

## Data Dictionary

| Variable                        | No | Label                                       | Values  | Missing Values |
|---------------------------------|----|---|---|----------------|
| OH CAR IDENTIFICATION NUMBER    | 1  | Identification number                       |   |                |
| SOURCE                          | 2  | <none>                                      | 1 ONELIFE<br>2 DFB<br>3 ePCR<br>4 eOH CAR<br>5 Missing search   |                |
| INITIAL INCIDENT TYPE           | 3  | Initial Incident Type of Call               |   |                |
| REVISED INCIDENT TYPE           | 4  | Revised Incident Type of Call               |   |                |
| DISPATCH CODE                   | 5  | Dispatch Code                               |   |                |
| CAD TIME CALL                   | 6  | Time of call (collection) on Incident Log   |   |                |
| CAD TIME CALL ALERTED           | 7  | Time call alerted (passed) on Incident Log  |   |                |
| CAD TIME MOBILE                 | 8  | Time Mobile on Incident Log                 |   |                |
| CAD TIME AT SCENE               | 9  | Time at Scene on Incident Log               |   |                |
| CAD TIME DEPARTED               | 10 | Time departed scene on Incident Log         |   |                |
| CAD TIME DESTINATION            | 11 | Time at destination on Incident Log         |   |                |
| TIME FIRST RESPONDER AT PATIENT | 12 | Time First Responder at Patient             |   |                |
| STATION PIN                     | 18 | Station PIN                                 |   |                |
| SURNAME                         | 19 | Surname                                     |   |                |
| FIRST NAME                      | 20 | First Name                                  |   |                |
| HOME ADDRESS LINE 1             | 21 | Home Address Line 1                         |   |                |
| HOME ADDRESS LINE 2             | 22 | Home Address Line 2                         |   |                |
| HOME ADDRESS LINE 3             | 23 | Home Address Line 3                         |   |                |
| HOME ADDRESS TOWN               | 24 | Home Address Town                           |   |                |
| HOME ADDRESS COUNTY             | 25 | Home Address County                         |   |                |
| DOB                             | 26 | Date of Birth                               |   | 01.01.1600     |
| AGE                             | 27 | Age   |   | 999.00         |
| GENDER                          | 28 | Gender                                      | 1 male<br>2 female<br>9 missing data  |                |
| GENERAL PRACTITIONER NAME       | 29 | Patient's General Practitioner Name         |   |                |
| ATTENDING DOCTOR NAME           | 30 | Attending doctor's name                     | If no Doctor present, insert 'NONE'; if a doctor present with no name given insert 'NO NAME GIVEN'; if not indicated insert UNKNOWN |                |
| DATE CALL                       | 31 | Date of call                                |   | 01.01.1600     |
| DESTINATION TYPE                | 32 | Destination Type                            | 1 Transported to ED<br>2 Transported to morgue or other destination facility<br>3 Not transported                                   | 9              |
| HOSPITAL DESTINATION            | 33 | Hospital Destination                        |   | 9, 8           |
| OTHER HOSPITAL DESTINATION      | 34 | Other Hospital Destination                  |   |                |
| CONTROL CENTRE                  | 35 | Control Centre from Patient Care Report     |   |                |
| INCIDENT NUMBER                 | 36 | Incident Number                             |   |                |
| CALL SIGN                       | 37 | Vehicle Call Sign                           |   |                |
| PATIENT CARE REPORT BARCODE     | 38 | Patient Care Report Bar code number         |   |                |
| REGION                          | 39 | Ambulance Service or Region                 |   |                |
| STATION                         | 40 | Station                                     |   | 9              |
| INCIDENT ADDRESS SAME AS ABOVE  | 41 | Is incident location/address same as above? | 1 Yes<br>2 No<br>9 Home address unknown   | 9              |
| INCIDENT ADDRESS LINE 1         | 42 | Incident Address Line 1                     |   |                |
| INCIDENT ADDRESS LINE 2         | 43 | Incident Address Line 2                     |   |                |
| INCIDENT ADDRESS LINE 3         | 44 | Incident Address Line 3                     |   |                |

|                                |    |                                   |  |   |
|--------------------------------|----|-----------------------------------|--|---|
| INCIDENT ADDRESS TOWN          | 45 | Incident Address Town             |  |   |
| INCIDENT ADDRESS POSTCODE      | 46 | Incident Postcode                 |  |   |
| INCIDENT ADDRESS COUNTY        | 47 | Incident Address County           |  | 9 |
| INCIDENT LOCATION              | 48 | Type of incident location         | 1 Home<br>2 Ind. place or premises<br>3 Public Building<br>5 GP Surgery<br>6 Farm<br>7 Recr. or sport place (includes hotels)<br>9 Missing data<br>10 Residential Institution<br>11 Street or road<br>12 In ambulance<br>13 Other  | 9 |
| INCIDENT LOCATION OTHER        | 49 | Other incident location           |  |   |
| AETIOLOGY                      | 50 | Aetiology                         | 1 Medical<br>2 Trauma<br>3 Asphyxial<br>4 Drug overdose<br>5 Submersion (Drowning)<br>7 Electrocution<br>9 Missing data  | 9 |
| AETIOLOGY OTHER                | 51 | Other non-cardiac aetiology       |  |   |
| TIME OF COLLAPSE               | 52 | Time of Collapse                  | For witnessed events only  |   |
| TIME OF CHESTPAIN              | 53 | Time of Chest Pain                |  |   |
| WHO WITNESSED COLLAPSE         | 54 | Who Witnessed Collapse?           | 1 Not Witnessed i.e. collapse not seen or heard<br>2 Individual - unknown resuscitation training level<br>3 Individual - no certified resuscitation training<br>4 BLS/CFR<br>5 OFA<br>6 Fire (EFR)<br>7 Garda (EFR)<br>9 MISSING DATA<br>10 Voluntary Services (EFR)<br>11 EMT<br>12 HSE Paramedic<br>13 HSE AP<br>14 Nurse<br>15 Doctor<br>16 Other<br>17 HSE Ambulance Service<br>18 Dublin Fire Brigade<br>19 EFR (DFB Tender)<br>20 EFR (DFB Ambulance)<br>21 EMT (DFB Tender)<br>22 EMT (DFB Ambulance)<br>23 Paramedic (DFB Tender)<br>24 Paramedic (DFB Ambulance)<br>25 AP (DFB Tender)<br>26 AP (DFB Ambulance) | 9 |
| OTHER WITNESSED COLLAPSE       | 55 | Other Witnessed Collapse          |  |   |
| HISTORY CORONARY HEART DISEASE | 56 | History of Coronary Heart Disease | 1 Yes  | 9 |

|   |    |   |   |      |
|---|----|---|---|------|
|   |    |   | 2 No<br>3 Undetermined  |      |
| SHOCKABLE/ NONSHOCKABLE RHYTHM                                    | 57 | Was initial arrest shockable or nonshockable?   | 1 Shockable<br>2 Nonshockable<br>9 Missing Data   | 9    |
| SPECIFY INITIAL ARREST RHYTHM                                     | 58 | Specify Initial Arrest Rhythm   | 1 Ventricular Fibrillation<br>2 Pulseless Ventricular Tachycardia<br>3 Unknown rhythm - shock advised<br>4 Asystole<br>6 Pulseless Electrical Activity<br>7 Unknown rhythm - NO shock advised<br>9 missing data | 9    |
| TIME FIRST RHYTHM ANALYSIS  | 59 | Time of First Arrest Rhythm recorded  | May be listed in the vital observations   |      |
| TIME FIRST ARREST RHYTHM ESTIMATED                                | 60 | Was time first arrest rhythm analysis estimated or taken directly from ECG/defibrillator? |   | 9    |
| RESUS ATTEMPTED BY EMERGENCGY MEDICAL SERVICES                    | 61 | Was resuscitation attempted by Emergency Medical Services at scene?                       | 1 Yes<br>2 No<br>9 Missing data   | 9    |
| WHY RESUS NOT ATTEMPTED BY EMERGENCGY MEDICAL SERVICES            | 62 | If resuscitation was not attempted by Emergency Medical Services, please state why        | 1 ROSC (signs of circulation) present<br>2 DNAR order present<br>3 Other<br>4 Obvious signs of death<br>8 not applicable as EMS resuscitation was attempted<br>9 missing data                                   | 9, 8 |
| OTHER WHY RESUSCITATION NOT ATTEMPTED EMERGENCGY MEDICAL SERVICES | 63 | Other reason why resuscitation not attempted by Emergency Medical Services at scene       |   |      |
| CHEST COMPRESSIONS  | 64 | Were chest compressions performed?  | 1 Yes<br>2 No<br>9 missing data   | 9    |

|  |    |  |   |          |
|--|----|--|---|----------|
| WHO STARTED CHEST COMPRESSIONS   | 65 | Who first started chest compressions?  | 1 Individual - resuscitation training level unknown<br>2 Individual with no certified resuscitation training<br>3 BLS/CFR<br>4 OFA<br>5 Fire (EFR)<br>6 Garda (EFR)<br>7 Voluntary services (EFR)<br>8 Not applicable as chest compressions not performed<br>9 Missing data<br>10 EMT<br>11 HSE Paramedic<br>12 HSE AP<br>13 Nurse<br>14 Doctor<br>15 Other<br>16 HSE Ambulance Service<br>17 Dublin Fire Brigade<br>18 EFR (DFB Tender)<br>19 EFR (DFB Ambulance)<br>20 EMT (DFB Tender)<br>21 EMT (DFB Ambulance)<br>22 Paramedic (DFB Tender)<br>23 Paramedic (DFB Ambulance)<br>24 AP (DFB Tender)<br>25 AP (DFB Ambulance) | 8, 9     |
| OTHER WHO STARTED CHEST COMPRESSIONS                                   | 66 | Specify identity if "CHESTCOMPRESSIONS" = "Yes"  |   |          |
| TIME CHEST COMPRESSIONS STARTED  | 67 | Time chest compressions first started  |   |          |
| TOTAL DURATION CHEST COMPRESSIONS                                      | 68 | Total duration of chest compressions (mins)  | Total duration from bystander to arrival at hospital  | 999, 888 |
| TRANSFERRED TO HOSPITAL WITH CARDIO PULMONARY RESUCITATION IN PROGRESS | 69 | Was the patient transferred to Hospital with Cardio Pulmonary Resuscitation in progress? | 1 Yes<br>2 No<br>8 not applicable as patient not transported to ED or dead at scene<br>9 missing data   | 9, 8     |
| MECHANICAL CARDIO PULMONARY RESUCITATION                               | 70 | Was a mechanical Cardio Pulmonary Resuscitation device used at any stage?                | 1 Yes<br>2 No<br>9 missing data   | 9        |

|                                      |    |  |   |      |
|--------------------------------------|----|--|---|------|
| WHO APPLIED DEFIBRILLATOR PADS FIRST | 71 | Who applied defibrillator pads first?                    | 1 Individual - resuscitation training level unknown<br>2 Individual with no certified resuscitation training<br>3 BLS/CFR<br>4 OFA<br>5 Fire (EFR)<br>6 Garda (EFR)<br>7 Voluntary services (EFR)<br>8 Not applicable as pads not applied<br>9 Missing data<br>10 EMT<br>11 HSE Paramedic<br>12 HSE AP<br>13 Nurse<br>14 Doctor<br>15 Other<br>16 HSE Ambulance Service<br>17 Dublin Fire Brigade<br>18 EFR (DFB Tender)<br>19 EFR (DFB Ambulance)<br>20 EMT (DFB Tender)<br>21 EMT (DFB Ambulance)<br>22 Paramedic (DFB Tender)<br>23 Paramedic (DFB Ambulance)<br>24 AP (DFB Tender)<br>25 AP (DFB Ambulance) | 8, 9 |
| OTHER WHO APPLIED DEFIB PADS FIRST   | 72 | Specify identity if "WHOAPPLIEDDEFIBPADSFIRST" = "Other" |   |      |
| WAS SHOCK DELIVERED                  | 73 | Was shock delivered?                                     | 1 Yes<br>2 No - no shock advised<br>3 No - defibrillator malfunctioned<br>8 Not applicable as pads not applied<br>9 Missing data  | 8, 9 |

|                                 |    |   |   |          |
|---------------------------------|----|---|---|----------|
| WHO DELIVERED FIRST SHOCK       | 74 | Who delivered the first shock?  | <ul style="list-style-type: none"> <li>1 Individual - resuscitation training level unknown</li> <li>2 Individual with no certified resuscitation training</li> <li>3 BLS/CFR</li> <li>4 OFA</li> <li>5 Fire (EFR)</li> <li>6 Garda (EFR)</li> <li>7 Voluntary services (EFR)</li> <li>8 Not applicable as no shock delivered</li> <li>9 Missing data</li> <li>10 EMT</li> <li>11 HSE Paramedic</li> <li>12 HSE AP</li> <li>13 Nurse</li> <li>14 Doctor</li> <li>15 Other</li> <li>16 HSE Ambulance Service</li> <li>17 Dublin Fire Brigade</li> <li>18 EFR (DFB Tender)</li> <li>19 EFR (DFB Ambulance)</li> <li>20 EMT (DFB Tender)</li> <li>21 EMT (DFB Ambulance)</li> <li>22 Paramedic (DFB Tender)</li> <li>23 Paramedic (DFB Ambulance)</li> <li>24 AP (DFB Tender)</li> <li>25 AP (DFB Ambulance)</li> </ul> | 8, 9     |
| OTHER WHO DELIVERED FIRST SHOCK | 75 | Specify identity if "WHODELIVEREDFIRSTSHOCK" = "Other"                    |   |          |
| TOTAL NUMBER SHOCKS DELIVERED   | 76 | Total number of shocks  |   | 999, 888 |
| TIME FIRST SHOCK DELIVERED      | 77 | Time first shock was delivered  |   |          |
| TIME FIRST SHOCK ESTIMATED      | 78 | Was time first shock delivered estimated or taken from ECG/defibrillator? | <ul style="list-style-type: none"> <li>1 Estimated</li> <li>2 Taken directly from ECG/defib</li> <li>8 Not applicable as shock not delivered</li> <li>9 Missing data</li> </ul>   | 9, 8     |
| ASSISTED VENTILATION            | 79 | Assisted ventilation  | <ul style="list-style-type: none"> <li>1 Yes</li> <li>2 No</li> <li>9 missing data</li> </ul>   | 9        |
| ADJUNCT ASSISTED VENTILATION    | 80 | Was an airway adjunct used?   | <ul style="list-style-type: none"> <li>1 None of the listed devices used</li> <li>2 OPA/NPA</li> <li>3 Supraglottic airway device</li> <li>4 Intubation</li> <li>5 No advanced airway i.e. SGA or ET</li> <li>9 Missing data</li> </ul>   | 9        |

|   |    |  |  |      |
|---|----|--|--|------|
| WHO AIRWAY ADJUNCT  | 81 | If yes, who inserted airway adjunct?                                 | 1 CFR<br>2 OFA<br>3 Fire (EFR)<br>4 Garda (EFR)<br>5 Voluntary Services (EFR)<br>6 EMT<br>7 HSE Paramedic<br>8 Not applicable as airway adjunct not used<br>9 Missing data<br>10 HSE AP<br>11 Nurse<br>12 Doctor<br>13 Other<br>14 HSE Ambulance Service<br>15 Dublin Fire Brigade<br>16 EFR (DFB Tender)<br>17 EFR (DFB Ambulance)<br>18 EMT (DFB Tender)<br>19 EMT (DFB Ambulance)<br>20 Paramedic (DFB Tender)<br>21 Paramedic (DFB Ambulance)<br>22 AP (DFB Tender)<br>23 AP (DFB Ambulance) |      |
| OTHER WHO AIRWAY ADJUNCT                                  | 82 | Specify identity if "WHOAIRWAYADJUNCT" = "Other"                     |  |      |
| CANNULATION   | 83 | Cannulation  | 1 Yes<br>2 No<br>9 missing data  | 9    |
| CANNULATION INTRAVENOUS / INTRAOSSEOUS                    | 84 | What type of cannulation was performed?                              | 1 Intravenous<br>2 Intraosseous<br>3 Both IV and IO<br>8 Not applicable as cannulation not performed<br>9 Missing data   | 8, 9 |
| CANNULATION WHO   | 85 | Who performed cannulation?   | 1 AP<br>2 Doctor<br>8 Not applicable as cannulation not performed<br>9 Missing data  | 8, 9 |
| MEDICATION TREATMENT                                      | 86 | Was any medication administered during or post-arrest?               | 1 Yes<br>2 No<br>9 missing data  | 9    |
| ALL CARDIAC ARREST MEDICATION ADMINISTERED BY SAME PERSON | 87 | Were all cardiac arrest medications administered by the same person? | 1 Yes<br>2 No<br>8 Not applicable as no cardiac arrest medications administered<br>9 missing data  |      |
| WHO ADMINISTERED CARDIAC ARREST MEDICATION                | 88 | If yes, who administered all cardiac arrest medications?             | 1 AP<br>2 Doctor<br>8 Not applicable<br>9 Missing data   |      |
| EPINEPHRINE TREATMENT                                     | 89 | Epinephrine (1:10000) IV/IO  | 1 Yes<br>2 No<br>9 missing data  | 9    |
| WHO ADMINISTERED EPINEPHRINE                              | 90 | Who administered epinephrine?  | 1 AP<br>2 Doctor<br>8 Not applicable<br>9 Missing data   | 8, 9 |

|   |     |   |  |      |
|---|-----|---|--|------|
| NUMBER EPINEPHRINE INJECTIONS GIVEN                               | 91  | Number of Epinephrine (1:10000) 1mg iv/io given                           | 888 Not applicable as epinephrine not administered<br>999 Missing data   | 999  |
| ATROPINE TREATMENT  | 92  | Atropine Treatment  | 1 Yes<br>2 No<br>9 missing data  | 9    |
| WHO ADMINISTERED ATROPINE   | 93  | Who administered atropine?  | 1 AP<br>2 Doctor<br>8 Not applicable<br>9 Missing data   | 8, 9 |
| AMIODARONE TREATMENT  | 94  | Amiodarone Treatment  | 1 Yes<br>2 No<br>9 missing data  | 9    |
| WHO ADMINISTERED AMIODARONE                                       | 95  | Who administered amiodarone?  | 1 AP<br>2 Doctor<br>8 Not applicable<br>9 Missing data   | 8, 9 |
| OTHER MEDICATION GIVEN  | 98  | Other Medication Given  | e.g. naloxone  |      |
| RETURN OF SPONTANEOUS CIRCULATION AT ANY STAGE                    | 102 | Was return of spontaneous circulation achieved at ANY stage pre-hospital? | 1 Yes<br>2 No<br>9 missing data  | 9    |
| WHO FIRST RETURN OF SPONTANEOUS CIRCULATION                       | 103 | Who first achieved return of spontaneous circulation?                     | 1 Individual - resuscitation training level unknown<br>2 Individual with no certified resuscitation training<br>3 BLA/CFR<br>4 OFA<br>5 Fire (EFR)<br>6 Garda (EFR)<br>7 Voluntary services (EFR)<br>8 Not applicable as ROSC not achieved<br>9 Missing data<br>10 EMT<br>11 HSE Paramedic<br>12 HSE AP<br>13 Nurse<br>14 Doctor<br>15 Other<br>16 HSE Ambulance Service<br>17 Dublin Fire Brigade<br>18 EFR (DFB Tender)<br>19 EFR (DFB Ambulance)<br>20 EMT (DFB Tender)<br>21 EMT (DFB Ambulance)<br>22 Paramedic (DFB Tender)<br>23 Paramedic (DFB Ambulance)<br>24 AP (DFB Tender)<br>25 AP (DFB Ambulance) | 9    |
| TIME FIRST RETURN OF SPONTANEOUS CIRCULATION                      | 104 | Time return of spontaneous circulation first achieved                     |  |      |
| RETURN OF SPONTANEOUS CIRCULATION ON ARRIVAL EMERGENCY DEPARTMENT | 105 | Spontaneous Circulation on Arrival in Emergency Department                | 1 Yes<br>2 No<br>8 not applicable as patient not transported to ED or dead at scene<br>9 missing data  | 9, 8 |
| RESUSCITATION CEASED AT SCENE                                     | 106 | Was resuscitation ceased at scene?  | 1 Yes<br>2 No<br>9 missing data  | 9    |



|   |     |  |   |            |
|---|-----|--|---|------------|
| WHO CEASED RESUSCITATION AT SCENE       | 107 | Who ceased resuscitation at scene?                     | 1 Paramedic<br>2 AP<br>3 Nurse<br>4 Doctor<br>5 Ambulance Service<br>6 Joint decision<br>8 Not applicable as resuscitation continued to ED<br>9 missing data  | 8, 9       |
| WHY RESUSCITATION CEASED AT SCENE       | 108 | If yes, why was resuscitation ceased at scene?         | 1 Sustained ROSC achieved<br>2 Cardiac arrest - asystole - decision tree followed<br>3 Cessation of resuscitation section signed by doctor<br>4 Other reason<br>5 Obvious signs of death<br>8 Not applicable as resuscitation continued to ED<br>9 missing data | 8, 9       |
| DEATH CONFIRMED BY DOCTOR AT SCENE      | 109 | Death Confirmed by Doctor at Scene                     | 1 Yes<br>2 No<br>8 not applicable as patient alive at scene<br>9 missing data   | 9, 8       |
| TIME DEATH CONFIRMED BY DOCTOR AT SCENE | 110 | Time Death Confirmed by Doctor at Scene                |   |            |
| DISCHARGED ALIVE                        | 111 | Patient discharged alive                               |   | 8          |
| DATE DISCHARGE ALIVE                    | 112 | Date of discharge from Hospital Alive                  |   | 01.01.1600 |
| CEREBRAL PERFORMANCE CATEGORY SCORE     | 113 | Cerebral Performance Category score prior to Discharge |   | 9, 8       |
| DIED IN HOSPITAL FOLLOWING ADMISSION    | 114 | Patient admitted to ED/CCU/ICU but died in hospital    |   | 9, 8       |
| LOCATION DEATH IN HOSPITAL              | 115 | Location at time of death in hospital                  |   | 8, 9       |
| OTHER LOCATION DEATH IN HOSPITAL        | 116 | Other location at time of death in hospital            |   |            |
| DATE DEATH IN HOSPITAL                  | 117 | Date of death in hospital                              |   | 01.01.1600 |
| TIME DEATH IN HOSPITAL                  | 118 | Time of death in hospital                              |   |            |
| DATE DEATH FOLLOWING DISCHARGE          | 122 | Date of death following hospital discharge             |   | 01.01.1600 |
| ADDITIONAL INFORMATION                  | 123 | Any additional information                             |   |            |
| CAN HOSPITAL DATA BE OBTAINED           | 124 | <none>   |   | 8          |
| PUBLIC/ NONPUBLIC                       | 125 | <none>   |   |            |
| FIRST ON SCENE                          | 126 | <none>   |   | 8, 9       |
| CALL TYPE                               | 127 | <none>   |   | 8.00, 9.00 |