

Legend	Dataset Level: N National	S State	D Deprecated
	Usage: <input type="checkbox"/> M = Mandatory , R = Required , E = Recommended, or O = Optional		
	Attributes: <input type="checkbox"/> N = Not Values, P = Pertinent Negatives , L = Nillable, C = Correlation ID, and/or U = UUID <input type="checkbox"/> I = Custom Element ID, T = Time Stamp, G = Procedure Group Correlation ID		

eDevice			
0 : M	eDevice.DeviceGroup		<input type="checkbox"/> C
0 : 1	eDevice.01 - Medical Device Serial Number	<input type="checkbox"/> O	
0 : 1	eDevice.02 - Date/Time of Event (per Medical Device)	<input type="checkbox"/> O	
0 : M	eDevice.03 - Medical Device Event Type	<input type="checkbox"/> O	<input type="checkbox"/> C
0 : 1	eDevice.WaveformGroup		
0 : 1	eDevice.04 - Medical Device Waveform Graphic Type	<input type="checkbox"/> O	
0 : 1	eDevice.05 - Medical Device Waveform Graphic	<input type="checkbox"/> O	
0 : 1	eDevice.06 - Medical Device Mode (Manual, AED, Pacing, CO2, O2, etc)	<input type="checkbox"/> O	
0 : M	eDevice.07 - Medical Device ECG Lead	<input type="checkbox"/> O	<input type="checkbox"/> C
0 : 1	eDevice.08 - Medical Device ECG Interpretation	<input type="checkbox"/> O	
0 : 1	eDevice.ShockGroup		
0 : 1	eDevice.09 - Type of Shock	<input type="checkbox"/> O	
0 : 1	eDevice.10 - Shock or Pacing Energy	<input type="checkbox"/> O	
0 : 1	eDevice.11 - Total Number of Shocks Delivered	<input type="checkbox"/> O	
0 : 1	eDevice.12 - Pacing Rate	<input type="checkbox"/> O	
eDevice			