



NSW Ambulance Patient Health Care Record (PHCR) (amended July 2009)

Data Request Form

Dear Researcher

*NSW Ambulance datasets*

NSW Ambulance routinely collects operational and clinical data. Operational data are captured in the Computer Aided Dispatch (CAD) system. The paper-based Patient Health Care Record (PHCR) and electronic Medical Record (eMR) are NSW Ambulance’s principal clinical datasets.

This document lists the research-related variables captured in the PHCR that may be requested for research purposes. Brief descriptions and possible predefined values of these data elements are provided.

* **Operational information**
  + CAD is a centralised state-wide emergency and patient transport call-taking and dispatch system that utilises VisiCAD software for the logging and allocation of resources to Triple Zero (000) calls.
  + It has an integrated mapping component that displays vehicle and incident information in real time and utilises GPS tracking of all frontline ambulances to assist in the dispatch process.
  + **CAD records are available** **from July 2000**.
* **Clinical information**
  + Data collected during the patient care episode are recorded by paramedics in either the PHCR or eMR. This includes information about the incident (e.g. reason for call and scene location), patient information (e.g. demographics, injury/illness characterisation, vital signs and assessment results), treatment details (e.g. pharmacology and interventions), and outcomes (e.g. transported, not transported, died).
  + Paramedics complete a clinical record for all incidents including inter-hospital/facility transfers. Clinical records are required, even if there is no patient contact, for all road traffic incidents, for incidents where the patient cannot be found or has left the scene, or where services are not required. Cases where a patient is already deceased prior to paramedics’ arrival are also documented.
  + Since its staged introduction in 2011, the eMR is the preferred clinical record.
  + The PHCR is completed by paramedics only in the absence of an eMR. At the time of writing, Extended Care Paramedics, volunteers and single responders only use the PHCR. The PHCR is also used in some regional areas.
  + Unlike the PHCR, the eMR directs compulsory completion of some screens/fields.
  + **PHCR data are available from April 2001 and eMR data are available from 2011.**

**This document lists research-related fields recorded in the PHCR.**

Please enter your research question/s and the relevant date range/s in the table below. On subsequent pages, indicate the variables required to:

* Identify cases of interest (inclusion/exclusion criteria) - e.g. determining included cases by ‘main condition’.
* Address the research question.

Please also briefly outline how each variable directly relates to the stated research question/s.

CAD and eMR data requests should be lodged separately if required.

Please note that data extraction is associated with a cost to NSW Ambulance. These costs may be passed on to the researcher. Costs are determined by the extent of work that is necessary to satisfy the request.

Data will not be provided for non-specific enquiry.

Please direct queries to:

E: [research@ambulance.nsw.gov.au](mailto:research@ambulance.nsw.gov.au)

P: 02 9779 3865

|  |  |  |
| --- | --- | --- |
| Date range/s of interest | | |
| Click here to enter text. | | |
| Research question/s | | |
| 1 | Click here to enter text. |  |
|  | Click here to enter text. |  |
| 2 | Click here to enter text. |  |
|  | Click here to enter text. |  |
| 3 | Click here to enter text. |  |
|  | Click here to enter text. |  |

|  | **Description** | **Required? X** | **Justification for this request** |
| --- | --- | --- | --- |
| **PHCR** | | | |
| PHCR number | Number of the PHCR form |  | Click here to enter text. |
| Date | DD/MM/YYYY |  | Click here to enter text. |
| Response IDs | Car # or Assist Car #. The cars used by the paramedics who responded to, or assisted with, the case |  | Click here to enter text. |
| **Patient Information** | | |  |
| Date of birth | DD/MM/YY |  | Click here to enter text. |
| Gender | Male/female |  | Click here to enter text. |
| Age | Age in years, or months if less than 2 years |  | Click here to enter text. |
| **Transport Information** | | |  |
| Patient location (from location) | The address of the scene and the patient’s destination. The names and codes of hospitals/ diagnostic services are listed. The ‘Transfer To’ field is left blank if no transfer occurs |  | Click here to enter text. |
| Destination address (transfer to) |  | Click here to enter text. |
| **Times** | | | |
| Patient contact time | Time paramedics make contact with a patient. Later than scene arrival time if access difficult. |  | Click here to enter text. |
| Odometer beginning | The vehicle odometer reading at the commencement and completion of each case |  | Click here to enter text. |
| Odometer end |  | Click here to enter text. |
| Distance travelled | The number of kilometres travelled |  | Click here to enter text. |
| **PHCR Disposition** - **only one is selected by the paramedic** | | |  |
| Transported | A patient was transported from a scene with no retrieval team in attendance. Includes some patients deceased prior to paramedics’ arrival |  | Click here to enter text. |
| Treatment by retrieval team | A patient was treated or transported by a retrieval team: Aeromedical (Adults) NETS (child to 16 years) |  | Click here to enter text. |
| *Protocol P1*  Non-transport  authorised care | Used if a patient had 1) a specific medical condition that required pre-authorised medications or procedures not included in the Protocols and Pharmacology and 2) an authorised care-plan that allowed treatment without transport |  | Click here to enter text. |
| *Protocol P6*  Non-treatment-incident in the control of another agency | Access (visual and/or physical) to a patient could not be gained and the incident is in the control of another agency (e.g. patients in police custody) |  | Click here to enter text. |
| Non-transport ECP | Used by Extended Care Paramedics (ECP), who target low risk minor illness and minor injury presentations. The patient gave consent to enter into a non-ED pathway |  | Click here to enter text. |
| Deceased on examination | The patient was deceased on paramedics’ arrival and not transported. The “Transported” field is completed if a deceased patient was conveyed by NSW Ambulance |  | Click here to enter text. |
| Unable to locate patient | The patient was unable to be located at the scene. This differs from the CAD disposition “Unable to locate incident” in which the reported address could not be found |  | Click here to enter text. |
| Assist treat/load | A back-up team was tasked to assist the response team. This PHCR was completed by the back-up team. A separate PHCR or eMR would also have been filled out by the response team |  | Click here to enter text. |
| Transport bypass | Situation where an ambulance had to bypass a local hospital due to: major trauma (Protocol T1); cardiac reperfusion, i.e., primary angioplasty (PAPA) (Protocol C12) and prehospital thrombolysis (PHT) (Protocol C13); stroke F.A.S.T. positive patient (Protocol C11); or Mental Health. Not completed if the nearest hospital is appropriate and the patient is taken there |  | Click here to enter text. |
| Escort | When a Police Officer/ Nurse/Medical Officer travelled in the vehicle with a patient for the purpose of the patient’s care/service |  | Click here to enter text. |
| Pension | The patient received a pension, was eligible for a concession or holds a Department of Veterans Affairs Gold Card |  | Click here to enter text. |
| **Main Condition/Problem –** the condition/problem that best describes the general pathophysiology grouping/circumstances of the patient and the reason the person presented to NSW Ambulance. Only one field is selected by the paramedic. Additional variables for ‘problems’ under ‘Main Protocol’ page 9. | | | |
| Medical/surgical | The patient had a medical problem |  | Click here to enter text. |
| Cardiac | The patient had a cardiac problem |  | Click here to enter text. |
| Major trauma | The patient’s problem was major trauma |  | Click here to enter text. |
| Trauma | The patient had a trauma-related problem |  | Click here to enter text. |
| Environmental/ envenomation | The patient’s problem was related to environmental factors or envenomation |  | Click here to enter text. |
| Specialised care | The patient required specialised care |  | Click here to enter text. |
| Drug/toxicology | The patient had a drug/toxicology problem |  | Click here to enter text. |
| Other (non-specific) | A specific condition/problem was not listed |  | Click here to enter text. |
| Back pain | The patient had back pain |  | Click here to enter text. |
| Headache | The patient had a headache |  | Click here to enter text. |
| Neonatal | The patient was aged 28 days or less |  | Click here to enter text. |
|  | | |  |
| **Vitals** | | |  |
| Pulse rate | The patient’s heart rate - beats per minute |  | Click here to enter text. |
| Respiratory rate | The patient’s breathing rate – breaths per minute |  | Click here to enter text. |
| Oxygen saturation | SP02 on oxygen or room air |  | Click here to enter text. |
| Glasgow coma scale  (GCS) | An assessment of a patient’s conscious state against the neurological GCS criteria |  | Click here to enter text. |
| Systolic pressure | Systolic blood pressure |  | Click here to enter text. |
| Diastolic pressure | Diastolic blood pressure |  | Click here to enter text. |
| AVPU | **A**lert; Responds to **V**erbal stimulation; Responds to **P**ainful stimulation; **U**nresponsive |  | Click here to enter text. |
| Pupils | Size: Right/Left, Reactive: Right/Left |  | Click here to enter text. |
| Blood glucose level | Blood glucose level (mmol/l) |  | Click here to enter text. |
| Pain Score | 00 = No pain, 10 = Worst pain imaginable |  | Click here to enter text. |
| PEFR | Peak expiratory flow rate |  | Click here to enter text. |
| ETCO2 | End tidal carbon dioxide |  | Click here to enter text. |
| **Interventions** | | |  |
| Cervical collar | The patient was fitted with a cervical collar |  | Click here to enter text. |
| Chest thrusts | Manual pressure was applied to the patient’s lower chest wall |  | Click here to enter text. |
| External cardiac massage | External Cardiac Massage was performed |  | Click here to enter text. |
| Intermittent positive pressure ventilation (IPPV) | The patient was given IPPV |  | Click here to enter text. |
| Decompression of tension pneumothorax | Tension pneumothorax decompression was performed |  | Click here to enter text. |
| Arterial tourniquet | An arterial tourniquet was applied |  | Click here to enter text. |
| Art. tourniquet TIME | The time the arterial tourniquet was applied |  | Click here to enter text. |
| Mechanical restraint | The use of any mechanical restraint |  | Click here to enter text. |
| **Equipment** | | | |
| Spine | A rigid board for patient extrication/ transfer |  | Click here to enter text. |
| Scoop | A stretcher that splits at the centre to scoop under a patient for extrication and transfer |  | Click here to enter text. |
| Extrication device | A device for spinal management during extrication |  | Click here to enter text. |
| Splints | A splint to immobilise suspected fractures |  | Click here to enter text. |
| **Airway** Successful/Unsuccessful (S/U) | | | |
| Oral airway | The use of an oral airway |  | Click here to enter text. |
| Nasal airway | The use of a nasal airway |  | Click here to enter text. |
| Laryngeal mask airway (LMA) | The use of an LMA to maintain or open a patient’s airway |  | Click here to enter text. |
| Endotracheal tube (ETT) | An ETT was inserted (intubation) to maintain or open a patient’s airway |  | Click here to enter text. |
| ETT size | ETT size (mm) |  | Click here to enter text. |
| End-tidal CO2 detector (ETCO2) | The use of an ETCO2 detector to monitor the level of expired CO2 (capnography) |  | Click here to enter text. |
| **Cardiac Management** | | | |
| Witnessed cardiac arrest | A patient’s cardiac arrest had been witnessed by members of the public or paramedics |  | Click here to enter text. |
| Cardio pulmonary resuscitation (CPR) prior to arrival | CPR had been performed before paramedics’ arrival, whether by paramedics or others |  | Click here to enter text. |
| CPR A/O | Attending paramedics performed CPR |  | Click here to enter text. |
| Number of shocks prior to arrival | The number of defibrillator shocks administered prior to paramedics’ arrival |  | Click here to enter text. |
| Defibrillation by other | The defibrillation of a patient by persons other than NSW Ambulance clinicians |  | Click here to enter text. |
| Time of first shock | The time of the first defibrillator shock |  | Click here to enter text. |
| Initial 12-Lead electrocardiograph (ECG) rhythm | ECG rhythm in suspected myocardial ischaemia/infarction/cardiac arrest: |  | Click here to enter text. |
| Asystole |  | Click here to enter text. |
| Electro-mechanical disassociation (pulseless electrical activity - PEA) |  | Click here to enter text. |
| Idioventricular rhythm |  | Click here to enter text. |
| Pacemaker rhythm |  | Click here to enter text. |
| Multiple dysrythmias |  | Click here to enter text. |
| Sinus rhythm |  | Click here to enter text. |
| ST-elevation myocardial infarction (STEMI) |  | Click here to enter text. |
| Supra ventricular tachycardia |  | Click here to enter text. |
| Ventricular fibrillation |  | Click here to enter text. |
| Ventricular tachycardia |  | Click here to enter text. |
| ECG rhythm on arrival at hospital | ECG rhythm on arrival at hospital in suspected myocardial ischaemia/infarction/ cardiac arrest (Refer to ‘Initial ECG’ above) |  | Click here to enter text. |
| Total Shocks | Number of defibrillator shocks administered |  | Click here to enter text. |
| Return spontaneous circulation (ROSC) on arrival at hospital | Yes/No |  | Click here to enter text. |
| Deceased in ED | A transported patient was deceased in the ED |  | Click here to enter text. |
| ECG transmitted | An ECG reading was transmitted electronically |  | Click here to enter text. |
| **Assessment –** **These may be recorded on arrival (S) and final assessment (F)** | | |  |
| Aggressive Pat./Inc. | 1. Where a patient was verbally or physically aggressive 2. Where an incident was threatening to paramedics |  | Click here to enter text. |
| Mental health assessment | Where a patient was suspected of experiencing a mental health emergency and requiring assessment and ongoing care |  | Click here to enter text. |
| **Oxygen Therapy** | | | |
| Devices and flow rates | Type of oxygen mask used and flow rates (e.g. non-rebreather, nasal prongs, nebuliser) |  | Click here to enter text. |
| **Trauma Triage Codes** | | | |
| Trauma triage codes | Justification for classification as a major trauma patient |  | Click here to enter text. |
| **Pharmacology** | | | |
| Numbers | ID numbers administered drugs/pharmacology |  | Click here to enter text. |
| Effective | The drug/pharmacology was effective |  | Click here to enter text. |

|  | **Description** | **Required? X** | **Justification for this request** |
| --- | --- | --- | --- |
| **Protocols** | | | |
| *Chief Protocol* | The **one** specific protocol that reflected the chief complaint and/or main condition/ problem for which the patient was treated |  | Click here to enter text. |
| *Protocols* | Other protocols that may also apply in addition to the chief protocol. |  | Click here to enter text. |
| **Foundation** | A13 Verification of death |  | Click here to enter text. |
| A1 Principles of care |  | Click here to enter text. |
| A2 Patient care |  | Click here to enter text. |
| A3 Informed consent, capacity and competency |  | Click here to enter text. |
| A4 Medication administration |  | Click here to enter text. |
| A5 Recognition of the sick baby or child |  | Click here to enter text. |
| A6 Pain management |  | Click here to enter text. |
| A7 Patient management |  | Click here to enter text. |
| A8 Urgent transport |  | Click here to enter text. |
| A9 Bariatric patients |  | Click here to enter text. |
| A10 Treatment and referral decisions |  | Click here to enter text. |
| A11 Multiple patient situations |  | Click here to enter text. |
| A12 Inter-facility transfer |  | Click here to enter text. |

|  | **Description** | **Required? X** | **Justification for this request** |
| --- | --- | --- | --- |
| **Protocols** |  |  |  |
| **Medical/Surgical** | M1 Abdominal pain |  | Click here to enter text. |
|  | M2 Foreign body airway obstruction |  | Click here to enter text. |
|  | M4 Asthma |  | Click here to enter text. |
|  | M6 Nausea & vomiting |  | Click here to enter text. |
|  | M7 Croup |  | Click here to enter text. |
|  | M8 Dehydration |  | Click here to enter text. |
|  | M9 Seizures |  | Click here to enter text. |
|  | M20 Gastroenteritis |  | Click here to enter text. |
|  | M21 Hypoglycaemia |  | Click here to enter text. |
|  | M22 Hyperglycaemia |  | Click here to enter text. |
|  | M23 Sepsis |  | Click here to enter text. |
|  | M24 Adrenal crisis |  | Click here to enter text. |
|  | M25 Medical hypoperfusion / hypovolaemia |  | Click here to enter text. |
|  | M26 Viral haemorrhagic fever (VHF) management |  | Click here to enter text. |

|  | **Description** | **Required? X** | **Justification for this request** |
| --- | --- | --- | --- |
| **Protocols** | | | |
| **Trauma** | T1 Major trauma |  | Click here to enter text. |
| T3 Helicopter – Trauma “primary response” |  | Click here to enter text. |
| T4 Head injuries |  | Click here to enter text. |
| T5 Spinal injuries |  | Click here to enter text. |
| T6 Chest injuries |  | Click here to enter text. |
| T7 Limb injuries and fractures |  | Click here to enter text. |
| T8 Penetrating trauma |  | Click here to enter text. |
| T9 Pelvic injuries |  | Click here to enter text. |
| T10 Traumatic hypovolaemia |  | Click here to enter text. |
| T11 Injuries of the face and neck |  | Click here to enter text. |
| T12 Burns |  | Click here to enter text. |
| T13 Eye injuries |  | Click here to enter text. |
| T14 Electric shock |  | Click here to enter text. |
| T15 Trapped patient |  | Click here to enter text. |
| T16 Limb realignment and/or difficult extrication |  | Click here to enter text. |
| T16A Limb realignment and/or difficult extrication – Ketamine |  | Click here to enter text. |
| T17 Deteriorating trauma patient |  | Click here to enter text. |
| T18 Wound care |  | Click here to enter text. |
| T19 Falls in the elderly |  | Click here to enter text. |
| T20 Traumatic cardiac arrest |  | Click here to enter text. |
| T21 Drowning |  | Click here to enter text. |
| T22 Abdominal trauma |  | Click here to enter text. |
| T23 Trauma in pregnancy |  | Click here to enter text. |

|  | **Description** | **Required? X** | **Justification for this request** |
| --- | --- | --- | --- |
| **Protocols** | | | |
| **Environmental / Envenomation** | E1 Chemical biological radiological nuclear (CBRN)/HAZMAT |  | **Click here to enter text.** |
| E2 Diving emergencies |  | **Click here to enter text.** |
| E3 Hyperthermia |  | **Click here to enter text.** |
| E4 Hypothermia |  | **Click here to enter text.** |
| E6 Bites and envenomation |  | **Click here to enter text.** |
| E7 Smoke, noxious gas, CO poisoning |  | **Click here to enter text.** |
| **Specialised Care** | S1 Home renal dialysis |  | **Click here to enter text.** |
| S3 Mental health emergency |  | **Click here to enter text.** |
| S4 Assault/sexual assault |  | **Click here to enter text.** |
| S6 Suicide risk management |  | **Click here to enter text.** |
| S8 Elderly at risk |  | **Click here to enter text.** |
| S9 Palliative care drugs/toxicology |  | **Click here to enter text.** |
| **Drugs / Toxicology** | D1 Drug overdose and poisoning |  | **Click here to enter text.** |
| D2 Organophosphate poisoning |  | **Click here to enter text.** |
| D3 Alcohol intoxication |  | **Click here to enter text.** |
| D4 Oleoresin capsicum spray exposure |  | **Click here to enter text.** |
| D5 Nerve agent poisoning |  | **Click here to enter text.** |
| **Maternal Emergency** | O1 General maternal protocol |  | **Click here to enter text.** |
| O2 Pregnancy related PV haemorrhage |  | **Click here to enter text.** |
| O3 Postpartum haemorrhage |  | **Click here to enter text.** |
| O4 Prolapsed umbilical cord |  | **Click here to enter text.** |
| O5 Pregnancy related hypertension |  | **Click here to enter text.** |
| O6 Newborn resuscitation |  | **Click here to enter text.** |
| O7 Emergency childbirth |  | **Click here to enter text.** |

|  | **Description** | **Required? X** | **Justification for this request** |
| --- | --- | --- | --- |
| **Protocols** | | | |
| **Patient Disposition** | P1 Authorised care |  | Click here to enter text. |
| P2 Patient refuses paramedic advice |  | Click here to enter text. |
| P5 Referral decision |  | Click here to enter text. |
| P6 Incident in control of another agency |  | Click here to enter text. |
| P7 No health issues identified |  | Click here to enter text. |
| **CARE/ECP** | | | |
| Pathway | The 2-digit Extended Care Paramedic code that corresponds to the patient’s condition |  | Click here to enter text. |
| 01 Basic ECP Principles |  | Click here to enter text. |
| 02 Clinical Decision Algorithm |  | Click here to enter text. |
| 03 ECP Analgesia Reference |  | Click here to enter text. |
| 04 Acute Pain |  | Click here to enter text. |
| 05 Allergic Reactions, Insect Bites & Stings |  | Click here to enter text. |
| 06 Asthma |  | Click here to enter text. |
| 07 Back Pain |  | Click here to enter text. |
| 08 Bites (Mammal) |  | Click here to enter text. |
| 09 Burns (Minor) |  | Click here to enter text. |
| 10 Catheter Problems / Urinary Retention |  | Click here to enter text. |
| 12 Chronic Pain |  | Click here to enter text. |
| 13 Community Acquired Pneumonia |  | Click here to enter text. |
| 14 COPD (Chronic Obstructive Pulmonary Disease) Exacerbation |  | Click here to enter text. |

|  | **Description** | **Required? X** | **Justification for this request** |
| --- | --- | --- | --- |
| **CARE/ECP** | | | |
| Pathway continued | 15 Croup |  | Click here to enter text. |
|  | 16 Dislocations |  | Click here to enter text. |
|  | 17 Epistaxis |  | Click here to enter text. |
|  | 18 Falls Risk Assessment |  | Click here to enter text. |
|  | 19 Fish Hook Injury |  | Click here to enter text. |
|  | 20 Fractures |  | Click here to enter text. |
|  | 21 Gastroenteritis |  | Click here to enter text. |
|  | 22 Gastronomy Tube Management |  | Click here to enter text. |
|  | 23 Palliative Care |  | Click here to enter text. |
|  | 24 Skin Infections |  | Click here to enter text. |
|  | 25 Soft Tissue Injury |  | Click here to enter text. |
|  | 26 Urinary Tract Infections |  | Click here to enter text. |
|  | 27 Wounds Excluding Mammal Bites |  | Click here to enter text. |
| **CARE/ECP Referral** | | | |
| Referral | Referral to another agency: Yes/No | Choose an item. | Click here to enter text. |
| **Research** | | | |
| Research (box B) | The patient was enrolled in a research study | Choose an item. | Click here to enter text. |
| **Signatures** | | | |
| Officer treating level | The treating paramedic’s level of training | Click here to enter text. | Click here to enter text. |