

**Wyoming**  
Emergency Medical Services

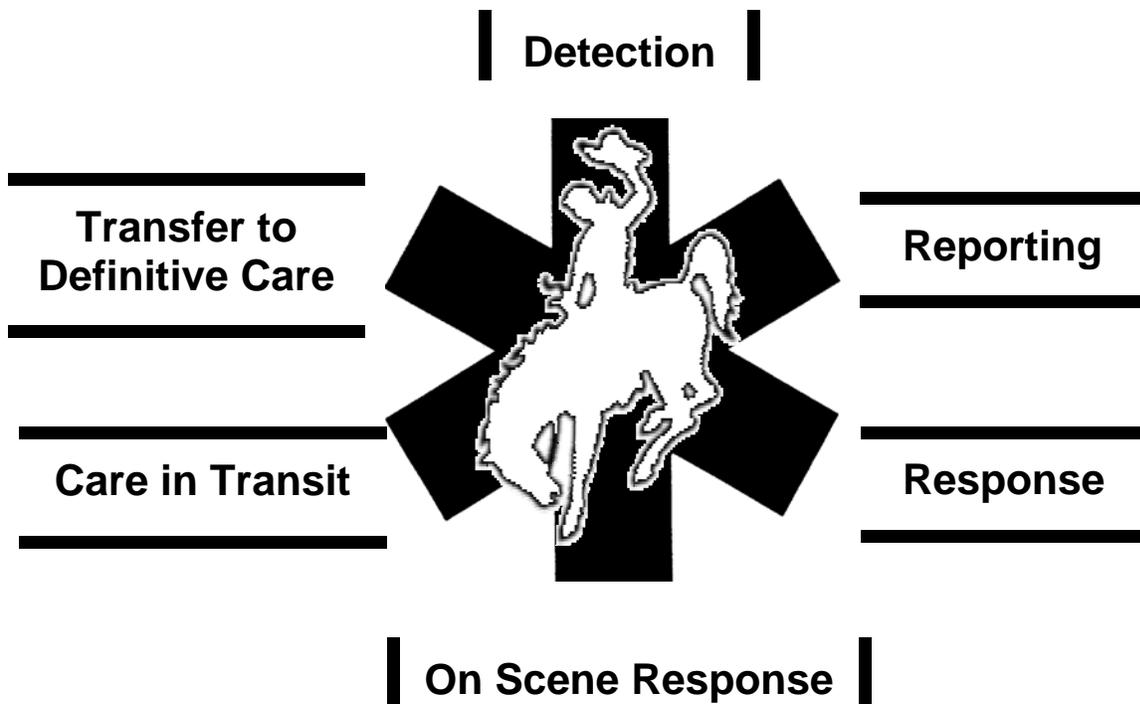
***Quick Reference Guide***  
*of Data Element Descriptions for the*

**2005 Patient Care Report**

*Revision 2*

**The Star of Life**

The six barred cross represents the six function of EMS



*May 11, 2005*



# 2005 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.

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

# Patient Care Report

## Section 1 - Record Information

Section 1 - Record Information			
Care Report Name:	Description:	Reference	Dataset
Incident #	The incident number assigned. May be by dispatch or locally defined.	E02_02	Local
Incident Date	The date the phone rings requesting services	Defined in times &	National
	The year to which the information pertains	D01_10	National
Last Name First Name Middle Initial	The patient's last (family) name, first given name, and middle name/initial if any.	E06_01 E06_02 E06_03	Local
Gender	The patient's gender	E06_11	National
Age  Years, Months, Days, hours	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
	Age units - The units which the age is documented	E06_15	National
DOB	Patients date of birth: MM/DD/YYYY or MM/DD/YY	E06_16	Local
Race/Ethnicity	Race: The patient's race as defined by the United States Office of Management and Budget.	E06_12	<i>National</i>
	Ethnicity: The patient's ethnicity as defined by the United States Office of Management and Budget.	E06_13	<i>National</i>
Patients Home ZIP	The patient's home AIP code of residence	E06_08	National
Incident County #	The county where the patient was found or to which the unit responded (or best approximation)	E06_13	State
Incident State	The state where the patient was found or to which the unit responded (or best approximation)	E08_14	State
Incident ZIP	The ZIP code of the incident location	E08_15	National

### Section 1 - Record Information

Care Report Name:	Description:	Reference	Dataset
Incident Address	The street address (or best approximation) where the patient was found, or, if no patient, the address to which the unit responded.	E08_11	Local
Incident City	The city (if applicable) where the patient was found or to which the unit responded (or best approximation)	E08_12	State
Dispatched Complaint	The complaint dispatch reported to the responding unit.	E03_01	National
Incident Location	The kind of location where the incident happened from the Uniform Dataset and WATRS	E08_07	National
Scene GPS Location	The GPS coordinates from the scene	E08_10	Local/State

### Section 2 - Time / Distances

#### Section 2 - Time / Distances

Care Report Name:	Description:	Reference	Dataset
Day of Week	The day of the week of the incident date	Defined in times	State
Public Safety Access Point "PSAP"	The time the phone rings (911 call to public safety answering point or other designated entity) requesting EMS services. <i>Ambulance agencies should obtain this time from the dispatch centers beginning 2005.</i>	E05_02	National
Dispatch Notified	The time dispatch was notified by the 911 call taker (if a separate entity)	E05_03	Local
Unit Notified	The time the responding unit was notified by dispatch, sometimes referred to as paged time	E05_04	National
Unit En Route	The time the unit responded; that is, the time the vehicle started moving	E05_05	National
Arrive on Scene	The time the responding unit arrived on the scene; that is, the time the vehicle stopped moving	E05_06	National

## Section 2 - Time / Distances

Care Report Name:	Description:	Reference	Dataset
Arrived at PT (patient)	The time the responding unit arrived at the patient's side. Note: This provides more accurate information on the true response time and scene (treatment time).	E05_07	<i>National</i>
Transfer of Patient Care	The time the patient was transferred from this EMS agency to another EMS agency for care. (May also be used when care is transferred to another EMS Agency when they ride in with the initial EMS Agency.)	E05_08	State
Unit Left Scene	The time the responding unit left the scene (started moving)	E05_09	National
Patient Arrived at Destination	The time the responding unit arrived with the patient at the destination or transfer point	E05_10	National
Back In Service	The time the unit back was back in service and available for response (finished with call, but not necessarily back in home location)	E05_11	National
Unit Cancelled	The time if the unit's call was cancelled	E05_12	State
At Home Location	The time the responding unit was back in their home location/garage. In agencies who utilized Agency Status Management, home location means the service area as assigned through the agency status management protocol.	E05_13	National
Odometer Mileage	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 ( )		
Odometer Beginning	The mileage (odometer reading) of the vehicle at the beginning of the call (when the wheels begin moving)	E02_16	State
On Scene  (Mileage to scene)	The mileage (odometer reading) of the vehicle when it arrives at the patient  The number of miles to the scene	E02_17	State

Section 2 - Time / Distances			
Care Report Name:	Description:	Reference	Dataset
Pt. Destination  (Mileage to Pt destination)	The mileage (odometer reading) of the vehicle when it arrives at the patient's destination  The miles from scene to the patients destination	E02_18	State
Ending Odometer  (Mileage to end)	The ending mileage (odometer reading) of the vehicle (at time back in service or at home location - Agencies choice)  The miles from destination to back in service or at home location (defined by local system)	E02_19	State

### Section 3 - Call Information 1

Section 3 - Response			
Care Report Name:	Description:	Reference	Dataset
Dispatched by 911 Center  (EMS Dispatched Volume per Year)	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).  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_14  D01_15	National  National
EMD Performed	Indication of whether Emergency Medical Dispatch was performed for this EMS event.	E03_02	National
Scene Temp	The <u>estimated temperature</u> where the patient is located Examples: If the patient is in the house, the temperature of the house regardless of outside temperature, Motor Vehicle incidents - is outside temperature	State	State

### Section 3 - Response

Care Report Name:	Description:	Reference	Dataset
Type of Service Req - (Requested)	The type of service or category of service requested of the EMS service responding for this specific EMS incident.	E02_04	National
<p>911 Response to Scene - Notification from the dispatch center of an immediate response needed. May be with lights/sirens or without the use of lights/sirens (emergent Versus non emergent). Exceptions: if the 911 dispatch center is used for all notifications for transport then it is up to the EMS agency shall determine if “Interfacility Transfer” or “Medical Transport” classification is appropriate.</p> <p>Interfacility Transfer - The transport of a patient from one medical facility to another (may be emergent or non emergent)</p> <p>Medical Transport - The <u>scheduled</u> (<i>notified in advance</i>) transport of a patient from one location to another. Locations transported to or received from may not be a health care facility. Example: Transport from hospital to home. Rarely emergent unless patient condition changes.</p> <p>Mutual Aid - Request to provide services to another agency (Police, Fire, other medical)</p> <p>Standby - A scheduled request for service for an event. Example: football games, rodeo, school, etc.</p> <p>Intercept - A request to meet another EMS agency en route for the purpose of transferring care of the patient. Care may be continued in the requesting ambulance or the patient may be moved to the responding ambulance for continued care.</p>			
Primary Role of Unit	<p>The primary role of the EMS service which was requested for this specific EMS Incident.</p> <ul style="list-style-type: none"> <li>-Ambulance Service = Transport, if the ambulance has a cot, the primary role is transport, including standbys</li> <li>-Fire first response agencies = “Non-Transporting</li> <li>-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.</li> </ul>	E02_05	National

### Section 3 - Response

Care Report Name:	Description:	Reference	Dataset
EMS Unit # (MS)	The MS (EMS) unit number used to dispatch and communicate with the unit. This may be the same as (D06_01 - Local) the unique ID number for each EMS unit.	D04_02	National
	EMS Unit Call Sign (Radio Number)	E02_12	National
Incident/Patient Disposition	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 (draft) Definitions</i>	<p>Treated, Transport EMS - patient is transported by EMS, patients transported all receive some form of treatment by being place on cot or bench.</p> <p>Cancelled - When the unit is cancelled with no patient contacted.</p> <p>Treated and Released - When treatment has been initiated and the physician approves the non-transport of the patient.</p> <p>No Patient Found - There is no patient on scene (example: an abandoned car found on the roadway).</p> <p>No Treatment Required - The "Incident / Patient Disposition" from a Standby when no treatment is provided.</p> <p>Pt. Refused Care - The patient signs an informed release/refusal of care and/or transport.</p> <p>Dead on Scene - Victim's condition is incompatible with life. Obvious signs of death present Example: rigor, decapitation, etc.</p> <p>Treated, Transferred Care - The EMS service releases care to another EMS/Life flight crew for continued care.</p> <p>Treated, Transported Law Enforcement - EMS has provided treatment and Law enforcement assumes control.</p> <p>Treated, Transported Private Vehicle - Patient is treated then transported by a private vehicle due to unavailability of EMS transport (possible MCI). Signed informed refusal of service as appropriate.</p>		
Scene Assistance by	Other agencies/persons that were at the scene	Requested Element	Local/State

Section 3 - Response			
Care Report Name:	Description:	Reference	Dataset
Prior Aid	Any care which was provided to the patient prior to the arrival of this unit.	E09_01	National
Prior Aid Performed by	The type of individual who performed the care prior to the arrival of this unit.	E09_02	National
# of Patients on Scene	Indicator of how many total patients were at the scene	E08_05	National
Mass Casualty Incident	Indicator if this event would be considered a mass casualty incident (overwhelmed existing EMS resources). Locally defined	E08_06	National
Response Mode	Indication whether or not lights and/or sirens were used on the vehicle on the way to the scene	E02_20	National
Transport Mode	Indication whether or not lights and/or sirens were used on the vehicle while leaving scene.	E20_14	National

## Section 4 - Call Information 2

Section 4 - Situation			
Care Report Name:	Description:	Reference	Dataset
Alcohol/Drug Use Indicators	Indicators for the potential use of Alcohol or Drugs by the patient.	E12_19	National
Incident Type	The patients problem Medical or Trauma.  Modified from national element "Possible Injury" defined as: 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 (modified)
Cause of Injury	The category of the reported/suspected external cause of the injury.  Select from the Uniform Dataset and WATRS	E10_01	National

Section 4 - Situation			
Care Report Name:	Description:	Reference	Dataset
Mechanism of Injury	The mechanism of the event which caused the injury.	E10_03	State
Use of Safety Equip	Safety equipment in use by the patient at the time of the injury	E10_08	State
Public Access Defibrillation	Indication of the application/use of an AED applied by non-medical providers.	Component of prior aid	State
Trauma Injury Matrix	Type of injury identified and associated with the body regions (including burns). Provides documentation of assessment and care. Example: Splinting the lower leg is indicated by "Dislocation - Fx" and region of "L-Extrem" (Lower Extremities). This is assessment based treatment.	E15_02 through E15_10	State
Intent of Injury	The intent of the individual inflicting the injury.	E10_02	State
Trauma Triage Criteria	Indicator(s) that the patient may meet the entry criteria for special resources needed for trauma stabilization and care. Modified from E23_02	Component similar to: E23_02	State

## Section 5 - Delays / Procedures

Section 5 - Delays / Procedures			
Care Report Name:	Description:	Reference	Dataset
Dispatch, Type of Delay	The dispatch delays, if any, associated with the dispatch of the EMS unit to the patient encounter.	E02_06	National
Response, Type of Delay	The response delays, if any, of the unit associated with the patient encounter.	E02_07	National
Scene, Type of Delay	The scene delays, if any, of the unit associated with the patient encounter	E02_08	National
Transport, Type of Delay	The transport delays, if any, of the unit associated with the patient encounter.	E02_09	National
BLS Procedures	Indication the listed procedure was performed on this patient by any level provider. Components from D04_04	E19_03	National

### Section 5 - Delays / Procedures

Care Report Name:	Description:	Reference	Dataset
EMT I & P Procedures	Indication the listed advanced procedure was performed on this patient by EMT - I or EMT - P providers. Components from D04-4		
EMT P Procedures	Indication the listed advanced procedure was performed on this patient by EMT - P providers only. Components from D04-04		

### Section 6 - BLS & ALS Medications / Interventions / Fluid / O2

#### Section 6 - BLS & ALS Medications Interventions - Fluid - O2

Care Report Name:	Description:	Reference	Dataset
BLS & ALS Medications Interventions - Fluid - O2	The medication administered, intervention performed or oxygen applied	Component of E19_03 E18_03	National National
Time	The time the procedure was performed /medication administered/ oxygen applied on the patient	E18_01 E19_01	Local
Dosage/Route Gauge/Rate	The route, dose or amount of the medication was administered.	E18_04 E18_05 E18_06 E19_04	Local
Response to / Results / Amount Infused Medication / Procedure Complications	-The patients response to medication. -Any complication (abnormal effect on the patient) associated with the administration fo the medication to the patient by EMS. -Any Complication associated with the performance of the procedure on the patient.	E18_07 E18_08  E19_07	Local National  National
Attempts #	The number of attempts taken to complete a procedure or intervention regardless of success	E19_05	National
Successful Y - N	Indication of whether or not the procedure performed on the patient was successful	E19_06	National

### Section 6 - BLS & ALS Medications Interventions - Fluid - O2

Care Report Name:	Description:	Reference	Dataset
Initiated by ID #	The Wyoming assigned ID number of the EMS crew member giving the treatment to the patient.	E18_09	Local
	The Wyoming assigned ID number of the EMS crew member performing the procedure on the patient.	E19_09	Local
S/O	S/O is Standing Order. Check this box if standing order.	E18_10 E19_10	Local Local
Authorizing Physician	-The last name of the authorizing physician ordering the medication administration if the order was provided by any manner other than protocol (standing order).	E18_11	Local
	-The last name of the authorizing physician ordering the procedure, if the order was provided by any manner other than protocol (standing order).	E19_11	Local

### Section 7 - Assessment / History

#### Section 7 - Assessment / History

Care Report Name:	Description:	Reference	Dataset
EMS Agency & Number	The formal name of the EMS Agency. The EMS Office uses city then a hyphen and full name of service, EX: "Cheyenne - American Medical Response"	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 does not need to be entered during the time of this guides distribution.	D01_01 & E02_01	
Chief Complaint	The statement of the problem by the patient or the history provider in one or two words.	E09_05	Local
Incident or Onset Time	The time the injury occurred, or the time the symptoms or problem started	E04_01	State

## Section 7 - Assessment / History

Care Report Name:	Description:	Reference	Dataset
Incident or Onset Date	The time the injury occurred, or the date the symptoms or problem started	E04_01	State
Current Medications	The medications the patient currently takes	E12_14	Local
Chief Complaint Anatomic Location	The primary anatomic location of the chief complain as identified by eh EMS provider.	E09_11	National
Chief Complaint Organ System	The primary organ system of the patient injured or medically affected. This is recommended to be completed by advanced level providers (EMT-I or EMT-P).	E09_12	National
Allergies	The patient's medication allergies	E12_08	Local
Pertinent History	The patient's per-existing medial and surgical history of the patient.	E12_10	Local
Providers Primary Impression	The EMS personnel's impression of the patient's primary problem or most significant condition which le to the management given to the patient (treatments, medications, or procedures).	E09_15	National
Providers Secondary Impression	The EMS personnel's impression of the patient's secondary problem or most significant condition which le to the management given to the patient (treatments, medications, or procedures).	E09_16	National
Symptoms: Primary	The primary sign and symptom present in the patient or observed by EMS Personnel. Single Choice or select one only.	E09_13	National
Symptoms: Secondary	Other symptoms identified by the patient or observed by EMS Personnel.	E09_14	National
Barriers to Patient Care	Indication of whether or not there were any patient specific barriers to serving the patient at the scene.	E12_01	National

## Section 8 - Vitals / Narrative

Section 8 - Vitals / Narrative			
Care Report Name:	Description:	Reference	Dataset
Time (Vitals)	Time vitals taken.	E14_01	Local
	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_02	Local
Pulse	The patient's pulse rate, palpated or auscultated, expressed as a number per minute.	E14_07	State
SYS BP (SBP - Systolic Blood Pressure)	The patient's systolic blood pressure.	E14_04	State
DIAS BP (DBP - Diastolic Blood Pressure)	The patient's diastolic blood pressure.	E14_05	State
RESP (Respiratory Rate)	The patient's respiratory rate expressed as a number per minute.	E14_11	State
O2 SAT (Pulse Oximetry)	The patient's oxygen saturation.	E14_09	State
Pain Index (0-10)	The patient's indication of pain from a scale of 0 - 10.	E14_23	State
GCS Total (Total Glasgow Coma Score)	The patient's total Glasgow Coma Score.	E14_19	State
Eye (Eye Right and/or Left Assessment)	The assessment of the patients eye(s) on examination.	E16_21	Local
		E16_22	Local
Narrative	The narrative of the patient care report.	E13_01	Local

## Section 9 - Crew / Destination / Outcome

Section 9 - Crew / Vitals / Destination / Outcome			
Care Report Name:	Description:	Reference	Dataset
Signature & Certification Number	The signature of person completing report.		Local
	The statewide assigned ID number of the EMS crew member that complete this	E23_10	Local

Section 9 - Crew / Vitals / Destination / Outcome			
Care Report Name:	Description:	Reference	Dataset
Date	Date the report is completed.		Local
Report Continued	Indication the report is continued.		Local
Primary Patient Caregiver	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
Destination Facility	The destination the patient was delivered or transferred to.	E20_01	Local
	Signature of person receiving patient		Local defined
Destination Zip (Code)	The destination zip code in which the patient was delivered or transferred to.	E20_07	National
Type of Destination	The type of destination the patient was delivered or transferred to.	E20_17	National
Condition of Patient at Destination	The condition of the patient after care by EMS.	E20_15	National
Emergency Dept. Disposition	The known of the patient from the Emergency Department (ED).	E22_01	National
Hospital Disposition (Optional)	Indication of how the patient was dispositioned from the hospital, if admitted.	E22_02	<i>National</i>

## Condition of Patient at Destination, Emergency Department Disposition, and Hospital Disposition

### Special Documentation Instructions:

**Ambulance Services** that transport the patient to the hospital are to complete the “Condition of Patient at Destination”

“Emergency Department Disposition” is a high priority in 2005. It is the receiving facilities responsibility to provide this information to the ambulance service. Emergency Department Disposition applies to all transports from the field setting to the ED and when lights and/or sirens are used transferring a patient from one medical facility to another medical facility. If this information is denied to the EMS Agency by the Emergency Department, please call the EMS Office.

“Hospital Disposition” section is presently optional although if available please report it. Many services presently have a system in place.

The fields “Condition of Pt. at Destination” and outcome sections do not need to be completed when transferring a patient from a health care facility to another health care facility when **No Lights / No Sirens** are utilized.

**Fire Protective Services**, that **do not** transport, do not need to complete the “Condition, Destination and Outcome” section of the Patient Care Report.

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

Situation CPR Data Elements				
Run Report Name:	Description:	Data Elements:	Reference	Dataset
Cardiac Arrest	Indication of the presence of a cardiac arrest at any time	<ul style="list-style-type: none"> <li>•Yes, Prior to EMS Arrival</li> <li>•Yes, After EMS Arrival</li> <li>•No</li> </ul>	E11_01	National
Cardiac Arrest Etiology	Indication of the etiology or cause of the cardiac arrest (classified as cardiac, non-cardiac, etc.) (Utstein #5)	<ul style="list-style-type: none"> <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
Resuscitation Attempted	Indication of an attempt to resuscitate the patient who is in cardiac arrest (attempted, not attempted due to DNR, etc.)	<ul style="list-style-type: none"> <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
Arrest Witnessed By	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

Situation CPR Data Elements				
Run Report Name:	Description:	Data Elements:	Reference	Dataset
Any Return of Spontaneous Circulation	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
Estimated Time of Arrest prior to EMS Arrival	The length of time the patient was down (estimated) before the responding unit arrived at the patient	<ul style="list-style-type: none"> <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
Time Resuscitation Discontinued	The time the CPR was discontinued (or could be time of death)	HH:MM	E11_09	State
Reason CPR Discontinued	The reason that CPR or the resuscitation efforts were discontinued.	<ul style="list-style-type: none"> <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 2005 Patient Care Report:

National Uniform Data Set Elements not included in the 2005 Patient Care Report			
Data Element	Description	Reference	Comment
Type of Turn Around Delay	The turn-around delays, if any, associated with the EMS unit associated with	E02_10	Not applicable to WY at present.

<b>National Uniform Data Set Elements not included in the 2005 Patient Care Report</b>			
<b>Data Element</b>	<b>Description</b>	<b>Reference</b>	<b>Comment</b>
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.
CMS Level of Service	The CMS service level for this EMS encounter.	E07_34	EMT's are unfamiliar with this item.
Condition Code Number	The condition codes associated with the CMS EMS negotiated rule-making. A list of 95 Condition Codes which are mapped to ICD-9 Codes.	E07_35	At publication of this revision the Condition Code List is still in draft.
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.**

<b>National Uniform Data Set Collected in Annual Survey or on file</b>			
<b>Data Element</b>	<b>Description</b>	<b>Reference</b>	<b>Comment</b>
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.

National Uniform Data Set Collected in Annual Survey or on file			
Data Element	Description	Reference	Comment
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 Patient Contact Volume per Year	The number of EMS patient contacts for that calendar year.	D01_16	Collected in combination with WATRS and the annual survey
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

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

Section 1 - Record Information	<b>WYOMING EMS PATIENT CARE REPORT</b>				INCIDENT #:	INCIDENT DATE: / /200
	LAST NAME	FIRST NAME	Middle Initial	GENDER	<input type="checkbox"/> Female	
					<input type="checkbox"/> Male	
	AGE	DOB	RACE/ETHNICITY			
	<input type="checkbox"/> Years					
	<input type="checkbox"/> Months (1-11)					
	<input type="checkbox"/> Days (1-31)					
	<input type="checkbox"/> Hours (1-23)	PATIENTS HOME ZIP	INCIDENT COUNTY	INCIDENT STATE		
	<input type="checkbox"/> WY, or:					
	INCIDENT ADDRESS					
INCIDENT CITY			INCIDENT ZIP	SCENE GPS LOCATION		
COMPLAINT REPORTED BY DISPATCH			INCIDENT LOCATION TYPE			— o — — — — —

Section 2 -  
Time  
Distances

<b>DAY OF WEEK</b> <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat	<b>TIME LOG (Military Time 0000-2359)</b>	
	PUBLIC SAFETY ACCESS POINT <small>First phone ring - 911 center</small>	:
	<i>(Only if separate dispatch center from above)</i> Dispatch Notified	:
	UNIT NOTIFIED <small>Mandatory Time Entry</small>	:
	UNIT EN ROUTE <small>Mandatory Time Entry</small>	:
	ARRIVE ON SCENE	:
	ARRIVED AT PT.	:
	TRANSFER OF PATIENT CARE	:
	UNIT LEFT SCENE	:
	PATIENT ARRIVED AT DESTINATION	:
	BACK IN SERVICE	:
	UNIT CANCELLED	:
	AT HOME LOCATION <small>Mandatory Time Entry</small>	:
	<input type="checkbox"/> ODOMETER <input type="checkbox"/> (MILEAGE TO)	
Beginning Odometer		
On -Scene Or (Mileage To Scene)		
Pt Destination Or (Mileage To Pt Destination)		
Ending Odometer Or (Mileage To End)		

Section 3 -  
Call  
Information 1

<b>DISPATCHED BY 911 CTR</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>EMERGENCY MEDICAL DISPATCH PERFORMED</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, w/pre-arrival instructions <input type="checkbox"/> N/A <input type="checkbox"/> Yes, w/out pre-arrival instructions	<b>SCENE TEMP</b> <input type="checkbox"/> O <input type="checkbox"/> F
<b>TYPE OF SERVICE REQ</b> <input type="checkbox"/> 911 Response scene <input type="checkbox"/> Interfacility transfer <input type="checkbox"/> Medical transport <input type="checkbox"/> Mutual aid <input type="checkbox"/> Standby <input type="checkbox"/> Intercept	<b>PRIMARY ROLE OF THE UNIT</b> <input type="checkbox"/> Transport <input type="checkbox"/> Non-transport <input type="checkbox"/> Not Applicable <b>UNIT MS#</b>	<b>INCIDENT / PATIENT DISPOSITION</b> <input type="checkbox"/> Treated, Transport EMS <input type="checkbox"/> Cancelled <input type="checkbox"/> Treated & Released <input type="checkbox"/> No Patient Found <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown <input type="checkbox"/> Pt Refused Care <input type="checkbox"/> Dead At Scene <input type="checkbox"/> Treated, Transferred Care <input type="checkbox"/> Treated, Transported Law Enforcement <input type="checkbox"/> Treated, Transported Private Vehicle
<b>AGENCY SCENE ASSISTANCE BY:</b> <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	<b>PRIOR AID:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> Not applicable	<b>PRIOR AID PERFORMED BY:</b> <input type="checkbox"/> EMS provider <input type="checkbox"/> Law enforcement <input type="checkbox"/> Lay person <input type="checkbox"/> Other healthcare provider
		<b># OF PATIENTS ON SCENE:</b> <input type="checkbox"/> Single <input type="checkbox"/> Mass Casualty Incident <input type="checkbox"/> Multiple <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
<b>RESPONSE MODE    TRANSPORT MODE</b> <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 }		

Section 4 -  
Call  
Information 2

<b>ALCOHOL/DRUG USE INDICATORS</b> <input type="checkbox"/> None <input type="checkbox"/> Smell of alcohol on breath <input type="checkbox"/> Pt Admits to drug use <input type="checkbox"/> Pt Admits to alcohol use <input type="checkbox"/> Alcohol and/or drug paraphernalia at scene																																																																																																																											
<b>INCIDENT TYPE</b> <input type="checkbox"/> Medical <input type="checkbox"/> Trauma <b>CAUSE OF INJURY</b>																																																																																																																											
<b>MECHANISM OF INJURY</b> <input type="checkbox"/> Blunt <input type="checkbox"/> Penetrate <input type="checkbox"/> Burn <input type="checkbox"/> Not Known		<b>USE OF SAFETY EQUIP</b> <input type="checkbox"/> Not Known <input type="checkbox"/> N/A App <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap Belt <input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Eye Protection <input type="checkbox"/> PFD (personal flotation device) <input type="checkbox"/> Helmet Worn <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Other <input type="checkbox"/> Protective Non-Clothing Gear																																																																																																																									
<b>PUBLIC ACCESS DEFIBRILLATION</b> <input type="checkbox"/> None <input type="checkbox"/> PAD No Shock Advised <input type="checkbox"/> PAD Shocked		<b>TRAUMA INJURY MATRIX</b> Mark Corresponding Injury Box with an "X"																																																																																																																									
		<table border="1"> <tr> <th></th> <th>Head</th> <th>Face</th> <th>Neck</th> <th>Thorax</th> <th>Abdomen</th> <th>Spine</th> <th>Pelvis</th> <th>U-extrem</th> <th>L-extrem</th> </tr> <tr> <td>Amputation</td> <td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td> </tr> <tr> <td>Bleeding 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>11U</td><td>21U</td><td>31U</td><td>41U</td><td>51U</td><td>61U</td><td>71U</td><td>81U</td><td>91U</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/bruising</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/bruising</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	11U	21U	31U	41U	51U	61U	71U	81U	91U	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/bruising	17	27	37	47	57	67	77	87	97	Puncture-Stab	18	28	38	48	58	68	78	88	98	Soft Tissue Swelling/bruising	19	29	39	49	59	69	79	89	99	<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
	Head	Face	Neck	Thorax	Abdomen	Spine	Pelvis	U-extrem	L-extrem																																																																																																																		
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		<b>TRAUMA TRIAGE CRITERIA</b> <b>PRIMARY</b> <input type="checkbox"/> Systolic BP <90 or <input type="checkbox"/> GCS < 14 or <input type="checkbox"/> Resp Rate <10 >29 <b>ANATOMIC</b> <input type="checkbox"/> Amputation(s) <input type="checkbox"/> Burns >10% <input type="checkbox"/> Flail chest <input type="checkbox"/> Penetrating <input type="checkbox"/> Traumatic Paralysis <input type="checkbox"/> Skull Fx open-depressed <input type="checkbox"/> Fx Femur-Pelvis, L Bone <b>CONTRIBUTING FACTORS</b> <input type="checkbox"/> Age <5 >55 <input type="checkbox"/> Pregnancy <input type="checkbox"/> Immunocompromised <input type="checkbox"/> Cardio-Resp, Diabetes, Liver Disease, Obesity, Bleeding Disorder <b>MECHANISM</b> <input type="checkbox"/> MVC <input type="checkbox"/> Rollover <input type="checkbox"/> High Impact <input type="checkbox"/> Ejection <input type="checkbox"/> Fall >20ft <input type="checkbox"/> Large Animal Incident <input type="checkbox"/> Death In Compartment <input type="checkbox"/> Pedestrian thrown-runover <input type="checkbox"/> Auto/Ped/Bike > 5 mph Impact <input type="checkbox"/> Complex Extrication <input type="checkbox"/> Motorcycle/Bike >20mph <input type="checkbox"/> Separation of Bike/Rider <input type="checkbox"/> NO TRIAGE CRITERIA UTILIZED																																																																																																																									

Section 5 -  
Delays /  
Procedures

<b>TYPE OF DELAY(S):</b> Dispatch <input type="checkbox"/> None - Not App <input type="checkbox"/> Not Known <input type="checkbox"/> Caller (uncooperative) Crowd <input type="checkbox"/> Directions <input type="checkbox"/> Distance <input type="checkbox"/> Diversion <input type="checkbox"/> Extrication >20 Min <input type="checkbox"/> Hazmat <input type="checkbox"/> High Call Volume <input type="checkbox"/> Language Barrier <input type="checkbox"/> Location (Inability To Obtain) <input type="checkbox"/> No Units Available <input type="checkbox"/> Road Conditions <input type="checkbox"/> Safety "Conditions" Staff Delay <input type="checkbox"/> Technical Failure <input type="checkbox"/> Traffic <input type="checkbox"/> Vehicle Crash <input type="checkbox"/> Vehicle Failure <input type="checkbox"/> Weather <input type="checkbox"/> Wilderness <input type="checkbox"/> Other: <input type="checkbox"/>	<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 <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 Finger <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 <input type="checkbox"/> Wound Care	<b>EMT I &amp; P PROCEDURES:</b> <input type="checkbox"/> None <input type="checkbox"/> 12 Lead Application <input type="checkbox"/> Cardioversion <input type="checkbox"/> Venous Access Intraosseous Adult <input type="checkbox"/> 12 Lead Cellular Transmittal <input type="checkbox"/> Chest Decompression <input type="checkbox"/> Venous Access Intraosseous Ped <input type="checkbox"/> Airway Combitube <input type="checkbox"/> Defibrillation Manual <input type="checkbox"/> Airway Intub Confirm Co2 <input type="checkbox"/> External Cardiac Pacing <input type="checkbox"/> Ary Intub Confirm Esophageal Bulb <input type="checkbox"/> PASG <input type="checkbox"/> Airway Nebulizer Treatment <input type="checkbox"/> Qualitative Rhythm Interpret <input type="checkbox"/> Airway Orotracheal Intub <input type="checkbox"/> Venous Access Blood Draw <input type="checkbox"/> Capnography <input type="checkbox"/> Venous - External Jugular <input type="checkbox"/> Cardiac Monitor <input type="checkbox"/> Venous Access Extremity	<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"/> Carotid Massage <input type="checkbox"/> Nasogastric Tube Insertion <input type="checkbox"/> Qualitative Rhythm Interpret <input type="checkbox"/> Urinary Catheterization
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Section 6 -  
BLS & ALS  
Medication /  
Interventions  
/ Fluid / O2

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	AUTHORIZING PHYSICIAN:
	:					
	:					
	:					
	:					

Section 7 -  
Assessment /  
History

EMS AGENCY & NUMBER:

CHIEF COMPLAINT:		INCIDENT OR ONSET TIME	:	CURRENT MEDICATIONS:
		INCIDENT OR ONSET DATE	/ /	
Chief Complaint Anatomic Location		<input type="checkbox"/> Extremity Lower	<input type="checkbox"/> Genitalia	C/O Organ System
<input type="checkbox"/> N/A Unknown	<input type="checkbox"/> Back	<input type="checkbox"/> Extremity Upper	<input type="checkbox"/> Head	<input type="checkbox"/> Endocrine/Met
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Chest	<input type="checkbox"/> General/Global	<input type="checkbox"/> Neck	<input type="checkbox"/> GI
				<input type="checkbox"/> Musculoskeletal
ALLERGIES:				<input type="checkbox"/> Pulmonary
				<input type="checkbox"/> Cardiovascular
				<input type="checkbox"/> Renal
				<input type="checkbox"/> CNS/Neuro
				<input type="checkbox"/> Global
				<input type="checkbox"/> Psych
PROVIDERS PRIMARY IMPRESSION:				PERTINENT HISTORY:
SYMPTOMS: PRIMARY=P (Check 1 Only) & ASSOCIATED=A				PROVIDERS SECONDARY IMPRESSION:
<input type="checkbox"/> None	<input type="checkbox"/> Death	<input type="checkbox"/> Mass/Lesion	<input type="checkbox"/> Swelling	BARRIERS TO PATIENT CARE Impaired: <input type="checkbox"/> Developmentally <input type="checkbox"/> Physically <input type="checkbox"/> Hearing <input type="checkbox"/> Speech
<input type="checkbox"/> Bleeding	<input type="checkbox"/> Device/Equip Prob	<input type="checkbox"/> Mental/Psych	<input type="checkbox"/> Transport Only	
<input type="checkbox"/> Breathing	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Nausea/Vomiting	<input type="checkbox"/> Weakness	
<input type="checkbox"/> Change in Responsiveness	<input type="checkbox"/> Drainage/Discharge	<input type="checkbox"/> Pain	<input type="checkbox"/> Wound	
<input type="checkbox"/> Choking	<input type="checkbox"/> Fever	<input type="checkbox"/> Palpitations		
	<input type="checkbox"/> Malaise	<input type="checkbox"/> Rash/Itching		
				<input type="checkbox"/> None <input type="checkbox"/> Language
				<input type="checkbox"/> Unconscious
				<input type="checkbox"/> Unattended/Unsupervised (including minors)

Section 8 -  
Vitals /  
Narrative

TIME	PULSE	SYS BP	DIAS BP	RESP	O2 SAT	PAIN INDEX	Eye Open		Verbal		Inappropriate Non specific sound	None	Obey's verbal	Localizes Pain	Motor		No Response	EYES: RIGHT	LEFT	SKIN	
							Spontaneous	Verbal	Pain	None					Oriented	Confused					Flexion
:						0-10	4	3	2	1	5	4	3	2	1	6					
:																					
:																					
:																					

NARRATIVE:

Section 9 -  
Crew /  
Destination /  
Outcome

Signature & Certification Number:		DATE:		REPORT CONTINUED: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Page: Of	
PRIMARY PATIENT CAREGIVER		2nd PATIENT CAREGIVER		DRIVER	
EMT I P MD/BN Flight Team		OTHER REC DMT I P MD/BN		OTHER REC EMT I P	
DESTINATION FACILITY (Signature):		DESTINATION ZIP:		TYPE OF DESTINATION:	
				<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 office/clinic <input type="checkbox"/> Other	
CONDITION OF PATIENT AT DESTINATION:		EMERGENCY DEPT. DISPOSITION:		HOSPITAL DISPOSITION (Optional):	
<input type="checkbox"/> Improved <input type="checkbox"/> Unchanged <input type="checkbox"/> Worse <input type="checkbox"/> N/A/Inapplicable		<input type="checkbox"/> Admitted to hospital floor <input type="checkbox"/> Admitted to hospital ICU <input type="checkbox"/> Not applicable not transferred to ED		<input type="checkbox"/> Released <input type="checkbox"/> Transferred <input type="checkbox"/> Death <input type="checkbox"/> N/App - Not Known	
				<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	

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**The Emergency Medical  
Services System is:**

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***A vital component of your communities health!***

# **WATRS**

## **Wyoming Ambulance Trip Reporting System**

*The electronic prehospital data collection system  
available to all Wyoming EMS agencies at no charge  
by the Wyoming Office of Emergency Medical Services.*

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