



NHTSA / NEMSIS Version 3 – Requisite National Elements - EMS (ePCR/Event) DataSet -

The NHTSA / NEMSIS Version 3 National Subset of data elements for the EMS (ePCR/Event) submission is listed below. A total of 134 elements comprise the EMS Incident or Patient Care Report (ePCR/Event) Dataset (EMSDataSet) submission information. Three elements make up the header information specific to the EMS Agency. The actual ePCR/Event information consists of 131 elements.

	NHTSA / NEMSIS V3 Element Number	NHTSA / NEMSIS V3 Element Name	Obligatory in XML File (ePCR - Event Record)	Nillable Value Allowed?	Single-Select or Multi-Select Element			
				No = submit a "real" value Yes = NOT values and Nils				
HE	HEADER - Demographic EMS Agency Information Group							
1	dAgency.01	EMS Agency Unique State ID	Yes	No	Single-Select			
2	dAgency.02	EMS Agency Number	Yes	No	Single-Select			
3	dAgency.04	EMS Agency State	Yes	No	Single-Select			
- Tł	INCIDENT / PATIENT CARE REPORT (ePCR/Event) Information Group - This group repeats to allow multiple incident responses or patient encounters to be submitted in the XML file. - The national elements shown below are submitted for each single incident or patient record information.							
eRe	cord Information	on						
1	eRecord.01	Patient Care Report Number	Yes	No	Single-Select			
2	eRecord.02	Software Creator	Yes	No	Single-Select			
3	eRecord.03	Software Name	Yes	No	Single-Select			
4	eRecord.04	Software Version	Yes	No	Single-Select			
eRe	eResponse Information							
5	eResponse.01	EMS Agency Number	Yes	No	Single-Select			

6	eResponse.03	Incident Number	Yes	Yes	Single-Select
7	eResponse.04	EMS Response Number	Yes	Yes	Single-Select
8	eResponse.05	Type of Service Requested	Yes	No	Single-Select
9	eResponse.07	Primary Role of the Unit	Yes	No	Single-Select
10	eResponse.08	Type of Dispatch Delay	Yes	Yes	Multi-Select
11	eResponse.09	Type of Response Delay	Yes	Yes	Multi-Select
12	eResponse.10	Type of Scene Delay	Yes	Yes	Multi-Select
13	eResponse.11	Type of Transport Delay	Yes	Yes	Multi-Select
14	eResponse.12	Type of Turn-Around Delay	Yes	Yes	Multi-Select
15	eResponse.13	EMS Vehicle (Unit) Number	Yes	No	Single-Select
16	eResponse.14	EMS Unit Call Sign	Yes	No	Single-Select





	NHTSA / NEMSIS V3 Element Number	NHTSA / NEMSIS V3 Element Name	Obligatory in XML File	Nillable Value Allowed?	Single-Select or Multi-Select Element		
17	eResponse.15	Level of Care of This Unit	Yes	No	Single-Select		
18	eResponse.23	Response Mode to Scene	Yes	No	Single-Select		
19	eResponse.24	Additional Response Mode Descriptors	Yes	Yes	Multi-Select		
eDis	spatch Informat	ion					
20	eDispatch.01	Complaint Reported by Dispatch	Yes	No	Single-Select		
21	eDispatch.02	EMD Performed	Yes	Yes	Single-Select		
eTir	mes Information	1					
22	eTimes.01	PSAP Call Date/Time	Yes	Yes	Single-Select		
		Unit Notified by Dispatch					
23	eTimes.03	Date/Time	Yes	No	Single-Select		
24	eTimes.05	Unit En Route Date/Time	Yes	Yes	Single-Select		
25	eTimes.06	Unit Arrived on Scene Date/Time	Yes	Yes	Single-Select		
26	eTimes.07	Arrived at Patient Date/Time	Yes	Yes	Single-Select		
27	eTimes.09	Unit Left Scene Date/Time	Yes	Yes	Single-Select		
28	eTimes.11	Patient Arrived at Destination Date/Time	Yes	Yes	Single-Select		
29	eTimes.12	Destination Patient Transfer of Care Date/Time	Yes	Yes	Single-Select		
30	eTimes.13	Unit Back in Service Date/Time	Yes	No	Single-Select		
ePa	tient Informatio	on					
31	ePatient.07	Patients Home County'	Yes	Yes	Single-Select		
32	ePatient.08	Patients Home State'	Yes	Yes	Single-Select		
33	ePatient.09	Patients Home ZIP Code'	Yes	Yes	Single-Select		
34	ePatient.13	Gender	Yes	Yes	Single-Select		
35	ePatient.14	Race	Yes	Yes	Multi-Select		
36	ePatient.15	Age	Yes	Yes	Single-Select		
37	ePatient.16	Age Units	Yes	Yes	Single-Select		
ePa	ePayment Information						
38	ePayment.01	Primary Method of Payment	Yes	Yes	Single-Select		
39	ePayment.50	CMS Service Level	Yes	Yes	Single-Select		
eScene Information							
40	eScene.01	First EMS Unit on Scene	Yes	Yes	Single-Select		
41	eScene.06	Number of Patients at Scene	Yes	Yes	Single-Select		
42	eScene.07	Mass Casualty Incident	Yes	Yes	Single-Select		





	NHTSA / NEMSIS V3 Element Number	NHTSA / NEMSIS V3 Element Name	Obligatory in XML File	Nillable Value Allowed?	Single-Select or Multi-Select Element
		Triage Classification for MCI			
43	eScene.08	Patient	Yes	Yes	Single-Select
44	eScene.09	Incident Location Type	Yes	Yes	Single-Select
45	eScene.18	Incident State	Yes	Yes	Single-Select
46	eScene.19	Incident ZIP Code	Yes	Yes	Single-Select
47	eScene.21	Incident County	Yes	Yes	Single-Select
eSit	uation Informa	tion			
48	eSituation.01	Date/Time of Symptom Onset/Last Normal	Yes	Yes	Single-Select
49	eSituation.02	Possible Injury	Yes	Yes	Single-Select
50	eSituation.07	Chief Complaint Anatomic Location	Yes	Yes	Single-Select
51	eSituation.08	Chief Complaint Organ System	Yes	Yes	Single-Select
52	eSituation.09	Primary Symptom	Yes	Yes	Single-Select
53	eSituation.10	Other Associated Symptoms	Yes	Yes	Multi-Select
54	eSituation.11	Providers Primary Impression'	Yes	Yes	Single-Select
55	eSituation.12	Providers Secondary Impressions'	Yes	Yes	Multi-Select
56	eSituation.13	Initial Patient Acuity	Yes	Yes	Single-Select
elnj	ury Information	1			
57	elnjury.01	Cause of Injury	Yes	Yes	Multi-Select
58	elnjury.03	Trauma Center Criteria	Yes	Yes	Multi-Select
59	elnjury.04	Vehicular, Pedestrian, or Other Injury Risk Factor	Yes	Yes	Multi-Select
eAr	rest Information	n			
60	eArrest.01	Cardiac Arrest	Yes	Yes	Single-Select
61	eArrest.02	Cardiac Arrest Etiology	Yes	Yes	Single-Select
62	eArrest.03	Resuscitation Attempted By EMS	Yes	Yes	Multi-Select
63	eArrest.04	Arrest Witnessed By	Yes	Yes	Multi-Select
		CPR Care Provided Prior to EMS			
64	eArrest.05	Arrival	Yes	Yes	Single-Select
65	eArrest.07	AED Use Prior to EMS Arrival	Yes	Yes	Single-Select
66	eArrest.09	Type of CPR Provided	Yes	Yes	Multi-Select
67	eArrest.10	Therapeutic Hypothermia Initiated	Yes	Yes	Single-Select
68	eArrest.11	First Monitored Arrest Rhythm of the Patient	Yes	Yes	Single-Select





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		Any Return of Spontaneous			
69	eArrest.12	Circulation	Yes	Yes	Multi-Select
70	eArrest.14	Date/Time of Cardiac Arrest	Yes	Yes	Single-Select
71	eArrest.16	Reason CPR/Resuscitation Discontinued	Yes	Yes	Single-Select
72	eArrest.17	Cardiac Rhythm on Arrival at Destination	Yes	Yes	Multi-Select
73	eArrest.18	End of EMS Cardiac Arrest Event	Yes	Yes	Single-Select
ΔHic	story Information				
74	eHistory.01	Barriers to Patient Care	Yes	Yes	Multi-Select
75	eHistory.17	Alcohol/Drug Use Indicators	Yes	Yes	Multi-Select
	•		res	res	Multi-Select
	tals Information				
- T	his group repeats to	allow for multiple times where vita	al sign information	on is captured.	
76	eVitals.01	Date/Time Vital Signs Taken	Yes	Yes	Single-Select
		Obtained Prior to this Units EMS			
77	eVitals.02	Care'	Yes	Yes	Single-Select
70		Cardiac Rhythm /	. Vari	No. 2	AA Jii Calaa
78	eVitals.03	Electrocardiography (ECG)	Yes	Yes	Multi-Select
79	eVitals.04	ECG Type	Yes	Yes	Single-Select
80	eVitals.05	Method of ECG Interpretation	Yes	Yes	Multi-Select
81	eVitals.06	SBP (Systolic Blood Pressure)	Yes	Yes	Single-Select
82	eVitals.08	Method of Blood Pressure Measurement	Yes	Yes	Single-Select
83	eVitals.10	Heart Rate	Yes	Yes	Single-Select
84	eVitals.12	Pulse Oximetry	Yes	Yes	Single-Select
85	eVitals.14	Respiratory Rate	Yes	Yes	Single-Select
86	eVitals.16	Carbon Dioxide (CO2)	Yes	Yes	Single-Select
87	eVitals.18	Blood Glucose Level	Yes	Yes	Single-Select
88	eVitals.19	Glasgow Coma Score-Eye	Yes	Yes	Single-Select
89	eVitals.20	Glasgow Coma Score-Verbal	Yes	Yes	Single-Select
90	eVitals.21	Glasgow Coma Score-Motor	Yes	Yes	Single-Select
91	eVitals.22	Glasgow Coma Score-Qualifier	Yes	Yes	Multi-Select
92	eVitals.26	Level of Responsiveness (AVPU)	Yes	Yes	Single-Select
93	eVitals.27	Pain Score	Yes	Yes	Single-Select
94	eVitals.29	Stroke Scale Score	Yes	Yes	Single-Select
95	eVitals.30	Stroke Scale Type	Yes	Yes	Single-Select
96	eVitals.31	Reperfusion Checklist	Yes	Yes	Single-Select





	NHTSA / NEMSIS V3 Element Number	NHTSA / NEMSIS V3 Element Name	Obligatory in XML File	Nillable Value Allowed?	Single-Select or Multi-Select Element			
ePr	eProtocols Information							
- Tł	nis group repeats to	allow for times where multiple pro	tocols are used.	_				
97	eProtocols.01	Protocols Used	Yes	Yes	Single-Select			
98	eProtocols.02	Protocol Age Category	Yes	Yes	Single-Select			
еM	edications Infor	mation						
_		allow for times where multiple med	dications are give	en.				
		Date/Time Medication						
99	eMedications.01	Administered	Yes	Yes	Single-Select			
		Medication Administered Prior						
100	eMedications.02	to this Units EMS Care'	Yes	Yes	Single-Select			
101	eMedications.03	Medication Given	Yes	Yes	Single-Select			
102	eMedications.05	Medication Dosage	Yes	Yes	Single-Select			
103	eMedications.06	Medication Dosage Units	Yes	Yes	Single-Select			
104	eMedications.07	Response to Medication	Yes	Yes	Single-Select			
105	eMedications.08	Medication Complication	Yes	Yes	Multi-Select			
106	eMedications.10	Role/Type of Person Administering Medication	Yes	Yes	Single-Select			
	eProcedures Information - This group repeats to allow for times where multiple proceudres are performed.							
- 11	lis group repeats to	Date/Time Procedure	Ledures are peri	Timed.				
107	eProcedures.01	Performed	Yes	Yes	Single-Select			
		Procedure Performed Prior to						
108	eProcedures.02	this Units EMS Care'	Yes	Yes	Single-Select			
109	eProcedures.03	Procedure	Yes	Yes	Single-Select			
110	eProcedures.05	Number of Procedure Attempts	Yes	Yes	Single-Select			
111	eProcedures.06	Procedure Successful	Yes	Yes	Single-Select			
112	eProcedures.07	Procedure Complication	Yes	Yes	Multi-Select			
113	eProcedures.08	Response to Procedure	Yes	Yes	Single-Select			
		Role/Type of Person Performing						
114	eProcedures.10	the Procedure	Yes	Yes	Single-Select			
eDi	eDisposition Information							
115	eDisposition.05	Destination State	Yes	Yes	Single-Select			
116	eDisposition.06	Destination County	Yes	Yes	Single-Select			
117	eDisposition.07	Destination ZIP Code	Yes	Yes	Single-Select			
118	eDisposition.12	Incident/Patient Disposition	Yes	No	Single-Select			
119	eDisposition.16	EMS Transport Method	Yes	Yes	Single-Select			
120	eDisposition.17	Transport Mode from Scene	Yes	Yes	Single-Select			





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121	eDisposition.18	Additional Transport Mode Descriptors	Yes	Yes	Multi-Select
122	eDisposition.19	Condition of Patient at Destination	Yes	Yes	Single-Select
123	eDisposition.20	Reason for Choosing Destination	Yes	Yes	Multi-Select
124	eDisposition.21	Type of Destination	Yes	Yes	Single-Select
125	eDisposition.22	Hospital In-Patient Destination	Yes	Yes	Single-Select
126	eDisposition.23	Hospital Designation	Yes	Yes	Single-Select
127	eDisposition.24	Destination Team Pre-Arrival Activation	Yes	Yes	Single-Select
128	eDisposition.25	Date/Time of Destination Prearrival Activation	Yes	Yes	Single-Select
eOu	itcome Informa	tion			
129	eOutcome.01	Emergency Department Disposition	Yes	Yes	Single-Select
130	eOutcome.02	Hospital Disposition	Yes	Yes	Single-Select
eOt	her Information				
131	eOther.05	Suspected EMS Work Related Exposure, Injury, or Death	Yes	Yes	Single-Select