



# **East Baton Rouge Parish Emergency Medical Services**

## **Standard Documentation Guideline and Data Dictionary**

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# **Introduction**

This is the introduction to the Standard Documenting Guideline and Data Dictionary.

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# **Chapter 1**

## **Incident Tab**

### **1.1 Response**

- 1.1.1 Incident Number**
- 1.1.2 Run Number**
- 1.1.3 Run Type**
- 1.1.4 Response Mode to Scene**
- 1.1.5 Station**
- 1.1.6 Shift**
- 1.1.7 Unit**
- 1.1.8 Vehicle**
- 1.1.9 EMD Complaint**

NEMSIS: Mandatory	Department: Required	Billing: N/A
AAA: Recommended	AHA: Recommended	

**1.1.10 EMD Card Number**

**1.1.11 Requested By**

## **1.2 Scene**

**1.2.1 Predefined/Address**

**1.2.2 Location Type**

**1.2.3 Address**

**1.2.4 Additional Address**

**1.2.5 Apt/Suite/Room**

**1.2.6 Latitude/Longitude**

**1.2.7 Zone**

**1.2.8 Mass Casualty**

## **1.3 Personnel**

**1.3.1 Lead/Driver/Other**

**1.3.2 Personal Protective Equipment**

NEMSIS: Required	Billing: N/A	Department: Required
AAA: Recommended	cell5	cell6
cell7	cell8	cell9

### **1.3.3 Actionable Buttons**

## **1.4 Disposition**

### **1.4.1 Dispositions**

### **1.4.2 Transport Due To**

### **1.4.3 Alternative Disposition Offered?**

## **1.5 Destination**

### **1.5.1 Destination Type**

### **1.5.2 Destination Name**

### **1.5.3 Address**

### **1.5.4 Apt/Suite/Room**

### **1.5.5 Zone**

### **1.5.6 Chart Number**

NEMSIS: Required	Billing: N/A	Department: Re- quired
AAA: Rec- ommended	cell5	cell6
cell7	cell8	cell9

1.5.7 Patient Number

1.5.8 Actionable Buttons

## 1.6 Times

1.6.1 PSAP Call

1.6.2 Dispatch Notified

1.6.3 Call Received

1.6.4 Dispatched

1.6.5 En Route

1.6.6 Initial Responder on Scene

1.6.7 On Scene

1.6.8 At Patient

1.6.9 Depart Scene

1.6.10 At Destination

1.6.11 Call Closed

1.6.12 Dispatch Delays

1.6.13 Response Delays

1.6.14 Scene Delays

1.6.15 Transport Delays

1.6.16 Turn Around Delays

## 1.7 Mileage

1.7.1 Scene

1.7.2 Destination

1.7.3 Actionable Buttons

## 1.8 Additional Agencies

1.8.1 First Agency to Provide Patient Care

1.8.2 Additional Responders

1.8.3 Additional Comments

# **Chapter 2**

# **Patient Tab**

## **2.1 Demographics**

- 2.1.1 First Name**
- 2.1.2 Middle Name**
- 2.1.3 Last Name**
- 2.1.4 Social Security Number**
- 2.1.5 Gender**
- 2.1.6 Date of Birth**
- 2.1.7 Age**
- 2.1.8 Weight**
- 2.1.9 Race**
- 2.1.10 Ethnicity**
- 2.1.11 Actionable Buttons**

## **2.2 Contact**

- 2.2.1**