

Title: STN003-PCR Information Standard-V2		Page: 1 of 22
Owner: JE	Approved by: Council	Approval Date: 8 th December 2011

Version History

Version	Date	Details
1	May 2005	Data set for Pre-Hospital Care
2	December 2011	Data set updated and title changed to PCR Information Standard in December 2011

1. Incident Data

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- 1.02 Time of call
- 1.03 Time call passed
- 1.04 Mobile
- 1.05 At scene
- 1.06 At patient
- 1.07 Depart scene
- 1.08 At destination
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- 1.14 Inter facility patient transfer
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PCR Information Standard

ID No.	Field Name	Field Content	Definition	Entry Format
PCR 1. Incident Data				
PCR 1.01	Date of call	Day Month Year	Specific day, month and year the call is received at EMS Command and Control Centre. (ref: Definitions to support PHECC EMS Priority Dispatch Standard and PHECC Inter Facility Transfer Standard)	Numeric DD/MM/YYYY
PCR 1.02	Time of call	Hour Minute Second	Time recorded at the precise moment when the call is connected to EMS Control Centre. (ref: Definitions to support PHECC EMS Priority Dispatch Standard and PHECC Inter Facility Transfer Standard)	Numeric 24hr clock HH:MM:SS
PCR 1.03	Passed	Hour Minute Second	Time the dispatch details of the call are passed to the first appropriate emergency response. (ref: Definitions to support PHECC EMS Priority Dispatch Standard and PHECC Inter Facility Transfer Standard)	Numeric 24hr clock HH:MM:SS
PCR 1.04	Mobile	Hour Minute Second	Time the national ambulance service is mobile and on way to the scene. (ref: Definitions to support the PHECC EMS Priority Dispatch Standard and the PHECC Interfacility Transfer Standard)	Numeric 24hr clock HH:MM:SS
PCR 1.05	At scene	Hour Minute Second	Time of arrival of the national ambulance service at the scene (ref: Definitions to support the PHECC EMS Priority Dispatch Standard and the PHECC Inter Facility Transfer Standard)	Numeric 24hr clock HH:MM:SS
PCR 1.06	At patient	Hour Minute Second	Time of arrival of the first emergency response at the patient depending on the category of response required (ref: Definitions to support the PHECC EMS Priority Dispatch Standard and the PHECC Inter Facility Transfer Standard)	Numeric 24hr clock HH:MM:SS
PCR 1.07	Depart scene	Hour Minute Second	Time the patient departs the scene to travel to the hospital/destination facility (ref: Definitions to support the PHECC EMS Priority Dispatch Standard and the PHECC Inter Facility Transfer Standard)	Numeric 24hr clock HH:MM:SS
PCR 1.08	At destination	Hour Minute Second	Time patient arrives at hospital/destination facility.(ref: Definitions to support the PHECC EMS Priority Dispatch Standard and the PHECC Inter Facility Transfer Standard)	Numeric 24hr clock HH:MM:SS
PCR 1.09	At handover	Hour Minute Second	Time of completed handover of patient at hospital/destination facility. (ref: Definitions to support the PHECC EMS Priority Dispatch Standard and the PHECC Inter Facility Transfer Standard)	Numeric 24hr clock HH:MM:SS
PCR 1.10	Clear	Hour Minute Second	Time ambulance/vehicle, crew and equipment available to respond to another incident (ref: Definitions to support the PHECC EMS Priority Dispatch Standard and the PHECC Inter Facility Transfer Standard)	Numeric 24hr clock HH:MM:SS
PCR 1.11	Destination	Code	Hospital destination code pre-advised by PHECC (ref: PHECC Hospital/Destination facility codes for pre-hospital patient reports)	Alphanumeric
PCR 1.12	Dispatch Classification Reference	Number range 01 - 33 Echo, Delta, Charlie, Bravo, Alpha or Omega Number range 01 - 09 Suffix code	Dispatch Classification advised (Ref: Medical Priority Dispatch System)	Numeric Alphabetic
PCR 1.13 Priority Response				
	Echo	Yes No	Priority response code advised (ref:Definitions to support PHECC Priority Dispatch Standard) by EMS Command and Control Centre	Tick box
	Delta	Yes No		
	Charlie	Yes No		
	Bravo	Yes No		
	Alpha	Yes No		
	Omega	Yes No		

PCR Information Standard

ID No.	Field Name	Field Content	Definition	Entry Format
PCR 1.14 Inter Facility Patient Transfer				
	Echo	Yes No	Agreed inter facility transport by Emergency Department (ref: Definitions to support PHECC Interfacility Transfer Standard)	Tick box
	Delta	Yes No		
	Charlie	Yes No		
	Bravo	Yes No		
	Alpha	Yes No		
PCR 1.15 Practitioner PIN				
	Practitioner Attending	PIN	Personal Identification Number (PIN) of PHECC registered pre-hospital emergency care practitioner engaged in care of the patient	Numeric
	Practitioner Supporting	PIN		Alphanumeric
	Other	PIN		
PCR 1.16 Station				
	Station Code	Code	Station code allocated by PHECC to the individual pre-hospital emergency care service provider to identify their work locations (Ref: PHECC Station Codes)	Alphanumeric
PCR 1.17 Incident address				
	Incident address	Address of location of incident	Address to where the national ambulance service is dispatched in response to a phone call to EMS Command and Control Centre	Alphanumeric entry Tick box if same as permanent address
	Same as permanent address	Yes No		
PCR 1.17.1 Incident Location				
	Home	Yes No	Place of occurrence of incident is classified under International Classification of Diseases , Australian Modification, Tenth Revision (ICD-10-AM Codes), external causes of morbidity and mortality. Coded in combination with Event and Mechanism of Injury	Tick box
	Farm	Yes No		
	Industrial Place or Premises	Yes No		
	Recreation or Sports Place	Yes No		
	Street or Road	Yes No		
	Public Building	Yes No		
	Residential Institution	Yes No		
	Other Places	Yes No		
	Other	Text		
	PCR 1.18 Nature of Assistance Prior to Arrival of Practitioner			
	None	Yes No	Type of assistance given prior to arrival of EMS practitioner	Tick box
	First Aid	Yes No		

PCR Information Standard

ID No.	Field Name	Field Content	Definition	Entry Format
	Compression Only CPR	Yes No		
	CPR	Yes No		
	AED	Yes No		
	ALS	Yes No		
PCR 1.19 Identity of Assistance prior to arrival of Practitioner				
	Citizen	Yes No	Identity of individual providing assistance prior to arrival of EMS practitioner	Tick box
	Responder	Yes No		
	Fire	Yes No		
	Garda	Yes No		
	Auxiliary	Yes No		
	Practitioner	Yes No		
	Other identity of assistance	Yes No		
	Other	Text		
PCR 1.19.1 Clinical Level				
	No Training	Yes No	Clinical level of individual providing assistance prior to arrival of EMS practitioner	Tick box
	Unknown training	Yes No		
	BLS/CFR	Yes No		
	OFA	Yes No		
	EFR	Yes No		
	EMT	Yes No		
	Paramedic	Yes No		
	Advanced Paramedic	Yes No		
	Nurse	Yes No		
	Doctor	Yes No		
	Other	Yes No		
	Other clinical level	Text		
PCR 1.20 Dead on arrival				
	Recognition of death	Yes No	Practitioner recognises death (ref: Current edition CPGs)	Tick box
	Cease Resuscitation	Yes No	Practitioner ceases resuscitation (ref: Current edition CPGs)	
	Transported	Yes No	Patient is transported (ref: Current edition CPGs)	

PCR Information Standard

ID No.	Field Name	Field Content	Definition	Entry Format
1.21 Treat Refer (TR)				
	Treat & Immediate Refer	Yes No	Treat and immediate referral for follow up care	Tick box
	Treat & Recommend Follow Up <24 Hrs	Yes No	Treat and recommend for follow up care within 24 hours	
	Treat and Refer Self Care with Advice	Yes No	Treat and refer for self care with advice (ref: Current edition CPGs)	
1.22 Not Treated / Not Transported (NTT)				
	Transport Declined	Yes No	Transport declined by patient	Tick box
	Treatment Declined	Yes No	Treatment declined by patient	
	Stood Down	Yes No	Crew stood down by service provider	
PCR 2. Patient data				
PCR 2.01 Unique Identifier				
	Command and Control Centre	Code	Patient Care Report (PCR) number comprises of 4 elements one of which is the EMS Command and Control Centre code. (ref:PHECC Command and Control Centre and Station codes for pre-hospital reports) A Command and Control Centre code can be actual or virtual as agreed with PHECC. It is the unique identifier for the patient care report	Alphanumeric
	Incident Number	Incident number	The second element is the incident number. This is a sequential Incident number generated for the incident by the individual service providers. (ref:PHECC Control Centre and Station codes for pre-hospital reports)	Alphanumeric
	Vehicle Call Sign	Vehicle call sign	The third element is the vehicle call sign, This is the call sign or number allocated to specific vehicles within the service providers.(ref:PHECC Control Centre and Station codes for pre-hospital reports)	Alphanumeric
	Patient Number	A B C	The fourth elements indicate first, second or third patient, A, B or C in a possible multiple person incident travelling in the same ambulance.(ref:PHECC Command and Control Centre and Station codes for pre-hospital reports)	Alphanumeric
	Barcode number	Number	Specific pre printed barcode Bar code number may be used in the absence of the Incident Number	Not required
PCR 2.02 Patient Demographics				
	Surname	Surname	Names by which patient is known.	Free text - Alphabetic
	Name	First name		
	Date of Birth	Day Month Year	Specific day, month and year the patient was born	Numeric DD/MM/YYYY
	Age	Age	Age of patient. Recorded in days, weeks, months or years as appropriate	Numeric
	Paediatric Weight	Kilograms	Paediatric weight expressed in kilograms	Numeric
	Permanent address	Permanent address	Location of patient's permanent residence	Alphanumeric
	Gender	Male Female	Classification of sex of patient	Tick box
	General Practitioner (GP)	Surname	Name of patient's GP	Alphabetic
		First name		

PCR Information Standard

ID No.	Field Name	Field Content	Definition	Entry Format
	Next of Kin	Surname First name	Name of patient's next of kin	Alphabetic
	Telephone number of next of kin	Telephone number	Telephone number of patient's next of kin	Numeric
PCR 3. Patient clinical assessment data				
PCR 3.01 Chief Complaint				
	Patient chief complaint	Chief complaint	The presenting complaint which is the reason pre-hospital emergency care is being sought	Alphabetic
	Time of onset	Hour Minute	Time of onset of presenting complaint	24 hour HH:MM
	Date of onset	Day Month Year	Date of onset of presenting complaint	Numeric DD/MM/YYYY
PCR 3.02 Primary Survey				
	Airway clear	Yes No	Initial rapid assessment of airway to determine if any life threatening condition exists	Tick box
	Airway partially obstructed	Yes No		
	Airway obstructed	Yes No		
	C Spine Suspect	Yes No	Initial rapid assessment of C Spine to determine if life threatening condition exists	Tick box
	C Spine not Indicated	Yes No		
	Breathing Normal	Yes No	Initial rapid assessment of breathing to determine if life threatening condition exists	Tick box
	Breathing Abnormal	Yes No		
	Breathing Fast	Yes No		
	Breathing Slow	Yes No		
	Breathing Absent	Yes No		
	Pulse Present	Yes No	Initial rapid assessment of circulation to determine if life threatening condition exists	Tick box Numeric
	Pulse Regular	Yes No		
	Pulse Absent	Yes No		
	Pulse Irregular	Yes No		
	Pulse Rate	Measurement		
	Skin Normal	Yes No		
	Skin Pale	Yes No		
	Skin Flushed	Yes No		
	Skin Cyanosed	Yes No		

PCR Information Standard

ID No.	Field Name	Field Content	Definition	Entry Format
	Cap-refill <2sec	Yes No		
	Cap-refill >2sec	Yes No		
	Loss of consciousness before arrival	Yes No Unknown		
	AVPU	Alert, Verbal, Painful or Unresponsive	Determination of responsiveness of patient	A, V, P, U
	Abrasion	Yes No	Brief account of findings for time critical/potentially time critical features including Wallace Rule of Nines Burns calculation and circulation sensation and motion	Tick box Alphabetic on body image Numeric %
	Burn	Yes No		
	CSM	Yes No		
	% burn	Yes No		
	Contusion	Yes No		
	Dislocation	Yes No		
	Fracture	Yes No		
	Pain	Yes No		
	Rash	Yes No		
	Swelling Numbness	Yes No		
	Wound	Yes No		
PCR 3.03 AMPLE Assessment				
	Allergies none known	Yes No	Reported known drug and agent allergies if known	Tick box Free text alphabetic
	Allergies unknown	Yes No		
	Free text	Text		
	Medications none	Yes No	Record of medications taken regularly if known or as recorded	Tick box Free text alphabetic
	Medications unknown	Yes No		
	Medications as supplied	Yes No		
	Medications per doctors letter	Yes No		
	Free text	Text		
	Past medical history none	Yes No	Past medical history reported by patient or relative if present or known	Tick box Alphabetic
	Past medical history unknown	Yes No		
	Past medical history per Doctors letter	Yes No		

PCR Information Standard

ID No.	Field Name	Field Content	Definition	Entry Format
	Past medical history per relative	Yes No	Description of last food or drink consumed Time last food or drink consumed	Tick box Free text alphanumeric 24 hour HH:MM
	Last intake unknown	Yes No		
	Last intake description	Description		
	Last intake time	Hour Minute		
	Event	Event	Identify the activity of the patient at the time the incident occurred. (ref: ICD 10 AM, external causes of morbidity and mortality). Activity is coded in combination with place of occurrence and mechanism of injury	Alphabetic Free text
3.03.01 Mechanism of Injury				
	Assault	Yes No	Mechanism by which injury occurred. Classified under the ICD 10 AM, external causes of morbidity and mortality). Coded in combination with place of occurrence and activity	Tick box
	Attack/Bite by Animal/Insect	Yes No		
	Chemical poisoning	Yes No		
	Electrocution	Yes No		
	Excessive cold	Yes No		
	Excessive heat	Yes No		
	Fall	Yes No		
	Firearm injury	Yes No		
	Injury to child	Yes No		
	Machinery accidents	Yes No		
	MVA off road	Yes No		
	RTA Bicycle	Yes No		
	RTA Motorbike	Yes No		
	RTA Pedestrian	Yes No		
	RTA Vehicle	Yes No		
	Smoke, Fire Flames	Yes No		
	Submersion	Yes No		
	Stabbing	Yes No		
	Water Transport Accident	Yes No		

PCR Information Standard

ID No.	Field Name	Field Content	Definition	Entry Format
	Other	Yes No		
	Other	Text		
	PCR 3.3.2 Circumstances of Injury			
	Accident	Yes No	Assessment of circumstances of incident. Classified under the ICD 10 AM, External causes of morbidity and mortality. Coded in combination with place of occurrence and activity	Tick box
	Event of undetermined intent	Yes No		
	Intentional self harm	Yes No		
PCR 3.03.03 Vehicle Details				
	Rollover	Yes No	Vehicle details following car crash	Tick box and record: Arrow/X / ## as appropriate on diagram Numeric
	Helmet removal	Yes No		
	Seatbelt	Yes No		
	Trapped	Yes No		
	Airbag deployed	Yes No		
	Greater than 20 min extrication	Yes No		
	Fatality in vehicle	Yes No		
	Estimated vehicle speed	Measurement		
PCR 4. Clinical Status				
PCR 4.01	Clinical Status			
	Clinical Status Life Threatening	Yes No	A clinical status decision following assessment by the practitioner where life is at risk in the immediate timeframe or a critical time frame	Tick box
	Clinical Status Not Life Threatening	Yes No	A clinical status decision following assessment by the practitioner where there is a serious but not life threatening risk to patient	
	Clinical Status Non Serious or Life threatening	Yes No	A clinical status decision following assessment by the practitioner where the risk to life is not serious or not life threatening	
PCR 5. Vital Observations				
PCR 5.01	Vital observations			
	Vital observation time 1	Hour Minute	Clinical indicators of current health status. Up to 4 instances vital observations recorded for times 1, times 2, times 3 and times 4	24 hour HH:MM Numeric alphabetic or tick box
	Vital observation time 2	Hour Minute		
	Vital observation time 3	Hour Minute		
	Vital observation time 4	Hour Minute		
	Pulse rate	Measurement		

PCR Information Standard

ID No.	Field Name	Field Content	Definition	Entry Format
	Rhythm	Short code - R (regular) Short code - 1 (irregular)		
	Electrocardiograph rate	Rate		
		Short code - NSR (Normal sinus rhythm)		
		Short code - SB (Sinus bradycardia)		
		Short code - ST (Sinus tachycardia)		
		Short code - PAC (Premature atrial contraction)		
		Short code - PVC (Premature ventricular contraction)		
		Short code - VT (Ventricular tachycardia)		
		Short code - JR (Junctional rhythm)		
		Short code - SVT (Supraventricular tachycardia)		
		Short code - AF (Atrial fibrillation)		
		Short code - AFL (Atrial flutter)		
		Short code - FHB (First degree heart block)		
		Short code - SHBT1 (Second degree heart block type 1)		
		Short code - SHBT2 (Second degree heart block type 2)		
		Short code - THB (Third degree heart block)		
		Short code - ASY (Asystole)		
		Short code - IDO (Idioventricular)		
		Short code - PEA (Pulseless electrical activity)		
		Short code - VF (Ventricular fibrillation)		
	Respiratory rate	Respiration rate		
		Short code - 1 (Normal respiration quality)		
	Respiratory quality	Short code - 2 (Laboured quality)		
		Short code - 3 (Shallow quality)		
		Short code- 4 (Wheeze)		
		Short code - 5 (Rales)		
		Short code - 6 (Retract)		
		Short code - 7 (Absent)		
	Peak Expiratory Flow Rate	Measurement		
	Percentage oxygen saturation	Percentage		
	Percentage end tidal carbon dioxide	Percentage		
	Capillary refill	Measurement		
	Blood pressure	Systolic measurement Diastolic measurement		

PCR Information Standard

ID No.	Field Name	Field Content	Definition	Entry Format
	Temperature	Measurement		
	Pre- Hospital Early Warning Score	Measurement	Early warning scoring using defined parameters which indicate deterioration in acute patients (ref: current PHECC CPGs)	Numeric + / -
	Pupil size	Measurement	Clinical indicators of patient current health status	Alphanumeric
	Pupil Reaction	Short code - + (Pupil reacts) Short code - - (Pupil does not react) Short code - C (Eyes closed)		
	Revised Trauma Score	Measurement	Injury severity score estimating the degree of injury and prognosis of a trauma patient (ref: current PHECC CPGs)	Numeric
	Pain score	Measurement	Pain score of the patient's pain intensity as reported by them	Numeric
	Blood glucose	Measurement	Numeric value in mmol/L as recorded by glucometer	Numeric
PCR 5.01.01 Glasgow Coma Scale				
	Eyes	Short code - 4 (Spontaneous eye response)	Clinical indicators of patient current health status	Numeric
		Short code - 3 (Response to voice)		
		Short code - 2 (Response to pain)		
		Short code - 1 (No response)		
	Verbal	Short code - 5 (Orientated verbal response)		
		Short code - 4 (Confused verbal response)		
		Short code - 3 (Inappropriate words)		
		Short code - 2 (Incomprehensible sounds)		
		Short code - 1 (None)		
	Motor	Short code - 6 (Obeys)		
		Short code - 5 (Local pain)		
		Short code - 4 (Withdraws to pain)		
		Short code - 3 (Abnormal flexion)		
		Short code - 2 (Extension to pain)		
		Short code - 1 (None)		

PCR Information Standard

ID No.	Field Name	Field Content	Definition	Entry Format
PCR 5.02 FAST Assessment				
	Facial movement present on request	Yes No	Rapid assessment tool to assist in the early recognition of stroke(CVA)	Tick box
	Arm movement present on request	Yes No		
	Speech difficult or slurred	Yes No		
PCR 6. Clinical Impression				
PCR 6.01 Cardiac				
	Cardiac arrest	Yes No	An early clinical impression of the presenting illness/injury classified according to ICD 10 AM	Tick box
	Cardiac arrhythmia	Yes No		
	Cardiac chest pain	Yes No		
	Heart failure	Yes No		
	Other cardiac	Yes No		
PCR 6.02 Medical				
	Back pain	Yes No	An early clinical impression of the presenting illness/injury classified according to ICD 10 AM	Tick box
	Diabetes mellitus	Yes No		
	Fever	Yes No		
	Headache	Yes No		
	Hypothermia	Yes No		
	Other medical	Yes No		
PCR 6.03 Neurological				
	Altered level of consciousness	Yes No	An early clinical impression of the presenting illness/injury classified according to ICD 10 AM	Tick box
	Seizures	Yes No		
	Stroke	Yes No		
	Other neurological	Yes No		
PCR 6.04 Obstetrics and or Gynaecological				
	Haemorrhage <24 wks	Yes No	An early clinical impression of the presenting illness/injury classified according to ICD 10 AM	Tick box
	Haemorrhage >24 wks	Yes No		
	Labour	Yes No		
	Post partum haemorrhage	Yes No		
	Pre-hospital delivery	Yes No		
	Other Obs/Gynae	Yes No		

PCR Information Standard

ID No.	Field Name	Field Content	Definition	Entry Format
PCR 6.05 Respiratory				
	Asthma	Yes No	An early clinical impression of the presenting illness/injury classified according to ICD 10 AM	Tick box
	COPD	Yes No		
	FBAO	Yes No		
	Respiratory arrest	Yes No		
	Respiratory distress	Yes No		
	Smoke inhalation	Yes No		
	Other respiratory	Yes No		
	PCR 6.06 Trauma			
	Burns	Yes No	An early clinical impression of the presenting illness/injury classified according to ICD 10 AM	Tick box
	Dislocation/ Sprain	Yes No		
	Fracture	Yes No		
	Haemorrhage	Yes No		
	Head injury	Yes No		
	Maxillo-facial injury	Yes No		
	Multiple trauma	Yes No		
	Shock	Yes No		
	Spinal injury	Yes No		
	Open wound	Yes No		
	Other trauma	Yes No		
	PCR 6.07 General			
	Abdominal pain	Yes No	An early clinical impression of the presenting illness/injury classified according to ICD 10 AM	Tick box
	Acute intoxication	Yes No		
	Allergic reaction	Yes No		
	Behavioural disorder	Yes No		
	Illness unknown	Yes No		
	Nausea / Vomiting	Yes No		
	Poisoning	Yes No		
	Syncope / Collapse	Yes No		
	Other General	Yes No		

PCR Information Standard

ID No.	Field Name	Field Content	Definition	Entry Format
PCR 7. Care Management data				
PCR 7.01 Airway and Breathing				
	Basic Airway Management	Yes No	Airway care management intervention.	Tick box
	FB Clearance Magill Forceps	Yes No		
	Supraglottic airway	Yes No		
	Pocket Mask	Yes No		
	BVM	Yes No		
	Oxygen Therapy	Yes No		
	Intubation	Yes No		
	CPAP Therapy	Yes No		
	Needle Thoracocentesis	Yes No		
	Cricothyroidotomy	Yes No		
	PCR 7.02 Cardiac Support			
	12 lead ECG	Yes No	Cardiac support care management intervention.	Tick box
	Active Cooling	Yes No		
PCR 7.03 Haemorrhage Control				
	Direct pressure	Yes No	Haemorrhage control management	Tick box
	Pressure points	Yes No		
	Tourniquet use	Yes No		
PCR 7.04 Circulation Support				
	Intravenous cannula	Yes No	Circulation support care management intervention	Tick box
	Intraosseous cannula	Yes No		
PCR 7.05 Immobilisation and or Extrication				
	Canvas sheet	Yes No	Immobilisation and extrication care management intervention	Tick box
	Cervical Collar	Yes No		
	Extrication Device	Yes No		
	Log roll	Yes No		
	Long Board	Yes No		
	Orthopaedic stretcher	Yes No		
	Rapid extraction	Yes No		
	Splint	Yes No		

PCR Information Standard

ID No.	Field Name	Field Content	Definition	Entry Format
	Spinal injury decision	Yes No		
PCR 7.06 Miscellaneous				
	Active re-warming	Yes No	Miscellaneous care management intervention not listed previously	Tick box
	Burns Dressing	Yes No		
	Minor Injury	Yes No		
	Other Dressing	Yes No		
	Positioning	Yes No		
	Taser Gun Barb	Yes No		
	PCR 8. Medication Treatment			
PCR 8.01 Medications				
	Medications	Adenosine	List of medications available to pre-hospital practitioners as per current edition of PHECC CPGs	Alphanumeric
		Amiodarone		
		Aspirin		
		Atropine		
		Benzylpenicillin		
		Clopidogrel		
		Cyclizine		
		Dextrose 5%		
		Dextrose 10%		
		Diazepam		
		Enoxaparin Sodium Solution		
		Epinephrine (1:10 000)		
		Epinephrine (1: 1 000)		
		Furosemide		
		Glucagon		
		Glucose Gel		
		Glyceryl Trinitrate (GTN)		
		Hartmann's Solution		
		Hydrocortisone		
		Ibuprofen		
		Ipratropium Bromide		
		Lidocaine		
		Lorazepam		
		Magnesium Sulphate		
		Midazolam		
		Morphine		
		Naloxone		
		Nifedipine		
		Nitrous Oxide/O2		
		Ondansetron		
		Other Med /Fluid administered by Dr		
		Oxygen		
		Paracetamol		
		Salbutamol		
Sodium Bicarbonate				
Sodium Chloride 0.9%				
Syntometrine				

PCR Information Standard

ID No.	Field Name	Field Content	Definition	Entry Format
		Tenecteplase powder for injection		
		Tetracaine		
PCR 8.01.02 Route of Administration of Medication				
	Route	Short code - PO (oral)	Route of administered medication	Alphabetic
		Short code - INH (inhalation)		
		Short code - IN (intranasal)		
		Short code - SL (sublingual)		
		Short code - BU (buccal)		
		Short code - ETT (endotracheal Tube)		
		Short code - IM (intramuscular)		
		Short code - SC (subcutaneous)		
		Short code - IO (intraosseous)		
		Short code - IV (intravenous)		
		Short code - PR (per rectum)		
		PCR 8.01.03 Dose of medication for administration		
	Dose	Measurement in addition to the following: Short code - g (grams) Short code - L (litres) Short code - mcg (micrograms) Short code - Mg (milligrams) Short code -mL (millilitres) Short code - mEq/L(milliEquivalent per litre) Short code - % (percent)	Unit of measurement of administered medication.	Numeric Alphabetic
PCR 8.01.04 Time of medication admistration				
	Time	Hour Minute	Time medication administered	24 hour entry HH:MM
PCR 9. Continuity of care				
PCR 9.01 Continuity of care handover				
	Handover	Yes No	Record if patient handover received from practitioner/s engaged in the care of the patient, time and PIN	Tick box Numeric entry 24 hour entry HH:MM
	Time of continuity of care	Hour Minute		
	PIN	PIN		
PCR 9.02 Continuity of care intervention				
	Intervention	Yes No	Record if care administered by a practitioenr who is not the principal care giver, time and PIN. Record care administered in care management and PIN	Tick box Numeric entry HH:MM
	Time of intervention	Hour Minute		
	PIN	PIN		
PCR 10. Clinical Audit				
PCR 10.01	Clinical Audit	Yes No	Determine if the patient incident requires systematic review	Tick box

PCR Information Standard

ID No.	Field Name	Field Content	Definition	Entry Format
PCR 11. Decline Treatment and or Refusal of Transport				
PCR 11.01	Understanding of clinical situation	Yes No	Determination of patient decision making capacity to reject treatment and or transport and to make an alternative care plan	Tick box
PCR 11.02	Appreciation of applicable risk	Yes No		
PCR 11.03	Ability to make alternative care plan	Yes No		
PCR 12. Out-of-hospital cardiac arrest data				
PCR 12.01	History of coronary disease	Yes No Unknown	History of coronary artery disease present	Tick box
PCR 12.02	Chest pain			
	Time of chest pain	Hour Minute	Time or best estimate of time of chest pain	24 hr clock HH:MM Tick box
PCR 12.03 Collapse				
	Time of Collapse	Hour Minute		
	Collapse witnessed	Yes No	Record of collapse seen or heard	Tick box
	Civilian	Yes No	Category of witness of collapse and clinical level	Tick box Alphabetic
	Responder	Yes No		
	Fire	Yes No		
	Garda	Yes No		
	Auxiliary/Voluntary	Yes No		
	Practitioner	Yes No		
	Other	Yes No		
	Other	Text		
PCR 12.03.01 Witness Clinical Level				
	No Training	Yes No	Clinical level of witness of collapse	Tick box Alphabetic
	Unknown Training	Yes No		
	CFR/BLS	Yes No		
	OFA	Yes No		
	EFR	Yes No		
	EMT	Yes No		
	Paramedic	Yes No		
	Advanced Paramedic	Yes No		
	Nurse	Yes No		

PCR Information Standard

ID No.	Field Name	Field Content	Definition	Entry Format
	Doctor	Yes No		
	Other	Yes No		
	Other	Text		
	Other	Text		
PCR 12.04 Chest Compressions				
	Chest compressions commenced	Yes No	Record of commencement of chest compressions	Tick box
PCR 12.04.01 Who commenced chest compressions				
	Civilian	Yes No	Category of person who commenced chest compressions and clinical level	Tick box Alphabetic
	Responder	Yes No		
	Fire	Yes No		
	Garda	Yes No		
	Auxiliary/Voluntary	Yes No		
	Practitioner	Yes No		
	Other	Yes No		
	Other	Text		
	Other	Text		
	Other	Text		
PCR 12.4.2 Clinical Level of Person who Commenced Chest Compressions				
	No Training	Yes No	Clinical level of person who commenced chest compressions	Tick box Alphabetic
	Unknown Training	Yes No		
	CFR/BLS	Yes No		
	OFA	Yes No		
	EFR	Yes No		
	EMT	Yes No		
	Paramedic	Yes No		
	Advanced Paramedic	Yes No		
	Nurse	Yes No		
	Doctor	Yes No		
	Other	Yes No		
	Other	Text		
	Other	Text		
	Time Chest compressions commenced	Hour Minute	Time or best estimate of time chest compressions commenced	24 hr clock HH:MM
	Total duration of chest compressions	Hour Minute	Time or best estimate of duration of chest compressions	Tick box entry
	Mechanical Cardiopulmonary Resuscitation device?	Yes No	Mechanical CPR was /was not used	

PCR Information Standard

ID No.	Field Name	Field Content	Definition	Entry Format
PCR 12.05 Arrest rhythm				
	Initial rhythm	Shockable Unshockable	Was initial rhythm a shockable rhythm	Tick box
	Specify rhythm	Ventricular fibrillation Ventricular tachycardia Unknown rhythm - shock advised Unknown rhythm - no shock advised Asystole Pulseless electrical activity	What was first cardiac rhythm recorded prior to defibrillation	Free text ¹ alphabetic ²
	Time first rhythm analysis	Hour Minute	Time or best estimated first cardiac rhythm recorded prior to defibrillation	HH:MM
	Manual Automated External Defibrillator (AED)	Yes No	Manual AED use	Tick box
	Defibrillator pads applied	Yes No		
PCR 12.06 Defibrillator Pads				
	Defibrillator pads applied	Yes No	Record of application of defibrillator pads	Tick box
PCR 12.06.01 Who first applied defibrillator pads				
	Civilian	Yes No	Category of person who applied defibrillator pads	Tick box Alphabetic
	Responder	Yes No		
	Fire	Yes No		
	Garda	Yes No		
	Auxiliary/Voluntary	Yes No		
	Practitioner	Yes No		
	Other	Yes No		
	Other	Text		
PCR 12.6.2 Clinical Level of person who first applied defibrillator pads				
	No Training	Yes No	Clinical level of person who first applied defibrillator pads	Tick box Alphabetic
	Unknown Training	Yes No		
	CFR/BLS	Yes No		
	OFA	Yes No		
	EFR	Yes No		
	EMT	Yes No		
	Paramedic	Yes No		
	Advanced Paramedic	Yes No		
	Nurse	Yes No		
	Doctor	Yes No		
	Other	Yes No		
	Other	Text		

PCR Information Standard

ID No.	Field Name	Field Content	Definition	Entry Format
PCR 12.07 Shock				
	Was shock advised	Yes No	When defibrillator pads applied was shock advised by defibrillator	Tick box
	Was shock delivered	Yes No Unknown No shock advised	When defibrillator advised shock, was shock delivered	Tick box
	Defibrillator malfunction	Yes No	Record of malfunction of defibrillator	Tick box
PCR 12.7.1 Who delivered first shock				
	Civilian	Yes No	Category of person who delivered first shock	Tick box
	Responder	Yes No		
	Fire	Yes No		
	Garda	Yes No		
	Auxiliary/Voluntary	Yes No		
	Practitioner	Yes No		
	Other	Yes No		
PCR 12.07.02 Clinical level of person who delivered first shock				
	No Training	Yes No	Clinical level of person who delivered first shock	Tick box Alphabetic
	Unknown Training	Yes No		
	CFR/BLS	Yes No		
	OFA	Yes No		
	EFR	Yes No		
	EMT	Yes No		
	Paramedic	Yes No		
	Advanced Paramedic	Yes No		
	Nurse	Yes No		
	Doctor	Yes No		
	Other	Yes No		
	Other	Text		
	Total number of shocks	Number		
Time First Shock delivered	Hour Minute	Time first shock delivered	24 hr clock HH:MM	
PCR 12.08 CPR in progress when				
	CPR in progress on transfer to hospital	Yes No	Patient transferred to hospital while CPR in progress	Tick box

PCR Information Standard

ID No.	Field Name	Field Content	Definition	Entry Format
PCR 12.09	Doctor in attendance			
	Doctor in attendance	Yes No	Doctor in attendance	Tick box
PCR 12.10	Return of spontaneous circulation(ROSC)			
	ROSC at any stage	Yes No	ROSC returned at any stage during the cardiac incident	Tick box
PCR 12.10.01 Person who first achieved return of spontaneous circulation (ROSC)				
	Civilian	Yes No	Category of person who first achieved ROSC	Tick box
	Responder	Yes No		
	Fire	Yes No		
	Garda	Yes No		
	Auxiliary/Voluntary	Yes No		
	Practitioner	Yes No		
	Other	Yes No		
	PCR 12.10.02 Clinical level of person who first achieved spontaneous circulation (ROSC)			
	No Training	Yes No	Clinical level of person who first achieved ROSC	Tick box Alphabetic
	Unknown Training	Yes No		
	CFR/BLS	Yes No		
	EFR	Yes No		
	EMT	Yes No		
	Paramedic	Yes No		
	Advanced Paramedic	Yes No		
	Nurse	Yes No		
	Doctor	Yes No		
	Other	Yes No		
	Other	Text		
	Time of ROSC	Hour Minute	Time of Return of Spontaneous Circulation (ROSC)	24 hr clock HH:MM
	SC on arrival in ED	Yes No	Spontaneous circulation on arrival in ED	Tick box
PCR 12.11 Cardiac First Response Report Completed				
	CFR Report completed	Yes No	CFR Report completed and handed over to Ems practitioner	Tick box