

## eSituation.01 - Date/Time of Symptom Onset

## Definition

The date and time the symptom began (or was discovered) as it relates to this EMS event. This is described or estimated by the patient, family, and/or healthcare professionals.

|                   |          |                          |       |
|-------------------|----------|--------------------------|-------|
| National Element  | Yes      | Pertinent Negatives (PN) | Yes   |
| State Element     | Yes      | NOT Values               | Yes   |
| Version 2 Element | E05_01   | Is Nillable              | Yes   |
| Usage             | Required | Recurrence               | 1 : 1 |

## Associated Performance Measure Initiatives

Airway    Cardiac Arrest    Pediatric    Response    STEMI    Stroke    Trauma

## Attributes

**NOT Values (NV)**

7701001 - Not Applicable                      7701003 - Not Recorded

**Pertinent Negatives (PN)**

8801023 - Unable to Complete                      8801029 - Approximate

## Constraints

|                  |                           |                           |
|------------------|---------------------------|---------------------------|
| <b>Data Type</b> | <b>minInclusive</b>       | <b>maxInclusive</b>       |
| dateTime         | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

**Pattern**

[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

## Data Element Comment

DateTime consists of finite-length characters of the form: yyyy '-' mm '-' dd 'T' hh ':' mm ':' ss ('.' s+)? (zzzzzz)

|        |   |
|--------|---|
| yyyy   | a four-digit numeral that represents the year                 |
| '-'    | separators between parts of the date portion                  |
| mm     | a two-digit numeral that represents the month                 |
| dd     | a two-digit numeral that represents the day                   |
| T      | separator that indicates time-of-day follows                  |
| hh     | a two-digit numeral that represents the hour                  |
| ':'    | a separator between parts of the time-of-day portion          |
| mm     | a two-digit numeral that represents the minute                |
| ss     | a two-integer-digit numeral that represents the whole seconds |
| '.' s+ | (not required) represents the fractional seconds              |
| zzzzzz | (required) represents the timezone (as described below)       |

Timezones, required, are durations with (integer-valued) hour and minute properties in the form: ('+' | '-') hh ':' mm

|     |  |
|-----|--|
| hh  | a two-digit numeral (with leading zeros as required) that represents the hours |
| mm  | a two-digit numeral that represents the minutes                                |
| '+' | a nonnegative duration   |
| '-' | a nonpositive duration   |

## Version 3 Changes Implemented

Added to better define the EMS patient event.

## Associated Validation Rules

| Rule ID     | Level   | Message   |
|-------------|---------|---|
| nemSch_e001 | Error   | When Date/Time of Symptom Onset is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error   | When Date/Time of Symptom Onset has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty.   |
| nemSch_e003 | Error   | When Date/Time of Symptom Onset has a Pertinent Negative of "Unable to Complete", it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting).   |
| nemSch_e004 | Error   | When Date/Time of Symptom Onset has a Pertinent Negative of "Approximate", it should have a value and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting).  |
| nemSch_e043 | Warning | Destination Patient Transfer of Care Date/Time should not be earlier than Date/Time of Symptom Onset.   |
| nemSch_e053 | Warning | Unit Back in Service Date/Time should not be earlier than Date/Time of Symptom Onset.   |
| nemSch_e075 | Warning | Date/Time of Symptom Onset should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided".  |