

EMSDataset

Header

DemographicGroup

dAgency.01 - EMS Agency Unique State ID p

dAgency.02 - EMS Agency Number m

dAgency.04 - EMS Agency State 49 - Utah

PatientCareReport

eRecord

eRecord.01 - Patient Care Report Number DOj

eRecord.SoftwareApplicationGroup

eRecord.02 - Software Creator d

eRecord.03 - Software Name A

eRecord.04 - Software Version U

eResponse

eResponse.AgencyGroup

eResponse.01 - EMS Agency Number Q

eResponse.02 - EMS Agency Name hR

eResponse.03 - Incident Number zIQ

eResponse.04 - EMS Response Number zTT

eResponse.ServiceGroup

eResponse.05 - Type of Service Requested 2205009 - Mutual Aid

eResponse.06 - Standby Purpose 2206005 - Education

eResponse.07 - Primary Role of the Unit 2207001 - Air Transport

eResponse.08 - Type of Dispatch Delay 2208013 - None/No Delay

eResponse.09 - Type of Response Delay 2209021 - Staff Delay

eResponse.10 - Type of Scene Delay 2210003 - Awaiting Ground Unit

eResponse.11 - Type of Transport Delay 2211003 - Directions/Unable to Locate

eResponse.12 - Type of Turn-Around Delay 2212005 - Distance

eResponse.13 - EMS Vehicle (Unit) Number u

eResponse.14 - EMS Unit Call Sign w

eResponse.15 - Level of Care of This Unit 2215019 - ALS-Physician

eResponse.16 - Vehicle Dispatch Location VS

eResponse.17 - Vehicle Dispatch GPS Location -9.7,180

eResponse.18 - Vehicle Dispatch US National Grid Location 11,LR77351163

eResponse.19 - Beginning Odometer Reading of Responding Vehicle 242.0

eResponse.20 - On-Scene Odometer Reading of Responding Vehicle 508.0

eResponse.21 - Patient Destination Odometer Reading of Responding Vehicle 742.0

eResponse.22 - Ending Odometer Reading of Responding Vehicle 743.0

eResponse.23 - Response Mode to Scene 2223005 - Non-Emergent

eResponse.24 - Additional Response Mode Descriptors 2224007 - Scheduled

eDispatch

eDispatch.01 - Complaint Reported by Dispatch 2301023 - Choking

eDispatch.02 - EMD Performed 2302001 - No

eDispatch.03 - EMD Card Number o

eDispatch.04 - Dispatch Center Name or ID Yg

eDispatch.05 - Dispatch Priority (Patient Acuity) 2305005 - Priority 3 (Lower Acuity)

eCrew

eCrew.CrewGroup

eCrew.01 - Crew Member ID tx

eCrew.02 - Crew Member Level 9925015 - EMT-Basic

eCrew.03 - Crew Member Response Role 2403011 - Primary Patient Caregiver-At Scene

eTimes

eTimes.01 - PSAP Call Date/Time 1998-06-28T02:57:03+07:00

eTimes.02 - Dispatch Notified Date/Time 1985-03-05T07:09:18+07:00

eTimes.03 - Unit Notified by Dispatch Date/Time 1962-05-28T08:56:21+07:00

eTimes.04 - Dispatch Acknowledged Date/Time 2000-09-22T07:04:13+07:00

eTimes.05 - Unit En Route Date/Time 1969-11-12T06:27:24+07:00

eTimes.06 - Unit Arrived on Scene Date/Time 1978-05-16T09:19:53+07:00

eTimes.07 - Arrived at Patient Date/Time 2000-06-16T05:55:22+07:00

eTimes.08 - Transfer of EMS Patient Care Date/Time 1998-03-26T07:13:07+07:00

eTimes.09 - Unit Left Scene Date/Time 1960-11-03T02:24:20+07:00

eTimes.10 - Arrival at Destination Landing Area Date/Time 1958-10-26T03:50:08+07:00

eTimes.11 - Patient Arrived at Destination Date/Time 1987-06-26T04:20:38+07:00

eTimes.12 - Destination Patient Transfer of Care Date/Time 1950-07-05T07:04:46+07:00

eTimes.13 - Unit Back in Service Date/Time 1963-06-16T05:33:28+07:00

eTimes.14 - Unit Canceled Date/Time 2005-11-17T02:54:52+07:00

eTimes.15 - Unit Back at Home Location Date/Time 1996-08-20T02:20:56+07:00

eTimes.16 - EMS Call Completed Date/Time 2002-03-13T08:39:11+07:00

ePatient

ePatient.01 - EMS Patient ID 2t

ePatient.PatientNameGroup

ePatient.02 - Last Name 6

ePatient.03 - First Name 6
 ePatient.04 - Middle Initial/Name A
 ePatient.05 - Patient's Home Address [ATTRIBUTES: StreetAddress2="8"] 1
 ePatient.06 - Patient's Home City 56787 - Crescent
 ePatient.07 - Patient's Home County 49035 - Salt Lake
 ePatient.08 - Patient's Home State 49 - Utah
 ePatient.09 - Patient's Home ZIP Code 84070
 ePatient.10 - Patient's Home Country US
 ePatient.11 - Patient Home Census Tract 04896430076
 ePatient.12 - Social Security Number 860772894
 ePatient.13 - Gender 9906001 - Female
 ePatient.14 - Race 2514005 - Black or African American
 ePatient.AgeGroup
 ePatient.15 - Age 61
 ePatient.16 - Age Units 2516001 - Days
 ePatient.17 - Date of Birth 1964-04-16
 ePatient.18 - Patient's Phone Number [ATTRIBUTES: PhoneNumberType="9913001 - Fax"] 445-476-3584
 ePatient.19 - Patient's Email Address [ATTRIBUTES: EmailAddressType="9904003 - Work"] 4uddPnIP@n151.com
 ePatient.20 - State Issuing Driver's License FB
 ePatient.21 - Driver's License Number b
 ePayment
 ePayment.01 - Primary Method of Payment 2601003 - Medicaid
 ePayment.CertificateGroup
 ePayment.02 - Physician Certification Statement 9922001 - No
 ePayment.03 - Date Physician Certification Statement Signed 1958-10-23T09:36:43+07:00
 ePayment.04 - Reason for Physician Certification Statement 2604025 - Restraints (Physical or Chemical) anticipated or used
 ePayment.05 - Healthcare Provider Type Signing Physician Certification Statement 2605003 - Discharge Planner
 ePayment.06 - Last Name of Individual Signing Physician Certification Statement h
 ePayment.07 - First Name of Individual Signing Physician Certification Statement L
 ePayment.08 - Patient Resides in Service Area 2608003 - Not a Resident Within EMS Service Area
 ePayment.InsuranceGroup
 ePayment.09 - Insurance Company ID Y5
 ePayment.10 - Insurance Company Name uS
 ePayment.11 - Insurance Company Billing Priority 2611003 - Primary
 ePayment.12 - Insurance Company Address [ATTRIBUTES: StreetAddress2="q"] s
 ePayment.13 - Insurance Company City 49446 - Glendale
 ePayment.14 - Insurance Company State 49 - Utah
 ePayment.15 - Insurance Company ZIP Code 84729
 ePayment.16 - Insurance Company Country US
 ePayment.17 - Insurance Group ID/Name C7
 ePayment.18 - Insurance Policy ID Number fD
 ePayment.19 - Last Name of the Insured C
 ePayment.20 - First Name of the Insured o
 ePayment.21 - Middle Initial/Name of the Insured l
 ePayment.22 - Relationship to the Insured 2622001 - Self
 ePayment.ClosestRelativeGroup
 ePayment.23 - Closest Relative/Guardian Last Name X
 ePayment.24 - Closest Relative/ Guardian First Name v
 ePayment.25 - Closest Relative/ Guardian Middle Initial/Name C
 ePayment.26 - Closest Relative/ Guardian Street Address [ATTRIBUTES: StreetAddress2="R"] N
 ePayment.27 - Closest Relative/ Guardian City 57224 - Vineyard
 ePayment.28 - Closest Relative/ Guardian State 49 - Utah
 ePayment.29 - Closest Relative/ Guardian ZIP Code 84058
 ePayment.30 - Closest Relative/ Guardian Country US
 ePayment.31 - Closest Relative/ Guardian Phone Number [ATTRIBUTES: PhoneNumberType="9913007 - Pager"] 625-551-1085
 ePayment.32 - Closest Relative/ Guardian Relationship 2632013 - Sibling
 ePayment.EmployerGroup
 ePayment.33 - Patient's Employer ok
 ePayment.34 - Patient's Employer's Address [ATTRIBUTES: StreetAddress2="D"] t
 ePayment.35 - Patient's Employer's City 30097 - Hooper
 ePayment.36 - Patient's Employer's State 49 - Utah
 ePayment.37 - Patient's Employer's ZIP Code 84401
 ePayment.38 - Patient's Employer's Country US
 ePayment.39 - Patient's Employer's Primary Phone Number [ATTRIBUTES: PhoneNumberType="9913005 - Mobile"] 282-510-6110
 ePayment.40 - Response Urgency 2640003 - Non-Immediate
 ePayment.41 - Patient Transport Assessment 2641003 - Unable to stand without assistance
 ePayment.42 - Specialty Care Transport Care Provider 2642005 - Nurse Practitioner
 ePayment.43 - Ambulance Transport Code T - Transfer Trip
 ePayment.44 - Ambulance Transport Reason Code E - Patient was transferred to a Rehabilitation Facility
 ePayment.45 - Round Trip Purpose Description AA

ePayment.46 - Stretcher Purpose Description 12
ePayment.47 - Ambulance Conditions Indicator 5 - Patient was unconscious or in shock
ePayment.48 - Mileage to Closest Hospital Facility 396.0
ePayment.49 - ALS Assessment Performed and Warranted 9923003 - Yes
ePayment.50 - CMS Service Level 2650009 - BLS, Emergency
ePayment.51 - EMS Condition Code K94.M8
ePayment.52 - CMS Transportation Indicator C7 - IV Medications required en route (ALS)
ePayment.53 - Transport Authorization Code MK
ePayment.54 - Prior Authorization Code Payer A
ePayment.SupplyItemGroup
 ePayment.55 - Supply Item Used Name Oh
 ePayment.56 - Number of Supply Item(s) Used 8986967

eScene

eScene.01 - First EMS Unit on Scene 9923001 - No
eScene.ResponderGroup
 eScene.02 - Other EMS or Public Safety Agencies at Scene aY
 eScene.03 - Other EMS or Public Safety Agency ID Number g
 eScene.04 - Type of Other Service at Scene 2704011 - Other
eScene.05 - Date/Time Initial Responder Arrived on Scene 1965-04-12T04:39:15+07:00
eScene.06 - Number of Patients at Scene 2707005 - Single
eScene.07 - Mass Casualty Incident 9923003 - Yes
eScene.08 - Triage Classification for MCI Patient 2708001 - Red - Immediate
eScene.09 - Incident Location Type Y92.320 - Baseball field as the place of occurrence of the external cause
eScene.10 - Incident Facility Code 34
eScene.11 - Scene GPS Location 41.556660,-111.818340
eScene.12 - Scene US National Grid Coordinates 12,ES25752283
eScene.13 - Incident Facility or Location Name HE
eScene.14 - Mile Post or Major Roadway 5u
eScene.15 - Incident Street Address [ATTRIBUTES: StreetAddress2="4"] H
eScene.16 - Incident Apartment, Suite, or Room h
eScene.17 - Incident City 72996 - Paradise
eScene.18 - Incident State 49 - Utah
eScene.19 - Incident ZIP Code 84328
eScene.20 - Scene Cross Street or Directions nt
eScene.21 - Incident County 49005 - Cache
eScene.22 - Incident Country US
eScene.23 - Incident Census Tract 06182391573

eSituation

eSituation.01 - Date/Time of Symptom Onset/Last Normal 1999-05-19T04:15:49+07:00
eSituation.02 - Possible Injury 9922001 - No
eSituation.PatientComplaintGroup
 eSituation.03 - Complaint Type 2803005 - Secondary
 eSituation.04 - Complaint I
 eSituation.05 - Duration of Complaint 338
 eSituation.06 - Time Units of Duration of Complaint 2806013 - Years
eSituation.07 - Chief Complaint Anatomic Location 2807017 - Neck
eSituation.08 - Chief Complaint Organ System 2808021 - Renal
eSituation.09 - Primary Symptom M14.852 - Arthropathies in other specified diseases classified elsewhere, left hip
eSituation.10 - Other Associated Symptoms S72.452A - Displaced supracondylar fracture without intracondylar extension of lower end
of left femur, initial encounter for closed fracture
eSituation.11 - Provider's Primary Impression S00.12XD - Contusion of left eyelid and periocular area, subsequent encounter
eSituation.12 - Provider's Secondary Impressions S66.113 - Strain of flexor muscle, fascia and tendon of left middle finger at wrist and
hand level
eSituation.13 - Initial Patient Acuity 2813003 - Emergent (Yellow)
eSituation.WorkRelatedGroup
 eSituation.14 - Work-Related Illness/Injury 9922003 - Unknown
 eSituation.15 - Patient's Occupational Industry 2815027 - Professional, Scientific, and Technical Services
 eSituation.16 - Patient's Occupation 2816037 - Personal Care and Service Occupations
eSituation.17 - Patient Activity Y93.39 - Activity, other involving climbing, rappelling and jumping off

eInjury

eInjury.01 - Cause of Injury Y93.61 - Activity, football NOS
eInjury.02 - Mechanism of Injury 2902003 - Burn
eInjury.03 - Trauma Center Criteria 2903011 - Paralysis
eInjury.04 - Vehicular, Pedestrian, or Other Injury Risk Factor 2904003 - Fall Adults: gt; 20 ft. (one story is equal to 10 ft.)
eInjury.05 - Main Area of the Vehicle Impacted by the Collision 11
eInjury.06 - Location of Patient in Vehicle 2906017 - Second Seat-Right Side
eInjury.07 - Use of Occupant Safety Equipment 2907027 - Shoulder and Lap Belt Used
eInjury.08 - Airbag Deployment 2908003 - Airbag Deployed Side
eInjury.09 - Height of Fall (feet) 231
eInjury.10 - OSHA Personal Protective Equipment Used 2910001 - Eye and Face Protection
eInjury.CollisionGroup
 eInjury.11 - ACN System/Company Providing ACN Data k
 eInjury.12 - ACN Incident ID uX

eInjury.13 - ACN Call Back Phone Number [ATTRIBUTES: PhoneNumberType="9913009 - Work"] 892-435-6564
eInjury.14 - Date/Time of ACN Incident 1997-06-27T01:46:07+07:00
eInjury.15 - ACN Incident Location +90.8,+0.5
eInjury.16 - ACN Incident Vehicle Body Type aR
eInjury.17 - ACN Incident Vehicle Manufacturer VE
eInjury.18 - ACN Incident Vehicle Make Vp
eInjury.19 - ACN Incident Vehicle Model D
eInjury.20 - ACN Incident Vehicle Model Year 1991
eInjury.21 - ACN Incident Multiple Impacts 9923001 - No
eInjury.22 - ACN Incident Delta Velocity [ATTRIBUTES: DeltaVelocityOrdinal="935" VelocityUnit="9921001 - Kilometers per

Hour"] 622

eInjury.23 - ACN High Probability of Injury 9923001 - No
eInjury.24 - ACN Incident PDOF 10
eInjury.25 - ACN Incident Rollover Y - Yes
eInjury.SeatGroup
eInjury.26 - ACN Vehicle Seat Location 2926015 - Third Row Middle Seat
eInjury.27 - Seat Occupied Y - Yes
eInjury.28 - ACN Incident Seatbelt Use Y - Yes
eInjury.29 - ACN Incident Airbag Deployed Y - Yes

eArrest

eArrest.01 - Cardiac Arrest 3001005 - Yes, After EMS Arrival
eArrest.02 - Cardiac Arrest Etiology 3002011 - Other (Not Listed)
eArrest.03 - Resuscitation Attempted By EMS 3003001 - Attempted Defibrillation
eArrest.04 - Arrest Witnessed By 3004001 - Not Witnessed
eArrest.05 - CPR Care Provided Prior to EMS Arrival 9923001 - No
eArrest.06 - Who Provided CPR Prior to EMS Arrival 3006001 - Family Member
eArrest.07 - AED Use Prior to EMS Arrival 3007001 - No
eArrest.08 - Who Used AED Prior to EMS Arrival 3008003 - First Responder (Fire, Law, EMS)
eArrest.09 - Type of CPR Provided 3009011 - Compressions-Other Device (Not Listed)
eArrest.10 - Therapeutic Hypothermia Initiated 9923003 - Yes
eArrest.11 - First Monitored Arrest Rhythm of the Patient 3011005 - PEA
eArrest.12 - Any Return of Spontaneous Circulation 3012005 - Yes, Prior to Arrival at the ED
eArrest.13 - Neurological Outcome at Hospital Discharge 3013003 - CPC 2 Moderate Cerebral Disability
eArrest.14 - Date/Time of Cardiac Arrest 1957-05-06T08:21:50+07:00
eArrest.15 - Date/Time Resuscitation Discontinued 1966-08-20T09:26:37+07:00
eArrest.16 - Reason CPR/Resuscitation Discontinued 3016011 - Return of Spontaneous Circulation (pulse or BP noted)
eArrest.17 - Cardiac Rhythm on Arrival at Destination 9901035 - PEA
eArrest.18 - End of EMS Cardiac Arrest Event 3018003 - Expired in the Field

eHistory

eHistory.01 - Barriers to Patient Care 3101003 - Developmentally Impaired
eHistory.PractitionerGroup
eHistory.02 - Last Name of Patient's Practitioner j
eHistory.03 - First Name of Patient's Practitioner W
eHistory.04 - Middle Name/Initial of Patient's Practitioner r
eHistory.05 - Advance Directives 3105011 - State EMS DNR or Medical Order Form
eHistory.06 - Medication Allergies [ATTRIBUTES: CodeType="9924001"] V53 - Occupant of pick-up truck or van injured in collision
with car, pick-up truck or van
eHistory.07 - Environmental/Food Allergies 857002170
eHistory.08 - Medical/Surgical History L02.539 - Carbuncle of unspecified hand
eHistory.09 - Medical History Obtained From 3109007 - Patient
eHistory.ImmunizationsGroup
eHistory.10 - The Patient's Type of Immunization 9910047 - Typhoid
eHistory.11 - Immunization Date 2016
eHistory.CurrentMedsGroup
eHistory.12 - Current Medications 565018 - Estradiol 0.00208 MG/HR [Estraderm MX 50]
eHistory.13 - Current Medication Dose 41.0
eHistory.14 - Current Medication Dosage Unit 3114031 - mg/kg
eHistory.15 - Current Medication Administration Route 9927007 - Gastrostomy Tube
eHistory.16 - Presence of Emergency Information Form 9923003 - Yes
eHistory.17 - Alcohol/Drug Use Indicators 3117001 - Alcohol Containers/Paraphernalia at Scene
eHistory.18 - Pregnancy 3118007 - Yes, Confirmed Greater Than 20 Weeks
eHistory.19 - Last Oral Intake 2009-08-23T10:05:51+07:00

eNarrative

eNarrative.01 - Patient Care Report Narrative x

eVitals

eVitals.VitalGroup
eVitals.01 - Date/Time Vital Signs Taken 1995-03-04T10:28:19+07:00
eVitals.02 - Obtained Prior to this Unit's EMS Care 9923001 - No
eVitals.CardiacRhythmGroup
eVitals.03 - Cardiac Rhythm / Electrocardiography (ECG) 9901029 - Non-STEMI Posterior Ischemia
eVitals.04 - ECG Type 3304003 - 4 Lead
eVitals.05 - Method of ECG Interpretation 3305005 - Transmission with No Interpretation
eVitals.BloodPressureGroup

eVitals.06 - SBP (Systolic Blood Pressure) 419
 eVitals.07 - DBP (Diastolic Blood Pressure) 38
 eVitals.08 - Method of Blood Pressure Measurement 3308005 - Cuff-Automated
 eVitals.09 - Mean Arterial Pressure 121
 eVitals.HeartRateGroup
 eVitals.10 - Heart Rate 81
 eVitals.11 - Method of Heart Rate Measurement 3311003 - Doppler
 eVitals.12 - Pulse Oximetry 98
 eVitals.13 - Pulse Rhythm 3313005 - Regularly Irregular
 eVitals.14 - Respiratory Rate 79
 eVitals.15 - Respiratory Effort 3315011 - Shallow
 eVitals.16 - Carbon Dioxide (CO2) 5
 eVitals.17 - Carbon Monoxide (CO) 34
 eVitals.18 - Blood Glucose Level 1348
 eVitals.GlasgowScoreGroup
 eVitals.19 - Glasgow Coma Score-Eye 4 - Opens Eyes spontaneously (All Age Groups)
 eVitals.20 - Glasgow Coma Score-Verbal 5 - Oriented (gt;2 Years); Smiles, oriented to sounds, follows objects, interacts
 eVitals.21 - Glasgow Coma Score-Motor 1 - No Motor Response (All Age Groups)
 eVitals.22 - Glasgow Coma Score-Qualifier 3322003 - Initial GCS has legitimate values without interventions such as

intubation and sedation

eVitals.23 - Total Glasgow Coma Score 9
 eVitals.TemperatureGroup
 eVitals.24 - Temperature 41.0
 eVitals.25 - Temperature Method 3325003 - Central (Venous or Arterial)
 eVitals.26 - Level of Responsiveness (AVPU) 3326007 - Unresponsive
 eVitals.PainScaleGroup
 eVitals.27 - Pain Score 9
 eVitals.28 - Pain Scale Type 3328001 - FLACC (Face, Legs, Activity, Cry, Consolability)
 eVitals.StrokeScaleGroup
 eVitals.29 - Stroke Scale Score 3329005 - Positive
 eVitals.30 - Stroke Scale Type 3330011 - Other Stoke Scale Type
 eVitals.31 - Reperfusion Checklist 3331001 - Definite Contraindications to Thrombolytic Use
 eVitals.32 - APGAR 8
 eVitals.33 - Revised Trauma Score 0

eLabs

eLabs.LabGroup
 eLabs.01 - Date/Time of Laboratory or Imaging Result 1980-03-24T05:26:38+07:00
 eLabs.02 - Study/Result Prior to this Unit's EMS Care 9923003 - Yes
 eLabs.LabResultGroup
 eLabs.03 - Laboratory Result Type 3403059 - Lactate-Venous
 eLabs.04 - Laboratory Result D
 eLabs.LabImageGroup
 eLabs.05 - Imaging Study Type 3405009 - Ultrasound
 eLabs.06 - Imaging Study Results XO1
 eLabs.WaveformGraphicGroup
 eLabs.07 - Imaging Study File or Waveform Graphic Type f
 eLabs.08 - Imaging Study File or Waveform Graphic

U29hdHBUTkVjRGZqNkNwbDBiVDNmNedITUU2cEU1Y09BaERBVVpacUx0OHhHZ2hkTXQ=

eExam

eExam.01 - Estimated Body Weight in Kilograms 322.1
 eExam.02 - Length Based Tape Measure 3502009 - Pink
 eExam.AssessmentGroup
 eExam.03 - Date/Time of Assessment 2010-12-04T07:59:11+07:00
 eExam.04 - Skin Assessment [ATTRIBUTES: PN="8801005 - Exam Finding Not Present"] 3504003 - Cold
 eExam.05 - Head Assessment [ATTRIBUTES: PN="8801005 - Exam Finding Not Present"] 3505053 - Tenderness
 eExam.06 - Face Assessment [ATTRIBUTES: PN="8801005 - Exam Finding Not Present"] 3506041 - Puncture/Stab Wound
 eExam.07 - Neck Assessment [ATTRIBUTES: PN="8801005 - Exam Finding Not Present"] 3507009 - Burn-Blistering
 eExam.08 - Chest/Lungs Assessment [ATTRIBUTES: PN="8801005 - Exam Finding Not Present"] 3508039 - Flail Segment-Right
 eExam.09 - Heart Assessment [ATTRIBUTES: PN="8801005 - Exam Finding Not Present"] 3509017 - S2
 eExam.AbdomenGroup
 eExam.10 - Abdominal Assessment Finding Location 3510007 - Periumbilical
 eExam.11 - Abdomen Assessment [ATTRIBUTES: PN="8801005 - Exam Finding Not Present"] 3511017 - Burn-Redness
 eExam.12 - Pelvis/Genitourinary Assessment [ATTRIBUTES: PN="8801005 - Exam Finding Not Present"] 3512037 - Normal
 eExam.SpineGroup
 eExam.13 - Back and Spine Assessment Finding Location 3513011 - Lumbar-Midline
 eExam.14 - Back and Spine Assessment [ATTRIBUTES: PN="8801005 - Exam Finding Not Present"] 3514013 -

Burn-Redness

eExam.ExtremityGroup
 eExam.15 - Extremity Assessment Finding Location 3515093 - Wrist-Left
 eExam.16 - Extremities Assessment [ATTRIBUTES: PN="8801005 - Exam Finding Not Present"] 3516019 -

Burn-White/Waxy

eExam.EyeGroup
 eExam.17 - Eye Assessment Finding Location 3517003 - Left

eExam.18 - Eye Assessment [ATTRIBUTES: PN="8801005 - Exam Finding Not Present"] 3518037 - Non-Reactive

eExam.19 - Mental Status Assessment [ATTRIBUTES: PN="8801005 - Exam Finding Not Present"] 3519019 - Pharmacologically

Sedated/Paralyzed

eExam.20 - Neurological Assessment [ATTRIBUTES: PN="8801005 - Exam Finding Not Present"] 3520007 - Cerebellar

Function-Normal

eProtocols

eProtocols.ProtocolGroup

eProtocols.01 - Protocols Used 9914099 - Injury-Eye

eProtocols.02 - Protocol Age Category 3602001 - Adult Only

eMedications

eMedications.MedicationGroup

eMedications.01 - Date/Time Medication Administered 1986-11-21T08:29:03+07:00

eMedications.02 - Medication Administered Prior to this Unit's EMS Care 9923001 - No

eMedications.03 - Medication Given [ATTRIBUTES: PN="8801007 - Medication Allergy"] 108808 - Cephalexin 500 MG Oral

Tablet [Tenkorex]

eMedications.04 - Medication Administered Route 9927059 - Wound

eMedications.DosageGroup

eMedications.05 - Medication Dosage 773.0

eMedications.06 - Medication Dosage Units 3706003 - Inches

eMedications.07 - Response to Medication 9916001 - Improved

eMedications.08 - Medication Complication 3708013 - Extravasation

eMedications.09 - Medication Crew (Healthcare Professionals) ID TF

eMedications.10 - Role/Type of Person Administering Medication 9905003 - 2009 Emergency Medical Responder (EMR)

eMedications.11 - Medication Authorization 9918005 - Protocol (Standing Order)

eMedications.12 - Medication Authorizing Physician Z

eProcedures

eProcedures.ProcedureGroup

eProcedures.01 - Date/Time Procedure Performed 1960-06-27T09:02:05+07:00

eProcedures.02 - Procedure Performed Prior to this Unit's EMS Care 9923001 - No

eProcedures.03 - Procedure [ATTRIBUTES: PN="8801023 - Unable to Complete"] 902400594

eProcedures.04 - Size of Procedure Equipment k

eProcedures.05 - Number of Procedure Attempts 5

eProcedures.06 - Procedure Successful 9923001 - No

eProcedures.07 - Procedure Complication 3907039 - Respiratory Distress

eProcedures.08 - Response to Procedure 9916005 - Worse

eProcedures.09 - Procedure Crew Members ID 6q

eProcedures.10 - Role/Type of Person Performing the Procedure 9905021 - Other Non-Healthcare Professional

eProcedures.11 - Procedure Authorization 9918001 - On-Line (Remote Verbal Order)

eProcedures.12 - Procedure Authorizing Physician J

eProcedures.13 - Vascular Access Location 3913059 - Scalp

eAirway

eAirway.AirwayGroup

eAirway.01 - Indications for Invasive Airway 4001009 - Injury Involving Airway

eAirway.ConfirmationGroup [ATTRIBUTES: ProcedureGroupCorrelationID="G"]

eAirway.02 - Date/Time Airway Device Placement Confirmation 1990-05-15T06:37:27+07:00

eAirway.03 - Airway Device Being Confirmed 4003005 - Other-Invasive Airway

eAirway.04 - Airway Device Placement Confirmed Method 4004001 - Auscultation

eAirway.05 - Tube Depth 29

eAirway.06 - Type of Individual Confirming Airway Device Placement 4006009 - Receiving Hospital Team

eAirway.07 - Crew Member ID Qo

eAirway.08 - Airway Complications Encountered 4008013 - Injury or Trauma to Patient from Airway Management Effort

eAirway.09 - Suspected Reasons for Failed Airway Procedure 4009007 - Inability to Expose Vocal Cords

eAirway.10 - Date/Time Decision to Manage the Patient with an Invasive Airway 1958-11-10T10:32:14+07:00

eAirway.11 - Date/Time Invasive Airway Placement Attempts Abandoned 1983-03-17T04:11:02+07:00

eDevice

eDevice.DeviceGroup

eDevice.01 - Medical Device Serial Number No

eDevice.02 - Date/Time of Event (per Medical Device) 2002-10-17T08:50:36+07:00

eDevice.03 - Medical Device Event Type 4103007 - Date Transmitted

eDevice.WaveformGroup

eDevice.04 - Medical Device Waveform Graphic Type N

eDevice.05 - Medical Device Waveform Graphic

VUZJNU1QWk5WcHF5ZjBobzZH25HYXN1VmZWc2s0WUJqc1MzRk02VFVJQk82ZTF0cmQ=

eDevice.06 - Medical Device Mode (Manual, AED, Pacing, CO2, O2, etc) 4106013 - Side-Stream

eDevice.07 - Medical Device ECG Lead 4107019 - V2

eDevice.08 - Medical Device ECG Interpretation K

eDevice.ShockGroup

eDevice.09 - Type of Shock 4109001 - Biphasic

eDevice.10 - Shock or Pacing Energy 3338.0

eDevice.11 - Total Number of Shocks Delivered 93

eDevice.12 - Pacing Rate 805

eDisposition

eDisposition.DestinationGroup

eDisposition.01 - Destination/Transferred To, Name qs
eDisposition.02 - Destination/Transferred To, Code cv
eDisposition.03 - Destination Street Address [ATTRIBUTES: StreetAddress2="N"] r
eDisposition.04 - Destination City 68073 - Alpine
eDisposition.05 - Destination State 49 - Utah
eDisposition.06 - Destination County 49049 - Utah
eDisposition.07 - Destination ZIP Code 84004
eDisposition.08 - Destination Country US
eDisposition.09 - Destination GPS Location 40.456346,-111.769730
eDisposition.10 - Disposition Location US National Grid Coordinates 15TBH33525311
eDisposition.11 - Number of Patients Transported in this EMS Unit 44
eDisposition.12 - Incident/Patient Disposition 4212001 - Assist, Agency
eDisposition.13 - How Patient Was Moved to Ambulance 9909009 - Other (Not Listed)
eDisposition.14 - Position of Patient During Transport 4214013 - Semi-Fowlers
eDisposition.15 - How Patient Was Transported From Ambulance 9909009 - Other (Not Listed)
eDisposition.16 - EMS Transport Method 4216009 - Ground-Bariatric
eDisposition.17 - Transport Mode from Scene 4217001 - Emergent (Immediate Response)
eDisposition.18 - Additional Transport Mode Descriptors 4218003 - Intersection Navigation-With Automated Light Changing
eDisposition.19 - Condition of Patient at Destination 9916001 - Improved
eDisposition.20 - Reason for Choosing Destination 4220011 - On-Line/On-Scene Medical Direction
eDisposition.21 - Type of Destination 4221011 - Nursing Home/Assisted Living Facility
eDisposition.22 - Hospital In-Patient Destination 4222017 - Hospital-Med/Surg
eDisposition.23 - Hospital Designation 9908009 - Neonatal Center
eDisposition.HospitalTeamActivationGroup
eDisposition.24 - Destination Team Pre-Arrival Activation 4224009 - Yes-Other
eDisposition.25 - Date/Time of Destination Prearrival Activation 1998-04-18T04:50:20+07:00
eDisposition.26 - Disposition Instructions Provided 4226013 - See Your Doctor or the Emergency Department in the next 4 hours
eOutcome
eOutcome.01 - Emergency Department Disposition 65 - Discharged/transferred to a psychiatric hospital or psychiatric distinct part
eOutcome.02 - Hospital Disposition 20 - Deceased/Expired (or did not recover - Religious Non Medical Health Care Patient)
eOutcome.ExternalDataGroup
eOutcome.03 - External Report ID/Number Type 4303021 - STEMI Registry
eOutcome.04 - External Report ID/Number Bs
eOutcome.05 - Other Report Registry Type dn
eOutcome.06 - Emergency Department Chief Complaint RX
eOutcome.07 - First ED Systolic Blood Pressure 364
eOutcome.08 - Emergency Department Recorded Cause of Injury V28.2 - Unspecified motorcycle rider injured in noncollision
eOutcome.09 - Emergency Department Procedures 4770005 - Colporrhaphy for repair of urethrocele (procedure)
eOutcome.10 - Emergency Department Diagnosis Z47.32 - Aftercare following explantation of hip joint prosthesis
eOutcome.11 - Date/Time of Hospital Admission 1955-09-26T11:09:55+07:00
eOutcome.12 - Hospital Procedures 1041009 - Debridement of open fracture of phalanges of foot (procedure)
eOutcome.13 - Hospital Diagnosis S32.009A - Unspecified fracture of unspecified lumbar vertebra, initial encounter for closed fracture
eOutcome.14 - Total ICU Length of Stay 340
eOutcome.15 - Total Ventilator Days 298
eOutcome.16 - Date/Time of Hospital Discharge 1987-08-06T07:02:21+07:00
eOutcome.17 - Outcome at Hospital Discharge 4317003 - No significant disability despite symptoms; able to carry out all usual duties
eOther
eOther.01 - Review Requested 9923001 - No
eOther.02 - Potential System of Care/Specialty/Registry Patient 4502005 - Cardiac/MI
eOther.EMSCrewMemberGroup
eOther.03 - Personal Protective Equipment Used 4503013 - Level D Suit (Turn out gear)
eOther.04 - EMS Professional (Crew Member) ID zn
eOther.05 - Suspected EMS Work Related Exposure, Injury, or Death 9923001 - No
eOther.06 - The Type of Work-Related Injury, Death or Suspected Exposure 4506013 - Exposure-Body Fluid Contact with
eOther.07 - Natural, Suspected, Intentional, or Unintentional Disaster 4507021 - Secondary Destructive Device
eOther.08 - Crew Member Completing this Report 8a
eOther.FileGroup
eOther.09 - External Electronic Documents 4509019 - Patient Refusal Sheet
eOther.10 - File Attachment Type m
eOther.11 - File Attachment Image
eOther.SignatureGroup
eOther.12 - Type of Person Signing 4512015 - Patient
eOther.13 - Signature Reason 4513003 - Permission to Treat
eOther.14 - Type Of Patient Representative 4514013 - Friend
eOther.15 - Signature Status 4515007 - Not Signed - Equipment Failure
eOther.16 - Signature File Name

eOther.17 - Signature File Type 5

eOther.18 - Signature Graphic

ampUYWhybVAyUUszZENabWhwZ0RmMXFNSWs0Wmk0QIFLcnU2T3BPUmxiR3lNbkdDTnk=

eOther.19 - Date/Time of Signature 1990-07-17T05:55:34+07:00

eOther.20 - Signature Last Name 4

eOther.21 - Signature First Name n