

Emergency Data Set \subset Minimal Patient Data Set

State: Draft

Version 0.1.5

Last Rev.: 09.06.2008

EMERGENCY DATA SET (draft)	
1	Identification data
1.1	Name
1.2	Date of birth
1.3	Unique personal identifier
2	Administrative data
2.1	Insurance
2.2	Home address
2.3	Legal limitations (type, degree – if applicable, person responsible)
2.4	Persons to be notified
3	History
3.1	Personal
3.1.1	Employment history
3.1.2	Injuries
3.1.3	Operations
3.1.4	Infections
3.1.5	Discontinued observations
3.1.6	Lifestyle risks (what, how long, how many)
3.1.6.1	Alcohol
3.1.6.2	Smoking
3.1.6.3	Other abuses
3.1.7	Travel risks
3.1.8	Other
3.2	Family (genetic, metabolic, neuromuscular, bleeding disorders)
4	Clinical data
4.1	Basic physiological measurements
4.1.1	Height (cm)
4.1.2	Weight (kg)
4.2	Cave
4.2.1	Allergies (agent, reaction type)
4.2.2	Adverse drug reactions (drug, reaction type)
4.2.3	Blood group, irregular antigens (if available)
4.2.4	Adverse transfusion events (date, derivate type, conclusion)
4.2.5	Impaired organ/system function
4.2.5.1	Renal (degree)
4.2.5.2	Bleeding disorders (type, degree)
4.2.5.3	Metabolic disorders (type)
4.3	Contagious diseases (diagnosis, stage, last confirmed – if applicable)
4.4	Immunizations (type, date)
4.5	Current problems, treatments and medications
4.5.1	Diseases in treatment (diagnosis, date from, current stage – according to recognized staging systems, or representative test result, what applicable)
4.5.1.1	Medication (drug, dose)
4.5.1.2	Next control due date
4.5.2	Chronic diseases
4.5.2.1	Diabetes
4.5.2.1.1	Type 1 or type 2
4.5.2.1.2	Insulin dependent or independent
4.5.2.1.3	Treatment / dosage
4.5.2.1.4	Frequency of hypoglycaemia (instable dm)
4.5.2.1.5	Chronic diabetic complications
4.5.2.1.6	Date of ICDP upgrading
4.5.2.1.7	In care of: name and phone
4.5.2.2	Other
4.5.3	Psychic disorders / diagnoses
4.5.3.1	Alerts for risk assessment regarding inclinations to (if needed, particularly after previous incidence)

- 4.5.3.1.1 Self harming
- 4.5.3.1.2 Danger for others
- 4.5.3.1.3 Hetero-aggressiveness

4.5.3.2 Current psychopharmacologic treatment (if possible information on previous treatments with effects assessment, contraindication or allergic reaction)

4.5.3.3 Contacts to

- 4.5.3.3.1 Attending physician (name, phone)
- 4.5.3.3.2 The psychiatric facility providing most recently hospital care or out-patient facility clinic with patient highest attendance or where his/her most extensive documentation is available (name, phone, e-mail)
- 4.5.3.3.3 Close/st relatives and/or other competent caring persons/facility (name, phone, e-mail)

4.5.4 Implants

- 4.5.4.1 Devices (type, mode & settings, date of last maintenance, next scheduled maintenance)
- 4.5.4.2 Prostheses (type, date)

4.5.5 Diseases in cyclic therapy (diagnosis, last procedure type & date, next procedure type & date)

- 4.5.5.1 Renal replacement (type, access, frequency, settings)

4.5.6 Diagnoses in observation, abnormal test results & findings (diagnosis, test & value, image, ecg records/description – whatever is applicable, date of the last check up, next scheduled check up)

4.5.7 Permanent aids (urinary catheters, stomic bags, orthopedic aids – type, nursing requirements)

4.5.8 Disabilities (type, degree)

5 Other data

- 5.1 Life & treatment will
- 5.2 Organ donor will