until reaching the emergency department, this data element should be coded as no, even if the patient was subsequently resuscitated in the emergency department. There should be no unknown value for this data element. **If no cardiac arrest ever occurred, this data element is not applicable and should be left blank.**

Name of Data Element:	**Destination**
Definition:	**Health Care Facility or Pre-hospital Unit/Home that received patient from EMS responder providing this record**
Code:	**Numerical Entry 3 Digit**

Data Items: Georgia Hospital Association ID numbers
Additional Destination Numbers as assigned by the State

Discussion and Justification: Allows reporting by destination facilities, and allows linking when a patient is transferred between EMS responder agencies. Hospitals will be identified by their GHA assigned numbers. If a patient is transferred to another EMS service then enter that services 3-digit state assigned Identification number.

This data element is very valuable for probabilistic linkage. For instance, when an EMS responder indicates a specific hospital identifier, this can greatly facilitate linkage to outpatient and inpatient facility records.

Georgia Hospital List - PCR Codes

HOSPITAL NAME	ID NUMBER	COUNTY
ANCHOR HOSPITAL	375	FULTON
APPLING GENERAL HOSPITAL	301	APPLING
ATHENS REGIONAL MEDICAL CENTER	603	CLARKE
ATLANTA MEDICAL CENTER	709	FULTON
BACON COUNTY HEALTH SYSTEM	302	BACON
BAPTIST MEDICAL CENTER-CUMMING	346	FORSYTH
BERRIEN COUNTY HOSPITAL	445	BERRIEN
BJC MEDICAL CENTER	400	JACKSON
BLECKLEY MEMORIAL HOSPITAL	452	BLECKLEY
BOWDON AREA HOSPITAL	458	CARROLL
BRADLEY CENTER	456	MUSCOGEE
BROOKS COUNTY HOSPITAL	305	BROOKS
BULLOCH MEMORIAL HOSPITAL	502	BULLOCH
BURKE COUNTY HOSPITAL	306	BURKE
CALHOUN MEMORIAL HOSPITAL	203	CALHOUN
CAMDEN MEDICAL CENTER	411	CAMDEN
CANDLER COUNTY HOSPITAL	209	CANDLER
CANDLER HOSPITAL-SAVANAH	626	CHATHAM
CENTRAL GEORGIA REHABILITATION HOSPITAL	731	BIBB
CENTRAL STATE HOSPITAL	713	BALDWIN
CHARLTON MEMORIAL HOSPITAL	234	CHARLTON
CHARTER AUGUSTA BEHAVORIAL HEALTH SYSTEM	166	RICHMOND
CHARTER BROOK BEHAVORIAL HEALTH SYSTEM	115	FULTON
CHARTER BY-THE-SEA BEHAVORIAL HEALTH SYSTEM	235	GLYNN
CHARTER LAKE BEHAVORIALHEALTH SYSTEM MACON	308	BIBB
CHARTER PEACHFORD BEHAVORIAL HEALTH SYSTEM-ATLANTA	601	DEKALB
CHARTER SAVANNAH BEHAVORIAL HEALTH	550	CHATHAM
CHARTER WINDS BEHAVORIAL HEALTH SYSTEMS-ATHENS	116	CLARKE
CHATUGE REGIONAL HOSPITAL	229	TOWNS
CHESTATEE REGIONAL HOSPITAL	404	LUMPKIN
CHILDRENS HEALTHCARE OF ATLANTA-EGLESTON CAMPUS	416	DEKALB
CHILDRENS HEALTHCARE OF ATLANTA-SCOTTISH RITE CAMPUS	518	DEKALB
CLINCH MEMORIAL HOSPITAL	347	CLINCH

COBB MEMORIAL HOSPITAL	211	FRANKLIN
COFFEE REGIONAL MEDICAL CENTER	406	COFFEE
COLQUITT REGIONAL MEDICAL CENTER	524	COLQUITT
COLUMBIA AUGUSTA REGIONAL MEDICAL CENTER	726	RICHMOND
COLUMBIA BARROW MEDICAL CENTER	303	BARROW
COLUMBIA CARTERSVILLE MEDICAL CENTER	542	BARTOW
COLUMBIA COLISEUM MEDICAL CENTER	636	BIBB
COLUMBIA COLISEUM PSYCH HOSPITAL	675	BIBB
COLUMBIA DOCTORS HOSPITAL	724	MUSCOGEE
COLUMBIA DUNWOOD MEDICAL CENTER	548	DEKALB
COLUMBIA FAIRVIEW PARK HOSPITAL	510	LAURENS
COLUMBIA HUGHSTON HOSPITAL	125	MUSCOHEE
COLUMBIA LANIER PARK REGIONAL	650	HALL
COLUMBIA NORTHLAKE REGIONAL	173	DEKALB
COLUMBIA PALMYRA MEDICAL CENTER	635	DOUGHERTY
COLUMBIA PARKWAY MEDICAL CENTER	639	DOUGLAS
COLUMBIA PEACHTREE REGIONAL	629	COWETTA
COLUMBIA POLK GENERAL	427	POLK
COLUMBIA REDMOND REGIONAL MEDICAL	637	FLOYD
CRAWFORD LONG HOSPITAL	705	FULTON
CRISP REGIONAL HOSPITAL	405	CRISP
DECATUR HOSPITAL	552	DEKALB
DEKALB MEDICAL CNETER	720	DEKALB
DEVEREUX CENTER IN GEORGIA	401	COBB
DODGE COUNTY HOSPITAL	309	DODGE
DONALSONVILLE HOSPIAL	310	SEMINOLE
DORMINY MEDICAL CENTER	501	BEN HILL
DR. JOHN M. MEADOWS MEMORIAL HOSPITAL	443	TOOMBS
DWIGHT D. EISENHOWER ARMY MEDICAL	702	RICHMOND
EARLY MEMORIAL HOSPITAL	357	EARLY
EASTSIDE MEDICAL CENTER	534	GWINNETT
EFFINGHAM COUNTY HOSPITAL	454	EFFINGHAM
ELBERT MEMORIAL HOSPITAL	407	ELBERT
EMANUEL MEDICAL CENTER	408	EMANUEL
EMORY UNIVERSITY HOSPITAL	705	DEKALB
EMORY-ADVENTIST HOSPITAL	641	COBB
EVANS MEMORIAL HOPSITAL	448	EVANS
FANNIN REGIONAL HOSPITAL	413	FANNIN
FAYETTE COMMUNITY HOSPITAL	200	FAYETTE
FLINT RIVER COMMUNITY HOSPITAL	329	DOOLY
FLOYD MEDICAL CENTER	606	FLOYD
GEORGIA BAPTIST MERIWETHER-HOSPITAL	709	MERIWETHER
GEORGIA REGIONAL HOSPITAL - ATLANTA	253	DEKALB
GEORGIA REGIONAL HOSPITAL - AUGUSTA	633	RICHMOND
GEORGIA REGIONAL HOSPITAL - SAVANNAH	723	CHATHAM
GORDON HOSPITAL	412	GORDON
GRADY GENERAL HOSPITAL	351	GRADY
GRADY MEMORIAL HOSPITAL	710	FULTON
GREENLEAF CENTER - FT. OGLETHORPE	257	CATOOSA
GREENLEAF CENTER - VALDOSTA	275	DOWNDES
GWINNETT MEDICAL CENTER	366	GWINNETT
HABERSHAM COUNTY MEDICAL CENTER	414	HABERSHAM
HAMILTON MEDICAL CENTER	415	WHITFIELD
HANCOCK MEMORIAL HOSPITAL	370	HANCOCK
HART COUNTY HOSPITAL	245	HART
HENRY MEDICAL CENTER	532	HENRY
HIGGINS GENERAL HOSPITAL	304	HARALSON
HILLSIDE HOSPITAL	160	FULTON
HOUSTON MEDICAL CENTER	439	HOUSTON
HUGHES SPAULDING CHILDRENS HOSPITAL	710	FULTON
HUTCHESON MEDICAL CENTER	623	WALKER

INNER HARBOUR HOSPITAL	642	DOUGLAS
INNER HARBOUR HOSPITAL - ROCKMART	427	POLK
IRWIN COUNTY HOSPITAL	314	IRWIN
JASPER MEMORIAL HOSPITAL	315	JASPER
JEFF DAVIS HOSPITAL	442	JEFF DAVIS
JEFFERSON HOSPITAL	417	JEFFERSON
JENKINS COUNTY HOSPITAL	319	JENKINS
JOAN GLANCY HOSPITAL	226	GWINNETT
JOHN D. ARCHBOLD MEMORIAL	614	THOMAS
LIBERTY REGIONAL MEDICAL CENTER	355	LIBERTY
LOUIS SMITH MEMORIAL HOSPITAL	529	LANIER
MACON NORTHSIDE	266	BIBB
MARTIN ARMY COMMUNITY HOSPITAL	708	MUSCOGEE
MCDUFFIE COUNTY HOSPITAL	321	MCDUFFIE
MEDICAL CENTER OF CENTRAL GEORGIA	712	BIBB
MEDICAL CENTER - COLUMBUS	704	MUSCOHEE
MEDICAL COLLEGE OF GEORGIA HOSPITAL	719	RICHMOND
MEMORIAL HOSPITAL AND MANOR	539	DECATUR
MEMORIAL HOSPITAL OF ADEL	317	COOK
MEMORIAL MEDICAL CENTER	703	CHATHAM
MIDDLE GEORGIA HOSPITAL	419	BIBB
MILLER COUNTY HOSPITAL	348	MILLER
MINNIE G. BOSWELL MEMORIAL HOSPITAL	420	GREENE
MITCHELL COUNTY HOSPITAL	421	MITCHELL
MONROE COUNTY HOSPITAL	345	MONROE
MOODY AFB MEDICAL GROUP	513	LOWNDES
MORGAN MEMORIAL HOSPITAL	352	MORGAN
MOUNTAINSIDE MEDICAL CENTER	451	PICKENS
NEWNAN HOSPITAL	515	COWETTA
NEWTON GENERAL HOSPITAL	322	NEWTON
NORTH FULTON REGIONAL HOSPITAL	327	FULTON
NORTH GEORGIA MEDICAL CENTER	341	GILMER
NORTHEAST GEORGIA MEDICAL CENTER	611	HALL
NORTHSIDE HOSPITAL	634	FULTON
NORTHSIDE HOSPITAL-CHEROKEE	541	CHEROKEE
NORTHWEST GEORGIA REGIONAL HOSPITAL	701	FLOYD
OCONEE REGIONAL MEDICAL CENTER	528	BALDWIN
PAULDING HOSPITAL	151	PAULDING
PEACH REGIONAL MEDICAL CENTER	323	PEACH
PERRY HOSPITAL	450	HOUSTON
PHOEBE PUTNEY MEMORIAL HOSPITAL	616	DOUGHERTY
PHOEBE PUTNEY-WORTH	343	WORTH
PIEDMONT HOSPITAL	617	FULTON
PUTNAM GENERAL HOSPITAL	227	PUTNAM
RABUN COUNTY MEMORIAL HOSPITAL	239	RABUN
RIDGECREST OSPITAL	251	RABUN
RIGEVIEW HOSPITAL	605	COBB
ROCKDALE HOSPITAL	240	ROCKDALE
ROOSEVELT WARM SPRINGS INSTITUTE	610	MERIWETHER
SOUTHWEST GEORGIA REGIONAL MEDICAL CNETER	631	RANDOLPH
SATILLA PARK HOSPITAL	114	WARE
SATILLA REGIONAL MEDICAL CENTER	627	WARE
SCREVEN COUNTY HOSPITAL	332	SCREVEN
SELECT SPECIALITY HOSPITAL-ATLANTA	236	FULTON
SHEPHERD CENTER	228	FULTON
SMITH NORTHVIEW HOSPITAL	333	LOWNDES
SOUTH FULTON MEDICAL CENTER	630	FULTON
OUTH GEORGIA MEDICAL CENTER	618	LOWNDES
SOUTHEAST GEORGIA REGIONAL MEDICAL CENTER	507	GLYNN
SOUTHERN REGIONAL MEDICAL CENTER	547	CLAYTON
SOUTHWEST HOSPITAL & MEDICAL CENTER	631	FULTON

SOUTHWESTERN STATE HOSPITAL	721	THOMAS
SPALDING REGIONAL HOSPITAL	508	SPALDING
ST. FRANCIS HOSPITAL	619	MUSCOHEE
ST. JOSEPH HOSPTIAL - ATLANTA	714	FULTON
ST. JOSEPH'S HOSPITAL - SAVANNAH	621	CHATHAM
ST. MARY'S HOSPITAL	622	CLARKE
STEPHENS COUNTY HOSPITAL	545	STEPHENS
STEWART-WEBSTER HOSPITAL	242	STEWART
SUMMIT RIDGE	470	GWINNETT
SUMTER REGIONAL HOSPITAL	601	SUMTER
SYLVAN GROVE MEDICAL CENTER	356	BUTTS
TANNER MEDICAL ENTER - CAROLLTON	435	CARROLL
TANNER MEDICAL CENTER - VILLA RICA	244	CARROLL
TATTNALL MEMORIAL HOSPITAL	460	TATTNALL
TAYLOR REGIONAL HOSPITAL	519	PULASKI
TAYLOR TELFAIR REGIONAL HOSPITAL	335	TELFAIR
TIFT GENERAL HOSPITAL	521	TIFT
TURNING POINT CARE CENTER	568	COLQUITT
UNTION GENERAL HOSPITAL	716	RICHMOND
UPSON REGIONAL MEDICAL CENTER	523	UPSON
US AIRFORCE HOSPITAL - ROBBINS AFB	429	HOUSTON
VA MEDICAL CENTER - ATLANTA	715	DEKALB
VA MEDICAL CENTER - AUGUSTA	711	RICHMOND
VA MEDICAL CENTER - DUBLIN	718	LAURENS
VALUEMARK - BRAWNER	641	COBB
VALUEMARK - BRAWNER HOSPITAL SOUTH	402	HENRY
VENCOR HOSPITAL - ATLANTA	544	FULTON
WALTON MEDICAL CENTER	340	WALTON
WALTON REHABILITATION INSTITUTE	730	RICHMOND
WASHINGTON COUNTY REGIONAL MEDICAL CENTER	540	WASHINGTON
WAYNE MEMORIAL HOSPITAL	538	WAYNE
WELLSTAR COBB HOSPITAL	546	COBB
WELLSTAR DOUGLAS HOSPITAL	312	DOUGLAS
WELLSTAR KENNESTON HOSPITAL	615	COBB
WESLEY WOODS GERIATRIC HOSPITAL	288	DEKALB
WEST CENTRAL GEORGIA REGIONAL	727	MUSCOGEE
WEST GEORGIA MEDICAL CENTER	605	TROUP
WHEELER COUNTY HOSPITAL	252	WHEELER
WILDWOOD LIFESTYLE CENTER AND HOSPITAL	342	DADE
WILLINGWAY HOSPITAL	363	BULLOCH
WILLS MEMORIAL HOSPITAL	526	WILKES
WINDWOOD HOSPITAL	109	FLOYD
WINDY HILL HOSPITAL	640	COBB
WINN ARMY COMMUNITY HOSPITAL	522	LIBERTY

OUT OF STATE HOSPITALS

SOUTH CAROLINA HOSPITAL NAMES	ID NUMBER
ABBEYVILLE MEMORIAL HOSPITAL	950
ANDERSON AREA MEDICAL CENTER - ANDERSON	951
AIKEN REGIONAL MEDICAL CNETER - AIKEN	952
BEAUFORT MEMOIRAL - BEAUFORT	953
CHARLESTON MEDICAL CENTER - CHARLESTON	954
GREENVILLE GENERAL HOSPITAL - GREENVILLE	955
GREENVILLE MEMORIAL HOSPITAL - GREENVILLE	956
HILTON HEAD HOSPITAL - HILTON HEAD	957
LOW COUNTRY REGIONAL HOSPITAL - RIDGELAND	958
MEDICAL UNIVERSITY OF SOUTH CAROLINA	959
OCONEE MEMOIRAL - SENECA	960
PROVIDENCE HOSPITAL - COLUMBIA	961
ROGER C. PEACH HOSPITAL - GREENVILL	962
SELF MEMORIAL HOSPITAL - GREENWOOD	963
VA HOSPITAL - CHARLESTON	964
OTHER SOUTH CAROLINA HOSPITALS	969

NORTH CAROLINA HOSPITALS	ID NUMBER
MURPHY MEDICAL CENTER	940
ANGEL COMMUNITY HOSPITAL - FRANKLIN	941
OTHER NORTH CAROLINA HOSPITALS	949

TENNESSEE HOSPITAL NAMES	ID NUMBER
ERLANGER MEDICAL CENTER - CHATTANOOGA	970
ERLANGER NORTH - CHATTANOOGA	971
HUMANA-EAST RIDGE - CHATTANOOGA	972
NORTH PARK HOSPITAL - CHATTANOOGA	973
PARKRIDGE HOSPITAL - CHATTANOOGA	974
RENAISSANCE HOSPITAL - CHATTANOOGA	975
SISKINS - CHATTANOOGA	977
OTHER TENNESSEE HOSPITALS	989

FLORIDA HOSPITAL NAMES	ID NUMBER
BABTIST MEDICAL CENTER - JACKSONVILLE	920
MEMOIRAL HOSPITAL - JACKSONVILLE	921
METHODIST HOSPITAL - JACKSONVILLE	922
RIVERSIDE HOSPITAL - JACKSONVILLE	923
ST LUKES HOSPITAL - JACKSONVILLE	924
ST VINCENT MEDICAL CENTER - JACKSONVILLE	925
SHANDS TEACHING HOSPITAL - GAINESVILLE	926
TALLAHASSEE COMMUNITY HOSPITAL - TALLAHASSEE	927
TALLAHASSEE REGIONAL MEDICAL CENTER	928
UNIVERSITY HOSPITAL - JACKSONVILLE	929
VA HOSPITAL - LAKE CITY	930
VA HOSPITAL - GAINESVILLE	931
OTHER FLORIDA HOSPITALS	939

ALABAMA HOSPITAL NAMES	ID NUMBER
UAB - BIRMINGHAM	900
CAROWAY HOSPITAL - BIRMINGHAM	901
EAST ALABAMA MEDICAL CENTER - OPELIKA	902
FLOWERS MEDICAL CENTER - DOTHAN	903
LANIER MEMORIAL HOSPITAL - VALLEY	904
MONTGOMERY REHABILITATION - MONTGOMERY	905
N.E. ALABAMA REGIONAL MEDICAL CENTER - ANNISTON	906
PHOENIX MEDICAL PARK - PH0ENIX CITY	907
RANDOLPH COUNTY HOSPITAL - ROANAKE	908
TUSKEEGEE VA HOSPITAL - TUSKEEGEE	909
OTHER ALABAMA HOSPITALS	919

MISCELLANEOUS DESTINATION CODES

MISCELLANEOUS DESTINATION CODES	ID NUMBER
HOSPITALS - OTHER STATES	990
MILITARY MEDICAL FACILITY NON-SPECIFIED	991
NURSING HOMES	992
DIALYSIS CLINICS	993
PHYSICIANS OFFICES//CLINICS	994
AIR TRANSPORTATION	995
HOME	996
OTHER NOT SPECIFIED	999

Name of Data Element:	**Miles Out**
Definition:	**Gives number of miles form point of origin of the call to the scene**
Code:	**Numerical Entry 3 Digit**

Discussion and Justification: Permits measurement of the miles required for the response vehicle to go from the point of origin to the scene. This data element refers to the physical motion of the responding EMS vehicle. If an individual EMT arrives at the scene by private vehicle, which is NOT the value to be entered in this field. Otherwise, system delays in having an equipped vehicle at the scene will fail to be identified.

This data element should be zero padded if the total mileage is less than 099 to assure 3-digit field width.

Name of Data Element:	**Miles In**
Definition:	**Gives number of miles form point of origin of the call to the scene**
Code:	**Numerical Entry 3 Digit**

Discussion and Justification: Permits measurement of the miles required for the response vehicle to go from the scene to the destination. This data element refers to the physical motion of the responding EMS vehicle.

This data element should be zero padded if the total mileage is less than 099 to assure 3-digit field width.

Name of Data Element:	**Pre-existing Condition**
Definition:	Pre-existing medical conditions known to the provider
Code:	Multiple Entry

Data Items:

Asthma	MR/Developmental Delay
Diabetes	Premature Baby
Tuberculosis	Psychiatric
Emphysema	Seizure Disorder
Chronic Renal	Stroke
Cardiac	Traumatic Brain Injury
Hypertension	

Discussion and Justification: Pre-existing conditions may affect the protocols followed by EMS responders. The data element is intended to capture information as understood by EMS providers at the scene, not as defined later in the medical record of the hospital. Thus, if the EMS responder finds out that a patient has several pre-existing conditions after he or she arrives at the hospital, those conditions should not be coded in this data element. It is clear that the list provided here is not all-inclusive.

Name of Data Element:	Incident / Patient Disposition
Definition:	End result of EMS response
Code:	Numerical Entry

Data Items:	
Cancelled	Treated, Transported
No Patient Found	Treated, Transferred Care
False Call	Treated, POV
Refused All	Treated, Released
Assist at Home	Treated, Refused Transport
Dead at Scene	Transport Only
No Treatment Required	N/A

Discussion and Justification: Allows reports to be generated according to the final disposition of EMS responses. This will provide information about the reasons for which EMS is notified, correlated with the ultimate incident disposition. For instance, it will be of value to know that in certain regions, EMS is frequently activated to see patients who require neither treatment nor transport. Reports generated from this data element may be of use in coordinating the dispatch and responder functions as well.
Treatment will include the assessment of a patient.

Cancelled
This code means the EMS response was cancelled en route or on scene.

No patient found
EMS crew cannot locate a patient on scene.

False Call
This code is used when a call is determined to be a malicious false alarm.

Refused All
Patient was at scene and refused care, whether injured or not. If the EMS responder knows that there is an injury, but the patient refuses care and is transported by friends or acquaintances, this is still the correct code for this data element.

Assist at home
This code is used when a unit renders assistance to a patient as requested, i.e. assisting an invalid back to bed, routine vital sign assessment at patient's request.

Dead at scene
Situations where CPR withheld pending official pronouncement of death or DNR orders are received/available on scene and CPR with held pending official pronouncement of death. If a patient is given CPR at the scene and transported to the hospital while undergoing CPR, then this is not the correct code. If a patient is given CPR and is then pronounced dead at the scene, this is the correct code.

No treatment required

This code means that the EMS responder evaluated the patient, and no treatment was required. If the patient refused evaluation, or if the EMS responder did not evaluate a specific patient, this is not the correct code for this data element.

Treated and transported by EMS

This code means that the EMS responder providing the data record treated and transported the patient. Transport may be to any valid destination, as defined for the destination data element. If the EMS responder transports a patient to a rendezvous point with another EMS responder (for instance, a ground crew rendezvous with a helicopter based agency), this is the correct code for this data element.

Treated, transferred care

This code means that the EMS responder provided treatment at the scene but the patient was transferred into the care of another service. The EMS responder did not provide transport in this instance. For example, if a BLS provider is at a scene and treats a patient, but a separate ALS responder arrives and takes over, the BLS record would indicate this code. If an EMS responder treats a patient who is then transported by a separate police or fire vehicle, this is the correct code for the EMS responder record.

Treated, transported by private vehicle

This code means that the EMS responder provided treatment, but the patient was transported to his or her destination by a private vehicle. This includes instances in which the patient transports himself via private automobile, if the EMS responder understands that the patient is going to seek further medical care, such as at a private doctor's office or the local emergency department.

Treated and released

This code means the EMS responder provided treatment, and the patient required no further emergency care. This is distinct from the instance in which the patient is known to be in need of further care, but is transported by himself or others to the facility providing further care

Treated and Refused Transport

For patients that accepted treatment on scene and then refused transport by EMS.

Transport only

Refers to transport of patient requiring no treatment, such as transport of equipment or transport of specialty patients and/or their crews.

Not Applicable

This code is used when a disposition is not applicable. For instance, if the unit is on standby and no incident occurs, then this data element is not applicable. In this instance, the data element call "Service Requested" will have been coded as standby. For all standby records, this data element should be coded as not applicable.

Name of Data Element:	Transport Choice
Definition:	Reason a transport destination was selected
Code:	Single Entry

Data Items:	
Closest Patient/Family Choice Patient/Physician Choice Managed Care Law Enforcement Choice Protocol	Specialty (i.e. Burn, Spinal, Hyperbaric) On-line Medical Direction Diversion N/A

Discussion and Justification: Helps EMS managers to determine whether the choice of destination is appropriate. Items, which are defined as patient, physician, or family choice, are of interest to determine whether a trauma or referral system is functioning well, or is frequently overridden by non-medical issues.

Only 1 choice should be selected.

Closest Facility - facility chosen when there are no other determining factors available for medics, ex. Unresponsive without family available to direct.

Patient/Family Choice - patient or family chose disposition of response and/or destination.

Pt Physician Choice - Patient's physician chose disposition of response and/or destination.

Managed Care - facility chosen based solely on patient's insurance coverage.

Law Enforcement - authorized officer of law enforcement chose disposition or response and/or destination.

Protocol - facility chosen by preset policies and procedures.

Specialty Resource Center - facility chosen based on specific medical needs of patient.

On-Line Medical Direction - medical control determines disposition of response and/or destination.

Diversion - facility of choice directs transport to another facility.

Trauma Center - facility chosen based on approved trauma center designation.

N/A - all response dispositions not covered by the above selection, ex. Cancelled en route, no-patient contact calls.

Name of Data Element:	**Miscellaneous**
Definition:	**A area where individual services may enter service specific data, i.e. ER delay data, additional run numbers, linkage with additional PCRs**
Code:	**Numerical Entry 9 Digit**

Content: This element will contain up 9 digits. The local service may break down the content of this 8 digit number as they wish, i.e. The first 2 digits as an internal billing code, the next 2 or 4 as the unit number of any supervisors on the scene, etc.

Discussion and Justification: Provides local services flexibility in the collection of data that is specific to their service. May be used to link more than one PCR for one call.

Name of Data Element:	**Study #1**
Definition:	**Data collected any current research studies the service is involved in**
Code:	**Numerical Entry 3 Digit**

Content: This element will provide the ability to collect data at the local, district and statewide levels for specific research studies.

Discussion and Justification: Provides a means to collect data not already collected from the PCR that is needed for a particular research study. Allows changing of data collected without re-write of PCR. It is suggested that Study #1 be used at the Local / District level and Study #2 be used at the state level, i.e. the ODDS study during the Olympics.

Name of Data Element:	**Study #2**
Definition:	**Data collected any current research studies the service is involved in**
Code:	**Numerical Entry 3 Digit**

Content: This element will provide the ability to collect data at the local, district and statewide levels for specific research studies.

Discussion and Justification: Provides a means to collect data not already collected from the PCR that is needed for a particular research study. Allows changing of data collected without re-write of PCR. It is suggested that Study #1 be used at the Local / District level and Study #2 be used at the state level, i.e. the ODDS study during the Olympics

Name of Data Element:	**Technology Assisted**
Definition:	**Patient technology possibly requiring additional assistance to maintain**
Code:	**Multiple Entry**

Data Items:

Home Ventilators
CPAP (Continuous Positive Airway Pressure)
Central IV (Central Line, Qport, Quentin Cath, Permacath, etc.)
Pacemaker
Feeding Catheter
CSF Shunt (Cerebrospinal Fluid Shunt)
Colostomies
Tracheostomy

Content: This element will provide the ability to collect data at the local, district and statewide levels for specific research studies.

Discussion and Justification: Provides a means to collect data not already collected from the PCR that is needed for a particular research study or local allocation of resources. This data set is of particular interest to the EMS-C Program.

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Service Name, Service Number, Response Number, and Today's Date correspond to those fields from the scan form, but are handwritten.

Name of Data Element:	**Incident Location**
Definition:	**Address (or best approximation) where patient was found, or, if no patient, address to which unit responded**
Code:	**Free Text Entry**

Content: Contains the street address or post office box number, followed by the apartment number of internal building number.

Discussion and Justification: Provides location of incident, which can be used to determine the appropriate level of EMS resources for specific areas. Use route numbers and mileposts, or other landmarks, which can be coded in a consistent manner if a street address is not applicable.

Name of Data Element:	**Transported To**
Definition:	**Address (or facility) where patient was transported**
Code:	**Free Text Entry**

Content: Contains the street address or facility name to which the patient was transported, if transported.

Discussion and Justification: Provides location of transport, which can be used to determine the appropriate level of EMS resources for specific areas.

Name of Data Element:	**Patient Name**
Definition:	**Patient name**
Code:	**Free Text Entry, "not applicable" or "unknown"**

Content: It is felt that this item should be designated as critical for those services with the ability to capture the patient's name, address, etc either via pen-based or laptop systems on scene or by manual entry into the database by administrative staff after the completion of the call. "Not applicable" is used when there is no patient, such as when the responding team cannot find the patient, or when the responding team is on standby.

Discussion and Justification: Critical because of its value in probabilistic linkage, both as a linking variable as well as a confirmatory variable to determine appropriate linkage. It is recognized that this data element requires careful protection from misuse, but it is more appropriate to regulate appropriate use of this field rather than to prevent its collection.

The format should be LAST, FIRST, MIDDLE INITIAL with only one space after the comma between the last and first names, and between first name and initial.

Name of Data Element:	**Patient Street Address**
Definition:	**Patient's street address**
Code:	**Free Text Entry, "not applicable", "unknown" or "none"**

Discussion and Justification: It is felt that this item should be designated as CRITICAL. The rationale for this is that services who have the capability to capture the patient's name, address, etc. either via pen-based or laptop systems on scene or by manual entry into the database by administrative staff after the completion of the call.

"Not applicable" is used when there is no patient, such as when the responding team cannot find the patient, or when the responding team is on standby.

Name of Data Element:	**City of Residence**
Definition:	**Patient city or township of residence (if applicable)**
Code:	**Free Text Entry**

Content: This is the name of the city / township / village or other political sub-district below county in which the patient resides.

Discussion and Justification: Useful for determining the political entity responsible for potential public health interventions, payment for services, etc.

Name of Data Element:	**State of Residence**
Definition:	**State, territory, or Province, or District of Columbia, where patient resides**
Code:	**Free Text Entry**

Content: This element will be coded using current 2 (two) character state abbreviations used by the United States Postal Service.

Discussion and Justification: Provides a means of aggregating EMS incidents by state, which allows reports to state legislatures concerning statewide EMS activities. Can be used to assess statewide resource requirements for EMS operations.

Name of Data Element:	**Zip Code of Residence**
Definition:	**Zip Code of patient's residence**
Code:	**Free Text Entry**

Content: Zip Code as assigned by US Postal Service.

Discussion and Justification: Useful for determining the political entity responsible for potential public health interventions, payment for services, etc.

Name of Data Element:	**Telephone Number**
Definition:	**Patient's primary telephone number**
Code:	**Free Text Entry**

Content: 10-digit number including area code

Discussion and Justification: Permits follow-up with patient and facilitates billing.

Name of Data Element:	**Age**
Definition:	**Patient's age or best approximation**
Code:	**Free Text Entry**

Content: Patient's age.

Discussion and Justification: Valuable in the absence of a date of birth. Age information permits linkage to other files, and is useful for epidemiologists interested in patterns of emergency medical problems in different age groups.

Name of Data Element:	**DOB**
Definition:	**Date of Birth**
Code:	**Free Text Entry**

Content: Patient's date of birth.

Discussion and Justification: Date of birth information permits linkage to other files, and is useful for epidemiologists interested in patterns of emergency medical problems in different age groups.

Name of Data Element:	**Gender**
Definition:	**Patients gender**
Code:	**Free Text Entry**

Content: Male, Female, or Unknown

Discussion and Justification: Permits more accurate matching of patient information.

Name of Data Element:	**Social Security Number**
Definition:	**Government assigned social security number**
Code:	**Free Text Entry**

Content: Patient's social security number.

Discussion and Justification: Social Security information permits linkage to other files. Some patients may not be forthcoming with this information, primarily beneficial to billing.

Name of Data Element:	**Hospital Record Number**
Definition:	**Patient's record number issued by hospital**
Code:	**Free Text Entry**

Content: Patient's hospital or medical record number

Discussion and Justification: May be beneficial to individual services for linkage with hospital data.

Name of Data Element:	**Personal MD**
Definition:	**Patient's personal physician**
Code:	**Free Text Entry**

Content: Patient's personal physician

Discussion and Justification: May be useful in obtaining additional information about patient.

Name of Data Element:	**Treating MD**
Definition:	**Physician treating patient at receiving facility**
Code:	**Free Text Entry**

Content: Patient's physician at receiving facility

Discussion and Justification: May be useful for billing or obtaining additional information about patient. May also be useful to indicate physician giving orders regarding patient care.

Name of Data Element:	**Responsible Party Information**
Definition:	**Person responsible for patient in case patient is incapable of making legal decisions or for billing purposes**
Code:	**Free Text Entry**

Content: Person responsible for care of patient or financial/ insurance coverage for the patient. Information includes person's phone number, street address, city, state, and zip code.

Discussion and Justification: Valuable for billing purposes or incapacitated patients.

Name of Data Element:	**Chief Complaint**
Definition:	**Statement of problem by patient or other person**
Code:	**Free Text Entry, "not applicable" or "unknown"**

Content: Use "unknown" when this information cannot be obtained (for instance, a comatose patient, or a patient injured without witnesses

Discussion and Justification: May be useful, particularly with sophisticated text searching algorithms, for analysis of certain types of EMS incidents. Difficulties of categorization and interpretation were the primary reasons for labeling this item as desirable rather than Critical.

May be of use in correlating the perception of patients who utilize the EMS system with the objective outcome of the run. This information could be of use in directing public educational efforts concerning health or EMS use.

Name of Data Element:	**Current Medications**
Definition:	**Medications patient currently taking**
Code:	**Free Text Entry, "not applicable" or "unknown"**

Content: Use "unknown" when this information cannot be obtained (for instance, a comatose patient, or a patient injured without witnesses

Discussion and Justification: May be useful, particularly with determination of past medical history of patient and potential orders for meds to be requested.

Name of Data Element:	**Allergies (Meds)**
Definition:	**Medications patient is allergic to**
Code:	**Free Text Entry, "not applicable" or "unknown"**

Content: Use "unknown" when this information cannot be obtained (for instance, a comatose patient, or a patient injured without witnesses

Discussion and Justification: May be useful, particularly with determination of past medical history of patient and potential orders for meds to be requested.

Name of Data Element:	**Past Medical History**
Definition:	**Patient's previously diagnosed medical problems**
Code:	**Free Text Entry, "not applicable" or "unknown"**

Content: Use "unknown" when this information cannot be obtained (for instance, a comatose patient, or a patient injured without witnesses

Discussion and Justification: May be useful, particularly with determination of present patient problem and potential orders for meds to be requested.

Name of Data Element:	**Narrative**
Definition:	**EMS Providers handwritten account of patient status and care**
Code:	**Free Text Entry**

Content: EMS Providers' handwritten account of patient status, assessments, care rendered, response to care, and vital signs.

Discussion and Justification: Useful to continued care of patient, recorded data for legal and financial purposes.

Name of Data Element:	**Signatures**
Definition:	**Appropriate personnel signatures and level of provider**
Code:	**Free Text Entry**

Content: Signature of receiving individual, physician providing care to patient, and all pre-hospital care providers, as well as their certification level and assigned number.

Discussion and Justification: Legal recording of all providers responsible for care provided to patient.