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

| eSituation | | | | |
|------------|---|----------------|----------------|-------------------------------------|
| 1 : 1 | eSituation.01 - Date/Time of Symptom Onset | N | S | R N, L, P |
| 1 : 1 | eSituation.02 - Possible Injury | N | S | R N, L |
| 1 : 1 | eSituation.07 - Chief Complaint Anatomic Location | N | S | R N, L |
| 1 : 1 | eSituation.08 - Chief Complaint Organ System | N | S | R N, L |
| 1 : 1 | eSituation.09 - Primary Symptom | N | S | R N, L |
| 1 : M | eSituation.10 - Other Associated Symptoms | N | S | R N, L, P |
| 1 : 1 | eSituation.11 - Provider's Primary Impression | N | S | R N, L |
| 1 : M | eSituation.12 - Provider's Secondary Impressions | N | S | R N, L |
| 1 : 1 | eSituation.13 - Initial Patient Acuity | N | S | R N, L |
| 1 : 1 | eSituation.18 - Date/Time Last Known Well | N | S | R N, L, P |
| 1 : 1 | eSituation.20 - Reason for Interfacility Transfer/Medical Transport | N | S | R N, L |
| eSituation | | | | |