

EMSDataset

Header

DemographicGroup

dAgency.01 - EMS Agency Unique State ID h

dAgency.02 - EMS Agency Number r

dAgency.04 - EMS Agency State 49 - Utah

PatientCareReport

eRecord

eRecord.01 - Patient Care Report Number OHp

eRecord.SoftwareApplicationGroup

eRecord.02 - Software Creator W

eRecord.03 - Software Name 1

eRecord.04 - Software Version 0

eResponse

eResponse.AgencyGroup

eResponse.01 - EMS Agency Number 0

eResponse.02 - EMS Agency Name 52

eResponse.03 - Incident Number CKI

eResponse.04 - EMS Response Number Jsg

eResponse.ServiceGroup

eResponse.05 - Type of Service Requested 2205003 - Intercept

eResponse.06 - Standby Purpose 2206021 - Public Safety Support

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

eResponse.08 - Type of Dispatch Delay 2208007 - Language Barrier

eResponse.09 - Type of Response Delay 2209011 - None/No Delay

eResponse.10 - Type of Scene Delay 2210017 - None/No Delay

eResponse.11 - Type of Transport Delay 2211021 - Staff Delay

eResponse.12 - Type of Turn-Around Delay 2212011 - Equipment Failure

eResponse.13 - EMS Vehicle (Unit) Number R

eResponse.14 - EMS Unit Call Sign F

eResponse.15 - Level of Care of This Unit 2215001 - BLS-First Responder/EMR

eResponse.16 - Vehicle Dispatch Location VP

eResponse.17 - Vehicle Dispatch GPS Location 5,1.4

eResponse.18 - Vehicle Dispatch US National Grid Location 19SMS56872779

eResponse.19 - Beginning Odometer Reading of Responding Vehicle 802.0

eResponse.20 - On-Scene Odometer Reading of Responding Vehicle 225.0

eResponse.21 - Patient Destination Odometer Reading of Responding Vehicle 112.0

eResponse.22 - Ending Odometer Reading of Responding Vehicle 991.0

eResponse.23 - Response Mode to Scene 2223001 - Emergent (Immediate Response)

eResponse.24 - Additional Response Mode Descriptors 2224007 - Scheduled

eDispatch

eDispatch.01 - Complaint Reported by Dispatch 2301043 - Heat/Cold Exposure

eDispatch.02 - EMD Performed 2302007 - Yes, Unknown if Pre-Arrival Instructions Given

eDispatch.03 - EMD Card Number V

eDispatch.04 - Dispatch Center Name or ID bq

eDispatch.05 - Dispatch Priority (Patient Acuity) 2305007 - Priority 4 (Non-Acute [e.g. Scheduled Transfer or Standby])

eCrew

eCrew.CrewGroup

eCrew.01 - Crew Member ID C1

eCrew.02 - Crew Member Level 9925033 - Critical Care Paramedic

eCrew.03 - Crew Member Response Role 2403013 - Primary Patient Caregiver-Transport

eTimes

eTimes.01 - PSAP Call Date/Time 2004-08-13T07:20:36+07:00

eTimes.02 - Dispatch Notified Date/Time 1986-08-23T05:50:05+07:00

eTimes.03 - Unit Notified by Dispatch Date/Time 1955-08-18T01:26:08+07:00

eTimes.04 - Dispatch Acknowledged Date/Time 1962-10-09T07:04:54+07:00

eTimes.05 - Unit En Route Date/Time 2000-08-14T06:20:05+07:00

eTimes.06 - Unit Arrived on Scene Date/Time 1999-02-09T04:50:48+07:00

eTimes.07 - Arrived at Patient Date/Time 1969-05-21T03:44:27+07:00

eTimes.08 - Transfer of EMS Patient Care Date/Time 1962-03-07T10:27:18+07:00

eTimes.09 - Unit Left Scene Date/Time 1995-03-27T08:09:30+07:00

eTimes.10 - Arrival at Destination Landing Area Date/Time 1955-05-17T03:56:02+07:00

eTimes.11 - Patient Arrived at Destination Date/Time 1993-04-16T03:32:54+07:00

eTimes.12 - Destination Patient Transfer of Care Date/Time 1959-08-26T07:26:36+07:00

eTimes.13 - Unit Back in Service Date/Time 2004-03-07T02:36:43+07:00

eTimes.14 - Unit Canceled Date/Time 1993-07-30T05:34:51+07:00

eTimes.15 - Unit Back at Home Location Date/Time 2003-02-20T04:27:52+07:00

eTimes.16 - EMS Call Completed Date/Time 2011-10-02T06:24:40+07:00

ePatient

ePatient.01 - EMS Patient ID wM

ePatient.PatientNameGroup

ePatient.02 - Last Name x

ePatient.03 - First Name r
 ePatient.04 - Middle Initial/Name H
 ePatient.05 - Patient's Home Address [ATTRIBUTES: StreetAddress2="n"] Z
 ePatient.06 - Patient's Home City 58176 - Midway
 ePatient.07 - Patient's Home County 49051 - Wasatch
 ePatient.08 - Patient's Home State 49 - Utah
 ePatient.09 - Patient's Home ZIP Code 84049
 ePatient.10 - Patient's Home Country US
 ePatient.11 - Patient Home Census Tract 53648346336
 ePatient.12 - Social Security Number 282666889
 ePatient.13 - Gender 9906001 - Female
 ePatient.14 - Race 2514009 - Native Hawaiian or Other Pacific Islander
 ePatient.AgeGroup
 ePatient.15 - Age 24
 ePatient.16 - Age Units 2516007 - Months
 ePatient.17 - Date of Birth 1990-09-24
 ePatient.18 - Patient's Phone Number [ATTRIBUTES: PhoneNumberType="9913003 - Home"] 898-462-1687
 ePatient.19 - Patient's Email Address [ATTRIBUTES: EmailAddressType="9904003 - Work"] qGW9ZBXU@zZhE.com
 ePatient.20 - State Issuing Driver's License gF
 ePatient.21 - Driver's License Number 1
 ePayment
 ePayment.01 - Primary Method of Payment 2601011 - Self Pay
 ePayment.CertificateGroup
 ePayment.02 - Physician Certification Statement 9922001 - No
 ePayment.03 - Date Physician Certification Statement Signed 1987-07-29T08:45:12+07:00
 ePayment.04 - Reason for Physician Certification Statement 2604001 - Bed Confined
 ePayment.05 - Healthcare Provider Type Signing Physician Certification Statement 2605005 - Physician (MD or DO)
 ePayment.06 - Last Name of Individual Signing Physician Certification Statement d
 ePayment.07 - First Name of Individual Signing Physician Certification Statement j
 ePayment.08 - Patient Resides in Service Area 2608001 - Resident Within EMS Service Area
 ePayment.InsuranceGroup
 ePayment.09 - Insurance Company ID Yp
 ePayment.10 - Insurance Company Name SQ
 ePayment.11 - Insurance Company Billing Priority 2611003 - Primary
 ePayment.12 - Insurance Company Address [ATTRIBUTES: StreetAddress2="j"] F
 ePayment.13 - Insurance Company City 56988 - Delta
 ePayment.14 - Insurance Company State 49 - Utah
 ePayment.15 - Insurance Company ZIP Code 84624
 ePayment.16 - Insurance Company Country US
 ePayment.17 - Insurance Group ID/Name P8
 ePayment.18 - Insurance Policy ID Number fK
 ePayment.19 - Last Name of the Insured a
 ePayment.20 - First Name of the Insured B
 ePayment.21 - Middle Initial/Name of the Insured P
 ePayment.22 - Relationship to the Insured 2622003 - Spouse
 ePayment.ClosestRelativeGroup
 ePayment.23 - Closest Relative/Guardian Last Name 5
 ePayment.24 - Closest Relative/ Guardian First Name M
 ePayment.25 - Closest Relative/ Guardian Middle Initial/Name M
 ePayment.26 - Closest Relative/ Guardian Street Address [ATTRIBUTES: StreetAddress2="o"] w
 ePayment.27 - Closest Relative/ Guardian City 58052 - Lehi
 ePayment.28 - Closest Relative/ Guardian State 49 - Utah
 ePayment.29 - Closest Relative/ Guardian ZIP Code 84043
 ePayment.30 - Closest Relative/ Guardian Country US
 ePayment.31 - Closest Relative/ Guardian Phone Number [ATTRIBUTES: PhoneNumberType="9913003 - Home"] 329-512-4467
 ePayment.32 - Closest Relative/ Guardian Relationship 2632007 - Mother
 ePayment.EmployerGroup
 ePayment.33 - Patient's Employer 4Z
 ePayment.34 - Patient's Employer's Address [ATTRIBUTES: StreetAddress2="d"] q
 ePayment.35 - Patient's Employer's City 58554 - Roy
 ePayment.36 - Patient's Employer's State 49 - Utah
 ePayment.37 - Patient's Employer's ZIP Code 84067
 ePayment.38 - Patient's Employer's Country US
 ePayment.39 - Patient's Employer's Primary Phone Number [ATTRIBUTES: PhoneNumberType="9913009 - Work"] 392-861-2881
 ePayment.40 - Response Urgency 2640003 - Non-Immediate
 ePayment.41 - Patient Transport Assessment 2641001 - Unable to sit without assistance
 ePayment.42 - Specialty Care Transport Care Provider 2642007 - Physician (MD, DO)
 ePayment.43 - Ambulance Transport Code X - Round Trip
 ePayment.44 - Ambulance Transport Reason Code C - Patient was transported for the nearness of family members
 ePayment.45 - Round Trip Purpose Description g4
 ePayment.46 - Stretcher Purpose Description wT

ePayment.47 - Ambulance Conditions Indicator 3 - Patient was bed confined after the ambulance service
ePayment.48 - Mileage to Closest Hospital Facility 320.0
ePayment.49 - ALS Assessment Performed and Warranted 9923003 - Yes
ePayment.50 - CMS Service Level 2650013 - Paramedic Intercept
ePayment.51 - EMS Condition Code T56
ePayment.52 - CMS Transportation Indicator C5 - BLS Transport of ALS Patient (ALS not available)
ePayment.53 - Transport Authorization Code Om
ePayment.54 - Prior Authorization Code Payer O
ePayment.SupplyItemGroup
ePayment.55 - Supply Item Used Name MZ
ePayment.56 - Number of Supply Item(s) Used 82893569

eScene

eScene.01 - First EMS Unit on Scene 9923001 - No
eScene.ResponderGroup
eScene.02 - Other EMS or Public Safety Agencies at Scene OS
eScene.03 - Other EMS or Public Safety Agency ID Number g
eScene.04 - Type of Other Service at Scene 2704015 - Other Health Care Provider
eScene.05 - Date/Time Initial Responder Arrived on Scene 1984-09-13T02:28:46+07:00
eScene.06 - Number of Patients at Scene 2707001 - Multiple
eScene.07 - Mass Casualty Incident 9923001 - No
eScene.08 - Triage Classification for MCI Patient 2708005 - Green - Minimal (Minor)
eScene.09 - Incident Location Type Y92.33 - Skating rink as the place of occurrence of the external cause
eScene.10 - Incident Facility Code hg
eScene.11 - Scene GPS Location 40.208550,-110.741030
eScene.12 - Scene US National Grid Coordinates 16SNK43783818
eScene.13 - Incident Facility or Location Name 64
eScene.14 - Mile Post or Major Roadway gl
eScene.15 - Incident Street Address [ATTRIBUTES: StreetAddress2="N"] v
eScene.16 - Incident Apartment, Suite, or Room I
eScene.17 - Incident City 77766 - Mountain Home
eScene.18 - Incident State 49 - Utah
eScene.19 - Incident ZIP Code 84051
eScene.20 - Scene Cross Street or Directions 94
eScene.21 - Incident County 49013 - Duchesne
eScene.22 - Incident Country US
eScene.23 - Incident Census Tract 30137822761

eSituation

eSituation.01 - Date/Time of Symptom Onset/Last Normal 1951-12-30T11:40:29+07:00
eSituation.02 - Possible Injury 9922001 - No
eSituation.PatientComplaintGroup
eSituation.03 - Complaint Type 2803005 - Secondary
eSituation.04 - Complaint u
eSituation.05 - Duration of Complaint 132
eSituation.06 - Time Units of Duration of Complaint 2806007 - Days
eSituation.07 - Chief Complaint Anatomic Location 2807013 - Genitalia
eSituation.08 - Chief Complaint Organ System 2808015 - Musculoskeletal/Skin
eSituation.09 - Primary Symptom K00.0 - Hypodontia
eSituation.10 - Other Associated Symptoms S32.511 - Fracture of superior rim of right pubis
eSituation.11 - Provider's Primary Impression S92.314K - Nondisplaced fracture of first metatarsal bone, right foot, subsequent
encounter for fracture with nonunion
eSituation.12 - Provider's Secondary Impressions T87.89 - Amputation stump contracture of next proximal joint
eSituation.13 - Initial Patient Acuity 2813003 - Emergent (Yellow)
eSituation.WorkRelatedGroup
eSituation.14 - Work-Related Illness/Injury 9922005 - Yes
eSituation.15 - Patient's Occupational Industry 2815023 - Mining, Quarrying, and Oil and Gas Extraction
eSituation.16 - Patient's Occupation 2816039 - Production Occupations
eSituation.17 - Patient Activity Y93.75 - Activity, combatives

eInjury

eInjury.01 - Cause of Injury Y37.500D - Military operations involving unspecified effect of nuclear weapon, military personnel,
subsequent encounter
eInjury.02 - Mechanism of Injury 2902001 - Blunt
eInjury.03 - Trauma Center Criteria 2903021 - Two or more proximal long-bone fractures
eInjury.04 - Vehicular, Pedestrian, or Other Injury Risk Factor 2904007 - Crash Death in Same Passenger Compartment
eInjury.05 - Main Area of the Vehicle Impacted by the Collision 4
eInjury.06 - Location of Patient in Vehicle 2906023 - Third Row-Middle
eInjury.07 - Use of Occupant Safety Equipment 2907015 - None
eInjury.08 - Airbag Deployment 2908003 - Airbag Deployed Side
eInjury.09 - Height of Fall (feet) 9283
eInjury.10 - OSHA Personal Protective Equipment Used 2910003 - Foot Protection
eInjury.CollisionGroup
eInjury.11 - ACN System/Company Providing ACN Data Q
eInjury.12 - ACN Incident ID h5
eInjury.13 - ACN Call Back Phone Number [ATTRIBUTES: PhoneNumberType="9913003 - Home"] 835-741-7471

eInjury.14 - Date/Time of ACN Incident 1955-08-02T08:09:11+07:00
 eInjury.15 - ACN Incident Location +0,+56.542
 eInjury.16 - ACN Incident Vehicle Body Type lj
 eInjury.17 - ACN Incident Vehicle Manufacturer yh
 eInjury.18 - ACN Incident Vehicle Make oa
 eInjury.19 - ACN Incident Vehicle Model u
 eInjury.20 - ACN Incident Vehicle Model Year 1966
 eInjury.21 - ACN Incident Multiple Impacts 9923003 - Yes
 eInjury.22 - ACN Incident Delta Velocity [ATTRIBUTES: DeltaVelocityOrdinal="939" VelocityUnit="9921003 - Miles per Hour

eInjury.23 - ACN High Probability of Injury 9923003 - Yes
 eInjury.24 - ACN Incident PDOF 4
 eInjury.25 - ACN Incident Rollover N - No
 eInjury.SeatGroup
 eInjury.26 - ACN Vehicle Seat Location 2926003 - Front Row Middle Seat
 eInjury.27 - Seat Occupied N - No
 eInjury.28 - ACN Incident Seatbelt Use N - No
 eInjury.29 - ACN Incident Airbag Deployed Y - Yes

eArrest

eArrest.01 - Cardiac Arrest 3001003 - Yes, Prior to EMS Arrival
 eArrest.02 - Cardiac Arrest Etiology 3002007 - Electrocution
 eArrest.03 - Resuscitation Attempted By EMS 3003009 - Not Attempted-DNR Orders
 eArrest.04 - Arrest Witnessed By 3004003 - Witnessed by Family Member
 eArrest.05 - CPR Care Provided Prior to EMS Arrival 9923001 - No
 eArrest.06 - Who Provided CPR Prior to EMS Arrival 3006005 - Healthcare Professional (Non-EMS)
 eArrest.07 - AED Use Prior to EMS Arrival 3007003 - Yes, Applied without Defibrillation
 eArrest.08 - Who Used AED Prior to EMS Arrival 3008007 - Lay Person (Non-Family)
 eArrest.09 - Type of CPR Provided 3009013 - Ventilation-Bag Valve Mask
 eArrest.10 - Therapeutic Hypothermia Initiated 9923003 - Yes
 eArrest.11 - First Monitored Arrest Rhythm of the Patient 3011001 - Asystole
 eArrest.12 - Any Return of Spontaneous Circulation 3012001 - No
 eArrest.13 - Neurological Outcome at Hospital Discharge 3013005 - CPC 3 Severe Cerebral Disability
 eArrest.14 - Date/Time of Cardiac Arrest 1994-01-25T08:06:01+07:00
 eArrest.15 - Date/Time Resuscitation Discontinued 1994-05-30T06:11:03+07:00
 eArrest.16 - Reason CPR/Resuscitation Discontinued 3016009 - Protocol/Policy Requirements Completed
 eArrest.17 - Cardiac Rhythm on Arrival at Destination 9901027 - Non-STEMI Lateral Ischemia
 eArrest.18 - End of EMS Cardiac Arrest Event 3018005 - Ongoing Resuscitation in ED

eHistory

eHistory.01 - Barriers to Patient Care 3101023 - Speech Impaired
 eHistory.PractitionerGroup
 eHistory.02 - Last Name of Patient's Practitioner i
 eHistory.03 - First Name of Patient's Practitioner q
 eHistory.04 - Middle Name/Initial of Patient's Practitioner k
 eHistory.05 - Advance Directives 3105011 - State EMS DNR or Medical Order Form
 eHistory.06 - Medication Allergies [ATTRIBUTES: CodeType="9924001"] N49 - Inflammatory disorders of male genital organs, not

elsewhere classified

eHistory.07 - Environmental/Food Allergies 488896690
 eHistory.08 - Medical/Surgical History H59.013 - Keratopathy (bullous aphakic) following cataract surgery, bilateral
 eHistory.09 - Medical History Obtained From 3109005 - Health Care Personnel
 eHistory.ImmunizationsGroup
 eHistory.10 - The Patient's Type of Immunization 9910017 - Influenza-Other
 eHistory.11 - Immunization Date 1990
 eHistory.CurrentMedsGroup
 eHistory.12 - Current Medications 1007893 - Belladonna Alkaloids / Caffeine / Ergotamine / PENTobarbital
 eHistory.13 - Current Medication Dose 639.0
 eHistory.14 - Current Medication Dosage Unit 3114043 - puffs
 eHistory.15 - Current Medication Administration Route 9927037 - Other/miscellaneous
 eHistory.16 - Presence of Emergency Information Form 9923001 - No
 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 1994-01-23T04:31:48+07:00

eNarrative

eNarrative.01 - Patient Care Report Narrative K

eVitals

eVitals.VitalGroup
 eVitals.01 - Date/Time Vital Signs Taken 2010-06-14T06:57:38+07:00
 eVitals.02 - Obtained Prior to this Unit's EMS Care 9923001 - No
 eVitals.CardiacRhythmGroup
 eVitals.03 - Cardiac Rhythm / Electrocardiography (ECG) 9901011 - AV Block-1st Degree
 eVitals.04 - ECG Type 3304015 - Other (Not Listed)
 eVitals.05 - Method of ECG Interpretation 3305003 - Manual Interpretation
 eVitals.BloodPressureGroup
 eVitals.06 - SBP (Systolic Blood Pressure) 198

- eVitals.07 - DBP (Diastolic Blood Pressure) 75
- eVitals.08 - Method of Blood Pressure Measurement 3308003 - Doppler
- eVitals.09 - Mean Arterial Pressure 98
- eVitals.HeartRateGroup
 - eVitals.10 - Heart Rate 43
 - eVitals.11 - Method of Heart Rate Measurement 3311003 - Doppler
- eVitals.12 - Pulse Oximetry 61
- eVitals.13 - Pulse Rhythm 3313003 - Regular
- eVitals.14 - Respiratory Rate 176
- eVitals.15 - Respiratory Effort 3315009 - Rapid
- eVitals.16 - Carbon Dioxide (CO2) 38
- eVitals.17 - Carbon Monoxide (CO) 22
- eVitals.18 - Blood Glucose Level 1059
- eVitals.GlasgowScoreGroup
 - eVitals.19 - Glasgow Coma Score-Eye 1 - No eye movement when assessed (All Age Groups)
 - eVitals.20 - Glasgow Coma Score-Verbal 1 - No verbal/vocal response (All Age Groups)
 - eVitals.21 - Glasgow Coma Score-Motor 2 - Extension to pain (All Age Groups)
 - eVitals.22 - Glasgow Coma Score-Qualifier 3322009 - Patient Intubated
 - eVitals.23 - Total Glasgow Coma Score 4
- eVitals.TemperatureGroup
 - eVitals.24 - Temperature 45.0
 - eVitals.25 - Temperature Method 3325015 - Urinary Catheter
- eVitals.26 - Level of Responsiveness (AVPU) 3326005 - Painful
- eVitals.PainScaleGroup
 - eVitals.27 - Pain Score 9
 - eVitals.28 - Pain Scale Type 3328007 - Wong-Baker (FACES)
- eVitals.StrokeScaleGroup
 - eVitals.29 - Stroke Scale Score 3329003 - Non-Conclusive
 - eVitals.30 - Stroke Scale Type 3330001 - Cincinnati
- eVitals.31 - Reperfusion Checklist 3331001 - Definite Contraindications to Thrombolytic Use
- eVitals.32 - APGAR 1
- eVitals.33 - Revised Trauma Score 3

eLabs

eLabs.LabGroup

- eLabs.01 - Date/Time of Laboratory or Imaging Result 1969-10-14T03:33:39+07:00
- eLabs.02 - Study/Result Prior to this Unit's EMS Care 9923003 - Yes
- eLabs.LabResultGroup
 - eLabs.03 - Laboratory Result Type 3403035 - Creatine Kinase
 - eLabs.04 - Laboratory Result m

eLabs.LabImageGroup

- eLabs.05 - Imaging Study Type 3405001 - CAT Scan
- eLabs.06 - Imaging Study Results j31
- eLabs.WaveformGraphicGroup
 - eLabs.07 - Imaging Study File or Waveform Graphic Type w
 - eLabs.08 - Imaging Study File or Waveform Graphic

NjdUeGJITkVTUUnprMUG4MiNLdGJrZU9RT2dyNWc1Y3BuZzFNQk5laUxqc0pwVGdoMkE=

eExam

- eExam.01 - Estimated Body Weight in Kilograms 171.1
- eExam.02 - Length Based Tape Measure 3502015 - White
- eExam.AssessmentGroup
 - eExam.03 - Date/Time of Assessment 2006-06-16T06:56:35+07:00
 - eExam.04 - Skin Assessment 3504029 - Red (Erythematous)
 - eExam.05 - Head Assessment 3505053 - Tenderness
 - eExam.06 - Face Assessment 3506051 - Tenderness
 - eExam.07 - Neck Assessment 3507009 - Burn-Blistering
 - eExam.08 - Chest/Lungs Assessment 3508049 - Implanted Device
 - eExam.09 - Heart Assessment 3509021 - S4
- eExam.AbdomenGroup
 - eExam.10 - Abdominal Assessment Finding Location 3510003 - Left Lower Quadrant
 - eExam.11 - Abdomen Assessment 3511021 - Distention
- eExam.12 - Pelvis/Genitourinary Assessment 3512009 - Bleeding-Rectal
- eExam.SpineGroup
 - eExam.13 - Back and Spine Assessment Finding Location 3513011 - Lumbar-Midline
 - eExam.14 - Back and Spine Assessment 3514035 - Puncture/Stab Wound
- eExam.ExtremityGroup
 - eExam.15 - Extremity Assessment Finding Location 3515061 - Leg-Upper-Left
 - eExam.16 - Extremities Assessment 3516057 - Pulse-Abnormal
- eExam.EyeGroup
 - eExam.17 - Eye Assessment Finding Location 3517005 - Right
 - eExam.18 - Eye Assessment 3518025 - Dysconjugate Gaze
- eExam.19 - Mental Status Assessment 3519017 - Oriented-Time
- eExam.20 - Neurological Assessment 3520001 - Aphagia

eProtocols

eProtocols.ProtocolGroup

eProtocols.01 - Protocols Used 9914121 - Medical-Hyperglycemia

eProtocols.02 - Protocol Age Category 3602005 - Pediatric Only

eMedications

eMedications.MedicationGroup

eMedications.01 - Date/Time Medication Administered 2011-03-12T11:37:57+07:00

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

eMedications.03 - Medication Given 540156 - SMX 400 MG / TMP 800 MG Oral Tablet [Sulfatrim]

eMedications.04 - Medication Administered Route 9927011 - Intraarterial

eMedications.DosageGroup

eMedications.05 - Medication Dosage 614.0

eMedications.06 - Medication Dosage Units 3706017 - Micrograms per Kilogram per Minute

eMedications.07 - Response to Medication 9916003 - Unchanged

eMedications.08 - Medication Complication 3708005 - Bleeding

eMedications.09 - Medication Crew (Healthcare Professionals) ID 00

eMedications.10 - Role/Type of Person Administering Medication 9905001 - 2009 Advanced Emergency Medical Technician

(AEMT)

eMedications.11 - Medication Authorization 9918001 - On-Line (Remote Verbal Order)

eMedications.12 - Medication Authorizing Physician z

eProcedures

eProcedures.ProcedureGroup

eProcedures.01 - Date/Time Procedure Performed 1980-03-07T03:24:05+07:00

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

eProcedures.03 - Procedure 824746645

eProcedures.04 - Size of Procedure Equipment Q

eProcedures.05 - Number of Procedure Attempts 2

eProcedures.06 - Procedure Successful 9923001 - No

eProcedures.07 - Procedure Complication 3907037 - Portacath

eProcedures.08 - Response to Procedure 9916005 - Worse

eProcedures.09 - Procedure Crew Members ID fU

eProcedures.10 - Role/Type of Person Performing the Procedure 9905007 - 2009 Paramedic

eProcedures.11 - Procedure Authorization 9918007 - Written Orders (Patient Specific)

eProcedures.12 - Procedure Authorizing Physician E

eProcedures.13 - Vascular Access Location 3913053 - Lower Extremity-Right

eAirway

eAirway.AirwayGroup

eAirway.01 - Indications for Invasive Airway 4001005 - Apnea or Agonal Respirations

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

eAirway.02 - Date/Time Airway Device Placement Confirmation 1961-09-10T04:18:46+07:00

eAirway.03 - Airway Device Being Confirmed 4003007 - SAD-Combitube

eAirway.04 - Airway Device Placement Confirmed Method 4004003 - Bulb/Syringe Aspiration

eAirway.05 - Tube Depth 9

eAirway.06 - Type of Individual Confirming Airway Device Placement 4006003 - Other (Not Listed)

eAirway.07 - Crew Member ID Y6

eAirway.08 - Airway Complications Encountered 4008007 - Esophageal Intubation-Delayed Detection (After Tube Secured)

eAirway.09 - Suspected Reasons for Failed Airway Procedure 4009013 - Other (Not Listed)

eAirway.10 - Date/Time Decision to Manage the Patient with an Invasive Airway 1966-08-29T02:24:40+07:00

eAirway.11 - Date/Time Invasive Airway Placement Attempts Abandoned 1994-04-15T09:54:54+07:00

eDevice

eDevice.DeviceGroup

eDevice.01 - Medical Device Serial Number pK

eDevice.02 - Date/Time of Event (per Medical Device) 1957-12-16T02:24:18+07:00

eDevice.03 - Medical Device Event Type 4103047 - Temperature 1

eDevice.WaveformGroup

eDevice.04 - Medical Device Waveform Graphic Type y

eDevice.05 - Medical Device Waveform Graphic

RHpZT010MXdSeEJZSVRNMHV0ZHNjZHCYtJzcZdHczdaYlhPeWt0cUFHU1ZLY25uQXI=

eDevice.06 - Medical Device Mode (Manual, AED, Pacing, CO2, O2, etc) 4106001 - Advisory

eDevice.07 - Medical Device ECG Lead 4107027 - V4r

eDevice.08 - Medical Device ECG Interpretation 2

eDevice.ShockGroup

eDevice.09 - Type of Shock 4109003 - Monophasic

eDevice.10 - Shock or Pacing Energy 47.0

eDevice.11 - Total Number of Shocks Delivered 45

eDevice.12 - Pacing Rate 173

eDisposition

eDisposition.DestinationGroup

eDisposition.01 - Destination/Transferred To, Name ri

eDisposition.02 - Destination/Transferred To, Code ZW

eDisposition.03 - Destination Street Address [ATTRIBUTES: StreetAddress2="B"] e

eDisposition.04 - Destination City 64213 - Glendale

eDisposition.05 - Destination State 49 - Utah

eDisposition.06 - Destination County 49025 - Kane

eDisposition.07 - Destination ZIP Code 84729
 eDisposition.08 - Destination Country US
 eDisposition.09 - Destination GPS Location 37.316984,-112.593213
 eDisposition.10 - Disposition Location US National Grid Coordinates 15,KM81497682
 eDisposition.11 - Number of Patients Transported in this EMS Unit 44
 eDisposition.12 - Incident/Patient Disposition 4212003 - Assist, Public
 eDisposition.13 - How Patient Was Moved to Ambulance 9909009 - Other (Not Listed)
 eDisposition.14 - Position of Patient During Transport 4214015 - Sitting
 eDisposition.15 - How Patient Was Transported From Ambulance 9909011 - Stairchair
 eDisposition.16 - EMS Transport Method 4216003 - Air Medical-Rotor Craft
 eDisposition.17 - Transport Mode from Scene 4217005 - Non-Emergent
 eDisposition.18 - Additional Transport Mode Descriptors 4218005 - Intersection Navigation-With Normal Light Patterns
 eDisposition.19 - Condition of Patient at Destination 9916001 - Improved
 eDisposition.20 - Reason for Choosing Destination 4220021 - Regional Specialty Center
 eDisposition.21 - Type of Destination 4221015 - Other EMS Responder (air)
 eDisposition.22 - Hospital In-Patient Destination 4222033 - Hospital-Orthopedic
 eDisposition.23 - Hospital Designation 9908005 - Critical Access Hospital
 eDisposition.HospitalTeamActivationGroup
 eDisposition.24 - Destination Team Pre-Arrival Activation 4224001 - No
 eDisposition.25 - Date/Time of Destination Prearrival Activation 2012-06-09T05:44:42+07:00
 eDisposition.26 - Disposition Instructions Provided 4226015 - See Your Doctor within the next one week

eOutcome

eOutcome.01 - Emergency Department Disposition 07 - Left against medical advice or discontinued care
 eOutcome.02 - Hospital Disposition 04 - Discharged/transferred to an intermediate care facility (ICF)
 eOutcome.ExternalDataGroup
 eOutcome.03 - External Report ID/Number Type 4303015 - Other Report
 eOutcome.04 - External Report ID/Number 8G
 eOutcome.05 - Other Report Registry Type Ha
 eOutcome.06 - Emergency Department Chief Complaint IV
 eOutcome.07 - First ED Systolic Blood Pressure 110
 eOutcome.08 - Emergency Department Recorded Cause of Injury Y75.0 - Diagnostic and monitoring neurological devices associated
 with adverse incidents
 eOutcome.09 - Emergency Department Procedures 6948004 - Removal of calcareous deposit of tendon of hand (procedure)
 eOutcome.10 - Emergency Department Diagnosis I22.0 - Subsequent anterolateral transmural (Q wave) infarction (acute)
 eOutcome.11 - Date/Time of Hospital Admission 1982-08-22T07:08:15+07:00
 eOutcome.12 - Hospital Procedures 6555009 - Insertion of infusion pump beneath skin (procedure)
 eOutcome.13 - Hospital Diagnosis V71.0XXA - Driver of bus injured in collision with pedal cycle in nontraffic accident, initial encounter
 eOutcome.14 - Total ICU Length of Stay 9
 eOutcome.15 - Total Ventilator Days 113
 eOutcome.16 - Date/Time of Hospital Discharge 1975-10-29T10:51:07+07:00
 eOutcome.17 - Outcome at Hospital Discharge 4317001 - No Symptoms At All

eOther

eOther.01 - Review Requested 9923003 - Yes
 eOther.02 - Potential System of Care/Specialty/Registry Patient 4502019 - Traumatic Brain Injury
 eOther.EMSCrewMemberGroup
 eOther.03 - Personal Protective Equipment Used 4503019 - Other (Not Listed)
 eOther.04 - EMS Professional (Crew Member) ID y9
 eOther.05 - Suspected EMS Work Related Exposure, Injury, or Death 9923001 - No
 eOther.06 - The Type of Work-Related Injury, Death or Suspected Exposure 4506001 - Death-Cardiac Arrest
 eOther.07 - Natural, Suspected, Intentional, or Unintentional Disaster 4507019 - Radioactive Device
 eOther.08 - Crew Member Completing this Report K3
 eOther.FileGroup
 eOther.09 - External Electronic Documents 4509009 - ECG/Lab Results
 eOther.10 - File Attachment Type l
 eOther.11 - File Attachment Image

ZFlwYXNuMmRnOWVvTEQ2SjhBcGE1VzdycGVqUHIIOTRqQk03NmQxTndFVE5HckRTTUy=

eOther.SignatureGroup

eOther.12 - Type of Person Signing 4512001 - EMS Crew Member (Other)
 eOther.13 - Signature Reason 4513001 - HIPAA acknowledgement/Release
 eOther.14 - Type Of Patient Representative 4514017 - Grandmother
 eOther.15 - Signature Status 4515029 - Refused
 eOther.16 - Signature File Name

rmrvpG2ZS6h8qbj09N0V1pQ0kHYjfQj7mvjrAZJwLCTjpSW1J5jE2xh7CFpZ1QYfjZDFyb9DExOTeJ4vFho3tEORhPsIPcDruQ4s4IFHaLTYx99f0CdxVS6Q

eOther.17 - Signature File Type b
 eOther.18 - Signature Graphic dzI2c1NoVkn4RjZwTW9YZFNod0h4Z2kzYzVBbXo1eXZaSG5VeE01VUc2cXEzOUt5ZDI=
 eOther.19 - Date/Time of Signature 1953-05-14T08:13:09+07:00
 eOther.20 - Signature Last Name f
 eOther.21 - Signature First Name K