MATRIS Data Dictionary

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Data Element Definition

Unit Information

The unique 9 digit incident number assigned to the

incident by the computer aided dispatch system

EMS Unit (Vehicle) Response Number Unit ID

Type of Response Delay

The response delays, if any, of the unit associated with the

patient encounter

Type of Scene Delay

The scene delays, if any, of the unit associated with the

patient encounter

Type of Transport Delay

The transport delays, if any, of the unit associated with the

patient encounter

Vehicle Dispatch Location The location of the unit at time of dispatch

Odometer Reading of Responding Vehicle The mileage (odometer reading) of the vehicle when it

e arrives at the patient's destination

Ending Odometer Reading of Responding The ending mileage (odometer reading) of the vehicle (at

Vehicle

Complaint Reported by Dispatch The TYPE Code reported to the responding unit.

Crew Member ID The State Certification/Licensure ID number assigned to

the crew member

time back in service)

Times

Unit Notified by Dispatch Date/Time
The date the responding unit was notified by dispatch

Unit En Route Date/Time

The date/time the unit responded; that is, the time the

vehicle started moving

Unit Arrived on Scene Date/Time

The date/time the responding unit arrived on the scene; that

is, the time the vehicle stopped moving

Arrived at Patient Date/Time

The date/time the responding unit arrived at the patient's

side

Unit Left Scene Date/Time

The date/time the responding unit left the scene (started)

moving)

Patient Arrived at Destination Date/Time

The date/time the responding unit arrived with the patient

at the destination

Unit Back in Service Date/Time

The date/time the unit back in service and available for

response.

Patient / Billing

Last Name The patient's last (family) name
First Name The patient's first (given) name

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Middle Initial/Name The patient's middle name, if any

Patient's Home Address
Patient's Home City
The patient's home mailing or street address
The patient's home city or township or residence

Patient's Home State

The patient's home state, territory, or province, or District

of Columbia, where the patient resides

Patient's Home Zip Code The patient's home ZIP code of residence Social Security Number The patient's social security number

Gender The patient's gender

Age The patient's age (either calculated from date of birth or

best approximation)

Age Units

The units which the age is documented in (Hours, Days,

Months, Years)

Date of Birth The patient's date of birth

Primary or Home Telephone Number

The patient's home or primary telephone number

The primary method of payment or type of insurance

Primary Method of Payment

associated with this EMS encounter

Insurance Company ID/Name
The ID number of the patient's insurance company
Insurance Policy ID Number
The ID number of the patient's insurance policy
Work-Related
Indication of whether or not the injury is work related.

The last (family) name of the patient's closest relative or

Closest Relative/Guardian Last Name

The last (family) name of the patient's closest relative or

guardian

First Name of the Closest Relative/

Guardian

The first (given) name of the patient's closest relative or

guardian

Closest Relative/ Guardian Street Address

The home street address of the patient's closest relative or

guardian

Closest Relative/ Guardian City

The home city of the patient's closest relative or guardian

Closest Relative/ Guardian State

The home state of the patient's closest relative or guardian

Closest Relative/ Guardian Zip Code

The home Zip Code of the patient's closest relative or

guardian

Closest Relative/ Guardian Phone Number The home or other phone number of the patient's closest

relative or guardian

Closest Relative/ Guardian Relationship The relationship of the patient's closest relative or guardian

Scene

Other EMS Agencies at Scene Other EMS agencies that were at the scene, if any
Other Services at Scene Other services that were at the scene, if any

Number of Patients at Scene Indicator of how many total patients were at the scene

Incident Location Type

The kind of location where the incident happened

Incident Address

The street address, including city section to which the unit

responded.

Incident ZIP Code

The ZIP code of the incident location

Situation

Any care which was provided to the patient prior to the Prior Aid

arrival of this unit.

The type of individual who performed the care prior to the Prior Aid Performed by

arrival of this unit.

outcome or result of the care performed prior to the arrival Outcome of the Prior Aid

of the unit?

This data element provides documentation to classify the Possible Injury

EMS Reason for Encounter as either injury or non-injury

related.

The statement of the problem by the patient or the history Chief Complaint

provider in one or two words

Duration of Chief Complaint The time duration of the chief complaint

The time units of the duration of the patient's chief Time Units of Duration of Chief Complaint

complaint

The primary anatomic location of the chief complaint as Chief Complaint Anatomic Location

identified by EMS personnel

The primary sign and symptom present in the patient or **Primary Symptom**

observed by EMS personnel

Other symptoms identified by the patient or observed by Other Associated Symptoms

EMS personnel

The EMS personnel's impression of the patient's primary problem or most significant condition which led to the **Providers Primary Impression**

management given to the patient (treatments, medications,

or procedures).

The EMS personnel's impression of the patient's

secondary problem or which led to the management given Provider's Secondary Impression

to the patient (treatments, medications, or procedures).

Trauma

The category of the reported/suspected external cause of Cause of Injury

the injury

Mechanism of Injury The mechanism of the event which caused the injury.

The kind of risk factor predictors associated with the Vehicular Injury Indicators

vehicle involved in the incident

Area of the Vehicle impacted by the

collision

The area or location of impact on the vehicle

The seat row location of the patient in vehicle at the time Seat Row Location of Patient in Vehicle

of the crash with the front seat numbered as 1.

Position of Patient in the Seat of the Vehicle The position of the patient in seat of the vehicle at the time of the crash

Safety equipment in use by the patient at the time of the Use of Occupant Safety Equipment

injury

Indication of Airbag deployment during the motor vehicle Airbag Deployment

crash.

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Height of Fall

The distance in feet the patient fell, measured from the

lowest point of the patient to the ground.

CPR

Cardiac Arrest Indication of the presence of a cardiac arrest at any time

associated with the EMS evert.

Cardiac Arrest Etiology Indication of the etiology or cause of the cardiac arrest

(classified as cardiac, non-cardiac, etc.)

Resuscitation Attempted Indication of an attempt to resuscitate the patient who is in

cardiac arrest (attempted, not attempted due to DNR, etc.)

Arrest Witnessed by Indication of who the cardiac arrest was witnessed by

First Monitored Rhythm of the Patient Documentation of what the first monitored rhythm which

was noted

Any Return of Spontaneous Circulation

Indication whether or not there was any return of

spontaneous circulation at any time during the EMS evert.

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

Date/Time Resuscitation Discontinued

The date/time the CPR was discontinued (or could be time

of death)

Reason CPR Discontinued

The reason that CPR or the resuscitation efforts were

discontinued.

Cardiac Rhythm on Arrival at Destination

The patient's cardiac rhythm upon delivery or transfer to

the destination

Medical History

Barriers to Patient Care Indication of whether or not there were any patient specific

barriers to serving the patient at the scene

Medication Allergies The patient's medication allergies

Medical/Surgical History

The patient's pre-existing medical and surgery history of

the patient

Current Medications The medications the patient currently takes

Current Medication Dose

The numeric dose or amount of the patient's current

medication

Current Medication Dosage Unit The dosage unit of the patient's current medication

Current Medication Administration Route

The administration route (po, SQ, etc.) of the patients

current medication

Alcohol/Drug Use Indicators

Indicators for the potential use of Alcohol or Drugs by the

patient.

Run Report Narrative The narrative of the run report

Assessment

Date/Time Vital Signs Taken Date/Time Vital Signs Taken

Cardiac Rhythm

The initial cardiac rhythm of the patient as interpreted by

EMS personnel

SBP (Systolic Blood Pressure)

The patient's systolic blood pressure

DBP (Diastolic Blood Pressure)

The patient's diastolic blood pressure

Records & Reports

The patient's pulse rate, palpated or auscultated, expressed Pulse Rate

as a number per minute

Pulse Oximetry The patient's oxygen saturation

The patient's respiratory rate expressed as a number per Respiratory Rate

minute

Carbon Dioxide The patient's end-tidal or other CO2 level.

Blood Glucose Level The patient's blood glucose level

Glasgow Coma Score-Eye The patient's Glasgow Coma Score Eye opening Glasgow Coma Score-Verbal The patient's Glasgow Coma Score Verbal Glasgow Coma Score-Motor The patient's Glasgow Coma Score Motor

Documentation of factors which make the GCS score more Glasgow Coma Score-Qualifier

meaningful.

The patient's total Glasgow Coma Score Total Glasgow Coma Score The patient's body temperature in degrees Temperature

celsius/centigrade.

Level of Responsiveness The patients level of responsiveness

Pain Scale The patient's indication of pain from a scale of 0 / 10.

The patient's Los Angeles or Cincinnati Stroke Scale Stroke Scale

Results

The patient's total APGAR score (0-10). Recommended to **APGAR**

be taken at 1 and 5 minutes after the infants birth

Revised Trauma Score The patient's Revised Trauma Score

Medication

Date/Time Medication Administered The date/time medication administered to the patient

Medication Administered Prior to this Units

EMS Care

Indicates that the medication administration which is documented was administered prior to this EMS unit's

Medication Given The medication given to the patient

The route that the medication was administered to the Medication Administered Route

patient.

Medication Dosage The dose or amount of medication given to the patient

Medication Dosage Units The units of medication dosage given to patient Response to Medication The patient's response to the medication.

Any complication (abnormal effect on the patient)

Medication Complication associated with the administration of the medication to the

patient by EMS

The ID number of the EMS crew member giving the Medication Crew Member ID

treatment to the patient

Procedure

Procedure The procedure performed on the patient.

Size of Procedure Equipment The size of equipment used in the procedure on the patient

The number of attempts taken to complete a procedure or Number of Procedure Attempts

intervention regardless of success

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Procedure Successful the patient was successful Any complication associated with the performance of the **Procedure Complication** procedure on the patient The patient's response to the procedure Response to Procedure The ID number of the EMS crew member performing the Procedure Crew Members ID procedure on the patient Procedure Authorization The type of procedure authorization obtained The last name of the authorizing physician ordering the procedure, if the order was provided by any manner other Procedure Authorizing Physician than protocol (standing order) Successful IV Site The location of the IV site (if applicable) on the patient Endotracheal Tube placement verification at the time the **Tube Confirmation** airway procedure was done **Destination Confirmation of Tube** Endotracheal Tube location verification on the arrival at the Destination (if applicable) Placement **Disposition** Destination/Transferred To, Name The destination the patient was delivered or transferred to Type of disposition treatment and/or transport of the Incident/Patient Disposition patient. The method the patient was moved to the ambulance from How Patient Was Moved to Ambulance the scene Position of Patient During Transport The position of the patient during transport from the scene How Patient Was Transported From The method the patient was moved from the ambulance to Ambulance the destination The reason the unit chose to deliver or transfer the patient Reason for Choosing Destination to the destination **Medical Device** The mode of operation the device is operating in during the AED, Pacing, or CO2 Mode defibrillation, pacing, or rhythm analysis by the device (if appropriate for the event) The lead or source which the medical device used to obtain ECG Lead the rhythm (if appropriate for the event) The interpretation of the rhythm by the device (if **ECG** Interpretation appropriate for the event) The energy used for the shock or pacing event (if Shock or Pacing Energy appropriate for the event) The number of times the patient was defibrillated, if the Total Number of Shocks Delivered patient was defibrillated during the patient encounter. The rate the device was calibrated to pace during the event, Pacing Rate if appropriate.

Indication of whether or not the procedure performed on

 $Massachusetts\ Ambulance\ Trip\ Information\ Sytem\\ \underline{http://www.mass.gov/Eeohhs2/docs/dph/emergency_services/ar/5_403.pdf}$