



Wyoming
Department
of Health

Commit to your health.

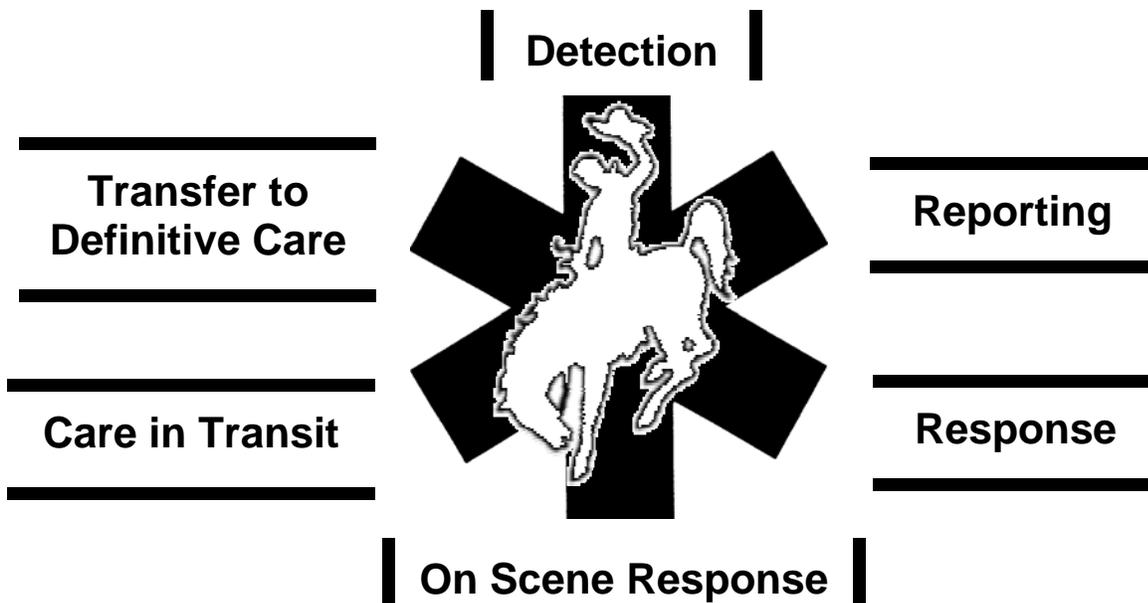
Office of
Emergency Medical
Services

*Quick Reference Guide
of Data Element Descriptions for the*

**2007
Patient Care Report & WATRS**

The Star of Life

The six barred cross represents the six function of EMS



December 14, 2006

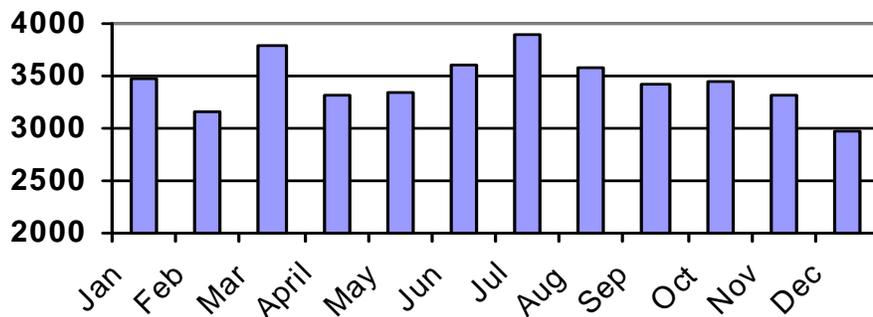
Preface

The need for EMS systems data and patient information has been well established. Standardizing statewide data elements is a challenge we cannot afford to ignore or take lightly (similar to nationally standardized medication controls and dosages). Common and standardized data elements are needed to collect data on a statewide basis for reports to be generated. When the data standard is followed throughout the state, the ability to report care provided by Wyoming's Medics is greatly enhanced with a higher degree of accuracy.

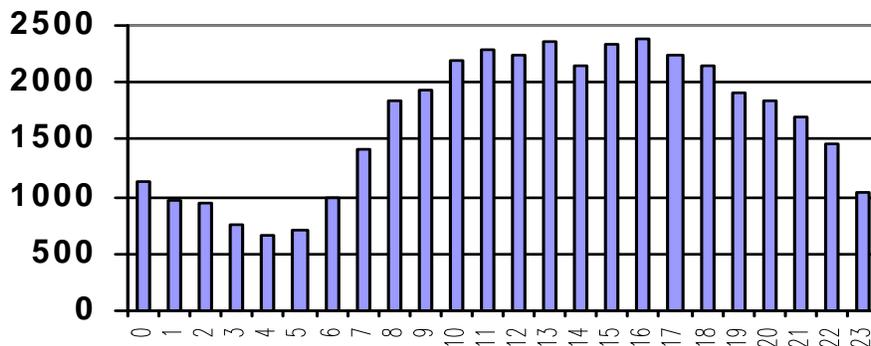
The Wyoming Department of Health, Office of Emergency Medical Services Patient Care Report & WATRS are provided at no charge to improve quality and show the value of Emergency Medical Services.

Below are graphs from **2005** WATRS:

EMS Responses Per Month



2005 EMS Responses by Time of Day



2007 Patient Care Report

Quick Reference Guide to Data Elements

Use this Quick Reference Guide to define the information requested for the data element listed when completing the Patient Care Report and WATRS.

To obtain the latest revision of this guide, please go to the EMS Office website at:
<http://wdh.state.wy.us/ems>

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**Provided as a service to enhance prehospital emergency medical care
by the
Wyoming Emergency Medical Services Office**

Patient Care Report

Section 1 - Patient Information / Agency Information

Section 1 - Patient Information / Agency Information			
Care Report Name:	Description:	Reference	Dataset
Red Number	Unique state assigned number to the Patient Care Report	E01_1	N/A
Record #	The incident number assigned. May be by dispatch or locally defined. Example: Medical Records number.	E01_2	<i>National</i>
Last Name First Name Middle Initial	The patient's last (family) name, first given name, and middle name/initial if any.	E06_01 E06_02 E06_03	Local
Gender	The patient's gender	E06_11	National
Race/Ethnicity	Race: The patient's race as defined by the United States Office of Management and Budget.	E06_12	<i>National</i>
	Ethnicity: The patients ethnicity as defined by the United States Office of Management and Budget.	E06_13	<i>National</i>
<i>Patient's Address, City</i>	The patients mailing address or home address	E06_04 E06_05	Local
Patient's Home ZIP Code	The patient's home ZIP code of residence	E06_08	National
Age	The patient's age (either calculated from date of birth or best approximation). For newborn: the best approximation at time of initial contact for service.	E06_14	National
Years, Months, Days, hours	Age units - The units which the age is documented	E06_15	National
DOB	Patients date of birth: MM/DD/YYYY or MM/DD/YY	E06_16	Local
Agency Information			
Incident Date	The date the phone rings requesting services	Defined in times &	National
	The year to which the information pertains	D01_10	National

Section 1 - Patient Information / Agency Information			
Care Report Name:	Description:	Reference	Dataset
Incident #	The incident number assigned. May be by dispatch or locally defined.	E02_02	Local
EMS Agency & Number	The formal name of the EMS Agency. The EMS Office uses city then a hyphen and full name of service, EX: "Cheyenne - American Medical Response" The state-assigned provider number of the responding agency. The EMS Office is presently revising the number system. This data element is optional.	D01_02 D01_01 & E02_01	Local/State
EMS Unit # (MS)	The MS (EMS) unit number used to dispatch and communicate with the unit. This may be the same as (D06_01 - Local) the unique ID number for each EMS unit. EMS Unit Call Sign (Radio Number)	D04_02 E02_12	National National

Section 2 - Incident / Time

Section 2 - Incident / Time			
Care Report Name:	Description:	Reference	Dataset
Incident Address	The street address (or best approximation) where the patient was found, or, if no patient, the address to which the unit responded.	E08_11	Local
Incident City	The city (if applicable) where the patient was found or to which the unit responded (or best approximation)	E08_12	State
Incident ZIP	The ZIP code of the incident location	E08_15	National
Incident County	The county where the patient was found or to which the unit responded (or best approximation)	E08_13	State
Incident State	The state where the patient was found or to which the unit responded (or best approximation)	E08_14	State
Day of Week	The day of the week of the incident date	Defined in times	State

Section 2 - Incident / Time

Care Report Name:	Description:	Reference	Dataset
Incident Location Type	The kind of location where the incident happened from the Uniform Dataset and WATRS	E08_07	National
Incident/Patient Disposition	Type of disposition treatment and/or transport of the patient. (A count of this) Provides EMS transport volume per year	E20_10 D01_16	National National
<i>Incident Patient Disposition Definitions</i>	<p>Treated, Transport EMS - patient is transported by EMS, patients transported all receive some form of treatment by being on cot/bench or monitored during transport.</p> <p>Cancelled - When the unit is cancelled with no patient contacted.</p> <p>Treated and Released - When treatment has been initiated and either the physician approves the non-transport of the patient or local guidelines are followed.</p> <p>No Patient Found - There is no patient on scene (example: an abandoned car found on the roadway).</p> <p>No Treatment Required - The "Incident / Patient Disposition" from an intercept by this agency determining the original requesting agency may continue care of the patient. Ex: ALS intercepting agency allows care to continue by the original providers.</p> <p>Pt. Refused Care - The patient signs an informed release/refusal of care and/or transport.</p> <p>Dead on Scene - Victim's condition is incompatible with life. Obvious signs of death present Example: rigor, decapitation, etc. Includes discontinuation of resuscitation at the scene.</p> <p>Treated, Transferred Care - The EMS service releases care to another EMS/Life flight crew for continued care in the prehospital environment.</p> <p>Treated, Transported Law Enforcement - EMS has provided treatment and Law enforcement assumes control.</p> <p>Treated, Transported Private Vehicle - Patient is treated then transported by a private vehicle due to unavailability of EMS transport (possible MCI). Signed informed refusal of service as appropriate.</p> <p>Not Applicable - Type of Service Request is either Standby or Mutual Aid request with no patient contact.</p>		

Section 2 - Incident / Time

Care Report Name:	Description:	Reference	Dataset
Scene Temp	The <u>estimated temperature</u> where the patient is located Examples: If the patient is in a home/residence, the temperature of the home/residence regardless of outside temperature, Motor Vehicle incidents - is outside temperature		State
Dispatch, Type of Delay	The dispatch delays, if any, associated with the dispatch of the EMS unit to the patient encounter.	E02_06	National
Response, Type of Delay	The response delays, if any, of the unit associated with the patient encounter.	E02_07	National
Scene, Type of Delay	The scene delays, if any, of the unit associated with the patient encounter	E02_08	National
Transport, Type of Delay	The transport delays, if any, of the unit associated with the patient encounter.	E02_09	National
Time Log			
Public Safety Access Point "PSAP"	The time the phone rings (911 call to public safety answering point or other designated entity) requesting EMS services. <i>Ambulance agencies should obtain this time from the dispatch centers beginning 2006.</i>	E05_02	National
Dispatch Notified	The time dispatch was notified by the 911 call taker (<u>if a separate entity</u>) Draw a line through this box when two dispatch centers are not used.	E05_03	Local
Unit Notified	The time the responding unit was notified by dispatch, sometimes referred to as paged time	E05_04	National
Unit En Route	The time the unit responded; that is, the time the vehicle started moving Flight Team / Airport runs: The time the unit responded to meet the flight team.	E05_05	National

Section 2 - Incident / Time

Care Report Name:	Description:	Reference	Dataset
Arrive on Scene	<p>The time the responding unit arrived on the scene; that is, the time the vehicle stopped moving</p> <p>Flight Team / Airport runs: The time the responding unit arrived to pick up the flight team</p>	E05_06	National
Arrived at PT (patient)	<p>The time the responding unit arrived at the patient's side. Draw a line through this box when not used. Note: This provides more accurate information on the true response time and scene (treatment time).</p> <p>Flight Team / Airport runs: The time the flight team arrived at the patient, approximate time acceptable. Note: it is recommended the EMS Agency document the wait time in the narrative section of the trip report.</p>	E05_07	<i>National</i>

Section 2 - Incident / Time

Care Report Name:	Description:	Reference	Dataset
Transfer of Patient Care	<p>The time the patient was transferred from this EMS agency to another EMS agency for care.</p> <p>Examples: (1) Ground agency to ground agency prior to arrival at a medical facility (2) Ground agency to air agency prior to arrival at a medical facility (3) EMS Authorized Fire service to EMS agency at scene when the fire service arrives and initiates care prior to EMS (the approximate time the patient care is transferred to the transporting agency.</p> <p>(May be used when care is transferred to another EMS Agency. IE when the intercepting agency's staff enters and accepts care from the initial responding EMS Agency. The initial agency lists the time in Transfer of Patient Care and the receiving agency lists "Arrived at PT".)</p> <p>The "Transfer of Patient Care" time field is not to be used when transferring care of a patient to a medical facility.</p> <p>Draw a line through this box when not used.</p>	E05_08	State
Unit Left Scene	<p>The time the responding unit left the scene (started moving)</p> <p>Flight Team / Airport runs: The time the unit leaves the medical facility with the flight team and patient.</p>	E05_09	National
Patient Arrived at Destination	<p>The time the responding unit arrived with the patient at the destination or transfer point</p> <p>Flight Team / Airport runs: The time the unit arrives at the destination (airport/aircraft) location.</p>	E05_10	National

Section 2 - Incident / Time

Care Report Name:	Description:	Reference	Dataset
Back In Service	The time the unit back was back in service and available for response (finished with call, but not necessarily back in home location)	E05_11	National
Unit Cancelled	The time if the unit's call was cancelled Note: This may occur at anytime after notification Draw a line through this box when not used.	E05_12	State
At Home Location	The time the responding unit was back in their home location/garage. In agencies who utilized Agency Status Management, home location means the service area as assigned through the agency status management protocol. Chronologically the end time for the response.	E05_13	National

Section 3 - General Information

Section 3 - General Information			
Care Report Name:	Description:	Reference	Dataset
Primary Role of the Unit	<p>The primary role of the EMS service which was requested for this specific EMS Incident.</p> <ul style="list-style-type: none"> -Ambulance Service = Transport, if the ambulance has a cot, the primary role is transport, including standbys -Fire first response agencies = "Non-Transporting -EMS Supervisors or extrication crews (if performed by EMS) are considered non-transport and do not need a patient care report submitted to the EMS Office. 	E02_05	National
Dispatched by 911 Center	<p>Indication of the request by the 911 center. Provides the number of 911 EMS calls for the calendar year (in combination with the response mode of lights/sirens).</p>	D01_14	National
(EMS Dispatched Volume per Year)	<p>The number of EMS dispatches for the calendar year (in combination with other responses and responses that have response mode with no lights/sirens)</p>	D01_15	National

Section 3 - General Information

Care Report Name:	Description:	Reference	Dataset
Type of Service Request (Requested)	The type of service or category of service requested of the EMS service responding for this specific EMS incident.	E02_04	National
<p>911 Response to Scene - Notification from the dispatch center of an immediate response needed. May be with lights/sirens or without the use of lights/sirens (emergent Versus non emergent). Exceptions: if the 911 dispatch center is used for all notifications for all responses, the EMS agency shall list the appropriate type of service according to definitions.</p> <p>Interfacility Transfer - The transport of a patient from one medical facility to another (may be emergent or non emergent)</p> <p>Medical Transport - The <u>scheduled</u> (<i>notified in advance</i>) transport of a patient from one location to another. Locations transported to or received from may not be a health care facility. Example: Transport from hospital to home. Rarely emergent unless patient condition changes.</p> <p>Mutual Aid - Request to provide services to another agency (Police, Fire {structure fires, etc.}, other medical)</p> <p>Standby - A scheduled request for service for an event. Example: football games, rodeo, school, etc.</p> <p>Intercept - A request to meet another EMS agency en route for the purpose of transferring care of the patient. Care may be continued in the requesting ambulance or the patient may be moved to the responding ambulance for continued care.</p>			
Response Mode	Indication whether or not lights and/or sirens were used on the vehicle on the way to the scene	E02_20	National
Transport Mode	Indication whether or not lights and/or sirens were used on the vehicle while leaving scene.	E20_14	National
EMD Performed	Indication of whether Emergency Medical Dispatch was performed for this EMS event.	E03_02	National

Section 3 - General Information

Care Report Name:	Description:	Reference	Dataset
Odometer (Mileage to)	<p>Select by checking the appropriate box identifying the means of tracking distances either by odometer or mileage. When tracking by mileage, without the use of the odometer, enter the mileage in boxes identified by the parentheses () Note: using odometer in the WATRS program will calculate the three mileage distances. Using mileage bypasses the calculation of subtracting the two distances.</p> <p>Fire protective systems must have mileage from origin to scene, and scene to their ending destination</p>		
Beginning Odometer	<p>The mileage (odometer reading) of the vehicle at the beginning of the call (when the wheels begin moving).</p> <p>Draw a line through this box when tracking by mileage distances.</p>	E02_16	State
On Scene (Mileage to Scene)	<p>The mileage (odometer reading) of the vehicle when it arrives at the patient</p> <p>The number of miles to the scene (Example: the number of miles from the starting point of the unit to the scene)</p>	E02_17	State
Pt. Destination (Mileage to Pt destination)	<p>The mileage (odometer reading) of the vehicle when it arrives at the patient's destination</p> <p>The miles from scene to the patients destination. (Example: the number of miles for the scene to the patients destination. May be referred to as loaded miles or charged mileage)</p> <p>For standby's that go to a scene and return with no patient, or treated transferred care on scene to another agency draw a line through this box.</p> <p>If the patient is transferred to another EMS agency after a transport has begun, list the odometer/mileage where this occurs.</p>	E02_18	State

Section 3 - General Information

Care Report Name:	Description:	Reference	Dataset
Ending Odometer (Destination to Home)	<p>The ending mileage (odometer reading) of the vehicle (at time back in service or at home location - Agencies choice)</p> <p>The miles from patient destination to back in service or at home location (defined by local system). Example: the number of miles from the patients destination to the home location of the EMS agency. For hospital based EMS Agencies (or agency's that may spend the night at the destination) this distance may be zero.</p> <p>When there is no patient destination, this is the number of miles from the scene to the agencies home location.</p> <p>This is not a cumulative mileage when tracking by the number of miles.</p>	E02_19	State
Alcohol/Drug Use Indicators	Indicators for the potential use of Alcohol or Drugs by the patient.	E12_19	National
Agency Scene Assistance by	Other agencies/persons that were at the scene	Requested Element	Local/State
Prior Aid	Any care which was provided to the patient prior to the arrival of this unit.	E09_01	National
Prior Aid Performed by	The type of individual who performed the care prior to the arrival of this unit.	E09_02	National
# of Patients on Scene	Indicator of how many total patients were at the scene	E08_05	National
Mass Casualty Incident	Indicator if this event would be considered a mass casualty incident (overwhelmed existing EMS resources). Locally defined	E08_06	National
Complaint Reported By Dispatch	The complaint dispatch reported to the responding unit.	E03_01	National

Section 4 - Trauma

Section 4 - Trauma			
Care Report Name:	Description:	Reference	Dataset
Possible Injury	Indicates that the reason for the EMS encounter was related to an injury or traumatic event. This data element provides documentation to classify the EMS Reason for Encounter as either injury or non-injury related based on mechanism and not actual injury.	E09_04	National
Complete the Following Injury Related Section if Possible Injury = Yes			
Cause of Injury	The category of the reported/suspected external cause of the injury. Select from the Uniform Dataset and WATRS Overdoses-Alcohol Intoxication fit into "Drug Poisonings" for 2007	E10_01	National
Intent of Injury	The intent of the individual inflicting the injury.	E10_02	State
Mechanism of Injury	The mechanism of the event which caused the injury. For "Overdose" please use other.	E10_03	State
Use of Safety Equip	Safety equipment in use by the patient at the time of the injury	E10_08	State
Trauma Injury Matrix	Type of injury identified and associated with the body regions (including burns). Provides documentation of assessment and care. Example: Splinting the lower leg is indicated by "Dislocation - Fx" and region of "L-Extrem" (Lower Extremities). This is assessment based treatment.	E15_02 through E15_10	State

Section 4 - Trauma			
Care Report Name:	Description:	Reference	Dataset
Trauma Team Activation Criteria	<p>Selecting conditions in this box indicates the EMS Agency initiated a trauma team activation at the receiving facility for the triage events indicated.</p> <p>Indicator(s) that the patient may meet the entry criteria for special resources needed for trauma stabilization and care. Modified from E23_02</p> <p>Note: A line next to the title "Trauma Team Not Activated" has been added for systems to put in level of activation, time of activation or local procedures allowed.</p>	Component similar to: E23_02	State

Section 5 - Procedures / Public Access Defibrillation

Section 5 - Procedures / Public Access Defibrillation			
Care Report Name:	Description:	Reference	Dataset
BLS Procedures	<p>Indication the listed procedure was performed on this patient by any level provider. Components from D04_04 (Vital signs are not a data element of BLS procedures listed, vitals signs should be documented in the appropriate section)</p> <p>Blood Glucose Analysis is checked for either BLS or ALS analysis within the scope of practice. (BLS = Finger puncture) or (ALS = Blood Draw by catheter)</p>	E19_03	National
EMT I & P Procedures	Indication the listed advanced procedure was performed on this patient by EMT - I or EMT - P providers. Components from D04-4		
EMT P Procedures	Indication the listed advanced procedure was performed on this patient by EMT - P providers only. Components from D04-04		
Public Access Defibrillation	Indication of the application/use of an AED applied by non-medical providers.	Component of prior aid	State

Section 6 - Assessment / History / Vitals

Section 6 - Assessment / History / Vitals			
Care Report Name:	Description:	Reference	Dataset
Chief Complaint	The statement of the problem by the patient or the history provider in one or two words.	E09_05	Local
Incident or Onset Time	The time the injury occurred, or the time the symptoms or problem started (approximate time is acceptable)	E05_01	State
Incident or Onset Date	The time the injury occurred, or the date the symptoms or problem started (approximate date is acceptable)	E05_01	State
Current Medications	The medications the patient currently takes	E12_14	Local
Chief Complaint Organ System	The primary organ system of the patient injured or medically affected. This is recommended to be completed by advanced level providers (EMT-I or EMT-P).	E09_12	National
Chief Complaint Anatomic Location	The primary anatomic location of the chief complaint as identified by the EMS provider.	E09_11	National
Allergies	The patient's medication allergies	E12_08	Local
Pertinent History	The patient's per-existing medical and surgical history of the patient.	E12_10	Local
Providers Primary Impression	The EMS personnel's impression of the patient's primary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).	E09_15	National
Providers Secondary Impression	The EMS personnel's impression of the patient's secondary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures). Draw a line through this box if the impression is the same.	E09_16	National
Symptoms: Primary	The primary sign and symptom present in the patient or observed by EMS Personnel. Single Choice or select one only.	E09_13	National

Section 6 - Assessment / History / Vitals			
Care Report Name:	Description:	Reference	Dataset
Symptoms: Associated	Other symptoms identified by the patient or observed by EMS Personnel. Check all the apply.	E09_14	National
Barriers to Patient Care	Indication of whether or not there were any patient specific barriers to serving the patient at the scene.	E12_01	National
Time (Vitals)	Time vitals taken. May also indicate that the information which is documented was obtained prior to the EMS Unit's care, Ex: time listed is prior to arrived on scene time or arrival at patient.	E14_01 E14_02	Local Local
Pulse	The patient's pulse rate, palpated or auscultated, expressed as a number per minute.	E14_07	State
SYS BP (SBP - Systolic Blood Pressure)	The patient's systolic blood pressure.	E14_04	State
DIAS BP (DBP - Diastolic Blood Pressure)	The patient's diastolic blood pressure.	E14_05	State
RESP (Respiratory Rate)	The patient's respiratory rate expressed as a number per minute.	E14_11	State
O2 SAT (Pulse Oximetry)	The patient's oxygen saturation.	E14_09	State
Pain Index (0-10)	The patient's indication of pain from a scale of 0 - 10.	E14_23	State
GCS Total (Total Glasgow Coma Score)	The patient's total Glasgow Coma Score.	E14_19	State
Eye (Eye Right and/or Left Assessment)	The assessment of the patients eye(s) on examination.	E16_21 E16_22	Local Local
Skin	The assessment of the patient's skin on examination.	E16_04	Local

Section 7 - BLS & ALS Medications / Interventions / Fluid / O2 / Narrative

Section 7 -BLS & ALS Medications / Interventions / Fluid / O2 / Narrative			
Care Report Name:	Description:	Reference	Dataset
BLS & ALS Medications Interventions - Fluid - O2	The medication administered, intervention performed or oxygen applied	Component of E19_03 E18_03	National National
Time (Procedure Performed)	The time the procedure was performed /medication administered/ oxygen applied on the patient	E18_01 E19_01	Local
Dosage/Route Gauge/Rate	The route, dose or amount of the medication was administered.	E18_04 E18_05 E18_06 E19_04	Local
Response to / Results / Amount Infused Medication / Procedure Complications	-The patients response to medication. -Any complication (abnormal effect on the patient) associated with the administration fo the medication to the patient by EMS. -Any Complication associated with the performance of the procedure on the patient.	E18_07 E18_08 E19_07	Local National National
Attempts #	The number of attempts taken to complete a procedure or intervention regardless of success	E19_05	National
Successful Y - N	Indication of whether or not the procedure performed on the patient was successful	E19_06	National
Initiated by ID #	The Wyoming assigned ID number of the EMS crew member giving the treatment to the patient. The Wyoming assigned ID number of the EMS crew member performing the procedure on the patient.	E18_09 E19_09	Local Local
S/O	S/O is Standing Order. Check this box if standing order. Components of: Procedure Authorization Medication Authorization	 E18_10 E19_10	 Local Local

**Section 7 -BLS & ALS Medications / Interventions / Fluid / O2 /
Narrative**

Care Report Name:	Description:	Reference	Dataset
V/O - Authorizing Physician	V/O is Voice Order. Physician initials for voice orders. Defined as: - The last name of the authorizing physician ordering the medication administration if the order was provided by any manner other than protocol (standing order). -The last name of the authorizing physician ordering the procedure, if the order was provided by any manner other than protocol (standing order).	E18_11 E19_11	Local Local
Narrative	The narrative of the patient care report.	E13_01	Local

Section 8 - Crew / Destination / Outcome

Section 9 - Crew / Destination / Outcome

Care Report Name:	Description:	Reference	Dataset
Signature & Certification Number	The signature of person completing report. The statewide assigned ID number of the EMS crew member that complete this patient car report.	E23_10	Local Local
Date (Report Completed)	Date the report is completed.		Local
Primary Patient Caregiver	Crew member name Crew member role (primary, 2 nd , etc) The functioning level of the crew member during this EMS patient encounter.	E04_02 E04_03	Local Local Local
Report Continued	Indication the report is continued.		Local
<i>Protocol Used</i>	The protocol used by EMS personnel to direct the clinical care of the patient.	E17_01	<i>Local</i>

Section 9 - Crew / Destination / Outcome

Care Report Name:	Description:	Reference	Dataset
<i>Condition Code Number</i>	The condition codes are used to better describe the service and patient care delivery by an EMS service. Please consult CMS documentation for detailed descriptions for these condition codes and their use. (A list is on the back page of the Patient Care Report)	E07_35	<i>National</i>
Condition of Patient at Destination	The condition of the patient after care by EMS.	E20_15	National
Destination Zip (Code)	The destination zip code in which the patient was delivered or transferred to.	E20_07	National
Type of Destination	The type of destination the patient was delivered or transferred to.	E20_17	National
Emergency Dept. Disposition	The known disposition of the patient from the Emergency Department (ED).	E22_01	National
Hospital Disposition (Optional)	Indication of how the patient was dispositioned from the hospital, if admitted.	E22_02	<i>National</i>
Destination Facility	The destination the patient was delivered or transferred to.	E20_01	Local
	Signature of person receiving patient		Local defined

Situation CPR Data Elements *(Not listed on the patient care report)*

Situation CPR Data Elements				
Run Report Name:	Description:	Data Elements:	Reference	Dataset
Cardiac Arrest	Indication of the presence of a cardiac arrest at any time	<ul style="list-style-type: none"> •Yes, Prior to EMS Arrival •Yes, After EMS Arrival •No 	E11_01	National
Cardiac Arrest Etiology	Indication of the etiology or cause of the cardiac arrest (classified as cardiac, non-cardiac, etc.) (Utstein #5)	<ul style="list-style-type: none"> •Presumed Cardiac •Trauma •Drowning •Respiratory •Electrocution •Other •Unknown 	E11_02	National
Resuscitation Attempted	Indication of an attempt to resuscitate the patient who is in cardiac arrest (attempted, not attempted due to DNR, etc.)	<ul style="list-style-type: none"> •Attempted Defibrillation •Attempted Ventilation •Initiated Chest Compressions •Not Attempted-Considered Futile •Not Attempted-DNR Orders •Not Attempted-Signs of Circulation •Not Recorded •Unknown 	E11_03	National
Arrest Witnessed By	Indication of who the cardiac arrest was witnessed by	<ul style="list-style-type: none"> •Witnessed by Healthcare Provider •Witnessed by Lay Person •Not Witnessed •Unknown 	E11_04	National
Any Return of Spontaneous Circulation	Indication whether or not there was any return of spontaneous circulation	<ul style="list-style-type: none"> •Yes, Prior to ED Arrival Only •Yes, Prior to ED Arrival and at the ED •No •Unknown 	E11_06	State

Situation CPR Data Elements				
Run Report Name:	Description:	Data Elements:	Reference	Dataset
Estimated Time of Arrest prior to EMS Arrival	The length of time the patient was down (estimated) before the responding unit arrived at the patient	<ul style="list-style-type: none"> •20 Minutes •15-20 Minutes •10-15 Minutes •8-10 Minutes •6-8 Minutes •4-6 Minutes •2-4 Minutes •0-2 Minutes •Not Available •Unknown 	E11_08	State
Time Resuscitation Discontinued	The time the CPR was discontinued (or could be time of death)	HH:MM	E11_09	State
Reason CPR Discontinued	The reason that CPR or the resuscitation efforts were discontinued.	<ul style="list-style-type: none"> •DNR •Medical Control Order •Obvious Signs of Death •Protocol/Policy Requirements Completed •Return of Spontaneous Circulation •Comfort One 	E11_10	State

National Uniform Data Set Elements not included in the 2007 Patient Care Report:

National Uniform Data Set Elements not included in the 2007 Patient Care Report			
Data Element	Description	Reference	Comment
Type of Turn Around Delay	The turn-around delays, if any, associated with the EMS unit associated with the patient encounter.	E02_10	Not applicable to WY at present.
Primary Method of Payment	The primary method of payment or type of insurance associated with this EMS encounter.	E07_01	May be an important item in the future when sources of funding for EMS Systems is evaluated.

National Uniform Data Set Elements not included in the 2007 Patient Care Report

Data Element	Description	Reference	Comment
CMS Level of Service	The CMS service level for this EMS encounter.	E07_34	Presently EMS providers are unfamiliar with this data element
Outcome of Prior Aid	What was the outcome or result of the care performed prior to the arrival of the unit.	E09_03	During discussion of data elements with EMT's, this data element was dropped from the Patient Care Report.
Reason for Choosing Destination	The reason the unit chose to deliver or transfer the patient to the destination.	E20_16	Destination choices are limited in WY. The destination choice is usually the nearest appropriate facility.

National Uniform Data Set Collected in Annual Survey or on file.

National Uniform Data Set Collected in Annual Survey or on file

Data Element	Description	Reference	Comment
EMS Agency State	The state in which the Agency provides services	D01_03	Wyoming EMS agencies are collected by the EMS Office. A default data element will be added to WATRS.
EMS Agency County	The county(s) for which the agency formally provides service	D01_04	On file with EMS Office and collected on annual survey.
Organizational Type	The organizational structure from which EMS services are delivered.	D01_08	Collected on annual survey
Organization Status	The primary organizational Status of the agency.	D01_09	Collected on annual survey.
Total Service Area Population	The total population in the agency's service area based on year 2000 census data.	D01_13	Collected on annual survey.
911 Call Volume per Year	The number of 911 EMS Calls for the calendar year	D01_14	Collected on annual survey and in WATRS
EMS Transport Volume per Year	The number of EMS patient contacts for that calendar year.	D01_16	Collected in combination with WATRS and the annual survey

National Uniform Data Set Collected in Annual Survey or on file			
Data Element	Description	Reference	Comment
EMS Patient Contact Volume Per Year	The number of EMS patient contacts for that calendar year	D01_17	Collected in WATRS if entered for individuals and run volume in annual survey.
Agency Contact Zip Code	The zip code of the agency contact's mailing address.	D02_07	On file with EMS Office.
Common Null Values	The values are to used in the data elements	E00	Status is ongoing to be incorporated into the patient care report and WATRS.
Patient Care Report Number	The unique number automatically assigned by the EMS Agency for each patient care report	E01_01	May be used similar to the incident # on report or used by printed number on patient care report.
Software Creator Software Name Software Version	Software reporting information.	E01_02 E01_03 E01_04	Generated when reporting to the national databank.

Patient Care Report Graphics

(Note: graphics displayed are from the 2007 report)

Where to find the definition of the WY EMS Patient Care Report.

Section 1 - Patient Information / Agency Information	<div style="text-align: center;"> Wyoming EMS 2007 </div> <div style="text-align: center;"> Patient Care Report </div> <div style="text-align: right; margin-top: 10px;"> RECORD #: _____ </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th colspan="4" style="text-align: center; background-color: #f2f2f2;">PATIENT INFORMATION</th> </tr> <tr> <td style="width:30%;">LAST NAME</td> <td style="width:20%;">FIRST NAME</td> <td style="width:10%;">MIDDLE INITIAL</td> <td style="width:40%;">GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female</td> </tr> <tr> <td colspan="4">RACE / ETHNICITY</td> </tr> <tr> <td colspan="4">Pt's Address, City</td> </tr> <tr> <th colspan="2" style="text-align: center; background-color: #f2f2f2;">AGENCY INFORMATION</th> <td style="width:20%;">INCIDENT DATE: / / 200</td> <td style="width:20%;">INCIDENT #:</td> </tr> <tr> <td style="width:15%;">PATIENT'S HOME ZIP:</td> <td style="width:15%;">Age <input type="checkbox"/> Years <input type="checkbox"/> Months (1-23) <input type="checkbox"/> Days (1-31) <input type="checkbox"/> Hours (1-23)</td> <td style="width:10%;">DOB / /</td> <td style="width:60%;">EMS AGENCY & NUMBER: _____</td> </tr> <tr> <td colspan="3"></td> <td style="width:20%;">EMS UNIT CALL SIGN "MS#" <input type="checkbox"/> If Fire Unit</td> </tr> </table>	PATIENT INFORMATION				LAST NAME	FIRST NAME	MIDDLE INITIAL	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RACE / ETHNICITY				Pt's Address, City				AGENCY INFORMATION		INCIDENT DATE: / / 200	INCIDENT #:	PATIENT'S HOME ZIP:	Age <input type="checkbox"/> Years <input type="checkbox"/> Months (1-23) <input type="checkbox"/> Days (1-31) <input type="checkbox"/> Hours (1-23)	DOB / /	EMS AGENCY & NUMBER: _____				EMS UNIT CALL SIGN "MS#" <input type="checkbox"/> If Fire Unit															
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PRIMARY ROLE OF THE UNIT (Check 1 Only) <input type="checkbox"/> Transport (if vehicle has cot, role is transport) <input type="checkbox"/> Non-Transport (Fire, 1st Resp)	TYPE OF SERVICE REQUEST (Check 1 Only) <input type="checkbox"/> 911 Response (scene) <input type="checkbox"/> Interfacility Transfer <input type="checkbox"/> Medical Transport <input type="checkbox"/> Standby <input type="checkbox"/> Intercept <input type="checkbox"/> Mutual aid	RESPONSE MODE <input type="checkbox"/> ← Lights / Sirens → <input type="checkbox"/> ← No Lights / No Sirens → <input type="checkbox"/> { Initial Lights / Sirens, Downgraded To No Lights / Sirens } <input type="checkbox"/> { Initial No Lights / Sirens, Upgraded To Lights / Sirens }	TRANSPORT MODE <input type="checkbox"/> ODOMETER or <input type="checkbox"/> MILEAGE TO Beginning Odometer On Scene Patient Destination Ending Odometer Do Not Use For Mileage Mileage To Scene Mileage To Pt Destination Destination To Home																																									
DISPATCHED BY 911 CTR <input type="checkbox"/> Yes <input type="checkbox"/> No	EMERGENCY MEDICAL <input type="checkbox"/> Not Reported <input type="checkbox"/> Yes, w/pre-arrival instructions DISPATCH PERFORMED <input type="checkbox"/> Not Available <input type="checkbox"/> Yes, w/out pre-arrival instructions																																											
ALCOHOL/DRUG USE INDICATORS <input type="checkbox"/> None <input type="checkbox"/> Smell of Alcohol (beverage) on Breath <input type="checkbox"/> Pt Admits to Alcohol Use <input type="checkbox"/> Pt Admits to Drug Use <input type="checkbox"/> Alcohol and/or Drug Paraphernalia at Scene <input type="checkbox"/> Not Applicable	AGENCY SCENE ASSISTANCE BY: <input type="checkbox"/> None <input type="checkbox"/> WHP <input type="checkbox"/> FD <input type="checkbox"/> Lay person <input type="checkbox"/> PD <input type="checkbox"/> EMS Provider <input type="checkbox"/> SO <input type="checkbox"/> Other	PRIOR AID: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/> Not Applicable	PRIOR AID PERFORMED BY: <input type="checkbox"/> EMS Provider <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Lay person <input type="checkbox"/> Other Healthcare Provider																																									
POSSIBLE INJURY Check 1 only <input type="checkbox"/> No (Medical Condition) <input type="checkbox"/> Yes (Trauma Condition) if yes, complete Trauma Section <input type="checkbox"/> Not Applicable Ex: Refusal Standby, etc.	COMPLAINT REPORTED BY DISPATCH (Check 1 Only) <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"><input type="checkbox"/> Not Applicable</td> <td style="width:33%; border: none;"><input type="checkbox"/> CO Poisoning/Hazmat</td> <td style="width:33%; border: none;"><input type="checkbox"/> Fall Victim</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Not Known</td> <td style="border: none;"><input type="checkbox"/> Cardiac Arrest</td> <td style="border: none;"><input type="checkbox"/> Headache</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Abdominal Pain</td> <td style="border: none;"><input type="checkbox"/> Chest Pain</td> <td style="border: none;"><input type="checkbox"/> Stroke/CVA</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Allergies</td> <td style="border: none;"><input type="checkbox"/> Choking</td> <td style="border: none;"><input type="checkbox"/> Traffic Accident</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Animal Bite</td> <td style="border: none;"><input type="checkbox"/> Convulsions/Seizure</td> <td style="border: none;"><input type="checkbox"/> Traumatic Injury</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Assault</td> <td style="border: none;"><input type="checkbox"/> Diabetic Problem</td> <td style="border: none;"><input type="checkbox"/> Unconscious/Fainting</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Back Pain</td> <td style="border: none;"><input type="checkbox"/> Drowning</td> <td style="border: none;"><input type="checkbox"/> Unknown Problem Man Down</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Breathing Problem</td> <td style="border: none;"><input type="checkbox"/> Electrocuton</td> <td style="border: none;"><input type="checkbox"/> Transferring/Interfacility/ Palliative Care</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Burns</td> <td style="border: none;"><input type="checkbox"/> Eye Problem</td> <td style="border: none;"><input type="checkbox"/> MCI (Mass Casualty Incident)</td> </tr> </table>			<input type="checkbox"/> Not Applicable	<input type="checkbox"/> CO Poisoning/Hazmat	<input type="checkbox"/> Fall Victim	<input type="checkbox"/> Not Known	<input type="checkbox"/> Cardiac Arrest	<input type="checkbox"/> Headache	<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Stroke/CVA	<input type="checkbox"/> Allergies	<input type="checkbox"/> Choking	<input type="checkbox"/> Traffic Accident	<input type="checkbox"/> Animal Bite	<input type="checkbox"/> Convulsions/Seizure	<input type="checkbox"/> Traumatic Injury	<input type="checkbox"/> Assault	<input type="checkbox"/> Diabetic Problem	<input type="checkbox"/> Unconscious/Fainting	<input type="checkbox"/> Back Pain	<input type="checkbox"/> Drowning	<input type="checkbox"/> Unknown Problem Man Down	<input type="checkbox"/> Breathing Problem	<input type="checkbox"/> Electrocuton	<input type="checkbox"/> Transferring/Interfacility/ Palliative Care	<input type="checkbox"/> Burns	<input type="checkbox"/> Eye Problem	<input type="checkbox"/> MCI (Mass Casualty Incident)														
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<input type="checkbox"/> Burns	<input type="checkbox"/> Eye Problem	<input type="checkbox"/> MCI (Mass Casualty Incident)																																										

Section 4 - Trauma

TRAUMA - Complete this Section if Possible Injury = YES										TRAUMA - TEAM ACTIVATION CRITERIA																																																																																																																							
CAUSE OF INJURY (select from list):										<input type="checkbox"/> TRAUMA TEAM NOT ACTIVATED PRIMARY <input type="checkbox"/> GCS < 12 or <input type="checkbox"/> Systolic BP < 90 or <input type="checkbox"/> Resp Rate < 10 > 29 <input type="checkbox"/> Penetrating Trauma Head/Neck/Torso ANATOMIC <input type="checkbox"/> Amputation(s) <input type="checkbox"/> Burns > 10% <input type="checkbox"/> Penetrating Extremity <input type="checkbox"/> Flail Chest <input type="checkbox"/> Traumatic Paralysis <input type="checkbox"/> Skull Fx <input type="checkbox"/> Open-Depressed <input type="checkbox"/> Fx Femur-Pelvis, Long Bone																																																																																																																							
INTENT OF INJURY: <input type="checkbox"/> Intentional, other <input type="checkbox"/> Intentional, self <input type="checkbox"/> Unintentional <input type="checkbox"/> N/A / Unknown										CONTRIBUTING FACTORS <input type="checkbox"/> Age < 5 > 55 <input type="checkbox"/> Pregnancy <input type="checkbox"/> Immunocompromised <input type="checkbox"/> Cardio-Resp, Diabetes, Liver Disease, Obesity, Bleeding Disorder																																																																																																																							
MECHANISM OF INJURY <input type="checkbox"/> Blunt <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable <input type="checkbox"/> Burn <input type="checkbox"/> Penetrate <input type="checkbox"/> Not Known										MECHANISM <input type="checkbox"/> MVC <input type="checkbox"/> High Impact <input type="checkbox"/> Burns > 10% <input type="checkbox"/> Large Animal Incident <input type="checkbox"/> Death In Compartment <input type="checkbox"/> Pedestrian Thrown or Runover <input type="checkbox"/> Auto/Ped/Bike > 5 mph Impact <input type="checkbox"/> Complex Extrication <input type="checkbox"/> Motorcycle/Bike > 20mph <input type="checkbox"/> Separation of Bike/Rider																																																																																																																							
USE OF SAFETY EQUIP <input type="checkbox"/> Not Applicable <input type="checkbox"/> None <input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Helmet Worn <input type="checkbox"/> Lap Belt <input type="checkbox"/> Other										TRAUMA INJURY MATRIX Mark Corresponding Injury Box with an "X" <table border="1"> <tr> <th></th> <th>Head</th> <th>Face</th> <th>Neck</th> <th>Thorax</th> <th>Abdomen</th> <th>Spine</th> <th>Pelvis</th> <th>U-extrem</th> <th>L-extrem</th> </tr> <tr> <td>Amputation</td> <td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td> </tr> <tr> <td>Bleeding Un-Cntrl</td> <td>11</td><td>21</td><td>31</td><td>41</td><td>51</td><td>61</td><td>71</td><td>81</td><td>91</td> </tr> <tr> <td>Burn</td> <td>12</td><td>22</td><td>32</td><td>42</td><td>52</td><td>62</td><td>72</td><td>82</td><td>92</td> </tr> <tr> <td>Crush</td> <td>13</td><td>23</td><td>33</td><td>43</td><td>53</td><td>63</td><td>73</td><td>83</td><td>93</td> </tr> <tr> <td>Dislocation-Fx</td> <td>14</td><td>24</td><td>34</td><td>44</td><td>54</td><td>64</td><td>74</td><td>84</td><td>94</td> </tr> <tr> <td>Gunshot</td> <td>15</td><td>25</td><td>35</td><td>45</td><td>55</td><td>65</td><td>75</td><td>85</td><td>95</td> </tr> <tr> <td>Laceration</td> <td>16</td><td>26</td><td>36</td><td>46</td><td>56</td><td>66</td><td>76</td><td>86</td><td>96</td> </tr> <tr> <td>Pain W/O Swelling-Brusing</td> <td>17</td><td>27</td><td>37</td><td>47</td><td>57</td><td>67</td><td>77</td><td>87</td><td>97</td> </tr> <tr> <td>Puncture-Stab</td> <td>18</td><td>28</td><td>38</td><td>48</td><td>58</td><td>68</td><td>78</td><td>88</td><td>98</td> </tr> <tr> <td>Soft Tissue Swelling/Brusing</td> <td>19</td><td>29</td><td>39</td><td>49</td><td>59</td><td>69</td><td>79</td><td>89</td><td>99</td> </tr> </table>											Head	Face	Neck	Thorax	Abdomen	Spine	Pelvis	U-extrem	L-extrem	Amputation	10	20	30	40	50	60	70	80	90	Bleeding Un-Cntrl	11	21	31	41	51	61	71	81	91	Burn	12	22	32	42	52	62	72	82	92	Crush	13	23	33	43	53	63	73	83	93	Dislocation-Fx	14	24	34	44	54	64	74	84	94	Gunshot	15	25	35	45	55	65	75	85	95	Laceration	16	26	36	46	56	66	76	86	96	Pain W/O Swelling-Brusing	17	27	37	47	57	67	77	87	97	Puncture-Stab	18	28	38	48	58	68	78	88	98	Soft Tissue Swelling/Brusing	19	29	39	49	59	69	79	89	99
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Section 5 Procedures / Public Access Defibrillation

PROCEDURES (Check Off Procedures Performed)			
BLS PROCEDURES: <input type="checkbox"/> Airway Cleared <input type="checkbox"/> Airway Oral <input type="checkbox"/> Airway Bagged <input type="checkbox"/> Airway Nasal <input type="checkbox"/> Airway Suctioning <input type="checkbox"/> Blood Glucose Analysis <input type="checkbox"/> Childbirth <input type="checkbox"/> CPR <input type="checkbox"/> Other (not O2/Vitals)		<input type="checkbox"/> None <input type="checkbox"/> Defibrillation AED <input type="checkbox"/> Defibrillation Placement of Pads AED - NO Shock <input type="checkbox"/> Extrication <input type="checkbox"/> Rescue <input type="checkbox"/> Restraints Physical <input type="checkbox"/> Spinal Immobilization <input type="checkbox"/> Splinting <input type="checkbox"/> Splinting Traction <input type="checkbox"/> Wound Care	
<input type="checkbox"/> None <input type="checkbox"/> 12 Lead ECG <input type="checkbox"/> 12 Lead Cellular Transmittal <input type="checkbox"/> Airway Combitube <input type="checkbox"/> Airway Intub Confirm Co2 <input type="checkbox"/> Ary Intub Confirm Esophageal Bub <input type="checkbox"/> Airway Nebulizer Treatment <input type="checkbox"/> Airway Orotracheal Intub <input type="checkbox"/> Capnography <input type="checkbox"/> Cardiac Monitor <input type="checkbox"/> Cardioversion		<input type="checkbox"/> ALS Assessment <input type="checkbox"/> Chest Decompression <input type="checkbox"/> Defibrillation Manual <input type="checkbox"/> External Cardiac Pacing <input type="checkbox"/> PASG <input type="checkbox"/> Qualitative Rhythm Interpreta Venous Access: <input type="checkbox"/> Blood Draw <input type="checkbox"/> External Jugular <input type="checkbox"/> Extremity <input type="checkbox"/> Intraosseous Adult <input type="checkbox"/> Intraosseous Ped	
PUBLIC ACCESS DEFIBRILLATION <input type="checkbox"/> None <input type="checkbox"/> PAD No Shock Advised <input type="checkbox"/> PAD Shocked		EMT P PROCEDURES ONLY: <input type="checkbox"/> Airway Nasotracheal Intub <input type="checkbox"/> Airway Needle Cricothyrotomy <input type="checkbox"/> Cardioversion <input type="checkbox"/> Nasogastric Tube Insertion <input type="checkbox"/> Urinary Catheterization	

Section 6 - Assessment / History / Vitals

CHIEF COMPLAINT: INCIDENT OR ONSET TIME : INCIDENT OR ONSET DATE / / Chief Complaint Organ System (Check 1 Only) <input type="checkbox"/> N/Applicable <input type="checkbox"/> Not Known <input type="checkbox"/> Not Reported		CURRENT MEDICATIONS:																																																																																																																									
<input type="checkbox"/> Cardiovascular <input type="checkbox"/> CNS/Neuro <input type="checkbox"/> GI <input type="checkbox"/> Global <input type="checkbox"/> OB/Gyn		<input type="checkbox"/> Psych <input type="checkbox"/> Pulmonary <input type="checkbox"/> Renal <input type="checkbox"/> Skin																																																																																																																									
ALLERGIES:		Chief Complaint Anatomic Location (Check 1 Only) <input type="checkbox"/> N/Applicable <input type="checkbox"/> Not Known <input type="checkbox"/> Not Reported																																																																																																																									
PROVIDER'S PRIMARY IMPRESSION (Select from list): PROVIDER'S SECONDARY IMPRESSION (Select from list):		PERTINENT HISTORY:																																																																																																																									
SYMPTOMS: P=PRIMARY (Check 1 Only) <input type="checkbox"/> None <input type="checkbox"/> Bleeding <input type="checkbox"/> Breathing Problem <input type="checkbox"/> Change in Responsiveness <input type="checkbox"/> Choking <input type="checkbox"/> Death <input type="checkbox"/> Device/Equip Prob		A= ASSOCIATED (Check All that Apply) <input type="checkbox"/> Diarrhea <input type="checkbox"/> Drainage/Discharge <input type="checkbox"/> Fever <input type="checkbox"/> Malaise <input type="checkbox"/> Mass/Lesion <input type="checkbox"/> Mental Psych <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Pain																																																																																																																									
<input type="checkbox"/> Palpitations <input type="checkbox"/> Rash/Itching <input type="checkbox"/> Swelling <input type="checkbox"/> Transport Only <input type="checkbox"/> Weakness <input type="checkbox"/> Wound		BARRIERS TO PATIENT CARE <input type="checkbox"/> None <input type="checkbox"/> Developmentally Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Language <input type="checkbox"/> Physically Impaired																																																																																																																									
<input type="checkbox"/> Physically Restrained <input type="checkbox"/> Speech Impaired <input type="checkbox"/> Unattended/Unsupervised-Including Minors <input type="checkbox"/> Unconscious		EYE <table border="1"> <tr> <th colspan="2">Eye Open</th> <th colspan="2">Verbal</th> <th colspan="2">Motor</th> <th colspan="2">EYES:</th> <th colspan="2">SKIN</th> </tr> <tr> <td>Spont</td> <td>Verbal</td> <td>Non specific sound</td> <td>Obeys verbal</td> <td>Localizes Pain</td> <td>Withdraws</td> <td>Extension</td> <td>Flexion</td> <td>RIGHT</td> <td>LEFT</td> </tr> <tr> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>Reactive</td> <td>Reactive</td> </tr> <tr> <td>3</td> <td>2</td> <td>1</td> <td>0</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>Non-React</td> <td>Non-React</td> </tr> <tr> <td>2</td> <td>1</td> <td>0</td> <td>0</td> <td>3</td> <td>2</td> <td>1</td> <td>0</td> <td>Pupil Size</td> <td>Pupil Size</td> </tr> <tr> <td>1</td> <td>0</td> <td>0</td> <td>0</td> <td>2</td> <td>1</td> <td>0</td> <td>0</td> <td>Normal</td> <td>Normal</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> <td>Dry</td> <td>Dry</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>Clammy</td> <td>Clammy</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>Cold</td> <td>Cold</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>Warm</td> <td>Warm</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>Cyanotic</td> <td>Cyanotic</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>Pale</td> <td>Pale</td> </tr> </table>		Eye Open		Verbal		Motor		EYES:		SKIN		Spont	Verbal	Non specific sound	Obeys verbal	Localizes Pain	Withdraws	Extension	Flexion	RIGHT	LEFT	4	3	2	1	5	4	3	2	Reactive	Reactive	3	2	1	0	4	3	2	1	Non-React	Non-React	2	1	0	0	3	2	1	0	Pupil Size	Pupil Size	1	0	0	0	2	1	0	0	Normal	Normal	0	0	0	0	1	0	0	0	Dry	Dry	0	0	0	0	0	0	0	0	Clammy	Clammy	0	0	0	0	0	0	0	0	Cold	Cold	0	0	0	0	0	0	0	0	Warm	Warm	0	0	0	0	0	0	0	0	Cyanotic	Cyanotic	0	0	0	0	0	0	0	0	Pale	Pale
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<table border="1"> <tr> <th>TIME</th> <th>PULSE</th> <th>SYS BP</th> <th>DIAS BP</th> <th>RESP</th> <th>O2 SAT</th> <th>PAIN INDEX</th> </tr> <tr> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>0-10</td> </tr> <tr> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td> </tr> <tr> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td> </tr> <tr> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td> </tr> <tr> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td> </tr> </table>		TIME	PULSE	SYS BP	DIAS BP	RESP	O2 SAT	PAIN INDEX	:	:	:	:	:	:	0-10	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	GCS Total 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1																																																																															
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Section 7 -
BLS & ALS
Medication /
Interventions
/ Fluid / O2 /
Narrative

INTERVENTIONS							
BLS & ALS MEDICATIONS INTERVENTIONS-FLUID-O2	TIME	DOSAGE/ROUTE GAUGE/RATE	RESPONSE TO / RESULTS / AMOUNT INFUSED MEDICATION / PROCEDURE COMPLICATIONS	ATTEMPTS & Success # Y - N	INITIATED BY ID#	S/O	V/O
Oxygen: <input type="checkbox"/> NRB <input type="checkbox"/> NC	:	LPM					
	:						
	:						
	:						
	:						
	:						
NARRATIVE							

Section 8 -
Crew /
Destination /
Outcome

Signature & Certification Number:		DATE: / /		PRIMARY PATIENT CAREGIVER		EMT <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> MD/RN Flight Team <input type="checkbox"/>		REPORT CONTINUED: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Page: Of		
2nd PATIENT CAREGIVER		3rd PATIENT CAREGIVER		DRIVER		PROTOCOL USED: CONDITION CODE:				
OTHER <input type="checkbox"/> BEC <input type="checkbox"/> EMT <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/>		OTHER <input type="checkbox"/> BEC <input type="checkbox"/> EMT <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/>		Other <input type="checkbox"/> BEC <input type="checkbox"/> EMT <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/>						
CONDITION OF PATIENT AT DESTINATION: <input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged <input type="checkbox"/> N /Applicable		DESTINATION ZIP:		TYPE OF DESTINATION: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Hospital <input type="checkbox"/> Other EMS Air <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other EMS ground <input type="checkbox"/> Home <input type="checkbox"/> Medical			EMERGENCY DEPT. DISPOSITION: <input type="checkbox"/> Released <input type="checkbox"/> Admitted to Hospital Floor <input type="checkbox"/> Admitted to Hospital ICU <input type="checkbox"/> Not Applicable Not Transferred to ED <input type="checkbox"/> N /App - Not Known			
		HOSPITAL DISPOSITION (Optional): <input type="checkbox"/> Transfer Other <input type="checkbox"/> Discharged <input type="checkbox"/> Transfer Hospital <input type="checkbox"/> Death <input type="checkbox"/> Transfer Nursing Home <input type="checkbox"/> N /App - Not Known <input type="checkbox"/> Transfer Rehabilitation Facility			DESTINATION FACILITY: (Signature):					

Data Submission Requirements

Electronic data submission shall be due on the tenth day of the next month or within such shorter time as the Division may request. This is excluding the “Data Submission Delays” below.

Written trip reports shall be due on the tenth day of the next month or within such shorter time as the Division may request. This is excluding the “Data Submission Delays” below.

Data Submission Delays

The 2007 electronic WATRS and prehospital care reports are requesting patient outcomes under the following conditions:

Ambulance Services

EMS agencies that transport the patient to the hospital are to complete the Condition of Patient, Destination Zip, Type of Destination and Emergency Department Disposition section. **This needs to be completed when the patient is transferred from the field to a receiving facility.**

At NO time should an EMT from an agency wait at the ER for the patients disposition. Please contact the receiving facility to set up a process that is easy for the agency and the ER for this information.

EMS agencies that transport a patient with lights and/or sirens from one health care facility to another health care facilities emergency department are to complete the Condition of Patient, Destination Zip, Type of Destination and Emergency Department Disposition section.

The fields “Condition of Pt. at Destination” and outcome sections do not need to be completed for “Interfacility Transfer” or “Medical Transport” when lights/sirens are not used..

Fire Protective Services

Fire protective services that provide patient care under the EMS Rules & Regulation and **do not** transport, do not need to complete the “Condition, Destination and Outcome” section of the Prehospital Care Report. The exception being if the Fire Protective Service provides primary care of the patient during transport, then they are responsible for this information.

Delays in obtaining the outcome information are anticipated as the system puts this reporting into practice. If an EMS Agency is waiting for outcome patient information, please wait to send this information in after the database/prehospital care report is updated.

Health care facilities receiving patients are responsible for providing outcome information to EMS transporting agencies.

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Notes or Questions:

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