



Wyoming  
Department  
of Health

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Office of  
Emergency Medical  
Services

*Quick Reference Guide  
of Data Element Descriptions for the*

**2008  
Patient Care Report & WATRS**



December 5, 2007







**Extraordinary People,  
Extraordinary Service**

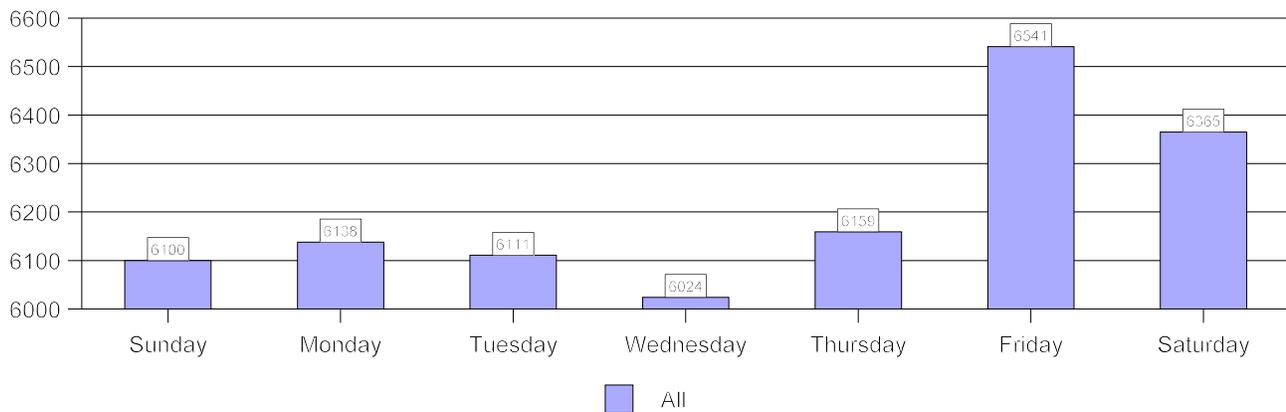
## Preface

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.

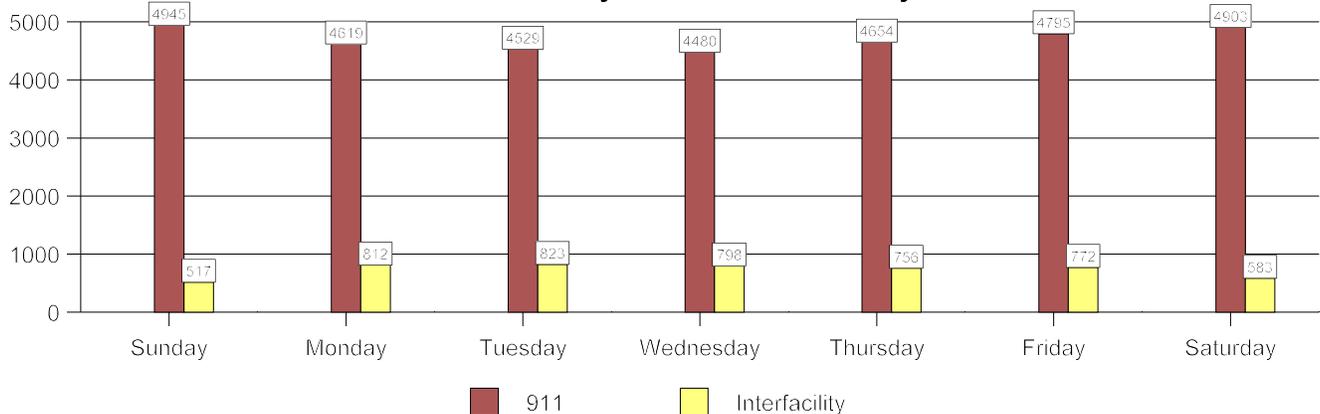
The Wyoming Department of Health, Office of Emergency Medical Services Patient Care Report & WATRS are provided at no charge to improve quality and show the value of Emergency Medical Services.

Below are graphs from **2006** WATRS:

### Runs Per Day of Week



### 911 and Interfacility Runs Per Day of Week



# 2008 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:  
Old: <http://wdh.state.wy.us/ems> or New Soon: <http://health.wyo.gov/sho/ems>

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

## 2008 Updates to the Quick Reference Guide:

<u>Data Element</u>	<u>Page # and Notes:</u>
Incident Location Type	Page 7 Updated definitions. Most updated is:  Health Care Facility refers to a place where health care is delivered (with physician on location). Includes: clinics, doctor's offices and hospital. This no longer includes nursing homes.
Incident Patient Disposition	Page 8 Updated definitions
Type of Service Request	Pages 13 & 14 Updated definitions. Most updated is:  Interfacility Transfers: The transfer of a patient from one hospital to another hospital. Airport Transfers are listed as interfacility when an EMS Agency transports a patient with a flight team to an airport and the flight teams destination is another hospital. The destination zip code is documented as the airport where the patient was transported too by the EMS unit.
Trauma Team Activation	Pages 18 and 31 Updated to match Trauma Coordinators and American College of Surgeons
Chief Complaint Organ System	Page 19 Updated definitions to help with selecting the correct organ system.
Symptoms	Page 20 Updated definitions to help with selecting correct symptoms.
Pt. Classifications	Page 25 Definitions of patient classifications for use of emergency vehicle warning devices per the Rules and Regulations for "Wyoming Emergency Medical Services Act of 1977 "W.S. 33-36-101 (2003 Revision)
Supplemental Patient Care Reporting Form	Page 33 A supplemental Patient Care Reporting form for adding more vitals, medications/interventions and narrative space. Available from the EMS Website and may be customized to your agencies needs.

# Patient Care Report

## Section 1 - Patient Information / Agency Information

Section 1 - Patient Information / Agency Information			
Care Report Name:	Description:	NHTSA Reference	Dataset
<b>Red Number</b>	Unique state assigned number to the Patient Care Report	E01_1	N/A
<b>Record #</b>	The incident number assigned. May be by dispatch or locally defined. Example: Medical Records number.	E01_2	<i>National</i>
<b>Last Name</b> <b>First Name</b> <b>Middle Initial</b>	The patient's last (family) name, first given name, and middle name/initial if any.	E06_01 E06_02 E06_03	Local
<b>Gender</b>	The patient's gender	E06_11	National
<b>Race/Ethnicity</b> (requested data, but optional)	Race: The patient's race as defined by the United States Office of Management and Budget.  Ethnicity: The patients ethnicity as defined by the United States Office of Management and Budget.	E06_12  E06_13	<i>National</i>  <i>National</i>
<b>Patient's Address, City</b>	The patients mailing address or home address	E06_04 E06_05	Local
<b>Patient's Home ZIP Code</b>	The patient's home ZIP code of residence	E06_08	National
<b>Age</b>	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
<b>Years, Months, Days, hours</b>	Age units - The units which the age is documented	E06_15	National
<b>DOB</b>	Patients date of birth: MM/DD/YYYY or MM/DD/YY	E06_16	Local

Section 1 - Patient Information / Agency Information			
Care Report Name:	Description:	NHTSA Reference	Dataset
<b>Agency Information</b>			
<b>Incident Date</b>	The date the phone rings requesting services	Defined in times &	National
	The year to which the information pertains	D01_10	National
<b>Incident #</b>	The incident number assigned. May be by dispatch or locally defined.	E02_02	Local
<b>EMS Agency &amp; Number</b>	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"	D01_02	Local/State
	The state-assigned provider number of the responding agency. The EMS Office is presently revising the number system. This data element is optional.	D01_01 & E02_01	
<b>EMS Unit # (MS)</b>	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.	D04_02	National
	EMS Unit Call Sign (Radio Number)	E02_12	National

## Section 2 - Incident / Time

Section 2 - Incident / Time			
Care Report Name:	Description:	NHTSA Reference	Dataset
<b>Incident Address</b>	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
<b>Incident City</b>	The city (if applicable) where the patient was found or to which the unit responded (or best approximation)	E08_12	State
<b>Incident ZIP</b>	The ZIP code of the incident location	E08_15	National

**Section 2 - Incident / Time**

<b>Care Report Name:</b>	<b>Description:</b>	<b>NHTSA Reference</b>	<b>Dataset</b>
<b>Incident County</b>	The county where the patient was found or to which the unit responded (or best approximation)	E08_13	State
<b>Incident State</b>	The state where the patient was found or to which the unit responded (or best approximation)	E08_14	State
<b>Day of Week</b>	The day of the week of the incident date	Defined in times	State



## Section 2 - Incident / Time

Care Report Name:	Description:	NHTSA Reference	Dataset
<b>Incident Location Type</b>	The kind of location where the incident happened from the Uniform Dataset and WATRS	E08_07	National
<p>Farm – A place of agriculture, except for a farmhouse, Includes land under cultivation and non-residential farm buildings.</p> <p>Health Care Facility (clinic, hospital) – A place where health care is delivered, includes, clinics, doctor's offices, and hospitals.</p> <p>Home / Residence - Any home, apartment, or residence (not just the patient's home). Includes the yard, driveway, garage, pool, garden, or walk of a home, apartment, or residence. Excludes assisting living facilities.</p> <p>Industrial Place and Premises – A place where things are made or are being built, includes construction sites, factories, warehouses, industrial plants, docks, and railway yards.</p> <p>Lake, River, Ocean – Any body of water, except swimming pools.</p> <p>Mine or Quarry – Includes sand pits, gravel pits, iron ore pits, and tunnels under construction.</p> <p>Place of Recreation or Sport – Includes amusement parks, public parks and playgrounds, sports fields/courts/courses, sports stadiums, skating rinks, gymnasiums, swimming pools, waterparks, and resorts.</p> <p>Public Building (schools, government offices) – Any publicly owned building and its grounds, including schools and government offices.</p> <p>Residential Institution (nursing home, assisted living, jail / prison) – A place where people live that is not a private home, apartment, or residence. Includes, nursing homes, assisted living, jail/prison, orphanage, and group homes. (Where assisted living has a medical resource individual available but does not provide patient care on a regular basis.)</p> <p>Street or Highway – Any public street, road, highway, or avenue including boulevards, sidewalks and ditches.</p> <p>Trade or Service (business, bars, restaurants, etc.) – Any privately owned building used for business and open to the public. Includes bars, restaurants, office buildings, churches, stores, bus/railway stations. Excludes health care facilities.</p> <p>Other Location – Any place that does not fit any of the above categories (this should be very rare).</p>			

## Section 2 - Incident / Time

Care Report Name:	Description:	NHTSA Reference	Dataset
<b>Incident/Patient Disposition</b>	Type of disposition treatment and/or transport of the patient.	E20_10	National
	(A count of this) Provides EMS transport volume per year	D01_16	National
<i>Incident Patient Disposition Definitions</i>	<p>Treated, Transport EMS - The patient was treated and transported by the reporting EMS unit. Patients transported all receive some form of treatment by either being on cot/bench or monitored during transport.</p> <p>Cancelled - When the unit is cancelled prior to patient contact.</p> <p>Treated and Released - The patient was treated by EMS but did not require transport to the hospital. (example: diabetic given D50 and not transported).</p> <p>No Patient Found - EMS was unable to find a patient at the scene. (example: an abandoned car found on the roadway).</p> <p>No Treatment Required - Assessment resulted in no identifiable condition requiring treatment by EMS.</p> <p>Pt. Refused Care - Patient refused to give consent or withdrew consent for care. The patient signs an informed release/refusal of care and/or transport.</p> <p>Dead on Scene - Either dead on arrival or dead after arrival with field resuscitation not successful and not transported.</p> <p>Treated, Transferred Care - The patient was treated but the care was transferred to another EMS unit.</p> <p>Treated, Transported Law Enforcement - The patient was treated and transported by law enforcement.</p> <p>Treated, Transported Private Vehicle - The patient was treated and transported by means other than EMS or law enforcement.</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:	NHTSA Reference	Dataset
<b>Scene Temp</b>	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
<b>Dispatch, Type of Delay</b>	The dispatch delays, if any, associated with the dispatch of the EMS unit to the patient encounter.	E02_06	National
<b>Response, Type of Delay</b>	The response delays, if any, of the unit associated with the patient encounter.	E02_07	National
<b>Scene, Type of Delay</b>	The scene delays, if any, of the unit associated with the patient encounter	E02_08	National
<b>Transport, Type of Delay</b>	The transport delays, if any, of the unit associated with the patient encounter.	E02_09	National
<b>Time Log</b>			
<b>Public Safety Access Point "PSAP"</b>	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
<b>Dispatch Notified</b>	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
<b>Unit Notified</b>	The time the responding unit was notified by dispatch, sometimes referred to as paged time	E05_04	National
<b>Unit En Route</b>	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**

<b>Care Report Name:</b>	<b>Description:</b>	<b>NHTSA Reference</b>	<b>Dataset</b>
<b>Arrive on Scene</b>	<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
<b>Arrived at PT (patient)</b>	<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**

<b>Care Report Name:</b>	<b>Description:</b>	<b>NHTSA Reference</b>	<b>Dataset</b>
<b>Transfer of Patient Care</b>	<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
<b>Unit Left Scene</b>	<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
<b>Patient Arrived at Destination</b>	<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**

<b>Care Report Name:</b>	<b>Description:</b>	<b>NHTSA Reference</b>	<b>Dataset</b>
<b>Back In Service</b>	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
<b>Unit Cancelled</b>	<p>The time if the unit's call was cancelled</p> <p>Note: This may occur at anytime after notification</p> <p>Draw a line through this box when not used.</p>	E05_12	State
<b>At Home Location</b>	<p>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.</p> <p>Chronologically the end time for the response.</p>	E05_13	National

## Section 3 - General Information

Section 3 - General Information			
Care Report Name:	Description:	NHTSA Reference	Dataset
<b>Primary Role of the Unit</b>	The primary role of the EMS service which was requested for this specific EMS Incident.	E02_05	National
	<p>Transport: The unit's role in this incident is to provide transportation of the patient even if no transport happened. Example Transport, if the ambulance has a cot, the primary role is transport, including standbys</p> <p>Non Transport: The unit's role in this incident is to provide EMS care but is not intended to provide transport. Fire first response agencies = "Non-Transporting</p> <p>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.</p>		
<b>Dispatched by 911 Center</b>	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).	D01_14	National
(EMS Dispatched Volume per Year)	The number of EMS dispatches for the calendar year (in combination with other responses and responses that have response mode with no lights/sirens)	D01_15	National
<b>Type of Service Request</b>	The type of service or category of service requested of the EMS service responding for this specific EMS incident.	E02_04	National

### Section 3 - General Information

Care Report Name:	Description:	NHTSA Reference	Dataset
	<p>911 Response to Scene - Emergent or immediate response to an incident location, regardless of method of notification (for example, 911, direct dial, walk-in, or flagging down) . 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 - Transfer of a patient from one hospital to another hospital. Airport Transfers are listed as Interfacility Transfer when an EMS Agency transports a patient with a flight team to an airport and the flight teams destination is another hospital. The destination zip code is documented as the airport where the patient was transported too.</p> <p>Medical Transport - Transports that are not between hospitals or that do not require an immediate response. Examples: taking a patient from the ER to a residence, transporting a patient from a nursing home to the ED or clinic for evaluation that does not require an immediate response.</p> <p>Standby - Initial request for service was not tied to a patient but to a situation where a person may become ill or injured. Examples: structure fires, tactical EMS, football games, rodeos, ETC..</p> <p>Intercept - When one EMS Provider meets a transporting EMS unit with the intent of receiving a patient or providing a higher level of care.</p> <p>Mutual Aid - Request from another ambulance service to provide emergent or immediate response to an incident location.</p>		
<b>Response Mode</b>	Indication whether or not lights and/or sirens were used on the vehicle on the way to the scene	E02_20	National
<b>Transport Mode</b>	Indication whether or not lights and/or sirens were used on the vehicle while leaving scene.	E20_14	National
<b>EMD Performed</b>	<p>Indication of whether Emergency Medical Dispatch was performed for this EMS event.</p> <hr style="border-top: 1px dashed black;"/> <p>Yes, With Pre Arrival Instructions - EMS was performed for thsi incident and the call was given instructions on how to provide treatment for the patient.</p> <p>Yes, Without Pre-Arrival Instructions - EMS was performed for this incident but no treatment instructions were given.</p>	E03_02	National

### Section 3 - General Information

Care Report Name:	Description:	NHTSA Reference	Dataset
<b>Odometer (Mileage to)</b>	<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>		
<b>Beginning Odometer</b>	<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
<b>On Scene (Mileage to Scene)</b>	<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
<b>Pt. Destination (Mileage to Pt destination)</b>	<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:	NHTSA Reference	Dataset
<b>Ending Odometer</b>  <b>(Destination to Home)</b>	<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
<b>Alcohol/Drug Use Indicators</b>	Indicators for the potential use of Alcohol or Drugs by the patient.	E12_19	National
<b>Agency Scene Assistance by</b>	Other agencies/persons that were at the scene	Requested Element	Local/State
<b>Prior Aid</b>	Any care which was provided to the patient prior to the arrival of this unit.	E09_01	National
<b>Prior Aid Performed by</b>	The type of individual who performed the care prior to the arrival of this unit.	E09_02	National
<b># of Patients on Scene</b>	Indicator of how many total patients were at the scene	E08_05	National
<b>Mass Casualty Incident</b>	Indicator if this event would be considered a mass casualty incident (overwhelmed existing EMS resources). Locally defined	E08_06	National
<b>Complaint Reported By Dispatch</b>	The complaint dispatch reported to the responding unit.	E03_01	National

## Section 4 - Trauma

Section 4 - Trauma			
Care Report Name:	Description:	NHTSA Reference	Dataset
<b>Possible Injury</b>	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
<b>Trauma - Complete this section if Possible Injury = Yes</b>			
<b>Cause of Injury</b>	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 2008	E10_01	National
<b>Intent of Injury</b>	The intent of the individual inflicting the injury.	E10_02	State
<b>Mechanism of Injury</b>	The mechanism of the event which caused the injury.  For "Overdose" please use other.	E10_03	State
<b>Use of Safety Equip</b>	Safety equipment in use by the patient at the time of the injury	E10_08	State
<b>Trauma Injury Matrix</b>	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:	NHTSA Reference	Dataset
<b>Trauma - Team Activation Criteria</b>	<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:	NHTSA Reference	Dataset
<b>BLS Procedures</b>	<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
<b>EMT I &amp; P Procedures</b>	Indication the listed advanced procedure was performed on this patient by EMT - I or EMT - P providers. Components from D04-4		
<b>EMT P Procedures</b>	Indication the listed advanced procedure was performed on this patient by EMT - P providers only. Components from D04-04		
<b>Public Access Defibrillation</b>	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:	NHTSA Reference	Dataset
<b>Chief Complaint</b>	The statement of the problem by the patient or the history provider in one or two words.	E09_05	Local
<b>Incident or Onset Time</b>	The time the injury occurred, or the time the symptoms or problem started (approximate time is acceptable)	E05_01	State
<b>Incident or Onset Date</b>	The time the injury occurred, or the date the symptoms or problem started (approximate date is acceptable)	E05_01	State
<b>Current Medications</b>	The medications the patient currently takes	E12_14	Local
<b>Chief Complaint Organ System</b>	<p>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).</p> <p>Cardiovascular – Heart, Arteries, Veins</p> <p>CNS / Neuro – Brain , Spinal Cord, Nerves</p> <p>GI / Abdomen – Mouth, Esophagus, Stomach, Intestines</p> <p>Global – Other Organs and Systems or Multiple Organs and Systems</p> <p>Endocrine / Metabolic – Diabetes, Thyroid, Liver</p> <p>Musculoskeletal / Injury – Muscles, Bones, Joints, Tendons, Ligaments, Cartilage</p> <p>OB / GYN – Female Reproductive System</p> <p>Psychiatric / Behavioral – Mental, Emotional, Behavioral</p> <p>Pulmonary – Lungs, Trachea, Airway</p> <p>Renal / GU Problems – Kidneys, Male Reproductive System</p> <p>Skin - Relating to the external covering of the body</p>	E09_12	National

Section 6 - Assessment / History / Vitals			
Care Report Name:	Description:	NHTSA Reference	Dataset
<b>Chief Complaint Anatomic Location</b>	The primary anatomic location of the chief complaint as identified by the EMS provider.	E09_11	National
<b>Allergies</b>	The patient's medication allergies	E12_08	Local
<b>Pertinent History</b>	The patient's per-existing medical and surgical history of the patient.	E12_10	Local
<b>Providers Primary Impression</b>	The EMS personnel's impression of the patient's <b>primary problem</b> or most significant condition which led to the management given to the patient (treatments, medications, or procedures).	E09_15	National
<b>Providers Secondary Impression</b>	The EMS personnel's impression of the patient's <b>secondary problem</b> 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
<b>Symptoms: Primary</b>	The primary sign and symptom present in the patient or observed by EMS Personnel. Single Choice or select one only.	E09_13	National
	Bleeding - Active, Inactive, Internal or External  Device / Equipment Problem - Patient device (i.e., ICD, Implantable Defibrillator, insulin pump, portacath, central line, etc.).  Malaise - General non-specific feeling of illness  Palpitations - The sensation of a rapidly or irregularly beating heart; fluttering, pounding racing, skipping a beat, jumping around in the chest.		
<b>Symptoms: Associated</b>	Other symptoms identified by the patient or observed by EMS Personnel. Check all the apply.	E09_14	National
<b>Barriers to Patient Care</b>	Indication of whether or not there were any patient specific barriers to serving the patient at the scene.	E12_01	National

<b>Section 6 - Assessment / History / Vitals</b>			
<b>Care Report Name:</b>	<b>Description:</b>	<b>NHTSA Reference</b>	<b>Dataset</b>
<b>Time (Vitals)</b>	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
<b>Pulse</b>	The patient's pulse rate, palpated or auscultated, expressed as a number per minute.	E14_07	State
<b>SYS BP (SBP - Systolic Blood Pressure)</b>	The patient's systolic blood pressure.	E14_04	State
<b>DIAS BP (DBP - Diastolic Blood Pressure)</b>	The patient's diastolic blood pressure.	E14_05	State
<b>RESP (Respiratory Rate)</b>	The patient's respiratory rate expressed as a number per minute.	E14_11	State
<b>O2 SAT (Pulse Oximetry)</b>	The patient's oxygen saturation.	E14_09	State
<b>Pain Index (0-10)</b>	The patient's indication of pain from a scale of 0 - 10.	E14_23	State
<b>GCS Total (Total Glasgow Coma Score)</b>	The patient's total Glasgow Coma Score.	E14_19	State
<b>Eye (Eye Right and/or Left Assessment)</b>	The assessment of the patients eye(s) on examination.	E16_21 E16_22	Local Local
<b>Skin</b>	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**

<b>Care Report Name:</b>	<b>Description:</b>	<b>NHTSA Reference</b>	<b>Dataset</b>
<b>BLS &amp; ALS Medications Interventions - Fluid - O2</b>	The medication administered, intervention performed or oxygen applied	Component of E19_03 E18_03	National National
<b>Time (Procedure Performed)</b>	The time the procedure was performed /medication administered/ oxygen applied on the patient	E18_01 E19_01	Local
<b>Dosage/Route Gauge/Rate</b>	The route, dose or amount of the medication was administered.	E18_04 E18_05 E18_06 E19_04	Local
<b>Response to / Results / Amount Infused Medication / Procedure Complications</b>	-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
<b>Attempts #</b>	The number of attempts taken to complete a procedure or intervention regardless of success	E19_05	National
<b>Initiated by ID #</b>	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
<b>S/O</b>	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:	NHTSA Reference	Dataset
<b>V/O - Authorizing Physician</b>	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
<b>Narrative</b>	The narrative of the patient care report.	E13_01	Local

## Section 8 - Crew / Destination / Outcome

Section 9 - Crew / Destination / Outcome			
Care Report Name:	Description:	NHTSA Reference	Dataset
<b>Signature &amp; Certification Number</b>	The signature of person completing report.		Local
	The statewide assigned ID number of the EMS crew member that complete this patient car report.	E23_10	Local
<b>Date (Report Completed)</b>	Date the report is completed.		Local
<b>Primary Patient Caregiver</b>	Crew member name		Local
	Crew member role (primary, 2 <sup>nd</sup> , etc)	E04_02	Local
	The functioning level of the crew member during this EMS patient encounter.	E04_03	Local
<b>Report Continued</b>	Indication the report is continued.		Local

**Section 9 - Crew / Destination / Outcome**

<b>Care Report Name:</b>	<b>Description:</b>	<b>NHTSA Reference</b>	<b>Dataset</b>
<b><i>Protocol Used</i></b>	The protocol used by EMS personnel to direct the clinical care of the patient.	E17_01	<i>Local</i>
<b><i>Condition Code Number</i></b>	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>
<b>Condition of Patient at Destination</b>	The condition of the patient after care by EMS.	E20_15	National
<b>Destination Zip (Code)</b>	The destination zip code in which the patient was delivered or transferred to.	E20_07	National
<b>Type of Destination</b>	The type of destination the patient was delivered or transferred to.	E20_17	National
<b>Emergency Dept. Disposition</b>	The known disposition of the patient from the Emergency Department (ED).	E22_01	National
<b>Hospital Disposition (Optional)</b>	Indication of how the patient was dispositioned from the hospital, if admitted.	E22_02	<i>National</i>

**Section 9 - Crew / Destination / Outcome**

Care Report Name:	Description:	NHTSA Reference	Dataset
<p><b>Pt. Classification</b></p>	<p>For patients who are classified as emergent or urgent, the use of emergency vehicle warning devices is appropriate. Per the Rules and Regulations for "Wyoming Emergency Medical Services Act of 1977 " W.S. 33-36-101(2003 Revision)</p> <p>Emergent: Means the patient requires immediate transport and treatment to prevent death or permanent disability</p> <p>Urgent: Means there is a serious illness or injury to the patient which could expose the patient to risk of death or permanent disability unless treatment is initiated at a medical facility within a reasonable length of time.</p> <p>Non-Emergency: Means a patient who has an injury or illness that is presently stable, which poses no present threat to life or risk of permanent disability, and does not require the use of emergency vehicle warning devices.</p>	<p>Rules &amp; Regulations</p>	<p>State</p>
<p><b>Destination Facility</b></p>	<p>The destination the patient was delivered or transferred to.</p> <p>Signature of person receiving patient</p>	<p>E20_01</p>	<p>Local</p> <p>Local defined</p>

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

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

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

### National Uniform Data Set Elements not included in the 2008 Patient Care Report:

National Uniform Data Set Elements not included in the 2008 Patient Care Report			
Data Element	Description	NHTSA 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 2008 Patient Care Report			
Data Element	Description	NHTSA 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	NHTSA 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	NHTSA 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 be 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 2008 report)

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

Section 1 - Patient Information / Agency Information	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <b>Wyoming EMS 2008</b>  <b>Patient Care Report</b> </div> <div style="text-align: right;">RECORD #:</div> </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th colspan="4" style="text-align: center; background-color: #f2f2f2;">PATIENT INFORMATION</th> </tr> <tr> <td style="width: 25%;">LAST NAME</td> <td style="width: 25%;">FIRST NAME</td> <td style="width: 25%;">MIDDLE INITIAL</td> <td style="width: 25%;">GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female</td> </tr> <tr> <td colspan="3">Pt's Address, City</td> <td>RACE / ETHNICITY</td> </tr> <tr> <td colspan="2">PATIENT'S HOME ZIP:</td> <td>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>DOB / /</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th colspan="2" style="text-align: center; background-color: #f2f2f2;">AGENCY INFORMATION</th> </tr> <tr> <td>INCIDENT DATE: / / 200</td> <td>INCIDENT #:</td> </tr> <tr> <td>EMS AGENCY &amp; NUMBER:</td> <td>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	Pt's Address, City			RACE / ETHNICITY	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 / /	AGENCY INFORMATION		INCIDENT DATE: / / 200	INCIDENT #:	EMS AGENCY & NUMBER:	EMS UNIT CALL SIGN "MS#" <input type="checkbox"/> If Fire Unit										
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Section 3 - General Information	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>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)</td> <td>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</td> <td>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 }</td> <td>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</td> </tr> <tr> <td>DISPATCHED BY 911 CTR <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>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</td> <td>EMERGENCY MEDICAL DISPATCH PERFORMED <input type="checkbox"/> Not Reported <input type="checkbox"/> Yes, w/pre-arrival instructions <input type="checkbox"/> Not Available <input type="checkbox"/> Yes, w/out pre-arrival instructions</td> <td># OF PATIENTS AT SCENE: <input type="checkbox"/> Single <input type="checkbox"/> Multiple <input type="checkbox"/> None <input type="checkbox"/> Not Applicable</td> </tr> <tr> <td>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</td> <td>PRIOR AID: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/> Not Applicable</td> <td>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</td> <td>COMPLAINT REPORTED BY DISPATCH (Check 1 Only) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not Known <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Allergies <input type="checkbox"/> Animal Bite <input type="checkbox"/> Assault <input type="checkbox"/> Back Pain <input type="checkbox"/> Breathing Problem <input type="checkbox"/> Burns 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type="checkbox"/> Unknown Problem Man Down <input type="checkbox"/> Transferring/Interfacility/Palliative Care <input type="checkbox"/> MCI (Mass Casualty Incident)</td> </tr> <tr> <td colspan="4">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.</td> </tr> </table>	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	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	EMERGENCY MEDICAL DISPATCH PERFORMED <input type="checkbox"/> Not Reported <input type="checkbox"/> Yes, w/pre-arrival instructions <input type="checkbox"/> Not Available <input 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**Section 4 - Trauma**

TRAUMA - Complete this Section if Possible Injury = YES										TRAUMA - TEAM ACTIVATION CRITERIA																																																																																																																																	
<b>CAUSE OF INJURY (select from list):</b>										<b>TRAUMA TEAM NOT ACTIVATED</b>																																																																																																																																	
<b>INTENT OF INJURY:</b> <input type="checkbox"/> Intentional, other <input type="checkbox"/> Unintentional <input type="checkbox"/> Intentional, self <input type="checkbox"/> N/A / Unknown										<b>FULL ACTIVATION</b> <input type="checkbox"/> GCS < 12 or <input type="checkbox"/> Systolic BP <90 or <input type="checkbox"/> Resp Rate <10 or >30 <input type="checkbox"/> Penetrating Trauma Head/Neck/Torso/Groin										<b>MECHANISMS TO CONSIDER</b> High Risk MVC <input type="checkbox"/> > 12 Inches Intrusion Occupant <input type="checkbox"/> > 18 Inches into Vehicle (any site) <input type="checkbox"/> Ejection (Partial or Complete) <input type="checkbox"/> Death In Compartment <input type="checkbox"/> Falls: 2 X Patent's Height <input type="checkbox"/> Auto vs. Ped/Bike, Thrown, Run Over or with significant Impact > 20 mph <input type="checkbox"/> Motorcycle/Bike >20mph <input type="checkbox"/> Recreational Vehicle: ATV, etc. <input type="checkbox"/> Burns > 10%																																																																																																																							
<b>MECHANISM OF INJURY</b> <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										<b>PARTIAL ACTIVATION</b> <input type="checkbox"/> Amputation(s) <input type="checkbox"/> Crush, Mangled Extrem <input type="checkbox"/> Flail Chest <input type="checkbox"/> Traumatic Paralysis <input type="checkbox"/> 2 or More Proximal Long Bone Fractures <input type="checkbox"/> Pelvic Fracture <input type="checkbox"/> Skull Fracture Open or Depressed										<b>OTHER CONSIDERATIONS</b> <input type="checkbox"/> Age: Geriatric - Pediatric <input type="checkbox"/> Pregnancy >20 weeks <input type="checkbox"/> EMS Provider Judgment																																																																																																																							
<b>USE OF SAFETY EQUIP</b> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not Known <input type="checkbox"/> None <input type="checkbox"/> Child Restraint <input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Eye Protection <input type="checkbox"/> Helmet Worn <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Lap Belt <input type="checkbox"/> Personal Flotation Device <input type="checkbox"/> Other <input type="checkbox"/> Protective Non-Clothing Gear										<b>TRAUMA INJURY MATRIX</b> Mark Corresponding Injury Box with an "X" <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <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 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>Bleeding Un-Cntrl</td> <td>10u</td><td>20u</td><td>30u</td><td>40u</td><td>50u</td><td>60u</td><td>70u</td><td>80u</td><td>90u</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 Cntrl	11	21	31	41	51	61	71	81	91	Bleeding Un-Cntrl	10u	20u	30u	40u	50u	60u	70u	80u	90u	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)		
<b>BLS PROCEDURES:</b> <input type="checkbox"/> None <input type="checkbox"/> Airway Cleared <input type="checkbox"/> Defibrillation AED <input type="checkbox"/> Airway Oral <input type="checkbox"/> Defibrillation Placement of Pads AED - NO Shock <input type="checkbox"/> Airway Bagged <input type="checkbox"/> Extrication <input type="checkbox"/> Airway Nasal <input type="checkbox"/> Rescue <input type="checkbox"/> Airway Suctioning <input type="checkbox"/> Restraints Physical <input type="checkbox"/> Blood Glucose Analysis <input type="checkbox"/> Spinal Immobilization <input type="checkbox"/> Childbirth <input type="checkbox"/> Splinting <input type="checkbox"/> CPR <input type="checkbox"/> Splinting Traction <input type="checkbox"/> Other (not O2/Vitals) <input type="checkbox"/> Wound Care	<b>EMT I &amp; P PROCEDURES:</b> <input type="checkbox"/> ALS Assessment <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 Bulb <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"/> Chest Decompression <input type="checkbox"/> Defibrillation Manual <input type="checkbox"/> External Cardiac Pacing <input type="checkbox"/> PASG <input type="checkbox"/> Qualitative Rhythm Interpreta <b>Venous Access:</b> <input type="checkbox"/> Blood Draw <input type="checkbox"/> External Jugular <input type="checkbox"/> Extremity <input type="checkbox"/> Intraosseous Adult <input type="checkbox"/> Intraosseous Ped	<b>PUBLIC ACCESS DEFIBRILLATION</b> <input type="checkbox"/> None <input type="checkbox"/> PAD No Shock Advised <input type="checkbox"/> PAD Shocked  <b>EMT P PROCEDURES ONLY:</b> <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**

<b>CHIEF COMPLAINT:</b>		<b>INCIDENT OR ONSET TIME</b> : / : /		<b>CURRENT MEDICATIONS:</b>																																																																	
		<b>INCIDENT OR ONSET DATE</b> / /																																																																			
<b>Chief Complaint Organ System (Check 1 Only)</b> <input type="checkbox"/> N/Applicable <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Endocrine/Metabolic <input type="checkbox"/> Psych <input type="checkbox"/> Not Known <input type="checkbox"/> CNS/Neuro <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Pulmonary <input type="checkbox"/> Renal <input type="checkbox"/> Not Reported <input type="checkbox"/> GI <input type="checkbox"/> Global <input type="checkbox"/> OB/Gyn <input type="checkbox"/> Skin				<b>Chief Complaint Anatomic Location (Check 1 Only)</b> <input type="checkbox"/> N/Applicable <input type="checkbox"/> Abdomen <input type="checkbox"/> Extremity Lower <input type="checkbox"/> Genitalia <input type="checkbox"/> Not Known <input type="checkbox"/> Back <input type="checkbox"/> Extremity Upper <input type="checkbox"/> Head <input type="checkbox"/> Not Reported <input type="checkbox"/> Chest <input type="checkbox"/> General/Global <input type="checkbox"/> Neck																																																																	
<b>ALLERGIES:</b>				<b>PERTINENT HISTORY:</b>																																																																	
<b>PROVIDER'S PRIMARY IMPRESSION (Select from list):</b>																																																																					
<b>PROVIDER'S SECONDARY IMPRESSION (Select from list):</b>																																																																					
<b>SYMPTOMS: P=PRIMARY (Check 1 Only)</b> <input type="checkbox"/> None <input type="checkbox"/> Diarrhea <input type="checkbox"/> Bleeding <input type="checkbox"/> Drainage/Discharge <input type="checkbox"/> Breathing Problem <input type="checkbox"/> Fever <input type="checkbox"/> Change in Responsiveness <input type="checkbox"/> Malaise <input type="checkbox"/> Choking <input type="checkbox"/> Mass/Lesion Only <input type="checkbox"/> Death <input type="checkbox"/> Mental Psych <input type="checkbox"/> Device/Equip Prob <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Pain		<b>A= ASSOCIATED (Check All that Apply)</b> <input type="checkbox"/> Palpitations <input type="checkbox"/> Rash/Itching <input type="checkbox"/> Swelling <input type="checkbox"/> Transport <input type="checkbox"/> Weakness <input type="checkbox"/> Wound		<b>BARRIERS TO PATIENT CARE</b> <input type="checkbox"/> None <input type="checkbox"/> Developmentally Impaired <input type="checkbox"/> Physically Restrained <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Speech Impaired <input type="checkbox"/> Language <input type="checkbox"/> Unattended/Unsupervised-Including Minors <input type="checkbox"/> Physically Impaired <input type="checkbox"/> Unconscious																																																																	
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <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> <th>Spont</th> <th>Verbal</th> <th>Pain</th> <th>None</th> <th>Oriented</th> <th>Confused</th> <th>Inappropriate</th> <th>Non specific sound</th> <th>None</th> <th>Obeys verbal</th> <th>Localizes Pain</th> <th>Withdraws</th> <th>Flexion</th> <th>Extension</th> <th>No Response</th> <th>GCS Total</th> <th>Pupil Size</th> <th>RIGHT</th> <th>LEFT</th> <th>SKIN</th> </tr> <tr> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>:</td> <td>0-10</td> <td>4</td> <td>3</td> <td>1</td> <td>1</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>6</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>:</td> <td>Reactive</td> <td>Non-React</td> <td>Pupil Size</td> <td>Reactive</td> <td>Non-React</td> <td>Normal</td> <td>Dry</td> <td>Clammy</td> <td>Cold</td> <td>Warm</td> <td>Cyanotic</td> <td>Pale</td> </tr> </table>		TIME	PULSE	SYS BP	DIAS BP	RESP	O2 SAT	PAIN INDEX	Spont	Verbal	Pain	None	Oriented	Confused	Inappropriate	Non specific sound	None	Obeys verbal	Localizes Pain	Withdraws	Flexion	Extension	No Response	GCS Total	Pupil Size	RIGHT	LEFT	SKIN	:	:	:	:	:	:	0-10	4	3	1	1	5	4	3	2	1	6	5	4	3	2	1	:	Reactive	Non-React	Pupil Size	Reactive	Non-React	Normal	Dry	Clammy	Cold	Warm	Cyanotic	Pale						
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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								
	:									
	:									
	:									
	:									
	:									
<b>NARRATIVE</b>										

Section 8 -  
Crew /  
Destination /  
Outcome

Signature & Certification Number:				DATE: / /		PRIMARY PATIENT CAREGIVER <input type="checkbox"/> EMT <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> MD/RN Flight Team				REPORT CONTINUED: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Page: Of	
2nd PATIENT CAREGIVER <input type="checkbox"/> OTHER <input type="checkbox"/> SEC <input type="checkbox"/> EMT <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/>		3rd PATIENT CAREGIVER <input type="checkbox"/> OTHER <input type="checkbox"/> SEC <input type="checkbox"/> EMT <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/>		DRIVER <input type="checkbox"/> Other <input type="checkbox"/> SEC <input type="checkbox"/> EMT <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/>		PROTOCOL USED: CONDITION CODE:					
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"/> Morgue <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other EMS ground <input type="checkbox"/> Police/Jail <input type="checkbox"/> Home <input type="checkbox"/> Medical <input type="checkbox"/> Other				EMERGENCY DEPT. DISPOSITION: <input type="checkbox"/> Released <input type="checkbox"/> Admitted to Hospital Floor <input type="checkbox"/> Transferred <input type="checkbox"/> Admitted to Hospital ICU <input type="checkbox"/> Death <input type="checkbox"/> Not Applicable Not Transferred to ED <input type="checkbox"/> N /App - Not Known			
PT. Classification <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Non-Emergent		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 2008 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 hospital’s emergency department are to complete the Condition of Patient, Destination Zip, Type of Destination and Emergency Department Disposition section.

The fields Emergency Department Disposition and Hospital Disposition sections do not need to be completed for “Interfacility Transfer” or “Medical Transport” when lights/sirens are not utilized for transport.

### **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 of Patient at Destination, Destination zip, and Type of Destination” 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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**Wyoming's Emergency  
Medical Services System**

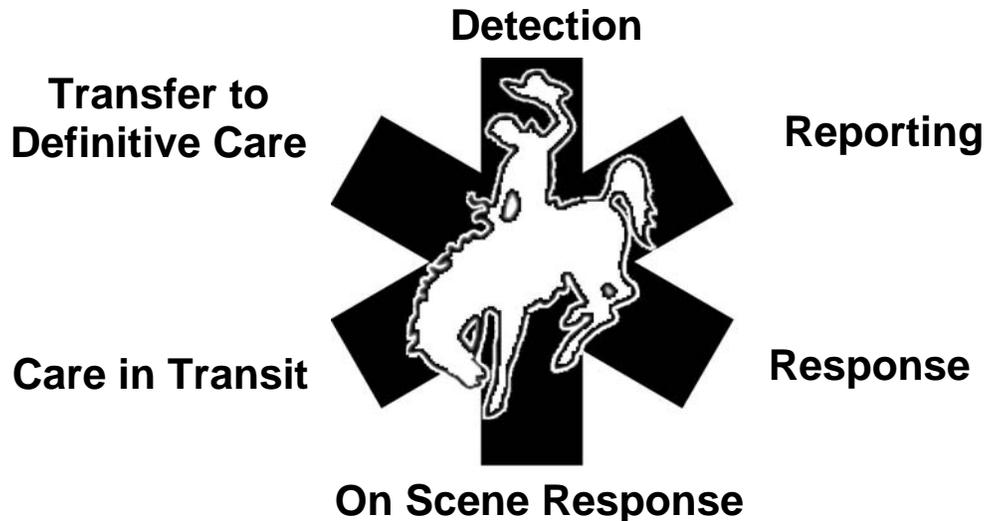
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*Committed to your communities health!*

## **The Star of Life**

The six barred cross represents the six function of EMS



# **WATRS**

## **Wyoming Ambulance Trip Reporting System**

*Built with the power of EPI Info from the Centers for Disease Control and Prevention.*

*The electronic prehospital data collection system is  
available to all Wyoming EMS agencies at no charge by the*

**Wyoming Office of Emergency Medical Services,  
Wyoming Department of Health  
Hathaway Building 4<sup>th</sup> Floor  
Cheyenne, WY 82002  
(307) 777-7955  
(888) 228-8996  
On the web at:**

**<http://wdh.state.wy.us/ems>**

Watch for our updated website and new address!