



QUEENSLAND AMBULANCE SERVICE

VARIABLE LIST

Indicate the variables requested for your project. Note that only variables that are directly relevant to addressing the specified research question/s will be considered for approval.

VACIS (eARF): *This data set is the clinical case capture recorded by paramedics on scene. The electronic capture of data has been in place since 2007.*

| eARF Variable | Requested? | Specify variable of interest |
|---------------------------------|--|------------------------------|
| Case number (eARF number) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Incident number | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Date (dd:mm:yyyy) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Patient name | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Patient gender | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Patient age | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Scene location (street address) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Scene location (postcode) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Location type | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Dispatch code | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| QAS station | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| QAS region | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Response unit / type | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Paramedic skill level | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

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| PHx – Past history | | |
| Pre-existing conditions (<i>medical conditions and procedures the patient may have or have had</i>) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Allergies (<i>substances the patient is allergic to and the reaction</i>) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Current medications (<i>All medication that the patient currently takes</i>) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Risk factors (<i>common risk factors e.g. diabetes, obesity, smoking</i>) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Hx – Case history | | |
| <i>A description of the circumstances as to why the ambulance was called (e.g. the mechanism of injury). This may come from the patient, relatives, bystanders, etc.</i> | | |
| Case nature <i>What the Paramedic believes is the cause of the presenting problem (e.g. overdose, cardiovascular problem, chemical exposure, motor vehicle collision). This variable is generally most appropriate for identifying particular patient categories in the eARF collection.</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Alcohol withdrawal; Allergy; Animal related injury; Assault; Bicycle collision; Biological exposure; Bite/sting/envenomation; Cardiovascular problem; Chemical exposure; Crush; Dermatology problem; Drowning/immersion; Drug requesting detox; Drug withdrawal; Electrical contact; Emotional problem; Endocrine problem; ENT problem; Environmental exposure; Explosion/Incendiary device; Eye injury/problem; Fall; Fire/smoke exposure; Foreign body; Gastrointestinal problem; Genitourinary problem; Hanging; Immune problem; Inhalation; Lightning strike; Medical-General; Motorcycle collision; Motor vehicle collision; Musculoskeletal problem; Neurological problem; Obstetric/gynaecology problem; Oncology problem; Overdose/exposure; Paediatric collision; Psychiatric problem; Radiation contamination; Respiratory problem; Scuba diving incident; Shooting; Social situation problem; Sporting injury; Stabbing; Struck by object; Surgical – General; Other; Unknown Problem; No problem detected. | | |
| Case description <i>A free text field where Paramedics are required to enter a concise description of the events leading up to the need to call for an Ambulance.</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| O/A - On arrival | | |
| Scene findings <i>What the Paramedic observes on arrival at scene such as any dangers or hazards, the patient's position and social situation.</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Prior care management (others at scene) <i>Allows the Paramedic to document who else was at the scene (such as bystanders, police, fire services, doctors, off-duty paramedics) and whether prior care management is undertaken.</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Patient complaint <i>The main problem the patient complains about.</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| O/E – On examination | | |
| Primary survey <i>A preliminary assessment that identifies any immediate life threat.</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Secondary survey <i>Findings from head to toe examination and other physical findings such as Mental Status Assessment and Neurological Status Assessment.</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Initial assessment <i>What the Paramedic believes is the patient's main problem after completing Primary, Vital Signs and Secondary Surveys.</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

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| VSS – Vital signs survey | | |
| VSS – General <i>Pulse, Blood Pressure, Respiratory Rate, Skin Temperature, Skin Colour, Skin Moisture, Glasgow Coma Score (GCS), Pupil Size and Reactivity and Pain Score.</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| VSS – Paediatric <i>Wong-baker pain score, APGAR activity, APGAR appearance; APGAR Grimace, APGAR Pulse, APGAR Respiratory effort, GCS Verbal child.</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| VSS – Advanced <i>Advanced vital signs are recorded for certain case types only. Information recorded here includes oxygen saturation (SPO2), cardiac monitor readings and end tidal CO2 (ETCO2) readings.</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| VSS – Respiratory status assessment <i>This is a 9-point uniform approach for assessing the respiratory status of the patient and includes: Respiratory appearance, Respiratory chest wall status, Respiratory effort, Respiratory rhythm, Respiratory sounds, Respiratory speech, Respiratory status & Respiratory upper airway sounds.</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Mx - Management | | |
| <i>Includes all patient care, interventions and clinical management variables (including time of administration/s of drugs and procedures)</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | <i>Specify the particular drugs / procedures of interest</i> |
| Result | | |
| Transport Code <i>Acute, Non acute, Time critical, non-time critical</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Destination (hospital name) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Final assessment <i>What the Paramedic believes is the patient's main problem at the time the patient is discharged from his/her care.</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Referral <i>Allows the entry of data relevant to where a patient is not transported to Hospital, but is referred onto another agency more appropriate for their needs. (ie: LMO, CAT Team, Social Worker etc.)</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Patient outcome <i>Change in status: patient improved / did not improve / no change</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Case times | | |
| Call received (hh:mm) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Dispatched (hh:mm) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| At scene (hh:mm) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| At patient (hh:mm) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| | | |
|------------------------|--|--|
| Loaded (hh:mm) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Notify (hh:mm) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| At destination (hh:mm) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Triage (hh:mm) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Off stretcher (hh:mm) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Case complete (hh:mm) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

CAD dispatch data (collected at the point of call taking)

CAD data does not include specific patient-related clinical variables. The data in this system is collected for the purposes of resource allocation and dispatch, and uses Advanced Medical Priority Dispatch Software to prioritise calls and arrange for appropriate and timely ambulance resources. It is therefore suitable for use in research that investigates demand for service and resource allocation and utilisation.

| CAD Variable | Requested? | Specify variable of interest |
|--|--|------------------------------|
| Incident number | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Date (dd:mm:yyyy) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Time of call (hh:mm) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| MPDS determinant* | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Dispatch criticality | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Scene location (street address, postcode, XY coordinate) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| QAS station responding | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| QAS region | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Response unit / type | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Number of units responded | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Ambulance unit status at time of dispatch | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Paramedic skill level | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

*MPDS includes a possible 33 determinants:

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|----|--|----|-----------------------------------|----|---|
| 1 | Abdominal Pain/Problems | 12 | Convulsions/Seizures | 23 | Overdose/Poisoning (Ingestion) |
| 2 | Allergic Reactions/Animal Stings/ Envenomation | 13 | Diabetic Problems | 24 | Pregnancy/Childbirth/Miscarriage |
| 3 | Animal Bites/Attacks | 14 | Drowning/Diving/SCUBA Accident | 25 | Psychiatric/Suicide Attempt |
| 4 | Assault/Sexual Assault | 15 | Electrocution/Lightning | 26 | Sick Person |
| 5 | Back Pain (Non-Traumatic/Non-Recent) | 16 | Eye Problems/Injuries | 27 | Stab/Gunshot/Penetrating Trauma |
| 6 | Breathing Problems | 17 | Falls | 28 | Stroke (C.V.A.) |
| 7 | Burns/Explosions | 18 | Headache | 29 | Traffic/Transportation Accidents |
| 8 | Carbon Monoxide/Inhalation/HazMat | 19 | Heart Problems/A.I.C.D. | 30 | Traumatic Injuries |
| 9 | Cardiac or Respiratory Arrest/Death | 20 | Heat/Cold Exposure | 31 | Unconscious (Near) |
| 10 | Chest Pain | 21 | Hemorrhage/Lacerations | 32 | Unknown Problem (Man Down) |
| 11 | Choking | 22 | Inaccessible Incident/Entrapments | 33 | Inter-Facility Transfer/Palliative Care |