

OAR 333-250-0315

APPENDIX 1

Patient Encounter Data Transferred to Oregon Trauma Registry

Field Name	Description	Field Name	Description
dAgency.01	EMS Agency Unique State ID	eSituation.01	Date/Time of Symptom Onset
dAgency.02	EMS Agency Number	eSituation.14	Work-Related Illness/Injury
dAgency.04	EMS Agency State	eSituation.15	Patient's Occupational Industry
eRecord.01	Patient Care Report Number	eSituation.16	Patient's Occupation
eResponse.01	EMS Agency Number	eInjury.01	Cause of Injury
eResponse.03	Incident Number	eInjury.03	Trauma Center Criteria
eResponse.05	Type of Service Requested	eInjury.04	Vehicular, Pedestrian, or Other Injury Risk Factor
eResponse.07	Primary Role of the Unit	eInjury.07	Use of Occupant Safety Equipment
eResponse.14	EMS Unit Call Sign	eInjury.08	Airbag Deployment
eTimes.03	Unit Notified by Dispatch Date/Time	eArrest.01	Cardiac Arrest
eTimes.06	Unit Arrived on Scene Date/Time	eVitals.01	Date/Time Vital Signs Taken
eTimes.07	Unit Arrived at Patient Date/Time	eVitals.02	Obtained Prior to this Unit's EMS Care
eTimes.09	Unit Left Scene Date/Time	eVitals.06	SBP (Systolic Blood Pressure)
eTimes.11	Patient Arrived at Destination Date/Time	eVitals.10	Heart Rate
ePatient.02	Last Name	eVitals.12	Pulse Oximetry
ePatient.03	First Name	eVitals.14	Respiratory Rate
ePatient.04	Middle Initial/Name	eVitals.19	Glasgow Coma Score-Eye
ePatient.13	Sex	eVitals.20	Glasgow Coma Score-Verbal
ePatient.17	Date of Birth	eVitals.21	Glasgow Coma Score-Motor
eScene.09	Incident Location Type	eVitals.23	Total Glasgow Coma Score
eScene.15	Incident Street Address	eProcedures.03	Procedure
eScene.17	Incident City	eDisposition.01	Destination/Transferred To, Name
eScene.18	Incident State	eDisposition.02	Destination/Transferred To, Code
eScene.19	Incident ZIP Code	eDisposition.12	Incident/Patient Disposition
eScene.21	Incident County		
eScene.22	Incident Country		