



NEMSIS

Data Dictionary

NHTSA v3.3.3
Build 130926

EMS Data Standard

Version Date: September 26, 2013

Funded by
National Highway Traffic Safety Administration (NHTSA)
Office of Emergency Medical Services

www.NEMSIS.org

NEMESIS Data Dictionary Version 3.3.3

NEMESIS Overview and Summary

This data dictionary represents 24 months of effort collaborating with the EMS industry through web-based reviews, public comment periods, focus groups, industry dialogue, topic focused projects, and consensus. The National EMS Information System Version 3 represents a revision from the existing version 2.1.1 released in 2005. Adopting a broad perspective, the initiative to move to a 3rd version of the NEMESIS data dictionary was fueled by the need to improve data quality, enhance our ability to assess EMS performance, augment the flexibility of the standard for state adoption and, prepare for our initial movement of this standard into Health Level 7 (HL7) for approval as an American National Standards Institute (ANSI) standard. At the time of this initial publication, NEMESIS Version 3 has passed several ballots within HL7 in an effort to be recognized as a federal healthcare information standard. Final HL7 adoption of NEMESIS Version 3 is expected in 2012. HL7 will be the permanent home for the NEMESIS standard once fully adopted and future revisions will occur through the HL7 process.

NEMESIS Version 3 Element Configuration from v2.2.1

| NEMESIS NHTSA Uniform PreHospital Dataset | Version 2.2.1 | Version 3 |
|---|------------------|------------------|
| Demographic (Agency) NEMESIS Version 3 Data Elements | 110 (26%) | 155 (24%) |
| Existing (version 2.2.1) | 88 (80%) | 88 (58%) |
| New | | 67 (42%) |
| Retired | 22 (20%) | |
| EMS (ePCR) NEMESIS Version 3 Data Elements | 315 (74%) | 423 (73%) |
| Existing (version 2.2.1) | 258 (82%) | 258 (61%) |
| New | | 165 (39%) |
| Retired | 57 (18%) | |
| Overall Total NEMESIS Version 3 Data Elements | 425 | 578 |
| Existing (version 2.2.1) | 346 (81%) | 346 (60%) |
| New | | 232 (40%) |
| Retired | 79 (19%) | |

NEMESIS Version 3 Element Configuration

Total Elements including the Custom Elements: 578

Excluding the Demographic and EMS (ePCR) Custom Elements: 556

| | | | | | |
|--------------------------------------|------------|--------------------------------------|------------|-------------------------------|------------|
| Total National Elements | 166 | Total State Elements | 103 | Total "Other" Element | 309 |
| Mandatory | 37 | Recommended | 82 | Excluding the custom elements | 287 |
| Required | 129 | Optional | 21 | Demographic (Agency) Elements | 88 |
| Demographic (Agency) Elements | 35 | Demographic (Agency) Elements | 32 | Excluding the custom elements | 77 |
| Mandatory | 22 | Recommended | 32 | EMS (ePCR) Elements | 221 |
| Required | 13 | Optional | 0 | Excluding the custom elements | 210 |
| EMS (ePCR) Elements | 131 | EMS (ePCR) Elements | 71 | | |
| Mandatory | 15 | Recommended | 50 | | |
| Required | 116 | Optional | 21 | | |

NEMESIS Version 3.3.3 Data Dictionary Content

**Note: The numbers to the right of the content listed below represent the location for each element on the Sample Page of the Data Dictionary (page vi).

Data Element Number (#1)

The NEMESIS Version 3 element numbering system has been revised to improve the information that can be derived from just the data element number. An example of a

data element number is dAgency.01.

- The data element number begins with either a "d" representing the demographic (agency) section or an "e" representing the EMS PCR section.
- A one word descriptor for each section is now included in the data element number.
- A period separates the section (e.g. dAgency) from the data element number (e.g. 01).

Data Element Name (#3)

The name for the data element.

National and State Element Indicator (#2, #5, #6)

National = Yes, is an indication that the data element is required to be collected:

- at the local EMS agency level and submitted to the state

State = Yes, is an indication that the data element is recommended to be collected at the "State" level.

Data Element Definition (#4)

The definition for the data element.

Version 2 Number (#7)

The NEMSIS Version 2.2.1 Data Element Number.

If the Data Element is new to Version 3.3.3, the Version 2 Number will be blank.

Data Structure Information

Recurrence (#12)

- Indication that the data element can have more than one value.
Represented by two characters separated by a colon. The configuration includes:
 - 0:1 = element is not required and can occur only once
 - 0:M = element is not required and can repeat multiple times
 - 1:1 = element is required and can occur only once
 - 1:M = element is required and can repeat multiple times

Usage (#8)

- Indication of when the data element is expected to be collected.
 - Mandatory = Must be completed and does not allow for NOT values
 - Required = Must be completed and allows NOT values
 - Recommended = Does not need to be completed and allows NOT values
 - Optional = Does not need to be completed and does not allow for NOT values

NOT Value Characteristics (#10)

- Indication that the data element can have NOT values.
- NOT Values are used (where permitted) to document that a data element was not applicable to the EMS response / request for service, was not or could not be completed.
- NOT Values are documented as "an attribute" of an element. It allows the documentation of NOT value when a "real" value is not documented. (*Please reference the NEMSIS White Paper describing the use of NOT Values, Pertinent Negatives, and Null.*)

NOT Values Accepted (#14)

- Indication of which of the following three NOT values is acceptable.
- Not all data elements accept NOT values.

- NOT Values have been condensed in Version 3.
Not Applicable = *The data element is not applicable or pertinent to the EMS event.*
Not Recorded = *If a data element was unintentionally left blank the EMS software should auto-populate it with "Not Recorded".*
Not Reporting = *The data element is not collected by the EMS agency or state. This NOT value does not apply to National elements where "Usage = Required".*

Pertinent Negative Values (PN) (#9, #14)

- A list of Pertinent Negative Values which can be associated with a data element.
- Not all data elements accept Pertinent Negative Values.
- Pertinent Negative Values are documented as "an attribute" of an element. It allows the documentation of pertinent negative value in addition to the documentation of a "real" value. (*Please reference the NEMSIS White Paper describing the use of NOT Values, Pertinent Negatives, and Null.*)
- Example of use:
Example #1 - Aspirin Administration:
If the medication Aspirin is part of the agency protocol for Chest Pain but was not administered by the responding crew, the reason why should be documented. This is done through the use of Pertinent Negative Values. If the patient took the Aspirin prior to the EMS arrival on scene, the value "Medication Already Taken" should be documented in addition to "Aspirin".

Example #2 - Gunshot Wound Entry & Exit Assessment

If the patient was injured by a gunshot the assessment should document not only the entry but the exit of the bullet. In the abdominal assessment if "Gunshot Wound-Entry" was documented in the Right Upper Quadrant the EMS professional should be looking for an exit wound. If upon assessment of the back/spine no "Gunshot Wound-Exit" was identified then both "Gunshot Wound-Exit" and the pertinent negative value of "Exam Finding Not Present" should be documented.

Is Nullable (#11)

- Indication that the element can accept a "blank" value.
- If the element is left "blank" the software must submit an appropriate value of one of the two attributes: Pertinent Negative or NOT Values.

Associated Performance Measure Initiatives (#13)

Indication that the data element has value in describing, defining, or measuring EMS from a performance perspective. Performance Measures can be associated with EMS service delivery, patient care, or both. The following service delivery or time dependent illness/injury performance measure topics have been included in NEMSIS Version 3:

- Airway - Airway Management
- Cardiac Arrest - Out of Hospital Cardiac Arrest
- Pediatric - Acute Pediatric Care
- Response - EMS Response Time
- STEMI - ST Elevation Myocardial Infarction (STEMI)
- Stroke - Acute Stroke Care
- Trauma - Acute Injury/Trauma Care

Attributes (#14)

An attribute provides extra information within an element. For information related to the

first three attributes please see the NEMSIS document 'How to Utilize NEMSIS V3 "NOT values/pertinent negatives/nillable"'. The following are possible attributes:

- PN (Pertinent Negative)
 - 8801001 - Contraindication Noted
 - 8801003 - Denied By Order
 - 8801005 - Exam Finding Not Present
 - 8801007 - Medication Allergy
 - 8801009 - Medication Already Taken
 - 8801013 - No Known Drug Allergies
 - 8801015 - None Reported
 - 8801017 - Not Performed by EMS
 - 8801019 - Refused
 - 8801021 - Unresponsive
 - 8801023 - Unable to Complete
- NV (Not Value)
 - 7701001 - Not Applicable
 - 7701003 - Not Recorded
 - 7701005 - Not Reporting
- Nillable xsi:nil="true"
- Code Type
 - 9924001 - ICD10
 - 9924003 - RxNorm
- CorrelationID
 - Date Type = String
 - minLength = 0
 - maxLength = 255
- DistanceUnit
 - 9921001 - Kilometers
 - 9921003 - Miles
- EmailAddressType
 - 9904001 - Personal
 - 9904003 - Work
- nemsisCode
 - Date Type = String
- nemsisElement
 - Date Type = String
- nemsisValueDescription
 - Date Type = String
- PhoneNumberType
 - 9913001 - Fax
 - 9913003 - Home

9913005 - Mobile

9913007 - Pager

9913009 - Work

- ProcedureGroupCorrelationID
Date Type = CorrelationID
- StreetAddress2
Date Type = String
minLength = 1
maxLength = 55
- TIMESTAMP
Date Type = DateTime
minValue = 1950-01-01T00:00:00-00:00
maxValue = 2050-01-01T00:00:00-00:00
- VelocityUnit
9921001 - Kilometers
9921003 - Miles

Code List (#16)

A list of values associated with the data element. Not all data elements have predefined value sets.

Codes for each value:

- The codes are based on a 7-digit number, in a 2-2-3 pattern (without dashes).
The first set of two numbers represent the data section
The second set of two numbers represent the element number
The last set is a 3-digit number for each value beginning at 001; The codes increase in increments of two (2).
- Codes are typically sequential (by two) and alphabetical. Some ordering is provided in an effort to present information based on workflow.
- Several values and codes reference external standards such as ICD-10, RxNorm, SNOMED, etc. NEMSIS will assist in providing a recommended list of EMS specific values and codes from these larger standards for most elements using these external standards.

Data Element Editorial Comments (#17)

Comments are provided to describe additions, changes, clarifications, or provide additional insight into the data element.

Version 3 Changes Implemented (#18)

Comments providing insight into specific Version 3 changes such as new or revised data elements.

Element Deprecated (#19)

Elements that are signified as "deprecated" will be removed from a future version of the NEMSIS standard. Their use should now be avoided, but will be supported until they are removed from the standard.

NEMSIS Version 3.3.3 Change Summary

NEMSIS Version 3 includes several new types of information to better describe EMS from an industry, workforce, EMS service delivery, and patient care perspective. Examples of new Version 3 content include:

Demographic (Agency) Content

EMS Agencies can list more than one state in which they offer EMS service delivery.
EMS Agencies can indicate multiple Agency numbers.
Multiple EMS Agency contacts can now be managed within the Demographic Section.
EMS Agency Location and GIS information has been enhanced.
EMS Professional and Workforce information has been enhanced.

EMS (PCR) Content

EMS Crew level information has been enhanced
Scene location information has been enhanced to improve geo-coding and location analysis.
Provider Impression (diagnosis), Symptoms, Cause of Injury, Medical/Surgical History, and Incident Location are now based on ICD-10.
Procedures are now based on SNOMED.
Medications are now stored using the RxNorm standard
Cardiac Arrest information has been enhanced to add focus on CPR and post arrest cooling.
Automated Collision Notification information has been included.
The data elements required to document and evaluate the CDC Field Triage Algorithm for trauma have been included.
Vital Sign and patient monitoring information have been enhanced
A new section for Laboratory and Diagnostic Imaging results has been added.
The Exam section has been reconfigured to improve documentation and ease of use.
Much of the medical device information has been mapped into the vital sign section for direct import via the XML standard.
Inclusion of electronic signatures and external electronic documents.
An Airway section has been added to better document and evaluate airway management.
Improved Work Related Illness and Injury documentation capability.
Disposition information has been enhanced especially associated with Specialty Centers and time dependent illness/injury Systems of Care.
EMS Response and Transport Modes have been enhanced to better define emergent, non-emergent, scheduled, and non-scheduled variation.
EMS Response and Transport Mode Descriptors have been added to allow for documentation of Lights and Sirens Use and Intersection Navigation tools.
The Payment/Billing section has been greatly expanded to meet current electronic billing requirements.
Outcome information has been expanded to include additional Emergency Department and Hospital Outcome information (often obtained through linkage).

General Improvements

Version 3 content has focused on objective performance measures to better describe and evaluate EMS service delivery and patient care.
State level configuration and customized data elements have been enhanced without changing the NEMSIS Version 3 Standard.

3 eMedications.01 - Date/Time Medication Administered

4 Definition

The date/time medication administered to the patient

| | | | | |
|---------------------|----------|--------------------------|-------|----|
| 5 National Element | Yes | Pertinent Negatives (PN) | Yes | 9 |
| 6 State Element | Yes | NOT Values | Yes | 10 |
| 7 Version 2 Element | E18_01 | Is Nillable | Yes | 11 |
| 8 Usage | Required | Recurrence | 1 : M | 12 |

13 Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

14 Attributes

NOT Values

7701001 - Not Applicable 7701003 - Not Recorded 7701005 - Not Reporting

Pertinent Negatives

8801001 - Contraindication Noted 8801003 - Denied By Order 8801007 - Medication Allergy
8801009 - Medication Already Taken 8801019 - Refused 8801023 - Unable to Complete

Email Address

9904001 - Personal 9904003 - Work

Phone Number

9913001 - Fax 9913003 - Home 9913005 - Mobile 9913007 - Pager 9913009 - Work

Current Status

A - Active I - Inactive

Current Status Date

Data Type: DateTime **minInclusive:** 1950-01-01T00:00:00 **maxInclusive:** 2050-01-01T00:00:00

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}

Correlation ID

Data Type: String **minLength:** 0 **maxLength:** 255

15 Constraints

| Data Type | minValue | maxValue |
|-----------|---------------------|---------------------|
| dateTime | 1950-01-01T00:00:00 | 2050-01-01T00:00:00 |

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}

16 Code List

Code Description

SSEE001 Value A

SSEE003 Value B

SSEE005 Value C

17 Data Element Comment

Comments for this element

18 Version 3 Changes Implemented

Version 3 Changes implemented for this element

Table of Contents

| | |
|--|-----------|
| DEMDataset | 1 |
| DEMDataset Grouping | 2 |
| EMSDataset | 3 |
| EMSDataset Grouping | 4 |
| dState | 6 |
| dState Grouping | 7 |
| dState.01 - State Required Element | 8 |
| dCustomConfiguration | 9 |
| dCustomConfiguration Grouping | 10 |
| dCustomConfiguration.01 - Custom Data Element Title | 11 |
| dCustomConfiguration.02 - Custom Definition | 12 |
| dCustomConfiguration.03 - Custom Data Type | 13 |
| dCustomConfiguration.04 - Custom Data Element Recurrence | 14 |
| dCustomConfiguration.05 - Custom Data Element Usage | 15 |
| dCustomConfiguration.06 - Custom Data Element Potential Values | 16 |
| dCustomConfiguration.07 - Custom Data Element Potential NOT Values (NV) | 17 |
| dCustomConfiguration.08 - Custom Data Element Potential Pertinent Negative Values (PN) | 18 |
| dAgency | 19 |
| dAgency Grouping | 20 |
| dAgency.01 - EMS Agency Unique State ID | 21 |
| dAgency.02 - EMS Agency Number | 22 |
| dAgency.03 - EMS Agency Name | 23 |
| dAgency.04 - EMS Agency State | 24 |
| dAgency.05 - EMS Agency Service Area States | 25 |
| dAgency.06 - EMS Agency Service Area County(ies) | 26 |
| dAgency.07 - EMS Agency Census Tracts | 27 |
| dAgency.08 - EMS Agency Service Area ZIP Codes | 28 |
| dAgency.09 - Primary Type of Service | 29 |
| dAgency.10 - Other Types of Service | 30 |
| dAgency.11 - Level of Service | 31 |
| dAgency.12 - Organization Status | 32 |
| dAgency.13 - Organizational Type | 33 |
| dAgency.14 - EMS Agency Organizational Tax Status | 34 |
| dAgency.15 - Statistical Calendar Year | 35 |
| dAgency.16 - Total Primary Service Area Size | 36 |
| dAgency.17 - Total Service Area Population | 37 |
| dAgency.18 - 911 EMS Call Center Volume per Year | 38 |
| dAgency.19 - EMS Dispatch Volume per Year | 39 |
| dAgency.20 - EMS Patient Transport Volume per Year | 40 |
| dAgency.21 - EMS Patient Contact Volume per Year | 41 |
| dAgency.22 - EMS Billable Calls per Year | 42 |
| dAgency.23 - EMS Agency Time Zone | 43 |
| dAgency.24 - EMS Agency Daylight Savings Time Use | 44 |

| | |
|---|----|
| dAgency.25 - National Provider Identifier | 45 |
| dAgency.26 - Fire Department ID Number | 46 |

dContact 47

| | |
|--|----|
| dContact Grouping | 48 |
| dContact.01 - Agency Contact Type | 49 |
| dContact.02 - Agency Contact Last Name | 50 |
| dContact.03 - Agency Contact First Name | 51 |
| dContact.04 - Agency Contact Middle Name/Initial | 52 |
| dContact.05 - Agency Contact Address | 53 |
| dContact.06 - Agency Contact City | 54 |
| dContact.07 - Agency Contact State | 55 |
| dContact.08 - Agency Contact ZIP Code | 56 |
| dContact.09 - Agency Contact Country | 57 |
| dContact.10 - Agency Contact Phone Number | 58 |
| dContact.11 - Agency Contact Email Address | 59 |
| dContact.12 - EMS Agency Contact Web Address | 60 |
| dContact.13 - Agency Medical Director Degree | 61 |
| dContact.14 - Agency Medical Director Board Certification Type | 62 |
| dContact.15 - Medical Director Compensation | 63 |
| dContact.16 - EMS Medical Director Fellowship Trained Status | 64 |

dConfiguration 65

| | |
|--|----|
| dConfiguration Grouping | 66 |
| dConfiguration.01 - State Associated with the Certification/Licensure Levels | 67 |
| dConfiguration.02 - State Certification Licensure Levels | 68 |
| dConfiguration.03 - Procedures Permitted by the State | 69 |
| dConfiguration.04 - Medications Permitted by the State | 70 |
| dConfiguration.05 - Protocols Permitted by the State | 71 |
| dConfiguration.06 - EMS Certification Levels Permitted to Perform Each Procedure | 73 |
| dConfiguration.07 - EMS Agency Procedures | 74 |
| dConfiguration.08 - EMS Certification Level Permitted to Administer Each Medication | 75 |
| dConfiguration.09 - EMS Agency Medications | 76 |
| dConfiguration.10 - EMS Agency Protocols | 77 |
| dConfiguration.11 - EMS Agency Specialty Service Capability | 79 |
| dConfiguration.12 - Billing Status | 80 |
| dConfiguration.13 - Emergency Medical Dispatch (EMD) Provided to EMS Agency Service Area | 81 |
| dConfiguration.14 - EMD Vendor | 82 |
| dConfiguration.15 - Patient Monitoring Capability(ies) | 83 |
| dConfiguration.16 - Crew Call Sign | 84 |
| dConfiguration.17 - Dispatch Center (CAD) Name or ID | 85 |

dLocation 86

| | |
|--|----|
| dLocation Grouping | 87 |
| dLocation.01 - EMS Location Type | 88 |
| dLocation.02 - EMS Location Name | 89 |
| dLocation.03 - EMS Location Number | 90 |
| dLocation.04 - EMS Location GPS | 91 |
| dLocation.05 - EMS Location US National Grid Coordinates | 92 |
| dLocation.06 - EMS Location Address | 93 |

| | |
|---|----|
| dLocation.07 - EMS Location City | 94 |
| dLocation.08 - EMS Location State | 95 |
| dLocation.09 - EMS Station or Location ZIP Code | 96 |
| dLocation.10 - EMS Location County | 97 |
| dLocation.11 - EMS Location Country | 98 |
| dLocation.12 - EMS Location Phone Number | 99 |

dVehicle 100

| | |
|--|-----|
| dVehicle Grouping | 101 |
| dVehicle.01 - Unit/Vehicle Number | 102 |
| dVehicle.02 - Vehicle Identification Number | 103 |
| dVehicle.03 - EMS Unit Call Sign | 104 |
| dVehicle.04 - Vehicle Type | 105 |
| dVehicle.05 - Crew State Certification/Licensure Levels | 106 |
| dVehicle.06 - Number of Each EMS Personnel Level on Normal 911 Ambulance Response | 107 |
| dVehicle.07 - Number of Each EMS Personnel Level on Normal 911 Response (Non-Transport) Vehicle | 108 |
| dVehicle.08 - Number of Each EMS Personnel Level on Normal Medical (Non-911) Transport Ambulance | 109 |
| dVehicle.09 - Vehicle Initial Cost | 110 |
| dVehicle.10 - Vehicle Model Year | 111 |
| dVehicle.11 - Year Miles/Kilometers Hours Accrued | 112 |
| dVehicle.12 - Annual Vehicle Hours | 113 |
| dVehicle.13 - Annual Vehicle Miles/Kilometers | 114 |

dPersonnel 115

| | |
|---|-----|
| dPersonnel Grouping | 116 |
| dPersonnel.01 - EMS Personnel's Last Name | 118 |
| dPersonnel.02 - EMS Personnel's First Name | 119 |
| dPersonnel.03 - EMS Personnel's Middle Name/Initial | 120 |
| dPersonnel.04 - EMS Personnel's Mailing Address | 121 |
| dPersonnel.05 - EMS Personnel's City of Residence | 122 |
| dPersonnel.06 - EMS Personnel's State | 123 |
| dPersonnel.07 - EMS Personnel's ZIP Code | 124 |
| dPersonnel.08 - EMS Personnel's Country | 125 |
| dPersonnel.09 - EMS Personnel's Phone Number | 126 |
| dPersonnel.10 - EMS Personnel's Email Address | 127 |
| dPersonnel.11 - EMS Personnel's Date of Birth | 128 |
| dPersonnel.12 - EMS Personnel's Gender | 129 |
| dPersonnel.13 - EMS Personnel's Race | 130 |
| dPersonnel.14 - EMS Personnel's Citizenship | 131 |
| dPersonnel.15 - EMS Personnel's Highest Educational Degree | 132 |
| dPersonnel.16 - EMS Personnel's Degree Subject/Field of Study | 133 |
| dPersonnel.17 - EMS Personnel's Motor Vehicle License Type | 134 |
| dPersonnel.18 - EMS Personnel's Immunization Status | 135 |
| dPersonnel.19 - EMS Personnel's Immunization Year | 136 |
| dPersonnel.20 - EMS Personnel's Foreign Language Ability | 137 |
| dPersonnel.21 - EMS Personnel's Agency ID Number | 139 |
| dPersonnel.22 - EMS Personnel's State of Licensure | 140 |
| dPersonnel.23 - EMS Personnel's State's Licensure ID Number | 141 |
| dPersonnel.24 - EMS Personnel's State EMS Certification Licensure Level | 142 |
| dPersonnel.25 - EMS Personnel's State EMS Current Certification Date | 143 |

| | |
|--|-----|
| dPersonnel.26 - EMS Personnel's Initial State's Licensure Issue Date | 144 |
| dPersonnel.27 - EMS Personnel's Current State's Licensure Expiration Date | 145 |
| dPersonnel.28 - EMS Personnel's National Registry Number | 146 |
| dPersonnel.29 - EMS Personnel's National Registry Certification Level | 147 |
| dPersonnel.30 - EMS Personnel's Current National Registry Expiration Date | 148 |
| dPersonnel.31 - EMS Personnel's Employment Status | 149 |
| dPersonnel.32 - EMS Personnel's Employment Status Date | 150 |
| dPersonnel.33 - EMS Personnel's Hire Date | 151 |
| dPersonnel.34 - EMS Personnel's Primary EMS Job Role | 152 |
| dPersonnel.35 - EMS Personnel's Other Job Responsibilities | 153 |
| dPersonnel.36 - EMS Personnel's Total Length of Service in Years | 154 |
| dPersonnel.37 - EMS Personnel's Date Length of Service Documented | 155 |
| dPersonnel.38 - EMS Professional's Practice Level | 156 |
| dPersonnel.39 - Date of Professional's Certification or Licensure for Agency | 157 |

dDevice 158

| | |
|---|-----|
| dDevice Grouping | 159 |
| dDevice.01 - Medical Device Serial Number | 160 |
| dDevice.02 - Medical Device Name or ID | 161 |
| dDevice.03 - Medical Device Type | 162 |
| dDevice.04 - Medical Device Manufacturer | 163 |
| dDevice.05 - Medical Device Model Number | 164 |
| dDevice.06 - Medical Device Purchase Date | 165 |

dFacility 166

| | |
|--|-----|
| dFacility Grouping | 167 |
| dFacility.01 - Type of Facility | 168 |
| dFacility.02 - Facility Name | 169 |
| dFacility.03 - Facility Location Code | 170 |
| dFacility.04 - Hospital Designations | 171 |
| dFacility.05 - Facility National Provider Identifier | 172 |
| dFacility.06 - Facility Room, Suite, or Apartment | 173 |
| dFacility.07 - Facility Street Address | 174 |
| dFacility.08 - Facility City | 175 |
| dFacility.09 - Facility State | 176 |
| dFacility.10 - Facility ZIP Code | 177 |
| dFacility.11 - Facility County | 178 |
| dFacility.12 - Facility Country | 179 |
| dFacility.13 - Facility GPS Location | 180 |
| dFacility.14 - Facility US National Grid Coordinates | 181 |

dCustomResults 182

| | |
|---|-----|
| dCustomResults Grouping | 183 |
| dCustomResults.01 - Custom Data Element Result | 184 |
| dCustomResults.02 - Custom Element ID Referenced | 185 |
| dCustomResults.03 - CorrelationID of DemographicReport Element or Group | 186 |

eState 187

| | |
|------------------------------------|-----|
| eState Grouping | 188 |
| eState.01 - State Required Element | 189 |

eCustomConfiguration 190

| | |
|--|-----|
| eCustomConfiguration Grouping | 191 |
| eCustomConfiguration.01 - Custom Data Element Title | 192 |
| eCustomConfiguration.02 - Custom Definition | 193 |
| eCustomConfiguration.03 - Custom Data Type | 194 |
| eCustomConfiguration.04 - Custom Data Element Recurrence | 195 |
| eCustomConfiguration.05 - Custom Data Element Usage | 196 |
| eCustomConfiguration.06 - Custom Data Element Potential Values | 197 |
| eCustomConfiguration.07 - Custom Data Element Potential NOT Values (NV) | 198 |
| eCustomConfiguration.08 - Custom Data Element Potential Pertinent Negative Values (PN) | 199 |

eRecord 200

| | |
|---|-----|
| eRecord Grouping | 201 |
| eRecord.01 - Patient Care Report Number | 202 |
| eRecord.02 - Software Creator | 203 |
| eRecord.03 - Software Name | 204 |
| eRecord.04 - Software Version | 205 |

eResponse 206

| | |
|---|-----|
| eResponse Grouping | 207 |
| eResponse.01 - EMS Agency Number | 208 |
| eResponse.02 - EMS Agency Name | 209 |
| eResponse.03 - Incident Number | 210 |
| eResponse.04 - EMS Response Number | 211 |
| eResponse.05 - Type of Service Requested | 212 |
| eResponse.06 - Standby Purpose | 213 |
| eResponse.07 - Primary Role of the Unit | 214 |
| eResponse.08 - Type of Dispatch Delay | 215 |
| eResponse.09 - Type of Response Delay | 216 |
| eResponse.10 - Type of Scene Delay | 217 |
| eResponse.11 - Type of Transport Delay | 218 |
| eResponse.12 - Type of Turn-Around Delay | 219 |
| eResponse.13 - EMS Vehicle (Unit) Number | 220 |
| eResponse.14 - EMS Unit Call Sign | 221 |
| eResponse.15 - Level of Care of This Unit | 222 |
| eResponse.16 - Vehicle Dispatch Location | 223 |
| eResponse.17 - Vehicle Dispatch GPS Location | 224 |
| eResponse.18 - Vehicle Dispatch US National Grid Location | 225 |
| eResponse.19 - Beginning Odometer Reading of Responding Vehicle | 226 |
| eResponse.20 - On-Scene Odometer Reading of Responding Vehicle | 227 |
| eResponse.21 - Patient Destination Odometer Reading of Responding Vehicle | 228 |
| eResponse.22 - Ending Odometer Reading of Responding Vehicle | 229 |
| eResponse.23 - Response Mode to Scene | 230 |
| eResponse.24 - Additional Response Mode Descriptors | 231 |

eDispatch 232

| | |
|---|-----|
| eDispatch Grouping | 233 |
| eDispatch.01 - Complaint Reported by Dispatch | 234 |
| eDispatch.02 - EMD Performed | 236 |

| | |
|--|------------|
| eDispatch.03 - EMD Card Number | 237 |
| eDispatch.04 - Dispatch Center Name or ID | 238 |
| eDispatch.05 - Dispatch Priority (Patient Acuity) | 239 |
| eCrew | 240 |
| eCrew Grouping | 241 |
| eCrew.01 - Crew Member ID | 242 |
| eCrew.02 - Crew Member Level | 243 |
| eCrew.03 - Crew Member Response Role | 244 |
| eTimes | 245 |
| eTimes Grouping | 246 |
| eTimes.01 - PSAP Call Date/Time | 247 |
| eTimes.02 - Dispatch Notified Date/Time | 248 |
| eTimes.03 - Unit Notified by Dispatch Date/Time | 249 |
| eTimes.04 - Dispatch Acknowledged Date/Time | 250 |
| eTimes.05 - Unit En Route Date/Time | 251 |
| eTimes.06 - Unit Arrived on Scene Date/Time | 252 |
| eTimes.07 - Arrived at Patient Date/Time | 253 |
| eTimes.08 - Transfer of EMS Patient Care Date/Time | 254 |
| eTimes.09 - Unit Left Scene Date/Time | 255 |
| eTimes.10 - Arrival at Destination Landing Area Date/Time | 256 |
| eTimes.11 - Patient Arrived at Destination Date/Time | 257 |
| eTimes.12 - Destination Patient Transfer of Care Date/Time | 258 |
| eTimes.13 - Unit Back in Service Date/Time | 259 |
| eTimes.14 - Unit Canceled Date/Time | 260 |
| eTimes.15 - Unit Back at Home Location Date/Time | 261 |
| eTimes.16 - EMS Call Completed Date/Time | 262 |
| ePatient | 263 |
| ePatient Grouping | 264 |
| ePatient.01 - EMS Patient ID | 265 |
| ePatient.02 - Last Name | 266 |
| ePatient.03 - First Name | 267 |
| ePatient.04 - Middle Initial/Name | 268 |
| ePatient.05 - Patient's Home Address | 269 |
| ePatient.06 - Patient's Home City | 270 |
| ePatient.07 - Patient's Home County | 271 |
| ePatient.08 - Patient's Home State | 272 |
| ePatient.09 - Patient's Home ZIP Code | 273 |
| ePatient.10 - Patient's Home Country | 274 |
| ePatient.11 - Patient Home Census Tract | 275 |
| ePatient.12 - Social Security Number | 276 |
| ePatient.13 - Gender | 277 |
| ePatient.14 - Race | 278 |
| ePatient.15 - Age | 279 |
| ePatient.16 - Age Units | 280 |
| ePatient.17 - Date of Birth | 281 |
| ePatient.18 - Patient's Phone Number | 282 |
| ePatient.19 - Patient's Email Address | 283 |

| | |
|--|------------|
| ePatient.20 - State Issuing Driver's License | 284 |
| ePatient.21 - Driver's License Number | 285 |
| ePayment | 286 |
| ePayment Grouping | 287 |
| ePayment.01 - Primary Method of Payment | 289 |
| ePayment.02 - Physician Certification Statement | 290 |
| ePayment.03 - Date Physician Certification Statement Signed | 291 |
| ePayment.04 - Reason for Physician Certification Statement | 292 |
| ePayment.05 - Healthcare Provider Type Signing Physician Certification Statement | 293 |
| ePayment.06 - Last Name of Individual Signing Physician Certification Statement | 294 |
| ePayment.07 - First Name of Individual Signing Physician Certification Statement | 295 |
| ePayment.08 - Patient Resides in Service Area | 296 |
| ePayment.09 - Insurance Company ID | 297 |
| ePayment.10 - Insurance Company Name | 298 |
| ePayment.11 - Insurance Company Billing Priority | 299 |
| ePayment.12 - Insurance Company Address | 300 |
| ePayment.13 - Insurance Company City | 301 |
| ePayment.14 - Insurance Company State | 302 |
| ePayment.15 - Insurance Company ZIP Code | 303 |
| ePayment.16 - Insurance Company Country | 304 |
| ePayment.17 - Insurance Group ID/Name | 305 |
| ePayment.18 - Insurance Policy ID Number | 306 |
| ePayment.19 - Last Name of the Insured | 307 |
| ePayment.20 - First Name of the Insured | 308 |
| ePayment.21 - Middle Initial/Name of the Insured | 309 |
| ePayment.22 - Relationship to the Insured | 310 |
| ePayment.23 - Closest Relative/Guardian Last Name | 311 |
| ePayment.24 - Closest Relative/ Guardian First Name | 312 |
| ePayment.25 - Closest Relative/ Guardian Middle Initial/Name | 313 |
| ePayment.26 - Closest Relative/ Guardian Street Address | 314 |
| ePayment.27 - Closest Relative/ Guardian City | 315 |
| ePayment.28 - Closest Relative/ Guardian State | 316 |
| ePayment.29 - Closest Relative/ Guardian ZIP Code | 317 |
| ePayment.30 - Closest Relative/ Guardian Country | 318 |
| ePayment.31 - Closest Relative/ Guardian Phone Number | 319 |
| ePayment.32 - Closest Relative/ Guardian Relationship | 320 |
| ePayment.33 - Patient's Employer | 321 |
| ePayment.34 - Patient's Employer's Address | 322 |
| ePayment.35 - Patient's Employer's City | 323 |
| ePayment.36 - Patient's Employer's State | 324 |
| ePayment.37 - Patient's Employer's ZIP Code | 325 |
| ePayment.38 - Patient's Employer's Country | 326 |
| ePayment.39 - Patient's Employer's Primary Phone Number | 327 |
| ePayment.40 - Response Urgency | 328 |
| ePayment.41 - Patient Transport Assessment | 329 |
| ePayment.42 - Specialty Care Transport Care Provider | 330 |
| ePayment.43 - Ambulance Transport Code | 331 |
| ePayment.44 - Ambulance Transport Reason Code | 332 |
| ePayment.45 - Round Trip Purpose Description | 333 |
| ePayment.46 - Stretcher Purpose Description | 334 |

| | |
|--|-----|
| ePayment.47 - Ambulance Conditions Indicator | 335 |
| ePayment.48 - Mileage to Closest Hospital Facility | 336 |
| ePayment.49 - ALS Assessment Performed and Warranted | 337 |
| ePayment.50 - CMS Service Level | 338 |
| ePayment.51 - EMS Condition Code | 339 |
| ePayment.52 - CMS Transportation Indicator | 340 |
| ePayment.53 - Transport Authorization Code | 341 |
| ePayment.54 - Prior Authorization Code Payer | 342 |
| ePayment.55 - Supply Item Used Name | 343 |
| ePayment.56 - Number of Supply Item(s) Used | 344 |

eScene 345

| | |
|--|-----|
| eScene Grouping | 346 |
| eScene.01 - First EMS Unit on Scene | 347 |
| eScene.02 - Other EMS or Public Safety Agencies at Scene | 348 |
| eScene.03 - Other EMS or Public Safety Agency ID Number | 349 |
| eScene.04 - Type of Other Service at Scene | 350 |
| eScene.05 - Date/Time Initial Responder Arrived on Scene | 351 |
| eScene.06 - Number of Patients at Scene | 352 |
| eScene.07 - Mass Casualty Incident | 353 |
| eScene.08 - Triage Classification for MCI Patient | 354 |
| eScene.09 - Incident Location Type | 355 |
| eScene.10 - Incident Facility Code | 356 |
| eScene.11 - Scene GPS Location | 357 |
| eScene.12 - Scene US National Grid Coordinates | 358 |
| eScene.13 - Incident Facility or Location Name | 359 |
| eScene.14 - Mile Post or Major Roadway | 360 |
| eScene.15 - Incident Street Address | 361 |
| eScene.16 - Incident Apartment, Suite, or Room | 362 |
| eScene.17 - Incident City | 363 |
| eScene.18 - Incident State | 364 |
| eScene.19 - Incident ZIP Code | 365 |
| eScene.20 - Scene Cross Street or Directions | 366 |
| eScene.21 - Incident County | 367 |
| eScene.22 - Incident Country | 368 |
| eScene.23 - Incident Census Tract | 369 |

eSituation 370

| | |
|--|-----|
| eSituation Grouping | 371 |
| eSituation.01 - Date/Time of Symptom Onset/Last Normal | 372 |
| eSituation.02 - Possible Injury | 374 |
| eSituation.03 - Complaint Type | 375 |
| eSituation.04 - Complaint | 376 |
| eSituation.05 - Duration of Complaint | 377 |
| eSituation.06 - Time Units of Duration of Complaint | 378 |
| eSituation.07 - Chief Complaint Anatomic Location | 379 |
| eSituation.08 - Chief Complaint Organ System | 380 |
| eSituation.09 - Primary Symptom | 381 |
| eSituation.10 - Other Associated Symptoms | 382 |
| eSituation.11 - Provider's Primary Impression | 383 |

| | |
|--|-----|
| eSituation.12 - Provider's Secondary Impressions | 384 |
| eSituation.13 - Initial Patient Acuity | 385 |
| eSituation.14 - Work-Related Illness/Injury | 386 |
| eSituation.15 - Patient's Occupational Industry | 387 |
| eSituation.16 - Patient's Occupation | 388 |
| eSituation.17 - Patient Activity | 389 |

eInjury 390

| | |
|---|-----|
| eInjury Grouping | 391 |
| eInjury.01 - Cause of Injury | 393 |
| eInjury.02 - Mechanism of Injury | 394 |
| eInjury.03 - Trauma Center Criteria | 395 |
| eInjury.04 - Vehicular, Pedestrian, or Other Injury Risk Factor | 396 |
| eInjury.05 - Main Area of the Vehicle Impacted by the Collision | 397 |
| eInjury.06 - Location of Patient in Vehicle | 398 |
| eInjury.07 - Use of Occupant Safety Equipment | 399 |
| eInjury.08 - Airbag Deployment | 400 |
| eInjury.09 - Height of Fall (feet) | 401 |
| eInjury.10 - OSHA Personal Protective Equipment Used | 402 |
| eInjury.11 - ACN System/Company Providing ACN Data | 403 |
| eInjury.12 - ACN Incident ID | 404 |
| eInjury.13 - ACN Call Back Phone Number | 405 |
| eInjury.14 - Date/Time of ACN Incident | 406 |
| eInjury.15 - ACN Incident Location | 407 |
| eInjury.16 - ACN Incident Vehicle Body Type | 408 |
| eInjury.17 - ACN Incident Vehicle Manufacturer | 409 |
| eInjury.18 - ACN Incident Vehicle Make | 410 |
| eInjury.19 - ACN Incident Vehicle Model | 411 |
| eInjury.20 - ACN Incident Vehicle Model Year | 412 |
| eInjury.21 - ACN Incident Multiple Impacts | 413 |
| eInjury.22 - ACN Incident Delta Velocity | 414 |
| eInjury.23 - ACN High Probability of Injury | 415 |
| eInjury.24 - ACN Incident PDOF | 416 |
| eInjury.25 - ACN Incident Rollover | 417 |
| eInjury.26 - ACN Vehicle Seat Location | 418 |
| eInjury.27 - Seat Occupied | 419 |
| eInjury.28 - ACN Incident Seatbelt Use | 420 |
| eInjury.29 - ACN Incident Airbag Deployed | 421 |

eArrest 422

| | |
|---|-----|
| eArrest Grouping | 423 |
| eArrest.01 - Cardiac Arrest | 424 |
| eArrest.02 - Cardiac Arrest Etiology | 425 |
| eArrest.03 - Resuscitation Attempted By EMS | 426 |
| eArrest.04 - Arrest Witnessed By | 427 |
| eArrest.05 - CPR Care Provided Prior to EMS Arrival | 428 |
| eArrest.06 - Who Provided CPR Prior to EMS Arrival | 429 |
| eArrest.07 - AED Use Prior to EMS Arrival | 430 |
| eArrest.08 - Who Used AED Prior to EMS Arrival | 431 |
| eArrest.09 - Type of CPR Provided | 432 |

| | |
|---|-----|
| eArrest.10 - Therapeutic Hypothermia Initiated | 433 |
| eArrest.11 - First Monitored Arrest Rhythm of the Patient | 434 |
| eArrest.12 - Any Return of Spontaneous Circulation | 435 |
| eArrest.13 - Neurological Outcome at Hospital Discharge | 436 |
| eArrest.14 - Date/Time of Cardiac Arrest | 437 |
| eArrest.15 - Date/Time Resuscitation Discontinued | 438 |
| eArrest.16 - Reason CPR/Resuscitation Discontinued | 439 |
| eArrest.17 - Cardiac Rhythm on Arrival at Destination | 440 |
| eArrest.18 - End of EMS Cardiac Arrest Event | 442 |

eHistory 443

| | |
|---|-----|
| eHistory Grouping | 444 |
| eHistory.01 - Barriers to Patient Care | 445 |
| eHistory.02 - Last Name of Patient's Practitioner | 446 |
| eHistory.03 - First Name of Patient's Practitioner | 447 |
| eHistory.04 - Middle Name/Initial of Patient's Practitioner | 448 |
| eHistory.05 - Advance Directives | 449 |
| eHistory.06 - Medication Allergies | 450 |
| eHistory.07 - Environmental/Food Allergies | 451 |
| eHistory.08 - Medical/Surgical History | 452 |
| eHistory.09 - Medical History Obtained From | 453 |
| eHistory.10 - The Patient's Type of Immunization | 454 |
| eHistory.11 - Immunization Date | 455 |
| eHistory.12 - Current Medications | 456 |
| eHistory.13 - Current Medication Dose | 457 |
| eHistory.14 - Current Medication Dosage Unit | 458 |
| eHistory.15 - Current Medication Administration Route | 459 |
| eHistory.16 - Presence of Emergency Information Form | 460 |
| eHistory.17 - Alcohol/Drug Use Indicators | 461 |
| eHistory.18 - Pregnancy | 462 |
| eHistory.19 - Last Oral Intake | 463 |

eNarrative 464

| | |
|---|-----|
| eNarrative Grouping | 465 |
| eNarrative.01 - Patient Care Report Narrative | 466 |

eVitals 467

| | |
|---|-----|
| eVitals Grouping | 468 |
| eVitals.01 - Date/Time Vital Signs Taken | 470 |
| eVitals.02 - Obtained Prior to this Unit's EMS Care | 471 |
| eVitals.03 - Cardiac Rhythm / Electrocardiography (ECG) | 472 |
| eVitals.04 - ECG Type | 474 |
| eVitals.05 - Method of ECG Interpretation | 475 |
| eVitals.06 - SBP (Systolic Blood Pressure) | 476 |
| eVitals.07 - DBP (Diastolic Blood Pressure) | 477 |
| eVitals.08 - Method of Blood Pressure Measurement | 478 |
| eVitals.09 - Mean Arterial Pressure | 479 |
| eVitals.10 - Heart Rate | 480 |
| eVitals.11 - Method of Heart Rate Measurement | 481 |
| eVitals.12 - Pulse Oximetry | 482 |

| | |
|--|-----|
| eVitals.13 - Pulse Rhythm | 483 |
| eVitals.14 - Respiratory Rate | 484 |
| eVitals.15 - Respiratory Effort | 485 |
| eVitals.16 - Carbon Dioxide (CO ₂) | 486 |
| eVitals.17 - Carbon Monoxide (CO) | 487 |
| eVitals.18 - Blood Glucose Level | 488 |
| eVitals.19 - Glasgow Coma Score-Eye | 489 |
| eVitals.20 - Glasgow Coma Score-Verbal | 490 |
| eVitals.21 - Glasgow Coma Score-Motor | 491 |
| eVitals.22 - Glasgow Coma Score-Qualifier | 492 |
| eVitals.23 - Total Glasgow Coma Score | 493 |
| eVitals.24 - Temperature | 494 |
| eVitals.25 - Temperature Method | 495 |
| eVitals.26 - Level of Responsiveness (AVPU) | 496 |
| eVitals.27 - Pain Score | 497 |
| eVitals.28 - Pain Scale Type | 498 |
| eVitals.29 - Stroke Scale Score | 499 |
| eVitals.30 - Stroke Scale Type | 500 |
| eVitals.31 - Reperfusion Checklist | 501 |
| eVitals.32 - APGAR | 502 |
| eVitals.33 - Revised Trauma Score | 503 |

eLabs 504

| | |
|--|-----|
| eLabs Grouping | 505 |
| eLabs.01 - Date/Time of Laboratory or Imaging Result | 506 |
| eLabs.02 - Study/Result Prior to this Unit's EMS Care | 507 |
| eLabs.03 - Laboratory Result Type | 508 |
| eLabs.04 - Laboratory Result | 509 |
| eLabs.05 - Imaging Study Type | 510 |
| eLabs.06 - Imaging Study Results | 511 |
| eLabs.07 - Imaging Study File or Waveform Graphic Type | 512 |
| eLabs.08 - Imaging Study File or Waveform Graphic | 513 |

eExam 514

| | |
|---|-----|
| eExam Grouping | 515 |
| eExam.01 - Estimated Body Weight in Kilograms | 516 |
| eExam.02 - Length Based Tape Measure | 517 |
| eExam.03 - Date/Time of Assessment | 518 |
| eExam.04 - Skin Assessment | 519 |
| eExam.05 - Head Assessment | 520 |
| eExam.06 - Face Assessment | 521 |
| eExam.07 - Neck Assessment | 522 |
| eExam.08 - Chest/Lungs Assessment | 523 |
| eExam.09 - Heart Assessment | 525 |
| eExam.10 - Abdominal Assessment Finding Location | 526 |
| eExam.11 - Abdomen Assessment | 527 |
| eExam.12 - Pelvis/Genitourinary Assessment | 528 |
| eExam.13 - Back and Spine Assessment Finding Location | 529 |
| eExam.14 - Back and Spine Assessment | 530 |
| eExam.15 - Extremity Assessment Finding Location | 531 |

| | |
|--|-----|
| eExam.16 - Extremities Assessment | 532 |
| eExam.17 - Eye Assessment Finding Location | 533 |
| eExam.18 - Eye Assessment | 534 |
| eExam.19 - Mental Status Assessment | 535 |
| eExam.20 - Neurological Assessment | 536 |

eProtocols 537

| | |
|---------------------------------------|-----|
| eProtocols Grouping | 538 |
| eProtocols.01 - Protocols Used | 539 |
| eProtocols.02 - Protocol Age Category | 541 |

eMedications 542

| | |
|---|-----|
| eMedications Grouping | 543 |
| eMedications.01 - Date/Time Medication Administered | 544 |
| eMedications.02 - Medication Administered Prior to this Unit's EMS Care | 545 |
| eMedications.03 - Medication Given | 546 |
| eMedications.04 - Medication Administered Route | 547 |
| eMedications.05 - Medication Dosage | 548 |
| eMedications.06 - Medication Dosage Units | 549 |
| eMedications.07 - Response to Medication | 550 |
| eMedications.08 - Medication Complication | 551 |
| eMedications.09 - Medication Crew (Healthcare Professionals) ID | 552 |
| eMedications.10 - Role/Type of Person Administering Medication | 553 |
| eMedications.11 - Medication Authorization | 554 |
| eMedications.12 - Medication Authorizing Physician | 555 |

eProcedures 556

| | |
|--|-----|
| eProcedures Grouping | 557 |
| eProcedures.01 - Date/Time Procedure Performed | 558 |
| eProcedures.02 - Procedure Performed Prior to this Unit's EMS Care | 559 |
| eProcedures.03 - Procedure | 560 |
| eProcedures.04 - Size of Procedure Equipment | 561 |
| eProcedures.05 - Number of Procedure Attempts | 562 |
| eProcedures.06 - Procedure Successful | 563 |
| eProcedures.07 - Procedure Complication | 564 |
| eProcedures.08 - Response to Procedure | 565 |
| eProcedures.09 - Procedure Crew Members ID | 566 |
| eProcedures.10 - Role/Type of Person Performing the Procedure | 567 |
| eProcedures.11 - Procedure Authorization | 568 |
| eProcedures.12 - Procedure Authorizing Physician | 569 |
| eProcedures.13 - Vascular Access Location | 570 |

eAirway 571

| | |
|--|-----|
| eAirway Grouping | 572 |
| eAirway.01 - Indications for Invasive Airway | 573 |
| eAirway.02 - Date/Time Airway Device Placement Confirmation | 574 |
| eAirway.03 - Airway Device Being Confirmed | 575 |
| eAirway.04 - Airway Device Placement Confirmed Method | 576 |
| eAirway.05 - Tube Depth | 577 |
| eAirway.06 - Type of Individual Confirming Airway Device Placement | 578 |

| | |
|---|-----|
| eAirway.07 - Crew Member ID | 579 |
| eAirway.08 - Airway Complications Encountered | 580 |
| eAirway.09 - Suspected Reasons for Failed Airway Procedure | 581 |
| eAirway.10 - Date/Time Decision to Manage the Patient with an Invasive Airway | 582 |
| eAirway.11 - Date/Time Invasive Airway Placement Attempts Abandoned | 583 |

eDevice 584

| | |
|--|-----|
| eDevice Grouping | 585 |
| eDevice.01 - Medical Device Serial Number | 586 |
| eDevice.02 - Date/Time of Event (per Medical Device) | 587 |
| eDevice.03 - Medical Device Event Type | 588 |
| eDevice.04 - Medical Device Waveform Graphic Type | 589 |
| eDevice.05 - Medical Device Waveform Graphic | 590 |
| eDevice.06 - Medical Device Mode (Manual, AED, Pacing, CO2, O2, etc) | 591 |
| eDevice.07 - Medical Device ECG Lead | 592 |
| eDevice.08 - Medical Device ECG Interpretation | 593 |
| eDevice.09 - Type of Shock | 594 |
| eDevice.10 - Shock or Pacing Energy | 595 |
| eDevice.11 - Total Number of Shocks Delivered | 596 |
| eDevice.12 - Pacing Rate | 597 |

eDisposition 598

| | |
|---|-----|
| eDisposition Grouping | 599 |
| eDisposition.01 - Destination/Transferred To, Name | 600 |
| eDisposition.02 - Destination/Transferred To, Code | 601 |
| eDisposition.03 - Destination Street Address | 602 |
| eDisposition.04 - Destination City | 603 |
| eDisposition.05 - Destination State | 604 |
| eDisposition.06 - Destination County | 605 |
| eDisposition.07 - Destination ZIP Code | 606 |
| eDisposition.08 - Destination Country | 607 |
| eDisposition.09 - Destination GPS Location | 608 |
| eDisposition.10 - Disposition Location US National Grid Coordinates | 609 |
| eDisposition.11 - Number of Patients Transported in this EMS Unit | 610 |
| eDisposition.12 - Incident/Patient Disposition | 611 |
| eDisposition.13 - How Patient Was Moved to Ambulance | 612 |
| eDisposition.14 - Position of Patient During Transport | 613 |
| eDisposition.15 - How Patient Was Transported From Ambulance | 614 |
| eDisposition.16 - EMS Transport Method | 615 |
| eDisposition.17 - Transport Mode from Scene | 616 |
| eDisposition.18 - Additional Transport Mode Descriptors | 617 |
| eDisposition.19 - Condition of Patient at Destination | 618 |
| eDisposition.20 - Reason for Choosing Destination | 619 |
| eDisposition.21 - Type of Destination | 620 |
| eDisposition.22 - Hospital In-Patient Destination | 621 |
| eDisposition.23 - Hospital Designation | 622 |
| eDisposition.24 - Destination Team Pre-Arrival Activation | 623 |
| eDisposition.25 - Date/Time of Destination Prearrival Activation | 624 |
| eDisposition.26 - Disposition Instructions Provided | 625 |

eOutcome 626

| | |
|---|-----|
| eOutcome Grouping | 627 |
| eOutcome.01 - Emergency Department Disposition | 628 |
| eOutcome.02 - Hospital Disposition | 629 |
| eOutcome.03 - External Report ID/Number Type | 630 |
| eOutcome.04 - External Report ID/Number | 631 |
| eOutcome.05 - Other Report Registry Type | 632 |
| eOutcome.06 - Emergency Department Chief Complaint | 633 |
| eOutcome.07 - First ED Systolic Blood Pressure | 634 |
| eOutcome.08 - Emergency Department Recorded Cause of Injury | 635 |
| eOutcome.09 - Emergency Department Procedures | 636 |
| eOutcome.10 - Emergency Department Diagnosis | 637 |
| eOutcome.11 - Date/Time of Hospital Admission | 638 |
| eOutcome.12 - Hospital Procedures | 639 |
| eOutcome.13 - Hospital Diagnosis | 640 |
| eOutcome.14 - Total ICU Length of Stay | 641 |
| eOutcome.15 - Total Ventilator Days | 642 |
| eOutcome.16 - Date/Time of Hospital Discharge | 643 |
| eOutcome.17 - Outcome at Hospital Discharge | 644 |

eCustomResults 645

| | |
|---|-----|
| eCustomResults Grouping | 646 |
| eCustomResults.01 - Custom Data Element Result | 647 |
| eCustomResults.02 - Custom Element ID Referenced | 648 |
| eCustomResults.03 - CorrelationID of PatientCareReport Element or Group | 649 |

eOther 650

| | |
|--|-----|
| eOther Grouping | 651 |
| eOther.01 - Review Requested | 652 |
| eOther.02 - Potential System of Care/Specialty/Registry Patient | 653 |
| eOther.03 - Personal Protective Equipment Used | 654 |
| eOther.04 - EMS Professional (Crew Member) ID | 655 |
| eOther.05 - Suspected EMS Work Related Exposure, Injury, or Death | 656 |
| eOther.06 - The Type of Work-Related Injury, Death or Suspected Exposure | 657 |
| eOther.07 - Natural, Suspected, Intentional, or Unintentional Disaster | 658 |
| eOther.08 - Crew Member Completing this Report | 659 |
| eOther.09 - External Electronic Documents | 660 |
| eOther.10 - File Attachment Type | 661 |
| eOther.11 - File Attachment Image | 662 |
| eOther.12 - Type of Person Signing | 663 |
| eOther.13 - Signature Reason | 664 |
| eOther.14 - Type Of Patient Representative | 665 |
| eOther.15 - Signature Status | 666 |
| eOther.16 - Signature File Name | 667 |
| eOther.17 - Signature File Type | 668 |
| eOther.18 - Signature Graphic | 669 |
| eOther.19 - Date/Time of Signature | 670 |
| eOther.20 - Signature Last Name | 671 |
| eOther.21 - Signature First Name | 672 |

DEMDataSet

| | |
|--------|---|
| Legend | Dataset Level: N National S State |
| | Usage: M = Mandatory , R = Required , E = Recommended, or O = Optional |
| | Attributes: N = Not Values, P = Pertinent Negatives , L = Nillable, and/or C = Correlation ID |

| DEMDataSet | | |
|------------|-------|----------------------|
| 0 : 1 | | dState |
| 0 : 1 | | dCustomConfiguration |
| 1 : M | | DemographicReport |
| | 1 : 1 | dAgency |
| | 0 : 1 | dContact |
| | 1 : 1 | dConfiguration |
| | 0 : 1 | dLocation |
| | 0 : 1 | dVehicle |
| | 0 : 1 | dPersonnel |
| | 0 : 1 | dDevice |
| | 0 : 1 | dFacility |
| | 0 : 1 | dCustomResults |

| DEMDataSet | | |
|------------|--|--|
|------------|--|--|

EMSDataset

Legend

Dataset Level: N National S State

Usage: M = Mandatory , R = Required , E = Recommended, or O = Optional

Attributes: N = Not Values, P = Pertinent Negatives , L = Nillable, and/or C = Correlation ID

EMSDataset

| | | | | |
|-------|---|---|--|--|
| 0 : 1 | eState | | | |
| 1 : M | Header | | | |
| 1 : 1 | DemographicGroup | | | |
| 1 : 1 | dAgency.01 - EMS Agency Unique State ID | N | S | M |
| 1 : 1 | dAgency.02 - EMS Agency Number | N | S | M |
| 1 : 1 | dAgency.04 - EMS Agency State | N | S | M |
| 0 : 1 | eCustomConfiguration | | | |
| 1 : M | PatientCareReport | | | |
| 1 : 1 | eRecord | | | |
| 1 : 1 | eResponse | | | |
| 1 : 1 | eDispatch | | | |
| 0 : 1 | eCrew | | | |
| 1 : 1 | eTimes | | | |
| 1 : 1 | ePatient | | | |
| 1 : 1 | ePayment | | | |
| 1 : 1 | eScene | | | |
| 1 : 1 | eSituation | | | |
| 1 : 1 | eInjury | | | |
| 1 : 1 | eArrest | | | |
| 1 : 1 | eHistory | | | |
| 0 : 1 | eNarrative | | | |
| 1 : 1 | eVitals | | | |
| 0 : 1 | eLabs | | | |
| 0 : 1 | eExam | | | |
| 1 : 1 | eProtocols | | | |
| 1 : 1 | eMedications | | | |
| 1 : 1 | eProcedures | | | |
| 0 : 1 | eAirway | | | |
| 0 : 1 | eDevice | | | |
| 1 : 1 | eDisposition | | | |
| 1 : 1 | eOutcome | | | |
| 0 : 1 | eCustomResults | | | |
| 1 : 1 | eOther | | | |

dState

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, and/or C = Correlation ID

dState

0 : M
dState.01 - State Required Element
O

dState

dState.01 - State Required Element

Definition

Indicates which elements are required by the state.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

TIMESTAMP

Data Type: String **minInclusive:** 1950-01-01T00:00:00-00:00 **maxInclusive:** 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}

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 100 |

Data Element Comment

dCustomConfiguration

| | | | |
|--------|---|---|--|
| 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, and/or C = Correlation ID | | |

dCustomConfiguration

| | | |
|-------|--|---|
| 0 : M | dCustomConfiguration.CustomGroup | |
| 1 : 1 | dCustomConfiguration.01 - Custom Data Element Title | M |
| 1 : 1 | dCustomConfiguration.02 - Custom Definition | M |
| 1 : 1 | dCustomConfiguration.03 - Custom Data Type | M |
| 1 : 1 | dCustomConfiguration.04 - Custom Data Element Recurrence | M |
| 1 : 1 | dCustomConfiguration.05 - Custom Data Element Usage | M |
| 0 : M | dCustomConfiguration.06 - Custom Data Element Potential Values | O |
| 0 : M | dCustomConfiguration.07 - Custom Data Element Potential NOT Values (NV) | O |
| 0 : M | dCustomConfiguration.08 - Custom Data Element Potential Pertinent Negative Values (PN) | O |

dCustomConfiguration

dCustomConfiguration.01 - Custom Data Element Title**Definition**

This is the title of the custom data element created to collect information that is not defined formally in NEMSIS Version 3.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Attributes**nemsisElement**

Data Type: anySimpleType **whiteSpace:** preserve

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

This is grouped with all data elements in this section and can have multiple instances.

Version 3 Changes Implemented

Added to allow customized data elements to be inserted and collected from within the NEMSIS Version 3 standard.

dCustomConfiguration.02 - Custom Definition

Definition

The definition of the custom element and how it should be used.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 0 | 255 |

Data Element Comment

dCustomConfiguration.03 - Custom Data Type

Definition

The data type of the custom element.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Code List

| Code | Description |
|---------|--------------------|
| 9902001 | Binary |
| 9902003 | Date/Time |
| 9902005 | Integer/Number |
| 9902007 | Other (Not Listed) |
| 9902009 | Text/String |

Data Element Comment

dCustomConfiguration.04 - Custom Data Element Recurrence

Definition

Indication if the data element will accept multiple values.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Code List

Code Description

9923001 No
9923003 Yes

Data Element Comment

Version 3 Changes Implemented

Added to allow customized data elements to be inserted and collected from within the NEMSIS Version 3 standard.

dCustomConfiguration.05 - Custom Data Element Usage

Definition

The Usage (Mandatory, Required, Recommended, or Optional) for the Custom Data Element.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Code List

| Code | Description |
|---------|-------------|
| 9903001 | Mandatory |
| 9903003 | Required |
| 9903005 | Recommended |
| 9903007 | Optional |

Data Element Comment

Mandatory = Must be completed and will not accept null values
 Required = Must be completed but will accept null values
 Recommended = Not required but if collected will accept null values
 Optional = Not required but if collected, it cannot be a null value.

Version 3 Changes Implemented

Added to allow customized data elements to be inserted and collected from within the NEMSIS Version 3 standard.

dCustomConfiguration.06 - Custom Data Element Potential Values**Definition**

The values which are associated with the Custom Data Element. Values would be the choices provided to the user when they document the Custom Data Element

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes**nemsisCode**

Data Type: anySimpleType **whiteSpace:** preserve

customValueDescription

Data Type: anySimpleType **whiteSpace:** preserve

Constraints

| Data Type | minLength | maxLength |
|------------------|------------------|------------------|
| string | 1 | 100 |

Data Element Comment**Version 3 Changes Implemented**

Added to allow customized data elements to be inserted and collected from within the NEMSIS Version 3 standard.

dCustomConfiguration.07 - Custom Data Element Potential NOT Values (NV)

Definition

NOT Values (NV) associated with the custom element

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Code List

| Code | Description |
|---------|----------------|
| 7701001 | Not Applicable |
| 7701003 | Not Recorded |
| 7701005 | Not Reporting |

Data Element Comment

dCustomConfiguration.08 - Custom Data Element Potential Pertinent Negative Values (PN)

Definition

Pertinent Negative Values (PN) associated with the custom element

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Code List

| Code | Description |
|---------|--------------------------|
| 8801001 | Contraindication Noted |
| 8801003 | Denied By Order |
| 8801005 | Exam Finding Not Present |
| 8801007 | Medication Allergy |
| 8801009 | Medication Already Taken |
| 8801013 | No Known Drug Allergy |
| 8801015 | None Reported |
| 8801017 | Not Performed by EMS |
| 8801019 | Refused |
| 8801021 | Unresponsive |
| 8801023 | Unable to Complete |

Data Element Comment

dAgency

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, and/or C = Correlation ID

dAgency

| | | | | |
|-------|--|--|---|--|
| 1 : 1 | dAgency.01 - EMS Agency Unique State ID | N | S | M |
| 1 : 1 | dAgency.02 - EMS Agency Number | N | S | M |
| 0 : 1 | dAgency.03 - EMS Agency Name | S | E | N, L |
| 1 : 1 | dAgency.04 - EMS Agency State | N | S | M |
| 1 : M | dAgency.AgencyServiceGroup | | | C |
| 1 : 1 | dAgency.05 - EMS Agency Service Area States | N | S | M |
| 1 : M | dAgency.06 - EMS Agency Service Area County(ies) | N | S | M C |
| 1 : M | dAgency.07 - EMS Agency Census Tracts | N | S | R N, L C |
| 1 : M | dAgency.08 - EMS Agency Service Area ZIP Codes | N | S | R N, L C |
| 1 : 1 | dAgency.09 - Primary Type of Service | N | S | M |
| 0 : M | dAgency.10 - Other Types of Service | S | E | N, L C |
| 1 : 1 | dAgency.11 - Level of Service | N | S | M |
| 1 : 1 | dAgency.12 - Organization Status | N | S | M |
| 1 : 1 | dAgency.13 - Organizational Type | N | S | M |
| 1 : 1 | dAgency.14 - EMS Agency Organizational Tax Status | N | S | M |
| 1 : M | dAgency.AgencyYearGroup | | | C |
| 1 : 1 | dAgency.15 - Statistical Calendar Year | N | S | M |
| 1 : 1 | dAgency.16 - Total Primary Service Area Size | N | S | R N, L |
| 1 : 1 | dAgency.17 - Total Service Area Population | N | S | R N, L |
| 1 : 1 | dAgency.18 - 911 EMS Call Center Volume per Year | N | S | R N, L |
| 1 : 1 | dAgency.19 - EMS Dispatch Volume per Year | N | S | R N, L |
| 1 : 1 | dAgency.20 - EMS Patient Transport Volume per Year | N | S | R N, L |
| 1 : 1 | dAgency.21 - EMS Patient Contact Volume per Year | N | S | R N, L |
| 0 : 1 | dAgency.22 - EMS Billable Calls per Year | S | E | N, L |
| 0 : 1 | dAgency.23 - EMS Agency Time Zone | | O | |
| 0 : 1 | dAgency.24 - EMS Agency Daylight Savings Time Use | | O | |
| 1 : M | dAgency.25 - National Provider Identifier | N | S | R N, L C |
| 1 : M | dAgency.26 - Fire Department ID Number | N | S | R N, L C |

dAgency

State

National

dAgency.01 - EMS Agency Unique State ID

Definition

The unique ID assigned to the EMS Agency which is associated with all state licensure numbers and information.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

This may be the EMS Agency Name or a unique number assigned by the state EMS office. This is required to document multiple license types and numbers associated with the same EMS Agency.

State

National

dAgency.02 - EMS Agency Number

Definition

The state-assigned provider number of the responding agency

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | D01_01 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 15 |

Data Element Comment

This is the primary identifier for the entire Demographic Section. Each of the Demographic sections must be associated with an EMS Agency Number. An EMS Agency can have more than one Agency Number within a state. This reflects the ability for an EMS Agency to have a different number for each service type or location (based on state implementation). The EMS Agency Number in dAgency.02 can be used to auto-populate eResponse.01 EMS Agency Number in the EMS Event section.

State

dAgency.03 - EMS Agency Name

Definition

The formal name of the agency.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D01_02 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

State

National

dAgency.04 - EMS Agency State

Definition

The state/territory which assigned the EMS agency number.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | D01_03 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

| Data Type | length |
|-----------|--------|
| string | 2 |

Data Element Comment

This has been clarified to reflect that it is the state in which the EMS Agency resides and the state associated with the EMS Agency number.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

State

National

dAgency.05 - EMS Agency Service Area States

Definition

The states in which the EMS Agency provides services including the state associated with the EMS Agency Number.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 2 |

Data Element Comment

Element added to document all of the states in which the EMS agency provides services. Each state listed is associated with the counties, census tracts, and ZIP codes within the EMS Agency Service Area for each state.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

State

National

dAgency.06 - EMS Agency Service Area County(ies)

Definition

The county(ies) within each state for which the agency formally provides service.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | D01_04 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

CorrelationID

Data Type: string **minLength:** 0 **maxLength:** 255

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 5 |

Data Element Comment

Each state listed is associated with the counties, census tracts, and ZIP codes within the EMS Agency Service Area for each state. County codes are based on ISO/ANSI codes. It is a 5-digit code based on state (2-digit) and county (3-digit).

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

State

National

dAgency.07 - EMS Agency Census Tracts

Definition

The US census tracts in which the EMS agency formally provides service.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Constraints

Pattern

[0-9]{11}

Data Element Comment

This data element was added to better document the service area of the EMS Agency. Each state listed is associated with the counties, census tracts, and ZIP codes within the EMS Agency Service Area for each state.

The format of the census tract number must be an 11-digit number, based upon the 2010 census, using the pattern:
2-digit State Code 3-digit County Code 6-digit Census Tract Number (no decimal)

Example: NEMSIS TAC office (UT, Salt Lake County, Census Tract - located at 295 Chipeta Way, Salt Lake City, UT)
49035101400

Census Tract Data Website (files and descriptions): http://www.census.gov/geo/www/2010census/tract_rel/tract_rel.html

State

National

dAgency.08 - EMS Agency Service Area ZIP Codes

Definition

The ZIP codes for the EMS Agency's service area.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Constraints

Pattern

[0-9]{5}||[0-9]{5}-[0-9]{4}||[0-9]{5}-[0-9]{5}||[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Data Element Comment

This data element was added to better document the service area of the EMS Agency. Each state listed is associated with the counties, census tracts, and ZIP codes within the EMS Agency Service Area for each state.

Zip Codes Product Website: <https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/>

Product: USA - 5-digit ZIP Code Database, Commercial Edition

State

National

dAgency.09 - Primary Type of Service

Definition

The primary service type provided by the agency.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | D01_05 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|--|
| 9920001 | 911 Response (Scene) with Transport Capability |
| 9920003 | 911 Response (Scene) without Transport Capability |
| 9920005 | Air Medical |
| 9920007 | ALS Intercept |
| 9920011 | Hazmat |
| 9920013 | Medical Transport (Convalescent, Interfacility Transfer Hospital and Nursing Home) |
| 9920015 | Rescue |
| 9920017 | Community Paramedicine |
| 9920019 | Critical Care (Ground) |

Data Element Comment

The Primary Type of Service is associated with each of the EMS Agency Numbers.

dAgency.10 - Other Types of Service

Definition

The other service type(s) which are provided by the agency.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D01_06 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|--|
| 9920001 | 911 Response (Scene) with Transport Capability |
| 9920003 | 911 Response (Scene) without Transport Capability |
| 9920005 | Air Medical |
| 9920007 | ALS Intercept |
| 9920011 | Hazmat |
| 9920013 | Medical Transport (Convalescent, Interfacility Transfer Hospital and Nursing Home) |
| 9920015 | Rescue |
| 9920017 | Community Paramedicine |
| 9920019 | Critical Care (Ground) |

Data Element Comment

If no other services are provided beyond the Primary Service Type, Not Applicable should be used. This should include all of the types of services not listed in (dAgency.09) Primary Type of Service.

State

National

dAgency.11 - Level of Service

Definition

The level of service which the agency provides EMS care for every request for service (the minimum certification level). This may be the license level granted by the state EMS office.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | D01_07 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|---|
| 9917001 | 2009 Advanced Emergency Medical Technician (AEMT) |
| 9917003 | 2009 Emergency Medical Responder (EMR) |
| 9917005 | 2009 Emergency Medical Technician |
| 9917007 | 2009 Paramedic |
| 9917009 | First Responder |
| 9917011 | EMT-Basic |
| 9917013 | EMT-Intermediate |
| 9917015 | EMT-Paramedic |
| 9917017 | Nurse |
| 9917019 | Physician |
| 9917021 | Critical Care Paramedic |
| 9917023 | Community Paramedicine |

Data Element Comment

The Level of Service is associated with the specific EMS Agency Number (dAgency.02) for the EMS Agency. For example a BLS licensed ambulance service (EMT-Basic) with EMT-Intermediate or EMT-Paramedic on staff, the appropriate level of service is "EMT-Basic". This is because the care provided to patients is limited to BLS skills.

The category EMT-Intermediate includes EMS professionals with an "85" or "99" certification level.

State

National

dAgency.12 - Organization Status

Definition

The primary organizational status of the agency. The definition of Volunteer or Non-Volunteer is based on state or local definitions.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | D01_09 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|---------------|
| 1016001 | Mixed |
| 1016003 | Non-Volunteer |
| 1016005 | Volunteer |

Data Element Comment

The Organizational Status is associated with the EMS Agency and the specific EMS Agency Number (dAgency.02).

State

National

dAgency.13 - Organizational Type

Definition

The organizational structure from which EMS services are delivered (fire, hospital, county, etc.)

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | D01_08 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|------------------------|
| 9912001 | Fire Department |
| 9912003 | Governmental, Non-Fire |
| 9912005 | Hospital |
| 9912007 | Private, Nonhospital |
| 9912009 | Tribal |

Data Element Comment

Organizational Type is associated with the EMS Agency and the specific EMS Agency Number (dAgency.02).

State

National

dAgency.14 - EMS Agency Organizational Tax Status

Definition

The EMS Agencies business/corporate organizational tax status

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|------------------------|
| 1018001 | For Profit |
| 1018003 | Other (ex: Government) |
| 1018005 | Not For Profit |

Data Element Comment

Associated with the EMS Agency for the specific EMS Agency Number (dAgency.02).

State

National

dAgency.15 - Statistical Calendar Year

Definition

The calendar year to which the information pertains for the EMS Agency and the specific EMS Agency Number (dAgency.02).

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | D01_10 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| integer | 1900 | 2050 |

Data Element Comment

Added Calendar Year to the definition to remove confusion noted in draft comments. Will allow multiple entry to allow data to be stored on several years. This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02) and elements dAgency.16 through dAgency.22

State

National

dAgency.16 - Total Primary Service Area Size

Definition

The total square miles in the agency's service area.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D01_12 | 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

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| positiveInteger | 1 | 4,000,000 |

Data Element Comment

This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02). A value should be associated with each with (dAgency.15) Statistical Calendar Year

State

National

dAgency.17 - Total Service Area Population

Definition

The total population in the agency's service area based if possible on year 2010 census data.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D01_13 | 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

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| positiveInteger | 1 | 4,000,000 |

Data Element Comment

This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02). A value should be associated with each with (dAgency.15) Statistical Calendar Year.

State

National

dAgency.18 - 911 EMS Call Center Volume per Year

Definition

The number of 911 calls received by the call center during the last calendar year

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D01_14 | 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

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------------|--------------|--------------|
| positiveInteger | 1 | 4,000,000 |

Data Element Comment

This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02). A value should be associated with each with (dAgency.15) Statistical Calendar Year.

Version 3 Changes Implemented

Name Clarified with "Call Center"

State

National

dAgency.19 - EMS Dispatch Volume per Year

Definition

The number of EMS dispatches during the last calendar year

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D01_15 | 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

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| positiveInteger | 1 | 4,000,000 |

Data Element Comment

This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02). A value should be associated with each with (dAgency.15) Statistical Calendar Year.

State

National

dAgency.20 - EMS Patient Transport Volume per Year

Definition

The number of EMS transports per year based on last calendar year.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D01_16 | 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

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------------|--------------|--------------|
| positiveInteger | 1 | 4,000,000 |

Data Element Comment

This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02). A value should be associated with each with (dAgency.15) Statistical Calendar Year.

State

National

dAgency.21 - EMS Patient Contact Volume per Year

Definition

The number of EMS patient contacts per year based on last calendar year.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D01_17 | 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

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------------|--------------|--------------|
| positiveInteger | 1 | 4,000,000 |

Data Element Comment

This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02). A value should be associated with each with (dAgency.15) Statistical Calendar Year.

dAgency.22 - EMS Billable Calls per Year

Definition

The number of EMS patient encounters which are billable based on the last calendar year.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D01_18 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------------|--------------|--------------|
| positiveInteger | 1 | 4,000,000 |

Data Element Comment

This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02). A value should be associated with each with (dAgency.15) Statistical Calendar Year.

dAgency.23 - EMS Agency Time Zone

Definition

The time zone for the EMS Agency.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D01_19 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|--------------------------------|
| 1027001 | All other time zones |
| 1027003 | GMT-04:00 Atlantic Time |
| 1027005 | GMT-05:00 Eastern Time |
| 1027007 | GMT-06:00 Central Time |
| 1027009 | GMT-07:00 Mountain Time |
| 1027011 | GMT-08:00 Pacific Time |
| 1027013 | GMT-09:00 Alaska |
| 1027015 | GMT-10:00 Hawaii |
| 1027017 | GMT-11:00 Midway Island, Samoa |

Data Element Comment

Associated with each of the EMS Agency Number (dAgency.02). If more than one Time Zone is located within the EMS Agency service area, please chose the time zone covering the greatest volume of EMS events.

dAgency.24 - EMS Agency Daylight Savings Time Use**Definition**

Indicate if the EMS Agency conforms to Daylight Savings Time.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D01_20 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List**Code Description**

9923001 No
9923003 Yes

Data Element Comment

Associated with each of the EMS Agency Number (dAgency.02). If the EMS Agency service area contains areas with variations in Daylight Savings Time implementation, choose the response which best represents the majority of the EMS events.

State

National

dAgency.25 - National Provider Identifier

Definition

The National Provider Identifier associated with National Provider System (NPS) and used in all standard HIPPA transactions such as electronic claim filing.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D01_21 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 10 |

Data Element Comment

State

National

dAgency.26 - Fire Department ID Number

Definition

The state assigned Fire Department ID Number for EMS Agency(ies) operating within a Fire Department.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 20 |

Data Element Comment

Fire Department ID was added to better integrate Fire Department EMS Agencies and linkage to other EMS related data systems such as NFIRS.

Version 3 Changes Implemented

Added to better associate Fire and EMS licensure and operational identifiers.

dContact

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, and/or C = Correlation ID

dContact

| | | | | |
|-------|--|---|---|---------|
| 0 : M | dContact.ContactInfoGroup | | | C |
| 0 : 1 | dContact.01 - Agency Contact Type | S | E | N, L |
| 0 : 1 | dContact.02 - Agency Contact Last Name | S | E | N, L |
| 0 : 1 | dContact.03 - Agency Contact First Name | S | E | N, L |
| 0 : 1 | dContact.04 - Agency Contact Middle Name/Initial | O | | |
| 0 : 1 | dContact.05 - Agency Contact Address | S | E | N, L |
| 0 : 1 | dContact.06 - Agency Contact City | S | E | N, L |
| 0 : 1 | dContact.07 - Agency Contact State | S | E | N, L |
| 0 : 1 | dContact.08 - Agency Contact ZIP Code | S | E | N, L |
| 0 : 1 | dContact.09 - Agency Contact Country | O | | |
| 0 : M | dContact.10 - Agency Contact Phone Number | S | E | N, L, C |
| 0 : M | dContact.11 - Agency Contact Email Address | S | E | N, L, C |
| 0 : 1 | dContact.12 - EMS Agency Contact Web Address | S | E | N, L |
| 0 : 1 | dContact.EMSMedicalDirectorGroup | | | |
| 0 : 1 | dContact.13 - Agency Medical Director Degree | S | E | N, L |
| 0 : M | dContact.14 - Agency Medical Director Board Certification Type | S | E | N, L, C |
| 0 : 1 | dContact.15 - Medical Director Compensation | O | | |
| 0 : 1 | dContact.16 - EMS Medical Director Fellowship Trained Status | O | | |

dContact

dContact.01 - Agency Contact Type

Definition

The contact type within the EMS agency.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|---|
| 1101001 | Administrative Assistant |
| 1101003 | EMS Agency Director/Chief/Lead Administrator/CEO |
| 1101005 | EMS Assistant Agency Director/Chief/Administrator/CEO |
| 1101007 | EMS Assistant Medical Director |
| 1101009 | EMS IT/Data Specialist |
| 1101011 | EMS Medical Director |
| 1101013 | EMS Quality/Performance Improvement Specialist |
| 1101015 | EMS Training/Education Specialist |
| 1101017 | Other (Not Listed) |

Data Element Comment

State

dContact.02 - Agency Contact Last Name

Definition

The Last Name of the agency's primary contact.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D02_01 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

State

dContact.03 - Agency Contact First Name

Definition

The first name of the agency's primary contact.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D02_03 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

dContact.04 - Agency Contact Middle Name/Initial

Definition

The middle name or initial of the agency's primary contact.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D02_02 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

dContact.05 - Agency Contact Address

Definition

The street address of the agency contact's mailing address.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D02_04 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

StreetAddress2**Data Type:** string**minLength:** 1**maxLength:** 55

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 55 |

Data Element Comment

The address for the director/chief/lead administrator/CEO/ should be the main address for the EMS agency.

dContact.06 - Agency Contact City

Definition

The city of the Agency contact's mailing address.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D02_05 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Data Element Comment

The address for the director/chief/lead administrator/CEO/ should be the main address for the EMS agency.

Based on GNIS Civil Code or Populated Place code.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

dContact.07 - Agency Contact State

Definition

The state of the Agency contact's mailing address.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D02_06 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | length |
|-----------|--------|
| string | 2 |

Data Element Comment

The address for the director/chief/lead administrator/CEO/ should be the main address for the EMS agency. Based on the state ANSI Code. For individuals living outside the USA full address to be entered in the address line.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

dContact.08 - Agency Contact ZIP Code

Definition

The ZIP code of the Agency's contact's mailing address.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D02_07 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

Pattern

[0-9]{5}||[0-9]{5}-[0-9]{4}||[0-9]{5}-[0-9]{5}||[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Data Element Comment

The address for the director/chief/lead administrator/CEO/ should be the main address for the EMS agency.

Zip Codes Product Website: <https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/>
 Product: USA - 5-digit ZIP Code Database, Commercial Edition.

dContact.09 - Agency Contact Country**Definition**

The Country code of the Agency's contact's mailing address.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|------|---------------|
| CA | Canada |
| MX | Mexico |
| US | United States |

Data Element Comment

The International Organization for Standardization (ISO) ISO 3166-1-alpha-2 code element for the country. The address for the director/chief/lead administrator/CEO/ should be the main address for the EMS agency. For individuals living outside the USA full address to be entered in the address line.

ANSI Country Codes (ISO 3166): http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

dContact.10 - Agency Contact Phone Number

Definition

Agency contact phone number.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D02_08 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255**PhoneNumberType**

9913001 - Fax

9913003 - Home

9913005 - Mobile

9913007 - Pager

9913009 - Work

Constraints

Pattern

[2-9][0-9][0-9]-[2-9][0-9][0-9][0-9][0-9][0-9][0-9]

Data Element Comment

dContact.11 - Agency Contact Email Address

Definition

The primary email address of the Agency contact.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D02_10 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255**EmailAddressType**

9904001 - Personal

9904003 - Work

Constraints

| Data Type | minLength | maxLength |
|----------------|-----------|-----------|
| string | 3 | 100 |
| Pattern | | |
| .+@.+ | | |

Data Element Comment

The address for the director/chief/lead administrator/CEO/ should be the main address for the EMS agency.

State

dContact.12 - EMS Agency Contact Web Address

Definition

The primary website address of the agency.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D02_11 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 3 | 255 |

Data Element Comment

The address for the director/chief/lead administrator/CEO/ should be the main address for the EMS agency. Web Address is not required for other contact types.

dContact.13 - Agency Medical Director Degree

Definition

The medical school degree type of the EMS Medical Director.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|----------------------|
| 1113001 | Doctor of Medicine |
| 1113003 | Doctor of Osteopathy |

Data Element Comment

The Medical Director Information has been merged into Section dContact. This data element is now associated with the Medical Director and Assistant Medical Director Contacts in Section dContact.

dContact.14 - Agency Medical Director Board Certification Type

Definition

Documentation of the type of board certification of the EMS Agency Medical Director.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|--------------------------------------|
| 1114001 | Allergy and Immunology |
| 1114003 | Anesthesiology |
| 1114005 | Colon and Rectal Surgery |
| 1114007 | Dermatology |
| 1114009 | Emergency Medicine |
| 1114011 | Family Medicine |
| 1114013 | Internal Medicine |
| 1114015 | Neurological Surgery |
| 1114017 | Neurology |
| 1114019 | None (Not Board Certified) |
| 1114021 | Obstetrics and Gynecology |
| 1114023 | Ophthalmology |
| 1114025 | Orthopedic Surgery |
| 1114027 | Otolaryngology |
| 1114029 | Pediatrics |
| 1114031 | Physical Medicine and Rehabilitation |
| 1114033 | Plastic Surgery |
| 1114035 | Psychiatry |
| 1114037 | Surgery |
| 1114039 | Thoracic Surgery |
| 1114041 | Urology |
| 1114043 | Vascular Surgery |

Data Element Comment

This is based on the American Board of Medical Specialties List of Certifications. The Medical Director Information from Section D02 of NEMSIS Version 2.2.1 has been merged into Version 3 Section dContact.

dContact.15 - Medical Director Compensation**Definition**

Indication of Medical Director's Compensation.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-----------------|
| 1115001 | Compensated |
| 1115003 | Non-Compensated |

Data Element Comment

Associated with EMS Medical Directors only.

dContact.16 - EMS Medical Director Fellowship Trained Status**Definition**

Indication if the EMS Medical Director is Fellowship trained.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-------------|
| 9923001 | No |
| 9923003 | Yes |

Data Element Comment

dConfiguration

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, and/or C = Correlation ID

dConfiguration

| 1 : M | | dConfiguration.ConfigurationGroup | C |
|-------|--|-----------------------------------|---|
| 1 : 1 | dConfiguration.01 - State Associated with the Certification/Licensure Levels | N S M | |
| 1 : M | dConfiguration.02 - State Certification Licensure Levels | N S M C | |
| 1 : M | dConfiguration.03 - Procedures Permitted by the State | N S R N, L C | |
| 1 : M | dConfiguration.04 - Medications Permitted by the State | N S R N, L C | |
| 1 : M | dConfiguration.05 - Protocols Permitted by the State | N S R N, L C | |
| 1 : M | dConfiguration.ProcedureGroup | | C |
| 1 : 1 | dConfiguration.06 - EMS Certification Levels Permitted to Perform Each Procedure | N S M | |
| 1 : M | dConfiguration.07 - EMS Agency Procedures | N S M C | |
| 1 : M | dConfiguration.MedicationGroup | | C |
| 1 : 1 | dConfiguration.08 - EMS Certification Level Permitted to Administer Each Medication | N S M | |
| 1 : M | dConfiguration.09 - EMS Agency Medications | N S M C | |
| 1 : M | dConfiguration.10 - EMS Agency Protocols | N S M C | |
| 1 : M | dConfiguration.11 - EMS Agency Specialty Service Capability | N S M C | |
| 0 : 1 | dConfiguration.12 - Billing Status | O | |
| 1 : 1 | dConfiguration.13 - Emergency Medical Dispatch (EMD) Provided to EMS Agency Service Area | N S M | |
| 0 : M | dConfiguration.14 - EMD Vendor | S E N, L C | |
| 1 : M | dConfiguration.15 - Patient Monitoring Capability(ies) | N S M C | |
| 1 : M | dConfiguration.16 - Crew Call Sign | N S M C | |
| 0 : M | dConfiguration.17 - Dispatch Center (CAD) Name or ID | O C | |

dConfiguration

State

National

dConfiguration.01 - State Associated with the Certification/Licensure Levels

Definition

The state associated with the state certification/licensure levels.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 2 |

Data Element Comment

Associated with the state (dAgency.01 - EMS Agency State).

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

The state EMS system does not need to import this information into their database. Reference the Demographic Dataset Submission Guide for further details.

State

National

dConfiguration.02 - State Certification Licensure Levels

Definition

All of the potential levels of certification/licensure for EMS personnel recognized by the state.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | D04_01 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|---|
| 9911001 | 2009 Advanced Emergency Medical Technician (AEMT) |
| 9911003 | 2009 Emergency Medical Responder (EMR) |
| 9911005 | 2009 Emergency Medical Technician |
| 9911007 | 2009 Paramedic |
| 9911009 | EMT-Basic |
| 9911011 | EMT-Intermediate |
| 9911013 | EMT-Paramedic |
| 9911015 | First Responder |
| 9911017 | Nurse |
| 9911019 | Other |
| 9911021 | Physician |
| 9911023 | Critical Care Paramedic |
| 9911025 | Community Paramedicine |

Data Element Comment

The new 2009 Education Levels have been added. The category EMT-Intermediate includes EMS professionals with an "85" or "99" certification level.

The state EMS system does not need to import this information into their database. Reference the Demographic Dataset Submission Guide for further details.

State

National

dConfiguration.03 - Procedures Permitted by the State

Definition

A list of all of the procedures permitted by the EMS Agency's licensing state.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Constraints

| Data Type | maxInclusive | minInclusive |
|-----------|--------------|--------------|
| integer | 1000000000 | 100000 |

Data Element Comment

This data element should capture all of the procedures permitted by the state for any/all levels of EMS personnel in the state. This is associated with the EMS Agency State (dAgency.01). This is related to the EMS Agency's procedures (dConfiguration.07) which have been implemented within the EMS System.

State EMS systems which have regulatory authority to determine the procedures statewide may identify SNOMEDCT procedure codes based on medical direction and their own need.

Code list is represented in SNOMEDCT: Reference the NEMSIS Suggested Lists at: <http://nemsis.org/v3/resources.html>

SNOMEDCT

Website: http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html

Product: Product - UMLS Metathesaurus

The EMS agency should submit "Not Applicable" and "Nil" to the state system for the demographic export. The state EMS system does not need to import this information into their database. It is the responsibility of the state to submit this element to the national EMS database (NEMSIS). Reference the Demographic Dataset Submission Guide for further details.

State

National

dConfiguration.04 - Medications Permitted by the State

Definition

A list of all of the medications permitted by the state to be used by each EMS state certification/licensure level.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 7 |

Data Element Comment

This data element should capture all of the medications permitted by the state for any/all levels of EMS personnel in the state. This should be stored as an RxNorm (RXCUI) Code. This is associated with the EMS Agency State (dAgency.01).

The EMS agency should submit "Not Applicable" and "Nil" to the state system for the demographic export. The state EMS system does not need to import this information into their database. It is the responsibility of the state to submit this element to the national EMS database (NEMSIS). Reference the Demographic Dataset Submission Guide for further details.

Version 3 Changes Implemented

State EMS systems which have regulatory authority to identify medications to be administered within the state may identify specific RxNorm codes based on medical direction and their own need.

List of medications based on RxNorm (RXCUI) code.

Reference the NEMSIS Suggested Lists at: <http://nemsis.org/v3/resources.html>

RxNorm

Website - <http://uts.nlm.nih.gov>

Product - UMLS Metathesaurus

Website - <http://www.nlm.nih.gov/research/umls/rxnorm/docs/rxnormfiles.html>

Product - RxNorm Full Monthly Release

State

National

dConfiguration.05 - Protocols Permitted by the State

Definition

A list of all of the protocols permitted by the state.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|--|
| 9914001 | Airway |
| 9914003 | Airway-Failed |
| 9914005 | Airway-Obstruction/Foreign Body |
| 9914007 | Airway-Rapid Sequence Induction (RSI-Paralytic) |
| 9914009 | Airway-Sedation Assisted (Non-Paralytic) |
| 9914011 | Cardiac Arrest-Asystole |
| 9914013 | Cardiac Arrest-Hypothermia-Therapeutic |
| 9914015 | Cardiac Arrest-Pulseless Electrical Activity |
| 9914017 | Cardiac Arrest-Ventricular Fibrillation/ Pulseless Ventricular Tachycardia |
| 9914019 | Cardiac Arrest-Post Resuscitation Care |
| 9914021 | Environmental-Altitude Sickness |
| 9914023 | Environmental-Cold Exposure |
| 9914025 | Environmental-Frostbite/Cold Injury |
| 9914027 | Environmental-Heat Exposure/Exhaustion |
| 9914029 | Environmental-Heat Stroke/Hyperthermia |
| 9914031 | Environmental-Hypothermia |
| 9914033 | Exposure-Airway/Inhalation Irritants |
| 9914035 | Exposure-Biological/Infectious |
| 9914037 | Exposure-Blistering Agents |
| 9914039 | Exposure-Carbon Monoxide/Smoke Inhalation |
| 9914041 | Exposure-Chemicals to Eye |
| 9914043 | Exposure-Cyanide |
| 9914045 | Exposure-Explosive/ Blast Injury |
| 9914047 | Exposure-Nerve Agents |
| 9914049 | Exposure-Radiologic Agents |
| 9914051 | General-Back Pain |
| 9914053 | General-Behavioral/Patient Restraint |
| 9914055 | General-Cardiac Arrest |
| 9914057 | General-Dental Problems |
| 9914059 | General-Epistaxis |
| 9914061 | General-Fever |
| 9914063 | General-Individualized Patient Protocol |
| 9914065 | General-Indwelling Medical Devices/Equipment |
| 9914067 | General-IV Access |
| 9914069 | General-Medical Device Malfunction |
| 9914071 | General-Pain Control |
| 9914073 | General-Spinal Immobilization/Clearance |
| 9914075 | General-Universal Patient Care/ Initial Patient Contact |
| 9914077 | Injury-Amputation |

9914079 Injury-Bites and Envenomations-Land
 9914081 Injury-Bites and Envenomations-Marine
 9914083 Injury-Bleeding/ Hemorrhage Control
 9914085 Injury-Burns-Thermal
 9914087 Injury-Cardiac Arrest
 9914089 Injury-Crush Syndrome
 9914091 Injury-Diving Emergencies
 9914093 Injury-Drowning/Near Drowning
 9914095 Injury-Electrical Injuries
 9914097 Injury-Extremity
 9914099 Injury-Eye
 9914101 Injury-Head
 9914103 Injury-Impaled Object
 9914105 Injury-Multisystem
 9914107 Injury-Spinal Cord
 9914109 Medical-Abdominal Pain
 9914111 Medical-Allergic Reaction/Anaphylaxis
 9914113 Medical-Altered Mental Status
 9914115 Medical-Bradycardia
 9914117 Medical-Cardiac Chest Pain
 9914119 Medical-Diarrhea
 9914121 Medical-Hyperglycemia
 9914123 Medical-Hypertension
 9914125 Medical-Hypoglycemia/Diabetic Emergency
 9914127 Medical-Hypotension/Shock (Non-Trauma)
 9914129 Medical-Influenza-Like Illness/ Upper Respiratory Infection
 9914131 Medical-Nausea/Vomiting
 9914133 Medical-Newborn/ Neonatal Resuscitation
 9914135 Medical-Overdose/Poisoning/Toxic Ingestion
 9914137 Medical-Pulmonary Edema/CHF
 9914139 Medical-Respiratory Distress/Asthma/COPD/Croup/Reactive Airway
 9914141 Medical-Seizure
 9914143 Medical-ST-Elevation Myocardial Infarction (STEMI)
 9914145 Medical-Stroke/TIA
 9914147 Medical-Supraventricular Tachycardia (Including Atrial Fibrillation)
 9914149 Medical-Syncope
 9914151 Medical-Ventricular Tachycardia (With Pulse)
 9914153 Not Done
 9914155 OB/GYN-Childbirth/Labor/Delivery
 9914157 OB/GYN-Eclampsia
 9914159 OB/GYN-Gynecologic Emergencies
 9914161 OB/GYN-Pregnancy Related Emergencies
 9914163 OB/GYN-Post-partum Hemorrhage
 9914165 Other

Data Element Comment

This data element should capture all of the protocols permitted by the state for any/all levels of EMS personnel in the state. This is associated with the EMS Agency State (dAgency.01).

States can add additional protocols to the list but the additional state protocols must map to these uniform codes.

The list is defined by the NASEMSO State Medical Directors.

The EMS agency should submit "Not Applicable" and "Nil" to the state system for the demographic export. The state EMS system does not need to import this information into their database. It is the responsibility of the state to submit this element to the national EMS database (NEMSIS). Reference the Demographic Dataset Submission Guide for further details.

Version 3 Changes Implemented

Added to better identify states with statewide protocols and define state EMS capability and care.

State

National

dConfiguration.06 - EMS Certification Levels Permitted to Perform Each Procedure

Definition

EMS certification levels which are permitted to perform the procedure listed in dConfiguration.07.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | D04_05 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|---|
| 9917001 | 2009 Advanced Emergency Medical Technician (AEMT) |
| 9917003 | 2009 Emergency Medical Responder (EMR) |
| 9917005 | 2009 Emergency Medical Technician |
| 9917007 | 2009 Paramedic |
| 9917009 | First Responder |
| 9917011 | EMT-Basic |
| 9917013 | EMT-Intermediate |
| 9917015 | EMT-Paramedic |
| 9917017 | Nurse |
| 9917019 | Physician |
| 9917021 | Critical Care Paramedic |
| 9917023 | Community Paramedicine |

Data Element Comment

Using each certification level within the agency, indicate the approved procedures allowed utilizing dConfiguration.07 (EMS Agency Procedures).

The category EMT-Intermediate includes EMS professionals with an "85" or "99" certification level.

State

National

dConfiguration.07 - EMS Agency Procedures

Definition

A list of all procedures that the agency has implemented and available for use by any/all EMS certification levels.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | D04_04 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

CorrelationID

Data Type: string **minLength:** 0 **maxLength:** 255

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | maxInclusive | minInclusive |
| integer | 1000000000 | 100000 |

Data Element Comment

This is associated with the EMS Agency Number (dAgency.02) since each EMS Agency Number may have different capabilities. Each procedure is associated with the EMS professional certification levels permitted to perform the procedure.

EMS Agencies may identify additional SNOMEDCT procedure codes based on medical direction and their own need. If an agency resides in a state with statewide approved procedures, they should be listed/implemented here.

Code list is represented in SNOMEDCT: Reference the NEMSIS Suggested Lists at: <http://nemsis.org/v3/resources.html>

SNOMEDCT

Website: http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html

Product: Product - UMLS Metathesaurus

The EMS agency should submit "Not Applicable" and "Nil" to the state system for the demographic export. The state EMS system does not need to import this information into their database. It is the responsibility of the state to submit this element to the national EMS database (NEMSIS). Reference the Demographic Dataset Submission Guide for further details.

State

National

dConfiguration.08 - EMS Certification Level Permitted to Administer Each Medication

Definition

All EMS certification levels which are permitted to administer the medications listed in dConfiguration.09 (EMS Agency Medications).

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | D04_07 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|---|
| 9917001 | 2009 Advanced Emergency Medical Technician (AEMT) |
| 9917003 | 2009 Emergency Medical Responder (EMR) |
| 9917005 | 2009 Emergency Medical Technician |
| 9917007 | 2009 Paramedic |
| 9917009 | First Responder |
| 9917011 | EMT-Basic |
| 9917013 | EMT-Intermediate |
| 9917015 | EMT-Paramedic |
| 9917017 | Nurse |
| 9917019 | Physician |
| 9917021 | Critical Care Paramedic |
| 9917023 | Community Paramedicine |

Data Element Comment

Using each certification level within the agency, indicate the approved medications allowed utilizing dConfiguration.09 (EMS Agency Medications).

The category EMT-Intermediate includes EMS professionals with an "85" or "99" certification level.

State

National

dConfiguration.09 - EMS Agency Medications

Definition

A list of all medications the agency has implemented and have available for use.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | D04_06 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

CorrelationID

Data Type: string **minLength:** 0 **maxLength:** 255

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 7 |

Data Element Comment

The medication list is stored as the RxNorm (RXCU) Code. This is associated with the EMS Agency Number (dAgency.02) since each EMS Agency Number may have different capabilities.

The EMS agency should submit "Not Applicable" and "Nil" to the state system for the demographic export. The state EMS system does not need to import this information into their database. It is the responsibility of the state to submit this element to the national EMS database (NEMSIS). Reference the Demographic Dataset Submission Guide for further details.

List of medications based on RxNorm (RXCU) code. Reference the NEMSIS Suggested Lists at:
<http://nemsis.org/v3/resources.html>

RxNorm

Website - <http://uts.nlm.nih.gov>

Product - UMLS Metathesaurus

Website - <http://www.nlm.nih.gov/research/umls/rxnorm/docs/rxnormfiles.html>

Product - RxNorm Full Monthly Release

State

National

dConfiguration.10 - EMS Agency Protocols

Definition

A list of all of the EMS field protocols that the agency has in place and available for use.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | D04_08 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--|
| 9914001 | Airway |
| 9914003 | Airway-Failed |
| 9914005 | Airway-Obstruction/Foreign Body |
| 9914007 | Airway-Rapid Sequence Induction (RSI-Paralytic) |
| 9914009 | Airway-Sedation Assisted (Non-Paralytic) |
| 9914011 | Cardiac Arrest-Asystole |
| 9914013 | Cardiac Arrest-Hypothermia-Therapeutic |
| 9914015 | Cardiac Arrest-Pulseless Electrical Activity |
| 9914017 | Cardiac Arrest-Ventricular Fibrillation/ Pulseless Ventricular Tachycardia |
| 9914019 | Cardiac Arrest-Post Resuscitation Care |
| 9914021 | Environmental-Altitude Sickness |
| 9914023 | Environmental-Cold Exposure |
| 9914025 | Environmental-Frostbite/Cold Injury |
| 9914027 | Environmental-Heat Exposure/Exhaustion |
| 9914029 | Environmental-Heat Stroke/Hyperthermia |
| 9914031 | Environmental-Hypothermia |
| 9914033 | Exposure-Airway/Inhalation Irritants |
| 9914035 | Exposure-Biological/Infectious |
| 9914037 | Exposure-Blistering Agents |
| 9914039 | Exposure-Carbon Monoxide/Smoke Inhalation |
| 9914041 | Exposure-Chemicals to Eye |
| 9914043 | Exposure-Cyanide |
| 9914045 | Exposure-Explosive/ Blast Injury |
| 9914047 | Exposure-Nerve Agents |
| 9914049 | Exposure-Radiologic Agents |
| 9914051 | General-Back Pain |
| 9914053 | General-Behavioral/Patient Restraint |
| 9914055 | General-Cardiac Arrest |
| 9914057 | General-Dental Problems |
| 9914059 | General-Epistaxis |
| 9914061 | General-Fever |
| 9914063 | General-Individualized Patient Protocol |
| 9914065 | General-Indwelling Medical Devices/Equipment |
| 9914067 | General-IV Access |
| 9914069 | General-Medical Device Malfunction |
| 9914071 | General-Pain Control |
| 9914073 | General-Spinal Immobilization/Clearance |
| 9914075 | General-Universal Patient Care/ Initial Patient Contact |
| 9914077 | Injury-Amputation |
| 9914079 | Injury-Bites and Envenomations-Land |
| 9914081 | Injury-Bites and Envenomations-Marine |

| | |
|---------|--|
| 9914083 | Injury-Bleeding/ Hemorrhage Control |
| 9914085 | Injury-Burns-Thermal |
| 9914087 | Injury-Cardiac Arrest |
| 9914089 | Injury-Crush Syndrome |
| 9914091 | Injury-Diving Emergencies |
| 9914093 | Injury-Drowning/Near Drowning |
| 9914095 | Injury-Electrical Injuries |
| 9914097 | Injury-Extremity |
| 9914099 | Injury-Eye |
| 9914101 | Injury-Head |
| 9914103 | Injury-Impaled Object |
| 9914105 | Injury-Multisystem |
| 9914107 | Injury-Spinal Cord |
| 9914109 | Medical-Abdominal Pain |
| 9914111 | Medical-Allergic Reaction/Anaphylaxis |
| 9914113 | Medical-Altered Mental Status |
| 9914115 | Medical-Bradycardia |
| 9914117 | Medical-Cardiac Chest Pain |
| 9914119 | Medical-Diarrhea |
| 9914121 | Medical-Hyperglycemia |
| 9914123 | Medical-Hypertension |
| 9914125 | Medical-Hypoglycemia/Diabetic Emergency |
| 9914127 | Medical-Hypotension/Shock (Non-Trauma) |
| 9914129 | Medical-Influenza-Like Illness/ Upper Respiratory Infection |
| 9914131 | Medical-Nausea/Vomiting |
| 9914133 | Medical-Newborn/ Neonatal Resuscitation |
| 9914135 | Medical-Overdose/Poisoning/Toxic Ingestion |
| 9914137 | Medical-Pulmonary Edema/CHF |
| 9914139 | Medical-Respiratory Distress/Asthma/COPD/Croup/Reactive Airway |
| 9914141 | Medical-Seizure |
| 9914143 | Medical-ST-Elevation Myocardial Infarction (STEMI) |
| 9914145 | Medical-Stroke/TIA |
| 9914147 | Medical-Supraventricular Tachycardia (Including Atrial Fibrillation) |
| 9914149 | Medical-Syncope |
| 9914151 | Medical-Ventricular Tachycardia (With Pulse) |
| 9914153 | Not Done |
| 9914155 | OB/GYN-Childbirth/Labor/Delivery |
| 9914157 | OB/GYN-Eclampsia |
| 9914159 | OB/GYN-Gynecologic Emergencies |
| 9914161 | OB/GYN-Pregnancy Related Emergencies |
| 9914163 | OB/GYN-Post-partum Hemorrhage |
| 9914165 | Other |

Data Element Comment

This is associated with the EMS Agency Number (dAgency.02) since each EMS Agency Number may have different capabilities.

State and local entities can add additional protocols to the list but the additional protocols must map to these uniform codes.

The list is defined by the NASEMSO State Medical Directors.

State

National

dConfiguration.11 - EMS Agency Specialty Service Capability

Definition

Special training or services provided by the EMS Agency and available to the EMS service area/community.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--|
| 1211001 | Air Rescue |
| 1211003 | CBRNE |
| 1211005 | Community Health Medicine |
| 1211007 | Disaster Medical Assistance Team (DMAT) |
| 1211009 | Disaster Mortuary (DMORT) |
| 1211011 | Dive Rescue |
| 1211013 | Farm Rescue |
| 1211015 | High Angle Rescue |
| 1211017 | Machinery Disentanglement |
| 1211019 | None |
| 1211021 | Ski / Snow Rescue |
| 1211023 | Tactical EMS |
| 1211025 | Trench / Confined Space Rescue |
| 1211027 | Urban Search and Rescue (USAR) |
| 1211029 | Vehicle Extrication |
| 1211031 | Veterinary Medical Assistance Team (VMAT) |
| 1211033 | Water or Ice Related Rescue (Incl Swift Water) |
| 1211035 | Wilderness Search and Rescue |

Data Element Comment

dConfiguration.12 - Billing Status**Definition**

Indication of whether the EMS agency routinely bills for any segment of the patient population.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D04_10 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List**Code Description**

9923001 No
9923003 Yes

Data Element Comment

Billing status is associated with each EMS Agency for the specific EMS Agency Number (dAgency.02).

State

National

dConfiguration.13 - Emergency Medical Dispatch (EMD) Provided to EMS Agency Service Area

Definition

Indication as to whether Emergency Medical Dispatch is provided to the EMS Agency's service area.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|--|
| 1213001 | No |
| 1213003 | Yes, 100% of the EMS Agency's Service Area |
| 1213005 | Yes, Less than 100% of the EMS Agency's Service Area |

Data Element Comment

Added to better document the implementation of Emergency Medical Dispatch. Associated with each EMS Agency and the specific EMS Agency Number (dAgency.02).

dConfiguration.14 - EMD Vendor

Definition

The vendor or company associated with the EMD Card set and algorithms.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D04_17 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

State

National

dConfiguration.15 - Patient Monitoring Capability(ies)

Definition

The EMS Agency's patient monitoring capability which can be provided to any/all patients presenting to EMS.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|---|
| 1215001 | Capnography-Numeric |
| 1215003 | Capnography-Waveform |
| 1215005 | ECG-12 Lead or Greater |
| 1215007 | ECG-Less than 12 Lead (Cardiac Monitor) |
| 1215009 | Oximetry-Carbon Monoxide |
| 1215011 | Oximetry-Oxygen |
| 1215013 | Pressure Measurement-Invasive (Arterial, CVP, Swan, etc.) |
| 1215015 | Pressure Measurement-Non-Invasive (Blood Pressure, etc.) |
| 1215017 | Ventilator-Transport |
| 1215019 | Vital Sign Monitoring |

Data Element Comment

Added to identify the patient monitoring capability of the EMS Agency. Associated with each EMS Agency Number (dAgency.02) since each EMS Agency Number may have a different capability within each EMS Agency. Other patient monitoring capability may exist but NEMSIS Version 3 only includes these specific capabilities.

State

National

dConfiguration.16 - Crew Call Sign

Definition

The EMS crew call sign used to dispatch and communicate with the unit. This may be the same as the EMS Unit/Vehicle Number in many agencies.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | D04_02 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : M |

Attributes

CorrelationID

Data Type: string **minLength:** 0 **maxLength:** 255

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

dConfiguration.17 - Dispatch Center (CAD) Name or ID**Definition**

The name or ID of the dispatch center providing electronic data to the PCR for the EMS agency, if applicable.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes**CorrelationID**

Data Type: string **minLength:** 0 **maxLength:** 255

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

This element can be used to identify the dispatch center (Primary or Secondary Service Answering Point - PSAP) that dispatches the EMS agency. If the EMS agency is able to populate the Patient Care Report (PCR) with CAD specific details (times, incident address information, crew information, EMD, etc) the name or ID of the dispatch center should be documented. Information in dConfiguration.17 may be used to populate eDispatch.04 - Computer Aided Dispatch (CAD) Name or ID if a CAD integration exists.

Version 3 Changes Implemented

Added to the dataset to assist in identifying the CAD / dispatch center providing information to the EMS agency and ePCR when there are multiple dispatch centers sending resources to the same EMS incident.

dLocation

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, and/or C = Correlation ID

dLocation

| | | | |
|-------|--|---|---|
| 0 : M | dLocation.LocationGroup | | C |
| 0 : 1 | dLocation.01 - EMS Location Type | O | |
| 0 : 1 | dLocation.02 - EMS Location Name | O | |
| 0 : 1 | dLocation.03 - EMS Location Number | O | |
| 0 : 1 | dLocation.04 - EMS Location GPS | O | |
| 0 : 1 | dLocation.05 - EMS Location US National Grid Coordinates | O | |
| 0 : 1 | dLocation.06 - EMS Location Address | O | |
| 0 : 1 | dLocation.07 - EMS Location City | O | |
| 0 : 1 | dLocation.08 - EMS Location State | O | |
| 0 : 1 | dLocation.09 - EMS Station or Location ZIP Code | O | |
| 0 : 1 | dLocation.10 - EMS Location County | O | |
| 0 : 1 | dLocation.11 - EMS Location Country | O | |
| 0 : M | dLocation.12 - EMS Location Phone Number | O | C |

dLocation

dLocation.01 - EMS Location Type**Definition**

The type of EMS Location which could be a fixed station or a pre-determined staging area.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-------------------------|
| 1301001 | EMS Agency Headquarters |
| 1301003 | EMS Staging Area |
| 1301005 | EMS Station |
| 1301007 | Other (Not Listed) |

Data Element Comment

This is associated with the EMS Agency associated with the EMS Agency Number (dAgency.02).

Version 3 Changes Implemented

Added to allow multiple locations to be documented for an EMS Agency.

dLocation.02 - EMS Location Name

Definition

The name of the EMS Location.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D05_01 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

dLocation.03 - EMS Location Number

Definition

The ID number of the EMS Location.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D05_02 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

dLocation.04 - EMS Location GPS

Definition

The GPS coordinate of the EMS location.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D05_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

(\+|-)?(90(\.[0]{1,6})?|([1-8][0-9][0-9])(\.[0-9]{1,6})?),(\+|-)?(180(\.[0]{1,6})?|([0-7][0-9][1-9][0-9][0-9])(\.[0-9]{1,6})?)

Data Element Comment

The pattern for GPS location is in the format "*latitude,longitude*" where:

- *latitude* has a minimum of -90 and a maximum of 90 with up to 6 decimal places
- *longitude* has a minimum of -180 and a maximum of 180 with up to 6 decimal places

dLocation.05 - EMS Location US National Grid Coordinates**Definition**

The US National Grid Coordinates of the EMS location.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints**Pattern**

[1][0-9][R,S,T,U][ABCDEFGHJKLMNPQRSTUVWXYZ][ABCDEFGHJKLMNPQRSTUV][0-9]{8}

Data Element Comment

For more information go to www.fgdc.gov/usng.

dLocation.06 - EMS Location Address**Definition**

The address of the EMS Location.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D05_05 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes**StreetAddress2**

Data Type: string

minLength: 1

maxLength: 55

Constraints

| Data Type | minLength | maxLength |
|------------------|------------------|------------------|
| string | 1 | 55 |

Data Element Comment

dLocation.07 - EMS Location City**Definition**

The city of the EMS Location.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D05_06 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Data Element Comment

Based on GNIS Civil Code or Populated Place code.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

dLocation.08 - EMS Location State

Definition

The state of the EMS Location.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D05_07 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 2 |

Data Element Comment

Based on the ANSI Code.

ANSI Country Codes (ISO 3166) Website:http://geonames.usgs.gov/domestic/download_data.htm

dLocation.09 - EMS Station or Location ZIP Code**Definition**

The ZIP code of the EMS Location.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D05_08 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints**Pattern**

[0-9]{5}||[0-9]{5}-[0-9]{4}||[0-9]{5}-[0-9]{5}||[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Data Element Comment

Zip Codes Product Website: <https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/>
Product: USA - 5-digit ZIP Code Database, Commercial Edition

dLocation.10 - EMS Location County**Definition**

The county of the EMS Location

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 5 |

Data Element Comment

County codes are based on ISO/ANSI codes. A 5-digit code based on state (2-digits) and county (5-digit).

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

dLocation.11 - EMS Location Country**Definition**

The country of the EMS location.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|------|---------------|
| CA | Canada |
| MX | Mexico |
| US | United States |

Data Element Comment

The International Organization for Standardization (ISO) ISO 3166-1-alpha-2 code element for the country.

ANSI Country Codes (ISO 3166) Website: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

Version 3 Changes Implemented

Added to improve international implementations.

dLocation.12 - EMS Location Phone Number**Definition**

The phone number of the EMS Location.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D05_09 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes**CorrelationID**

Data Type: string

minLength: 0

maxLength: 255

PhoneNumberType

9913001 - Fax

9913003 - Home

9913005 - Mobile

9913007 - Pager

9913009 - Work

Constraints**Pattern**


[2-9][0-9][0-9]-[2-9][0-9][0-9]-[0-9][0-9][0-9][0-9]

Data Element Comment

dVehicle

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, and/or C = Correlation ID

dVehicle

| | | | | |
|-----|--|---|---|------|
| 0:M | dVehicle.VehicleGroup | | | C |
| 0:1 | dVehicle.01 - Unit/Vehicle Number | S | E | N, L |
| 0:1 | dVehicle.02 - Vehicle Identification Number | O | | |
| 0:1 | dVehicle.03 - EMS Unit Call Sign | O | | |
| 0:1 | dVehicle.04 - Vehicle Type | S | E | N, L |
| 0:M | dVehicle.VehicleCertificationLevelsGroup | | | C |
| 0:1 | dVehicle.05 - Crew State Certification/Licensure Levels | O | | |
| 0:1 | dVehicle.06 - Number of Each EMS Personnel Level on Normal 911 Ambulance Response | O | | |
| 0:1 | dVehicle.07 - Number of Each EMS Personnel Level on Normal 911 Response (Non-Transport) Vehicle | O | | |
| 0:1 | dVehicle.08 - Number of Each EMS Personnel Level on Normal Medical (Non-911) Transport Ambulance | O | | |
| 0:1 | dVehicle.09 - Vehicle Initial Cost | O | | |
| 0:1 | dVehicle.10 - Vehicle Model Year | S | E | N, L |
| 0:M | dVehicle.YearGroup | | | C |
| 0:1 | dVehicle.11 - Year Miles/Kilometers Hours Accrued | O | | |
| 0:1 | dVehicle.12 - Annual Vehicle Hours | O | | |
| 0:1 | dVehicle.13 - Annual Vehicle Miles/Kilometers | O | | |

dVehicle

dVehicle.01 - Unit/Vehicle Number

Definition

The unique ID number for the unit which is specific for each vehicle. This ID number may be the state's vehicle's permit number.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D06_01 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 25 |

Data Element Comment

This element can be used in EMS PCR documentation to document the vehicle. This element should be used to populate eResponse.13 (EMS Vehicle (Unit) Number).

dVehicle.02 - Vehicle Identification Number**Definition**

The manufacturer's VIN associated with the vehicle.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 17 | 17 |

Data Element Comment

Consider VIN standard ISO-3779 and ISO-3780.

dVehicle.03 - EMS Unit Call Sign**Definition**

The EMS unit number used to dispatch and communicate with the unit. This may be the same as the EMS Unit/Vehicle Number in many agencies.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|------------------|------------------|------------------|
| string | 1 | 50 |

Data Element Comment

State

dVehicle.04 - Vehicle Type

Definition

The vehicle type of the unit (ambulance, fire, truck, etc.).

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D06_03 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|--|
| 1404001 | Ambulance |
| 1404003 | ATV |
| 1404005 | Bicycle |
| 1404007 | Fire Apparatus |
| 1404009 | Fixed Wing |
| 1404011 | Motorcycle |
| 1404013 | Other |
| 1404015 | Personal Vehicle |
| 1404017 | Quick Response Vehicle (Non-Transport Vehicle other than Fire Apparatus) |
| 1404019 | Rescue |
| 1404021 | Rotor Craft |
| 1404023 | Snow Vehicle |
| 1404025 | Watercraft |

Data Element Comment

dVehicle.05 - Crew State Certification/Licensure Levels

Definition

The certification/licensure level of the ambulance by the state or the certification/licensure level at which the vehicle is most commonly staffed.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D06_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|---|
| 9917001 | 2009 Advanced Emergency Medical Technician (AEMT) |
| 9917003 | 2009 Emergency Medical Responder (EMR) |
| 9917005 | 2009 Emergency Medical Technician |
| 9917007 | 2009 Paramedic |
| 9917009 | First Responder |
| 9917011 | EMT-Basic |
| 9917013 | EMT-Intermediate |
| 9917015 | EMT-Paramedic |
| 9917017 | Nurse |
| 9917019 | Physician |
| 9917021 | Critical Care Paramedic |
| 9917023 | Community Paramedicine |

Data Element Comment

The new 2009 EMS Educational Levels have been added. The category EMT-Intermediate includes EMS professionals with an "85" or "99" certification level.

dVehicle.06 - Number of Each EMS Personnel Level on Normal 911 Ambulance Response**Definition**

The number of each personnel level associated with the vehicle crew.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D06_05 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| positiveInteger | 1 | 12 |

Data Element Comment

Indicate the number of each of the following EMS Personnel levels on the crew. Associated with each Certification/Licensure Level in dVehicle.05 (Crew State Certification/Licensure Levels).

dVehicle.07 - Number of Each EMS Personnel Level on Normal 911 Response (Non-Transport) Vehicle**Definition**

The number of each personnel level for your EMS Agency's Medical (Non-911) Non-Transport Ambulance.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| positiveInteger | 1 | 12 |

Data Element Comment

Indicate the number of each of the following EMS Personnel levels on the crew. Associated with each Certification/Licensure Level in dVehicle.05 (Crew State Certification/Licensure Levels).

dVehicle.08 - Number of Each EMS Personnel Level on Normal Medical (Non-911) Transport Ambulance**Definition**

The number of each personnel level for your EMS Agency's Medical (Non-911) Transport Ambulance.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| positiveInteger | 1 | 12 |

Data Element Comment

Indicate the number of each of the following EMS Personnel levels on the crew. Associated with each Certification/Licensure Level in dVehicle.05(Crew State Certification/Licensure Levels).

dVehicle.09 - Vehicle Initial Cost

Definition

Initial costs of vehicles held by agency excluding all medical and other equipment not associated with the vehicle. This cost should be inclusive of all sources of funding including grants, donations, and any other capital.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D06_06 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------------|--------------|--------------|
| positiveInteger | 1 | 10,000,000 |

Data Element Comment

State

dVehicle.10 - Vehicle Model Year

Definition

The year the vehicle was manufactured.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D06_07 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 1900 | 2050 |

Data Element Comment

dVehicle.11 - Year Miles/Kilometers Hours Accrued**Definition**

The year the hours and miles/kilometers were accumulated.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D06_08 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| integer | 1900 | 2050 |

Data Element Comment

The grouping dVehicle.YearGroup, allows multiple year information to be stored for each EMS vehicle. This includes elements dVehicle.11 - Year Miles/Kilometers Hours Accrued, dVehicle.12 - Annual Vehicle Hours, and dVehicle.13 - Annual Vehicle Miles/Kilometers.

dVehicle.12 - Annual Vehicle Hours

Definition

The number of hours the vehicle was in service for the agency for the defined year.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D06_09 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| positiveInteger | 1 | 10,000 |

Data Element Comment

Associated with each year of element dVehicle.11 (Year Miles/Hours Accrued).

dVehicle.13 - Annual Vehicle Miles/Kilometers**Definition**

The number of miles/kilometers the vehicle accumulated in service for the agency for the defined year (Odometer Reading).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D06_10 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes**DistanceUnit**

9929001 - Kilometers

9929003 - Miles

Constraints

| Data Type | totalDigits | fractionDigits |
|-----------|-------------|----------------|
| decimal | 7 | 1 |

Data Element Comment

Associated with each year of (dVehicle.11) Year Miles/Kilometers Hours Accrued.

dPersonnel

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, and/or C = Correlation ID

dPersonnel

| | | | |
|-----|---|---|------------|
| 0:M | dPersonnel.PersonnelGroup | | C |
| 0:1 | dPersonnel.NameGroup | | |
| 0:1 | dPersonnel.01 - EMS Personnel's Last Name | S | E, N, L |
| 0:1 | dPersonnel.02 - EMS Personnel's First Name | S | E, N, L |
| 0:1 | dPersonnel.03 - EMS Personnel's Middle Name/Initial | S | E, N, L |
| 0:1 | dPersonnel.AddressGroup | | |
| 0:1 | dPersonnel.04 - EMS Personnel's Mailing Address | O | |
| 0:1 | dPersonnel.05 - EMS Personnel's City of Residence | O | |
| 0:1 | dPersonnel.06 - EMS Personnel's State | O | |
| 0:1 | dPersonnel.07 - EMS Personnel's ZIP Code | O | |
| 0:1 | dPersonnel.08 - EMS Personnel's Country | O | |
| 0:M | dPersonnel.09 - EMS Personnel's Phone Number | O | C |
| 0:M | dPersonnel.10 - EMS Personnel's Email Address | O | C |
| 0:1 | dPersonnel.11 - EMS Personnel's Date of Birth | S | E, N, L |
| 0:1 | dPersonnel.12 - EMS Personnel's Gender | S | E, N, L |
| 0:M | dPersonnel.13 - EMS Personnel's Race | S | E, N, L, C |
| 0:1 | dPersonnel.14 - EMS Personnel's Citizenship | O | |
| 0:1 | dPersonnel.15 - EMS Personnel's Highest Educational Degree | O | |
| 0:M | dPersonnel.16 - EMS Personnel's Degree Subject/Field of Study | O | C |
| 0:M | dPersonnel.17 - EMS Personnel's Motor Vehicle License Type | O | C |
| 0:M | dPersonnel.ImmunizationsGroup | | C |
| 0:1 | dPersonnel.18 - EMS Personnel's Immunization Status | O | |
| 0:1 | dPersonnel.19 - EMS Personnel's Immunization Year | O | |
| 0:M | dPersonnel.20 - EMS Personnel's Foreign Language Ability | O | C |
| 0:1 | dPersonnel.21 - EMS Personnel's Agency ID Number | O | |
| 0:M | dPersonnel.LicensureGroup | | C |
| 0:1 | dPersonnel.22 - EMS Personnel's State of Licensure | S | E, N, L |
| 0:1 | dPersonnel.23 - EMS Personnel's State's Licensure ID Number | S | E, N, L |
| 0:1 | dPersonnel.24 - EMS Personnel's State EMS Certification Licensure Level | S | E, N, L |
| 0:1 | dPersonnel.25 - EMS Personnel's State EMS Current Certification Date | O | |
| 0:1 | dPersonnel.26 - EMS Personnel's Initial State's Licensure Issue Date | O | |
| 0:1 | dPersonnel.27 - EMS Personnel's Current State's Licensure Expiration Date | O | |

| | | |
|-------|--|------------|
| 0 : 1 | dPersonnel.28 - EMS Personnel's National Registry Number | O |
| 0 : 1 | dPersonnel.29 - EMS Personnel's National Registry Certification Level | O |
| 0 : 1 | dPersonnel.30 - EMS Personnel's Current National Registry Expiration Date | O |
| 0 : 1 | dPersonnel.31 - EMS Personnel's Employment Status | S E N, L |
| 0 : 1 | dPersonnel.32 - EMS Personnel's Employment Status Date | S E N, L |
| 0 : 1 | dPersonnel.33 - EMS Personnel's Hire Date | O |
| 0 : 1 | dPersonnel.34 - EMS Personnel's Primary EMS Job Role | S E N, L |
| 0 : M | dPersonnel.35 - EMS Personnel's Other Job Responsibilities | S E N, L C |
| 0 : 1 | dPersonnel.36 - EMS Personnel's Total Length of Service in Years | O |
| 0 : 1 | dPersonnel.37 - EMS Personnel's Date Length of Service Documented | O |
| 0 : M | dPersonnel.CertificationLevelGroup | C |
| 0 : 1 | dPersonnel.38 - EMS Professional's Practice Level | O |
| 0 : 1 | dPersonnel.39 - Date of Professional's Certification or Licensure for Agency | O |

dPersonnel

State

dPersonnel.01 - EMS Personnel's Last Name

Definition

The last name of the personnel.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D08_01 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

State

dPersonnel.02 - EMS Personnel's First Name

Definition

The first name of the personnel.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D08_03 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

State

dPersonnel.03 - EMS Personnel's Middle Name/Initial

Definition

The middle name or initial of the personnel.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D08_02 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

dPersonnel.04 - EMS Personnel's Mailing Address**Definition**

The Street or PO Box of the personnel's mailing address.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D08_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes**StreetAddress2****Data Type:** string**minLength:** 1**maxLength:** 55**Constraints**

| Data Type | minLength | maxLength |
|------------------|------------------|------------------|
| string | 1 | 55 |

Data Element Comment

For individuals living outside the USA the full address can be entered in the address line.

dPersonnel.05 - EMS Personnel's City of Residence**Definition**

The city of the personnel's mailing address.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D08_05 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Data Element Comment

Based on GNIS Civil Code or Populated Place code.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

dPersonnel.06 - EMS Personnel's State

Definition

The state of the personnel's mailing address.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D08_06 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 2 |

Data Element Comment

Based on ANSI Code.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

dPersonnel.07 - EMS Personnel's ZIP Code

Definition

The ZIP code of the personnel's mailing address.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D08_07 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

[0-9]{5}||[0-9]{5}-[0-9]{4}||[0-9]{5}-[0-9]{5}||[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Data Element Comment

Zip Codes Product Website: <https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/>
Product: USA - 5-digit ZIP Code Database, Commercial Edition

dPersonnel.08 - EMS Personnel's Country

Definition

The country of the personnel mailing address.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|------|---------------|
| CA | Canada |
| MX | Mexico |
| US | United States |

Data Element Comment

Based on ANSI Code.

ANSI Country Codes (ISO 3166) Website: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

dPersonnel.09 - EMS Personnel's Phone Number

Definition

The phone number for the personnel.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D08_08 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255**PhoneNumberType**

9913001 - Fax

9913003 - Home

9913005 - Mobile

9913007 - Pager

9913009 - Work

Constraints

Pattern

[2-9][0-9][0-9]-[2-9][0-9][0-9]-[0-9][0-9][0-9][0-9]

Data Element Comment

dPersonnel.10 - EMS Personnel's Email Address

Definition

The primary email address of the personnel.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D08_10 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255**EmailAddressType**

9904001 - Personal

9904003 - Work

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 3 | 100 |

Pattern
.+@.+

Data Element Comment

State

dPersonnel.11 - EMS Personnel's Date of Birth

Definition

The personnel's date of birth.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D08_11 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| date | 1900-01-01 | 2050-01-01 |

Data Element Comment

State

dPersonnel.12 - EMS Personnel's Gender

Definition

The personnel's gender.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D08_12 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|-------------------------------|
| 9906001 | Female |
| 9906003 | Male |
| 9906005 | Unknown (Unable to Determine) |

Data Element Comment

State

dPersonnel.13 - EMS Personnel's Race

Definition

The personnel's race as defined by the OMB (US Office of Management and Budget).

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D08_13 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|---|
| 1513001 | American Indian or Alaska Native |
| 1513003 | Asian |
| 1513005 | Black or African American |
| 1513007 | Hispanic or Latino |
| 1513009 | Native Hawaiian or Other Pacific Islander |
| 1513011 | White |

Data Element Comment

OMB requirements are provided at: <http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=172>. A single multiple choice question methodology is being implemented to improve the completion of ethnicity information. Ethnicity (Version 2.1.1: D08_14) has been merged with this data element and retired.

dPersonnel.14 - EMS Personnel's Citizenship

Definition

The documentation of the personnel's citizenship.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 2 |

Data Element Comment

Website: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

dPersonnel.15 - EMS Personnel's Highest Educational Degree

Definition

The highest educational degree completed by the personnel.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|--|
| 1515001 | No Schooling Completed |
| 1515003 | Nursery School to 4th Grade |
| 1515005 | 5th Grade or 6th Grade |
| 1515007 | 7th Grade or 8th Grade |
| 1515009 | 9th Grade |
| 1515011 | 10th Grade |
| 1515013 | 11th Grade |
| 1515015 | 12th Grade, No Diploma |
| 1515017 | High School Graduate-Diploma or the Equivalent (GED) |
| 1515019 | Some College Credit, but Less than 1 Year |
| 1515021 | 1 or More Years of College, No Degree |
| 1515023 | Associate Degree |
| 1515025 | Bachelor's Degree |
| 1515027 | Master's Degree |
| 1515029 | Professional Degree (i.e. MD, DDS, DVM, LLB, JD) |
| 1515031 | Doctorate Degree (i.e. PhD, EdD) |

Data Element Comment

Based on Census 2000 Educational Attainment Question.

dPersonnel.16 - EMS Personnel's Degree Subject/Field of Study

Definition

The area of the personnel's post high-school (post-secondary) degree.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--|
| 1516001 | Agriculture and Natural Resources |
| 1516003 | Architecture and Related Services |
| 1516005 | Area, Ethnic, Cultural, and Gender Studies |
| 1516007 | Biological and Biomedical Sciences |
| 1516009 | Business |
| 1516011 | Communication, Journalism, and Related Programs |
| 1516013 | Communications Technologies |
| 1516015 | Computer and Information Sciences |
| 1516017 | Education |
| 1516019 | Emergency Medical Services |
| 1516021 | Engineering |
| 1516023 | Engineering Technologies |
| 1516025 | English Language and Literature/Letters |
| 1516027 | Family and Consumer Sciences/Human Sciences |
| 1516029 | Fire Science |
| 1516031 | Foreign Languages, Literatures, and Linguistics |
| 1516033 | Health Professions and Related Clinical Sciences, Not Including Emergency Medical Services |
| 1516035 | Legal Professions and Studies |
| 1516037 | Liberal Arts and Sciences, General Studies, and Humanities |
| 1516039 | Library Science |
| 1516041 | Mathematics and Statistics |
| 1516043 | Military Technologies |
| 1516045 | Multi/Interdisciplinary Studies |
| 1516047 | Not Classified by Field of Study |
| 1516049 | None |
| 1516051 | Parks, Recreation, Leisure and Fitness Studies |
| 1516053 | Philosophy and Religious Studies |
| 1516055 | Physical Sciences and Science Technologies |
| 1516057 | Precision Production |
| 1516059 | Psychology |
| 1516061 | Public Administration and Social Services |
| 1516063 | Security and Protective Services, Not Including Fire Science |
| 1516065 | Social Sciences and History |
| 1516067 | Theology and Religious Vocations |
| 1516069 | Transportation and Materials Moving |
| 1516071 | Visual and Performing Arts |

Data Element Comment

dPersonnel.17 - EMS Personnel's Motor Vehicle License Type

Definition

The type of motor vehicle license (i.e. Class A, B, Pilot, etc.) of the EMS personnel.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|---------------------------|
| 1517001 | All-Terrain Vehicle (ATV) |
| 1517003 | Commercial Class A |
| 1517005 | Commercial Class B |
| 1517007 | Commercial Class C |
| 1517009 | Motorcycle-Class M |
| 1517011 | None |
| 1517013 | Operator Class D (Normal) |
| 1517015 | Other (Not Listed) |
| 1517017 | Pilot-Rotor Wing Air |
| 1517019 | Pilot-Fixed Wing Air |
| 1517021 | Snowmobile |
| 1517023 | Taxi and Livery Class E |

Data Element Comment

dPersonnel.18 - EMS Personnel's Immunization Status

Definition

The type of immunization status.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|--|
| 9910001 | Anthrax |
| 9910003 | Cholera |
| 9910005 | DPT (Diphtheria, Tetanus, Pertussis) |
| 9910007 | Hemophilus Influenza B |
| 9910009 | Hepatitis A |
| 9910011 | Hepatitis B |
| 9910013 | Human Papilloma Virus (HPV) |
| 9910015 | Influenza-H1N1 |
| 9910017 | Influenza-Other |
| 9910019 | Influenza-Seasonal (In past 12 months) |
| 9910021 | Lyme Disease |
| 9910023 | Meningococcus |
| 9910025 | MMR (Measles, Mumps, Rubella) |
| 9910027 | Other-Not Listed |
| 9910029 | Plague |
| 9910031 | Pneumococcal (Pneumonia) |
| 9910033 | Polio |
| 9910035 | Rabies |
| 9910037 | Rotavirus |
| 9910039 | Shingle |
| 9910041 | Small Pox |
| 9910043 | Tetanus |
| 9910045 | Tuberculosis |
| 9910047 | Typhoid |
| 9910049 | Varicella (Chickenpox) |
| 9910051 | Yellow Fever |

Data Element Comment

dPersonnel.19 - EMS Personnel's Immunization Year

Definition

The year associated with each immunization type.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 1900 | 2050 |

Data Element Comment

dPersonnel.20 - EMS Personnel's Foreign Language Ability

Definition

The languages spoken (other than English) by the personnel with at least an elementary level of proficiency.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|------|-------------------------------------|
| amh | Amharic |
| ara | Arabic |
| arm | Armenian |
| ben | Bengali |
| crp | Cajun (Creole and Pidgins) |
| chi | Chinese |
| hrv | Croatian |
| cze | Czech |
| dan | Danish |
| dut | Dutch |
| fin | Finnish |
| tai | Formosan |
| fre | French |
| cpf | French Creole |
| ger | German |
| gre | Greek |
| guj | Gujarati |
| heb | Hebrew |
| hin | Hindi (Urdu) |
| hun | Hungarian |
| ilo | Ilocano |
| itl | Italian |
| jpn | Japanese |
| kor | Korean |
| kro | Kru |
| lit | Lithuanian |
| mal | Malayalam |
| hmn | Miao (Hmong) |
| mkh | Mon-Khmer (Cambodian) |
| nav | Navaho |
| nno | Norwegian |
| pan | Panjabi |
| gem | Pennsylvania Dutch (Germanic Other) |
| per | Persian |
| pol | Polish |
| por | Portuguese |
| rum | Romanian |
| rus | Russian |
| smo | Samoan |
| srp | Serbo-Croatian |
| slo | Slovak |
| spa | Spanish |
| swe | Swedish |
| syr | Syriac |
| tgl | Tagalog |
| tha | Thai (Laotian) |
| tur | Turkish |

ukr Ukrainian
vie Vietnamese
yid Yiddish

Data Element Comment

Version 3 Changes Implemented

Added to better describe the EMS workforce.

dPersonnel.21 - EMS Personnel's Agency ID Number**Definition**

The local agency ID number for the personnel.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D07_01 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 50 |

Data Element Comment

This is a local ID and not the ID associated with the state credential. This may be the same as the state credential ID depending on the state and local implementation. This should be a unique number and not reused.

State

dPersonnel.22 - EMS Personnel's State of Licensure

Definition

The state of the certification/licensure ID number assigned to the personnel member.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 2 |

Data Element Comment

State

dPersonnel.23 - EMS Personnel's State's Licensure ID Number

Definition

The state's licensure/certification ID number for the personnel.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D07_02 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 50 |

Data Element Comment

dPersonnel.24 - EMS Personnel's State EMS Certification Licensure Level

Definition

The personnel's state EMS certification level.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D08_15 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|---|
| 9925001 | 2009 Advanced Emergency Medical Technician (AEMT) |
| 9925003 | 2009 Emergency Medical Responder (EMR) |
| 9925005 | 2009 Emergency Medical Technician (EMT) |
| 9925007 | 2009 Paramedic |
| 9925013 | First Responder |
| 9925015 | EMT-Basic |
| 9925017 | EMT-Intermediate |
| 9925019 | EMT-Paramedic |
| 9925021 | Nurse |
| 9925023 | Other Healthcare Professional |
| 9925025 | Other Non-Healthcare Professional |
| 9925027 | Physician |
| 9925029 | Respiratory Therapist |
| 9925031 | Student |
| 9925033 | Critical Care Paramedic |
| 9925035 | Community Paramedicine |

Data Element Comment

Added 2009 EMS Education Levels.

The category EMT-Intermediate includes EMS professionals with an "85" or "99" certification level.

Some listed health care providers may not have an EMS certification/licensure number, however their level should be indicated from the list above and the state licensure number should be indicated in dPersonnel.23 - EMS Personnel's State's Licensure ID Number.

dPersonnel.25 - EMS Personnel's State EMS Current Certification Date**Definition**

The date of the personnel's current EMS certification/licensure.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D08_17 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| date | 1900-01-01 | 2050-01-01 |

Data Element Comment

Clarified as the current certification/licensure.

dPersonnel.26 - EMS Personnel's Initial State's Licensure Issue Date**Definition**

The date on which the EMS personnel's state's EMS certification/licensure was originally issued. This is the date of the first certification/licensure for the EMS level.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D08_18 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| date | 1900-01-01 | 2050-01-01 |

Data Element Comment

Clarified as the FIRST (original) certification/licensure date.

dPersonnel.27 - EMS Personnel's Current State's Licensure Expiration Date**Definition**

The date on which the EMS personnel's (highest) state EMS certification/licensure expires.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| date | 1900-01-01 | 2050-01-01 |

Data Element Comment

dPersonnel.28 - EMS Personnel's National Registry Number

Definition

The National Registry number associated with the level of certification/licensure obtained through NREMT.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

[A-Z][A-Z0-9][0-9]{6}

Data Element Comment

dPersonnel.29 - EMS Personnel's National Registry Certification Level

Definition

The level of the current National Registry of Emergency Medical Technicians (NREMT) certification.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|--|
| 1529901 | 2009 Advanced Emergency Medical Technician(AEMT) |
| 1529003 | 2009 Emergency Medical Responder (EMR) |
| 1529005 | 2009 Emergency Medical Technician |
| 1529007 | 2009 Paramedic |
| 1529009 | EMT-Basic |
| 1529011 | EMT-Intermediate |
| 1529013 | EMT-Paramedic |
| 1529015 | First Responder |

Data Element Comment

The category EMT-Intermediate includes EMS professionals with an "85" or "99" certification level.

dPersonnel.30 - EMS Personnel's Current National Registry Expiration Date**Definition**

The date on which the EMS Personnel's National Registry of EMTs certification/licensure expires

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| date | 1900-01-01 | 2050-01-01 |

Data Element Comment

dPersonnel.31 - EMS Personnel's Employment Status

Definition

The personnel's primary employment status for this agency.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D07_03 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|-------------------------------------|
| 1531001 | Full Time Paid Employee |
| 1531003 | Part Time Paid Employee |
| 1531005 | Volunteer |
| 1531007 | Neither an Employee Nor a Volunteer |

Data Element Comment

State

dPersonnel.32 - EMS Personnel's Employment Status Date

Definition

The personnel's employment status date.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D07_04 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| date | 1900-01-01 | 2050-01-01 |

Data Element Comment

dPersonnel.33 - EMS Personnel's Hire Date**Definition**

The date the employee was hired by the EMS agency for this current job.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| date | 1900-01-01 | 2050-01-01 |

Data Element Comment

This is intended to collect information based on the current employment/job. If the EMS personnel has a come and go status, this should reflect the most recent employment/job.

dPersonnel.34 - EMS Personnel's Primary EMS Job Role

Definition

The individuals primary/main EMS role at the EMS agency. This is the function which is performed the majority of the time for the EMS personnel.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|-----------------------|
| 1534001 | Administrator/Manager |
| 1534003 | Driver/Pilot |
| 1534005 | Educator/Preceptor |
| 1534007 | Fire Suppression |
| 1534009 | First-Line Supervisor |
| 1534011 | Law Enforcement |
| 1534013 | Other (Not Listed) |
| 1534015 | Patient Care Provider |
| 1534017 | Rescue |

Data Element Comment

This is a single choice data element which should reflect the EMS Personnel's primary/main job role for which he/she functions. It is understood that most EMS personnel perform more than one role as a part of their position. Other roles should be documented in dPersonnel.36 (EMS Personnel's Other Job Responsibilities).

State

dPersonnel.35 - EMS Personnel's Other Job Responsibilities

Definition

The EMS personnel's other job responsibilities at the agency beyond their primary role documented in dPersonnel.34 (EMS Personnel's Primary EMS Job Role).

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|-----------------------|
| 1534001 | Administrator/Manager |
| 1534003 | Driver/Pilot |
| 1534005 | Educator/Preceptor |
| 1534007 | Fire Suppression |
| 1534009 | First-Line Supervisor |
| 1534011 | Law Enforcement |
| 1534013 | Other (Not Listed) |
| 1534015 | Patient Care Provider |
| 1534017 | Rescue |

Data Element Comment

dPersonnel.36 - EMS Personnel's Total Length of Service in Years

Definition

The personnel's total length of EMS service at any level (years).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D08_19 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| integer | 0 | 80 |

Data Element Comment

dPersonnel.37 - EMS Personnel's Date Length of Service Documented**Definition**

The date which the length of EMS service was documented.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D08_20 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| date | 1900-01-01 | 2050-01-01 |

Data Element Comment

Associated with dPersonnel.37 (EMS Personnel's Total Length of Service in Years).

dPersonnel.38 - EMS Professional's Practice Level

Definition

The EMS certification level at which the individual is providing patient care services for the EMS agency.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D07_05 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|---|
| 9925001 | 2009 Advanced Emergency Medical Technician (AEMT) |
| 9925003 | 2009 Emergency Medical Responder (EMR) |
| 9925005 | 2009 Emergency Medical Technician (EMT) |
| 9925007 | 2009 Paramedic |
| 9925013 | First Responder |
| 9925015 | EMT-Basic |
| 9925017 | EMT-Intermediate |
| 9925019 | EMT-Paramedic |
| 9925021 | Nurse |
| 9925023 | Other Healthcare Professional |
| 9925025 | Other Non-Healthcare Professional |
| 9925027 | Physician |
| 9925029 | Respiratory Therapist |
| 9925031 | Student |
| 9925033 | Critical Care Paramedic |
| 9925035 | Community Paramedicine |

Data Element Comment

The category EMT-Intermediate includes EMS professionals with an "85" or "99" certification level.

dPersonnel.39 - Date of Professional's Certification or Licensure for Agency

Definition

The date that the Certification/Licensure was achieved for the local EMS agency.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D07_06 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| date | 1900-01-01 | 2050-01-01 |

Data Element Comment

dDevice

| | | | |
|--------|---|----------------------|---------------------------|
| 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, and/or C = Correlation ID | | |

| dDevice | | | |
|---------|---|---|---|
| 0 : M | dDevice.DeviceGroup | | C |
| 0 : 1 | dDevice.01 - Medical Device Serial Number | O | |
| 0 : 1 | dDevice.02 - Medical Device Name or ID | O | |
| 0 : M | dDevice.03 - Medical Device Type | O | C |
| 0 : 1 | dDevice.04 - Medical Device Manufacturer | O | |
| 0 : 1 | dDevice.05 - Medical Device Model Number | O | |
| 0 : 1 | dDevice.06 - Medical Device Purchase Date | O | |
| dDevice | | | |

dDevice.01 - Medical Device Serial Number**Definition**

The unique manufacturer's serial number associated with a medical device.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D09_01 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 2 | 50 |

Data Element Comment

dDevice.02 - Medical Device Name or ID**Definition**

The local number or configurable Name/ID of the medical device.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D09_02 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 2 | 50 |

Data Element Comment

dDevice.03 - Medical Device Type

Definition

The type of medical device.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|---|
| 1603001 | Capnography-Numeric |
| 1603003 | Capnography-Waveform |
| 1603005 | Chemistry Measurement-Blood or Serum |
| 1603007 | Chemistry Measurement-Glucometer |
| 1603009 | Chemistry Measurement-Urine |
| 1603011 | CPR-External Device |
| 1603013 | Defibrillator-Automated |
| 1603015 | Defibrillator-Manual |
| 1603017 | ECG-12 Lead or Greater |
| 1603019 | ECG-Less than 12 Lead (Cardiac Monitor) |
| 1603021 | Medication Infusion Pump |
| 1603023 | Other (Not Listed) |
| 1603025 | Oximetry-Carbon Monoxide |
| 1603027 | Oximetry-Oxygen |
| 1603029 | Pressure Monitors-Invasive |
| 1603031 | Pressure Monitors-Non-Invasive |
| 1603033 | Respirator (BLS) |
| 1603035 | Ventilator (ALS) |
| 1603037 | Ventilator Assistance-BiPAP |
| 1603039 | Ventilator Assistance-CPAP |

Data Element Comment

This is multiple choice to allow documentation of various multifunction device configurations.

dDevice.04 - Medical Device Manufacturer**Definition**

The manufacturer of the medical device.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D09_03 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|------------------|------------------|------------------|
| string | 2 | 50 |

Data Element Comment

dDevice.05 - Medical Device Model Number**Definition**

The specific manufacturer's model number associated with medical device.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D09_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 2 | 50 |

Data Element Comment

dDevice.06 - Medical Device Purchase Date**Definition**

The date the device was purchased or placed in service by the EMS agency.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D09_05 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| date | 1900-01-01 | 2050-01-01 |

Data Element Comment

dFacility

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, and/or C = Correlation ID

dFacility

| | | | |
|-------|--|---|---|
| 0 : M | dFacilityGroup | | C |
| 0 : 1 | dFacility.01 - Type of Facility | O | |
| 0 : M | dFacility.FacilityGroup | | C |
| 0 : 1 | dFacility.02 - Facility Name | O | |
| 0 : 1 | dFacility.03 - Facility Location Code | O | |
| 0 : M | dFacility.04 - Hospital Designations | O | C |
| 0 : 1 | dFacility.05 - Facility National Provider Identifier | O | |
| 0 : 1 | dFacility.06 - Facility Room, Suite, or Apartment | O | |
| 0 : 1 | dFacility.07 - Facility Street Address | O | |
| 0 : 1 | dFacility.08 - Facility City | O | |
| 0 : 1 | dFacility.09 - Facility State | O | |
| 0 : 1 | dFacility.10 - Facility ZIP Code | O | |
| 0 : 1 | dFacility.11 - Facility County | O | |
| 0 : 1 | dFacility.12 - Facility Country | O | |
| 0 : 1 | dFacility.13 - Facility GPS Location | O | |
| 0 : 1 | dFacility.14 - Facility US National Grid Coordinates | O | |

dFacility

dFacility.01 - Type of Facility**Definition**

The type of facility (healthcare or other) that the EMS agency transports patients to or from.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D04_15 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|--------------------------|
| 1701001 | Assisted Living Facility |
| 1701003 | Clinic |
| 1701005 | Hospital |
| 1701007 | Nursing Home |
| 1701009 | Other (Not Listed) |
| 1701011 | Urgent Care |

Data Element Comment

dFacility.02 - Facility Name

Definition

The name of the facility.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D04_11 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

dFacility.03 - Facility Location Code**Definition**

The code of the facility as assigned by the state or the EMS agency.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D04_12 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 50 |

Data Element Comment

The information contained within this element could be used to populate eScene.09 (Incident Facility Code) or eDisposition.02 (Destination/Transferred To, Code) via a drop down list created at either the EMS Agency or State level.

dFacility.04 - Hospital Designations

Definition

The designation(s) associated with the hospital (e.g. Trauma, STEMI, Peds, etc)

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--------------------------|
| 9908001 | Behavioral Health |
| 9908003 | Burn Center |
| 9908005 | Critical Access Hospital |
| 9908007 | Hospital (General) |
| 9908009 | Neonatal Center |
| 9908011 | Pediatric Center |
| 9908013 | STEMI |
| 9908015 | STEMI Center (24/7) |
| 9908017 | Stroke Center |
| 9908019 | Rehab Center |
| 9908021 | Trauma Center Level 1 |
| 9908023 | Trauma Center Level 2 |
| 9908025 | Trauma Center Level 3 |
| 9908027 | Trauma Center Level 4 |
| 9908029 | Trauma Center Level 5 |

Data Element Comment

To be documented when in eDisposition.21 "Hospital" is selected .

dFacility.05 - Facility National Provider Identifier**Definition**

The facility National Provider Identifier associated with National Provider System (NPS).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 10 |

Data Element Comment

dFacility.06 - Facility Room, Suite, or Apartment**Definition**

The number of the specific room, suite, or apartment of the facility.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 1 | 15 |

Data Element Comment

dFacility.07 - Facility Street Address

Definition

The address where the facility is located.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes

StreetAddress2

Data Type: string

minLength: 1

maxLength: 55

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 55 |

Data Element Comment

The information contained within this element could be used to populate the address information within eScene.18 (Incident State) and/or eDisposition.03 (Destination Street Address) as appropriate.

dFacility.08 - Facility City

Definition

The city where the facility is located.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Data Element Comment

Based on GNIS Civil Code or Populated Place code. The information contained within this element could be used to populate the address information within eScene.17 (Incident City) and/or eDisposition.04 (Destination City) as appropriate.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

dFacility.09 - Facility State

Definition

The state where the facility is located.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 2 |

Data Element Comment

Based on the ANSI Code. The information contained within this element could be used to populate the address information within eScene.18 (Incident State) and/or eDisposition.05 (Destination State) as appropriate.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

dFacility.10 - Facility ZIP Code

Definition

The zip code where the facility is located.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

[0-9]{5}||[0-9]{5}-[0-9]{4}||[0-9]{5}-[0-9]{5}||[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Data Element Comment

The information contained within this element could be used to populate the address information within eScene.19 (Incident ZIP Code) and/or eDisposition.07 (Destination ZIP Code) as appropriate.

ZIP Codes Product Website: <https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/>
Product: USA - 5-digit ZIP Code Database, Commercial Edition

dFacility.11 - Facility County

Definition

The county where the facility is located.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 5 |

Data Element Comment

Based on the ANSI Code. The information contained within this element could be used to populate the address information within eScene.21 (Incident County) and/or eDisposition.06 (Destination County) as appropriate.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

dFacility.12 - Facility Country

Definition

The country where the facility is located.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|------|---------------|
| CA | Canada |
| MX | Mexico |
| US | United States |

Data Element Comment

Based on the ANSI Code. The information contained within this element could be used to populate the address information within eScene.22 (Incident Country) and/or eDisposition.08 (Destination Country) as appropriate.

ANSI Country Codes (ISO 3166) Website: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

dFacility.13 - Facility GPS Location

Definition

The facility GPS Coordinates.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

(\+|-)?(90(\.[0]{1,6})?|([1-8][0-9][0-9])(\.[0-9]{1,6})?),(\+|-)?(180(\.[0]{1,6})?|([0-7][0-9][1-9][0-9])(\.[0-9]{1,6})?)

Data Element Comment

The information contained within this element could be used to populate the address information within eScene.10 (Scene GPS Location) and/or eDisposition.09 (Destination GPS Location) as appropriate.

The pattern for GPS location is in the format "*latitude,longitude*" where:

- *latitude* has a minimum of -90 and a maximum of 90 with up to 6 decimal places
- *longitude* has a minimum of -180 and a maximum of 180 with up to 6 decimal places

dFacility.14 - Facility US National Grid Coordinates

Definition

Facility US National Grid Coordinates

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

[1][0-9][R,S,T,U][ABCDEFGHJKLMNPQRSTUVWXYZ][ABCDEFGHJKLMNPQRSTUV][0-9]{8}

Data Element Comment

Standard found at www.fgdc.gov/usng. The information contained within this element could be used to populate the address information within eScene.11 (Scene US National Grid Coordinates) and/or eDisposition.10 (Disposition Location US National Grid Coordinates) as appropriate.

dCustomResults

| | | | |
|--------|---|----------------------|---------------------------|
| 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, and/or C = Correlation ID | | |

dCustomResults

| | | | |
|-------|---|---|---------|
| 0 : M | dCustomResults.ResultsGroup | | C |
| 1 : M | dCustomResults.01 - Custom Data Element Result | M | N, L, P |
| 1 : 1 | dCustomResults.02 - Custom Element ID Referenced | M | |
| 0 : 1 | dCustomResults.03 - CorrelationID of DemographicReport Element or Group | O | |

dCustomResults

dCustomResults.01 - Custom Data Element Result

Definition

The actual value or values chosen (if values listed in dCustomConfiguration.06) or result (free text, Date/Time, or number) documented for the Custom Data Element

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Mandatory | Recurrence | 1 : M |

Attributes

NOT Values (NV)**Pertinent Negatives (PN)****NV**

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

PN

8801001 - Contraindication Noted

8801003 - Denied By Order

8801005 - Exam Finding Not Present

8801007 - Medication Allergy

8801009 - Medication Already Taken

8801013 - No Known Drug Allergy

8801015 - None Reported

8801017 - Not Performed by EMS

8801019 - Refused

8801021 - Unresponsive

8801023 - Unable to Complete

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 100000 |

Data Element Comment

Version 3 Changes Implemented

Added to allow customized data elements to be inserted and collected from within the NEMSIS Version 3 standard.

dCustomResults.02 - Custom Element ID Referenced

Definition

References the CustomElementID attribute for dCustomConfiguration.CustomGroup

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 0 | 255 |

Data Element Comment

dCustomResults.03 - CorrelationID of DemographicReport Element or Group**Definition**

References the CorrelationID attribute of an element or group in the DemographicReport section

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 0 | 255 |

Data Element Comment

eState

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, and/or C = Correlation ID

eState

0 : M

eState.01 - State Required Element

O

eState

eState.01 - State Required Element

Definition

Indicates which elements are required by the state

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

TIMESTAMP

Data Type: String **minInclusive:** 1950-01-01T00:00:00-00:00 **maxInclusive:** 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}

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 100 |

Data Element Comment

eCustomConfiguration

| | | | |
|--------|--|--|---|
| 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, and/or C = Correlation ID | | |

eCustomConfiguration

| | | |
|-------|--|---|
| 0 : M | eCustomConfiguration.CustomGroup | |
| 1 : 1 | eCustomConfiguration.01 - Custom Data Element Title | M |
| 1 : 1 | eCustomConfiguration.02 - Custom Definition | M |
| 1 : 1 | eCustomConfiguration.03 - Custom Data Type | M |
| 1 : 1 | eCustomConfiguration.04 - Custom Data Element Recurrence | M |
| 1 : 1 | eCustomConfiguration.05 - Custom Data Element Usage | M |
| 0 : M | eCustomConfiguration.06 - Custom Data Element Potential Values | O |
| 0 : M | eCustomConfiguration.07 - Custom Data Element Potential NOT Values (NV) | O |
| 0 : M | eCustomConfiguration.08 - Custom Data Element Potential Pertinent Negative Values (PN) | O |

eCustomConfiguration

eCustomConfiguration.01 - Custom Data Element Title**Definition**

This is the title of the custom data element created to collect information that is not defined formally in NEMSIS Version 3.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Attributes**nemsisElement**

Data Type: anySimpleType **whiteSpace:** preserve

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

This is grouped with all data elements in this section and can have multiple instances.

Version 3 Changes Implemented

Added to allow customized data elements to be inserted and collected from within the NEMSIS Version 3 standard.

eCustomConfiguration.02 - Custom Definition

Definition

The definition of the custom element and how it should be used.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 0 | 255 |

Data Element Comment

eCustomConfiguration.03 - Custom Data Type

Definition

The data type of the custom element.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Code List

| Code | Description |
|---------|--------------------|
| 9902001 | Binary |
| 9902003 | Date/Time |
| 9902005 | Integer/Number |
| 9902007 | Other (Not Listed) |
| 9902009 | Text/String |

Data Element Comment

eCustomConfiguration.04 - Custom Data Element Recurrence

Definition

Indication if the data element will accept multiple values.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Code List

| Code | Description |
|---------|-------------|
| 9923001 | No |
| 9923003 | Yes |

Data Element Comment

Version 3 Changes Implemented

Added to allow customized data elements to be inserted and collected from within the NEMSIS Version 3 standard.

eCustomConfiguration.05 - Custom Data Element Usage

Definition

The Usage (Mandatory, Required, Recommended or Optional) for the Custom Data Element.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Code List

| Code | Description |
|---------|-------------|
| 9903001 | Mandatory |
| 9903003 | Required |
| 9903005 | Recommended |
| 9903007 | Optional |

Data Element Comment

Mandatory = Must be completed and will not accept null values

Required = Must be completed but will accept null values

Recommended = Not required but if collected will accept null values

Optional = Not required but if collected, it cannot be a null value.

Version 3 Changes Implemented

Added to allow customized data elements to be inserted and collected from within the NEMSIS Version 3 standard.

eCustomConfiguration.06 - Custom Data Element Potential Values

Definition

The values which are associated with the Custom Data Element. Values would be the choices provided to the user when they document the Custom Data Element

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

nemsisCode

Data Type: anySimpleType **whiteSpace:** preserve

customValueDescription

Data Type: anySimpleType **whiteSpace:** preserve

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 100 |

Data Element Comment

Version 3 Changes Implemented

Added to allow customized data elements to be inserted and collected from within the NEMSIS Version 3 standard.

eCustomConfiguration.07 - Custom Data Element Potential NOT Values (NV)

Definition

NOT Values (NV) associated with the custom element

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Code List

| Code | Description |
|---------|----------------|
| 7701001 | Not Applicable |
| 7701003 | Not Recorded |
| 7701005 | Not Reporting |

Data Element Comment

eCustomConfiguration.08 - Custom Data Element Potential Pertinent Negative Values (PN)

Definition

Pertinent Negative Values (PN) associated with the custom element

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Code List

| Code | Description |
|---------|--------------------------|
| 8801001 | Contraindication Noted |
| 8801003 | Denied By Order |
| 8801005 | Exam Finding Not Present |
| 8801007 | Medication Allergy |
| 8801009 | Medication Already Taken |
| 8801013 | No Known Drug Allergy |
| 8801015 | None Reported |
| 8801017 | Not Performed by EMS |
| 8801019 | Refused |
| 8801021 | Unresponsive |
| 8801023 | Unable to Complete |

Data Element Comment

eRecord

| | | | | |
|--------|----------------|---|----------------------|---------------------------|
| 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, and/or C = Correlation ID | | |

| eRecord | | | | |
|---------|---|----------------|----------------|----------------|
| 1 : 1 | eRecord.01 - Patient Care Report Number | N | S | M |
| 1 : 1 | eRecord.SoftwareApplicationGroup | | | |
| | 1 : 1 eRecord.02 - Software Creator | N | S | M |
| | 1 : 1 eRecord.03 - Software Name | N | S | M |
| | 1 : 1 eRecord.04 - Software Version | N | S | M |
| eRecord | | | | |

State

National

eRecord.01 - Patient Care Report Number

Definition

The unique number automatically assigned by the EMS agency for each Patient Care Report (PCR). This should be a unique number for the EMS agency for all of time.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E01_01 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 3 | 32 |

Data Element Comment

State

National

eRecord.02 - Software Creator

Definition

The name of the vendor, manufacturer, and developer who designed the application that created this record.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E01_02 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

This is required to document the software used to generate the Patient Care Report. This is not the last software which aggregated/stored the Patient Care Report after it was sent from another software.

State

National

eRecord.03 - Software Name

Definition

The name of the application used to create this record.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E01_03 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

This is the EMS Agency's software, not the state or other level software which electronically received the data from the local EMS Agency.

State

National

eRecord.04 - Software Version

Definition

The version of the application used to create this record.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E01_04 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

eResponse

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, and/or C = Correlation ID

eResponse

| | | | | | | |
|-----|------------------------|---|---|---|------|---------|
| 1:1 | eResponse.AgencyGroup | | | | | |
| 1:1 | 1:1 | eResponse.01 - EMS Agency Number | N | S | M | |
| | 0:1 | eResponse.02 - EMS Agency Name | S | E | N, L | |
| 1:1 | | eResponse.03 - Incident Number | N | S | R | N, L |
| 1:1 | | eResponse.04 - EMS Response Number | N | S | R | N, L |
| 1:1 | eResponse.ServiceGroup | | | | | |
| | 1:1 | eResponse.05 - Type of Service Requested | N | S | M | |
| | 0:1 | eResponse.06 - Standby Purpose | O | | | |
| 1:1 | | eResponse.07 - Primary Role of the Unit | N | S | M | |
| 1:M | | eResponse.08 - Type of Dispatch Delay | N | S | R | N, L, C |
| 1:M | | eResponse.09 - Type of Response Delay | N | S | R | N, L, C |
| 1:M | | eResponse.10 - Type of Scene Delay | N | S | R | N, L, C |
| 1:M | | eResponse.11 - Type of Transport Delay | N | S | R | N, L, C |
| 1:M | | eResponse.12 - Type of Turn-Around Delay | N | S | R | N, L, C |
| 1:1 | | eResponse.13 - EMS Vehicle (Unit) Number | N | S | M | |
| 1:1 | | eResponse.14 - EMS Unit Call Sign | N | S | M | |
| 1:1 | | eResponse.15 - Level of Care of This Unit | N | S | M | |
| 0:1 | | eResponse.16 - Vehicle Dispatch Location | O | | | |
| 0:1 | | eResponse.17 - Vehicle Dispatch GPS Location | O | | | |
| 0:1 | | eResponse.18 - Vehicle Dispatch US National Grid Location | O | | | |
| 0:1 | | eResponse.19 - Beginning Odometer Reading of Responding Vehicle | S | O | | |
| 0:1 | | eResponse.20 - On-Scene Odometer Reading of Responding Vehicle | S | O | | |
| 0:1 | | eResponse.21 - Patient Destination Odometer Reading of Responding Vehicle | S | O | | |
| 0:1 | | eResponse.22 - Ending Odometer Reading of Responding Vehicle | S | O | | |
| 1:1 | | eResponse.23 - Response Mode to Scene | N | S | M | |
| 1:M | | eResponse.24 - Additional Response Mode Descriptors | N | S | R | N, L, C |

eResponse

State

National

eResponse.01 - EMS Agency Number

Definition

The state-assigned provider number of the responding agency

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E02_01 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 15 |

Data Element Comment

The EMS Agency Number in eResponse.01 can auto-populate from dAgency.02 EMS Agency Number in the demographic section.

State

eResponse.02 - EMS Agency Name

Definition

EMS Agency Name

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

Added to better identify the EMS Agency associated with the EMS event.

State

National

eResponse.03 - Incident Number

Definition

The incident number assigned by the 911 Dispatch System

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E02_02 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 3 | 32 |

Data Element Comment

This number can be used to associate multiple EMS responses, dispatch information, and other information to the same EMS event or patient.

State

National

eResponse.04 - EMS Response Number

Definition

The internal EMS response number which is unique for each EMS Vehicle's (Unit) response to an incident within an EMS Agency.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E02_03 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 3 | 32 |

Data Element Comment

State

National

eResponse.05 - Type of Service Requested

Definition

The type of service or category of service requested of the EMS Agency responding for this specific EMS event

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E02_04 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|------------------------------------|
| 2205001 | 911 Response (Scene) |
| 2205003 | Intercept |
| 2205005 | Interfacility Transport |
| 2205007 | Medical Transport |
| 2205009 | Mutual Aid |
| 2205011 | Public Assistance/Other Not Listed |
| 2205013 | Standby |

Data Element Comment

"Interfacility Transfer" has been changed to "Interfacility Transport. "Public Assistance/Other Not Listed" added for EMS expanded scope events such as elderly assistance, injury prevention, public education, immunization programs, etc.

eResponse.06 - Standby Purpose

Definition

The main reason the EMS Unit is on Standby as the Primary Type of Service for the EMS event.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|--|
| 2206001 | Disaster Event-Drill/Exercise |
| 2206003 | Disaster Event-Live Staging |
| 2206005 | Education |
| 2206007 | EMS Staging-Improve Coverage |
| 2206009 | Fire Support-Rehab |
| 2206011 | Fire Support-Standby |
| 2206013 | Mass Gathering-Concert/Entertainment Event |
| 2206015 | Mass Gathering-Fair/Community Event |
| 2206017 | Mass Gathering-Sporting Event |
| 2206019 | Other (Not Listed) |
| 2206021 | Public Safety Support |

Data Element Comment

Added to document the reason for "Standby" when populated in eResponse.05 (Type of Service Requested). This information will assist in administrative analysis of EMS service delivery, special event coverage, etc.

State

National

eResponse.07 - Primary Role of the Unit

Definition

The primary role of the EMS Unit which responded to this specific EMS event

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E02_05 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|---|
| 2207001 | Air Transport |
| 2207003 | Ground Transport |
| 2207005 | Non-Transport Administrative (e.g., Supervisor) |
| 2207007 | Non-Transport Assistance |
| 2207009 | Non-Transport Rescue |

Data Element Comment

Supervisor clarified to Administrative Only. If the Supervisor is responding to assist, that would be considered Non-Transport. Transport separated into Air and Ground. In Version 2 there was no way to identify Air Transport.

State

National

eResponse.08 - Type of Dispatch Delay

Definition

The dispatch delays, if any, associated with the dispatch of the EMS unit to the EMS event.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E02_06 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|--|
| 2208001 | Caller (Uncooperative) |
| 2208003 | Diversion/Failure (of previous unit) |
| 2208005 | High Call Volume |
| 2208007 | Language Barrier |
| 2208009 | Location (Inability to Obtain) |
| 2208011 | No EMS Vehicles (Units) Available |
| 2208013 | None/No Delay |
| 2208015 | Other (Not Listed) |
| 2208017 | Technical Failure (Computer, Phone etc.) |

Data Element Comment

A dispatch delay is any time delay that occurs from the time of PSAP call (eTimes.01) to the time the unit is notified by dispatch (eTimes.03).

State

National

eResponse.09 - Type of Response Delay

Definition

The response delays, if any, of the EMS unit associated with the EMS event.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E02_07 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|-----------------------------------|
| 2209001 | Crowd |
| 2209003 | Directions/Unable to Locate |
| 2209005 | Distance |
| 2209007 | Diversion (Different Incident) |
| 2209009 | HazMat |
| 2209011 | None/No Delay |
| 2209013 | Other (Not Listed) |
| 2209015 | Rendezvous Transport Unavailable |
| 2209017 | Route Obstruction (e.g., train) |
| 2209019 | Scene Safety (Not Secure for EMS) |
| 2209021 | Staff Delay |
| 2209023 | Traffic |
| 2209025 | Vehicle Crash Involving this Unit |
| 2209027 | Vehicle Failure of this Unit |
| 2209029 | Weather |

Data Element Comment

Rendezvous Transport Unavailable added for situations where there is a wait for an EMS Transport Unit, a Ferry, Air Medical, etc to return to service.

A response delay is any time delay that occurs from the time the unit is notified by dispatch (eTimes.03) to the time the unit arrived on scene (eTimes.06).

State

National

eResponse.10 - Type of Scene Delay

Definition

The scene delays, if any, of the EMS unit associated with the EMS event.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E02_08 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|-----------------------------------|
| 2210001 | Awaiting Air Unit |
| 2210003 | Awaiting Ground Unit |
| 2210005 | Crowd |
| 2210007 | Directions/Unable to Locate |
| 2210009 | Distance |
| 2210011 | Extrication |
| 2210013 | HazMat |
| 2210015 | Language Barrier |
| 2210017 | None/No Delay |
| 2210019 | Other (Not Listed) |
| 2210021 | Patient Access |
| 2210023 | Safety-Crew/Staging |
| 2210025 | Safety-Patient |
| 2210027 | Staff Delay |
| 2210029 | Traffic |
| 2210031 | Triage/Multiple Patients |
| 2210033 | Vehicle Crash Involving this Unit |
| 2210035 | Vehicle Failure of this Unit |
| 2210037 | Weather |

Data Element Comment

A scene delay is any time delay that occurs from the time the unit arrived on scene (eTimes.06) to the time the unit left the scene (eTimes.09).

State

National

eResponse.11 - Type of Transport Delay

Definition

The transport delays, if any, of the EMS unit associated with the EMS event.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E02_09 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|-----------------------------------|
| 2211001 | Crowd |
| 2211003 | Directions/Unable to Locate |
| 2211005 | Distance |
| 2211007 | Diversion |
| 2211009 | HazMat |
| 2211011 | None/No Delay |
| 2211013 | Other (Not Listed) |
| 2211015 | Rendezvous Transport Unavailable |
| 2211017 | Route Obstruction (e.g., Train) |
| 2211019 | Safety |
| 2211021 | Staff Delay |
| 2211023 | Traffic |
| 2211025 | Vehicle Crash Involving this Unit |
| 2211027 | Vehicle Failure of this Unit |
| 2211029 | Weather |

Data Element Comment

Rendezvous Transport Unavailable added for situations where there is a wait for an EMS Transport Unit, a Ferry, Air Medical, etc.

A transport delay is any time delay that occurs from the time the unit left the scene (eTimes.09) to the time the patient arrived at the destination (eTimes.10).

State

National

eResponse.12 - Type of Turn-Around Delay

Definition

The turn-around delays, if any, of EMS unit associated with the EMS event.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E02_10 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Response

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|------------------------------------|
| 2212001 | Clean-up |
| 2212003 | Decontamination |
| 2212005 | Distance |
| 2212007 | Documentation |
| 2212009 | ED Overcrowding / Transfer of Care |
| 2212011 | Equipment Failure |
| 2212013 | Equipment/Supply Replenishment |
| 2212015 | None/No Delay |
| 2212017 | Other (Not Listed) |
| 2212019 | Rendezvous Transport Unavailable |
| 2212021 | Route Obstruction (e.g. Train) |
| 2212023 | Staff Delay |
| 2212025 | Traffic |
| 2212027 | Vehicle Crash of this Unit |
| 2212029 | Vehicle Failure of this Unit |
| 2212031 | Weather |

Data Element Comment

Rendezvous Transport Unavailable added for situations where there is a wait for an EMS Transport Unit, a Ferry, Air Medical, etc to return to service.

If a patient is being transported by the unit, turn-around delay is any time delay that occurs from the time the patient arrived at the destination (eTimes.10) until the time the unit is back in service (eTimes.13) or unit back at the home location (eTimes.15) [whichever is the greater of the two times].

If no patient is being transported by the unit, turn-around delay is any time delay that occurs from the time the unit arrived on scene (eTimes.06) until the unit is back in service (eTimes.13) or the unit back at the home location (eTimes.15) [whichever is the greater of the two times].

State

National

eResponse.13 - EMS Vehicle (Unit) Number

Definition

The unique physical vehicle number of the responding unit.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E02_11 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 25 |

Data Element Comment

This is recommended to be the State Vehicle Permit Number if unique to the vehicle. If the vehicle is not licensed by the state, this should be a unique number only associated with a specific vehicle. This element should be populated from dVehicle.01 - Unit/Vehicle Number.

State

National

eResponse.14 - EMS Unit Call Sign

Definition

The EMS unit number used to dispatch and communicate with the unit. This may be the same as the EMS Unit/Vehicle Number in many agencies.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E02_12 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

"This element could be populated from a list created in dVehicle.03 EMS Unit Call Sign or dConfiguration.16 (Crew Call Sign).

State

National

eResponse.15 - Level of Care of This Unit

Definition

The level of care (BLS or ALS) the unit is able to provide based on the units' treatment capabilities for this EMS response.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|----------------------------|
| 2215001 | BLS-First Responder/EMR |
| 2215003 | BLS-Basic /EMT |
| 2215005 | BLS-AEMT |
| 2215007 | BLS-Intermediate |
| 2215023 | BLS-Community Paramedicine |
| 2215009 | ALS-AEMT |
| 2215011 | ALS-Intermediate |
| 2215013 | ALS-Paramedic |
| 2215015 | ALS-Community Paramedicine |
| 2215017 | ALS-Nurse |
| 2215019 | ALS-Physician |
| 2215021 | Specialty Critical Care |

Data Element Comment

Added to identify the level of care (license level) the EMS unit/crew can provide regardless of patient need, based on this unit's capabilities.

For example, if a unit/crew is staffed with an EMT-Intermediate or EMT-Paramedic but the unit is either licensed or stocked at a BLS level the appropriate level of care is "BLS-Basic". This is because the care provided to patients is limited to BLS skills.

eResponse.16 - Vehicle Dispatch Location

Definition

The EMS Location or healthcare facility name representing the geographic location of the vehicle at the time of dispatch.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E02_13 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

This element can be populated from dLocation.02 EMS Location Name or dFacility information. Depending on the information the EMS Agency or State is interested in knowing the following elements can be utilized:

1. dLocation.02 EMS Location Name
2. dFacility.02 Facility Name
3. dFacility.03 Facility Code
4. dFacility.15 Facility GPS Location

eResponse.17 - Vehicle Dispatch GPS Location

Definition

The GPS coordinates associated with the EMS unit at the time of dispatch documented in decimal degrees.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E02_15 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Response

Constraints

Pattern

(\+|-)?(90(\.[0]{1,6})?|([1-8][0-9]([0-9])(\.[0-9]{1,6})?)).(\+|-)?(180(\.[0]{1,6})?|(1[0-7][0-9]([1-9][0-9]([0-9])(\.[0-9]{1,6})?))

Data Element Comment

The pattern for GPS location is in the format "*latitude,longitude*" where:

- *latitude* has a minimum of -90 and a maximum of 90 with up to 6 decimal places
- *longitude* has a minimum of -180 and a maximum of 180 with up to 6 decimal places

eResponse.18 - Vehicle Dispatch US National Grid Location**Definition**

The US National Grid Coordinates for the EMS Vehicle's Dispatch Location.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints**Pattern**

[1][0-9][R,S,T,U][ABCDEFGHJKLMNPQRSTUVWXYZ][ABCDEFGHJKLMNPQRSTUV][0-9]{8}

Data Element Comment

Standard found at www.fgdc.gov/usng. Used by the EMS components of US Governmental entities such as national parks and military agencies.

eResponse.19 - Beginning Odometer Reading of Responding Vehicle

Definition

The mileage (counter or odometer reading) of the vehicle at the beginning of the call (when the wheels begin moving). If EMS vehicle/unit is via water or air travel document the number in "hours" as it relates to the documentation of Boat, Fixed Wing, or Rotor Craft in eDisposition.16 (EMS Transport Method)

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E02_16 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|-----------------------|--------------------|
| Data Type | fractionDigits | totalDigits |
| decimal | 2 | 8 |

Data Element Comment

If a mileage counter is being used instead of an odometer, this value would be 0.

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

Definition

The mileage (counter or odometer reading) of the vehicle when it arrives at the scene. If EMS vehicle/unit is via water or air travel document the number in "hours" as it relates to the documentation of Boat, Fixed Wing, or Rotor Craft in eDisposition.16 (EMS Transport Method)

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E02_17 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|-----------------------|--------------------|
| Data Type | fractionDigits | totalDigits |
| decimal | 2 | 8 |

Data Element Comment

If using a counter, this is the mileage traveled from dispatch to the scene starting from 0.

eResponse.21 - Patient Destination Odometer Reading of Responding Vehicle

Definition

The mileage (counter or odometer reading) of the vehicle when it arrives at the patient's destination. If EMS vehicle/unit is via water or air travel document the number in "hours" as it relates to the documentation of Boat, Fixed Wing, or Rotor Craft in eDisposition.16 (EMS Transport Method)

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E02_18 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | fractionDigits | totalDigits |
|-----------|----------------|-------------|
| decimal | 2 | 8 |

Data Element Comment

If using a counter, this is the mileage traveled from dispatch to the patient's transport destination starting from 0.

eResponse.22 - Ending Odometer Reading of Responding Vehicle

Definition

If using a counter, this is the mileage traveled beginning with dispatch through the transport of the patient to their destination and ending when back in service, starting from 0. If EMS vehicle/unit is via water or air travel document the number in "hours" as it relates to the documentation of boat, Fixed Wing, or Rotor Craft in eDisposition.16

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E02_19 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|-----------------------|--------------------|
| Data Type | fractionDigits | totalDigits |
| decimal | 2 | 8 |

Data Element Comment

State

National

eResponse.23 - Response Mode to Scene

Definition

The indication whether the response was emergent or non-emergent. An emergent response is an immediate response (typically using lights and sirens).

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E02_20 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|-------------------------------------|
| 2223001 | Emergent (Immediate Response) |
| 2223003 | Emergent Downgraded to Non-Emergent |
| 2223005 | Non-Emergent |
| 2223007 | Non-Emergent Upgraded to Emergent |

Data Element Comment

Information now split between eResponse.23 (Response Mode to Scene) and eResponse.24 (Additional Response Mode Descriptors)

State

National

eResponse.24 - Additional Response Mode Descriptors

Definition

The documentation of response mode techniques used for this EMS response.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|--|
| 2224001 | Intersection Navigation-Against Normal Light Patterns |
| 2224003 | Intersection Navigation-With Automated Light Changing Technology |
| 2224005 | Intersection Navigation-With Normal Light Patterns |
| 2224007 | Scheduled |
| 2224009 | Speed-Enhanced per Local Policy |
| 2224011 | Speed-Normal Traffic |
| 2224013 | Unscheduled |

Data Element Comment

Descriptors have been added to better describe the EMS Response. This includes information on whether the EMS event was schedule or unscheduled.

eDispatch

| | | | | |
|--------|----------------|---|----------------------|---------------------------|
| 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, and/or C = Correlation ID | | |

| eDispatch | | | | |
|-----------|---|----------------|----------------|----------------------------------|
| 1 : 1 | eDispatch.01 - Complaint Reported by Dispatch | N | S | M |
| 1 : 1 | eDispatch.02 - EMD Performed | N | S | R N, L |
| 0 : 1 | eDispatch.03 - EMD Card Number | O | | |
| 0 : 1 | eDispatch.04 - Dispatch Center Name or ID | O | | |
| 0 : 1 | eDispatch.05 - Dispatch Priority (Patient Acuity) | O | | |
| eDispatch | | | | |

State

National

eDispatch.01 - Complaint Reported by Dispatch

Definition

The complaint dispatch reported to the responding unit.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E03_01 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|---|
| 2301001 | Abdominal Pain/Problems |
| 2301003 | Allergic Reaction/Stings |
| 2301005 | Animal Bite |
| 2301007 | Assault |
| 2301009 | Automated Crash Notification |
| 2301011 | Back Pain (Non-Traumatic) |
| 2301013 | Breathing Problem |
| 2301015 | Burns/Explosion |
| 2301017 | Carbon Monoxide/Hazmat/Inhalation/CBRN |
| 2301019 | Cardiac Arrest/Death |
| 2301021 | Chest Pain (Non-Traumatic) |
| 2301023 | Choking |
| 2301025 | Convulsions/Seizure |
| 2301027 | Diabetic Problem |
| 2301029 | Electrocution/Lightning |
| 2301031 | Eye Problem/Injury |
| 2301033 | Falls |
| 2301035 | Fire |
| 2301037 | Headache |
| 2301039 | Healthcare Professional/Admission |
| 2301041 | Heart Problems/AICD |
| 2301043 | Heat/Cold Exposure |
| 2301045 | Hemorrhage/Laceration |
| 2301047 | Industrial Accident/Inaccessible Incident/Other Entrapments (Non-Vehicle) |
| 2301049 | Medical Alarm |
| 2301051 | No Other Appropriate Choice |
| 2301053 | Overdose/Poisoning/Ingestion |
| 2301055 | Pandemic/Epidemic/Outbreak |
| 2301057 | Pregnancy/Childbirth/Miscarriage |
| 2301059 | Psychiatric Problem/Abnormal Behavior/Suicide Attempt |
| 2301061 | Sick Person |
| 2301063 | Stab/Gunshot Wound/Penetrating Trauma |
| 2301065 | Standby |
| 2301067 | Stroke/CVA |
| 2301069 | Traffic/Transportation Incident |
| 2301071 | Transfer/Interfacility/Palliative Care |
| 2301073 | Traumatic Injury |
| 2301075 | Well Person Check |
| 2301077 | Unconscious/Fainting/Near-Fainting |
| 2301079 | Unknown Problem/Person Down |
| 2301081 | Drowning/Diving/SCUBA Accident |

Data Element Comment

Added Pandemic/Epidemic/Outbreak.
 Added Automated Crash Notification
 Added Healthcare Professional Admission

Added Interfacility/Evaluation/Transfer
- Other entries expanded based on current national EMD Dispatch List

State

National

eDispatch.02 - EMD Performed

Definition

Indication of whether Emergency Medical Dispatch was performed for this EMS event.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E03_02 | 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

Code List

| Code | Description |
|---------|--|
| 2302001 | No |
| 2302003 | Yes, With Pre-Arrival Instructions |
| 2302005 | Yes, Without Pre-Arrival Instructions |
| 2302007 | Yes, Unknown if Pre-Arrival Instructions Given |

Data Element Comment

eDispatch.03 - EMD Card Number

Definition

The EMD card number reported by dispatch, consisting of the card number, dispatch level, and dispatch mode

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E03_03 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 10 |

Data Element Comment

eDispatch.04 - Dispatch Center Name or ID**Definition**

The name or ID of the dispatch center providing electronic data to the PCR for the EMS agency, if applicable.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

This element can be used to identify the dispatch center (Primary or Secondary Public Safety Answering Point - PSAP) that dispatches the EMS agency. If the EMS agency is able to populate the Patient Care Report (PCR) with CAD specific details (times, incident address information, crew information, EMD, etc) the name or ID of the dispatch center should be documented.

Version 3 Changes Implemented

Added to the dataset to assist in identifying the CAD / dispatch center providing information to the EMS agency and ePCR when there are multiple dispatch centers sending resources to the same EMS incident.

eDispatch.05 - Dispatch Priority (Patient Acuity)

Definition

The actual, apparent, or potential acuity of the patient's condition as determined through information obtained during the EMD process.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|---|
| 2305001 | Priority 1 (Critical) |
| 2305003 | Priority 2 (Emergent) |
| 2305005 | Priority 3 (Lower Acuity) |
| 2305007 | Priority 4 (Non-Acute [e.g. Scheduled Transfer or Standby]) |

Data Element Comment

The use of priority and acuity values vary by EMS agency. Some systems may utilize fewer than four priority levels and some more. The use of four priority levels is to capture the majority and allow for the inclusion of the NHTSA National EMS Core Content definitions for patient acuity, specifically: Critical, Emergent, and Lower Acuity.

Provided below is an example application only. This example bears no relationship to any particular federal, state, or agency billing requirement

For EMS Agencies and CAD / EMD systems utilizing Alpha-Echo, Omega levels for determining the priority level for dispatch of the EMS unit, the recommended mapping is:

| | | |
|--------------------|----------------------|--------------------|
| Echo = Priority 1 | Charlie = Priority 2 | Alpha = Priority 3 |
| Delta = Priority 1 | Bravo = Priority 2 | Omega = Priority 4 |

Priority 1 is typically an emergent (lights and sirens) response

Priority 2 is typically an emergent response without the use lights and sirens

Priority 3 is typically a non-emergent response for nursing home, hospital-to-hospital transfers, etc.

Priority 4 is typically a scheduled response (scheduled transfer) or standby event

Definitions related to "Critical, Emergent, and Lower Acuity" can be found in the National EMS Core Content document from NHTSA EMS (DOT HS 809-898 July 2005) at

<http://www.nhtsa.gov/people/injury/ems/emscorecontent/images/EMSCoreContent.pdf>

eCrew

| | | | | |
|--------|----------------|---|----------------------|---------------------------|
| 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, and/or C = Correlation ID | | |

| eCrew | | | | | |
|-------|-----------------|--------------------------------------|---|---|---------|
| 0 : M | eCrew.CrewGroup | | | | C |
| | 0 : 1 | eCrew.01 - Crew Member ID | S | E | N, L |
| | 0 : 1 | eCrew.02 - Crew Member Level | S | E | N, L |
| | 0 : M | eCrew.03 - Crew Member Response Role | S | E | N, L, C |
| eCrew | | | | | |

eCrew.01 - Crew Member ID

Definition

The state certification/licensure ID number assigned to the crew member.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E04_01 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 15 |

Data Element Comment

Document the state certification/licensure ID for the state where the event occurred.

eCrew.02 - Crew Member Level

Definition

The functioning level of the crew member ID during this EMS patient encounter.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E04_03 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|---|
| 9925001 | 2009 Advanced Emergency Medical Technician (AEMT) |
| 9925003 | 2009 Emergency Medical Responder (EMR) |
| 9925005 | 2009 Emergency Medical Technician (EMT) |
| 9925007 | 2009 Paramedic |
| 9925013 | First Responder |
| 9925015 | EMT-Basic |
| 9925017 | EMT-Intermediate |
| 9925019 | EMT-Paramedic |
| 9925021 | Nurse |
| 9925023 | Other Healthcare Professional |
| 9925025 | Other Non-Healthcare Professional |
| 9925027 | Physician |
| 9925029 | Respiratory Therapist |
| 9925031 | Student |
| 9925033 | Critical Care Paramedic |
| 9925035 | Community Paramedicine |

Data Element Comment

The category EMT-Intermediate includes EMS professionals with an "85" or "99" certification level.

State

eCrew.03 - Crew Member Response Role

Definition

The role(s) of the role member during response, at scene treatment, and/or transport.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E04_02 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|-------------------------------------|
| 2403001 | Driver/Pilot-Response |
| 2403003 | Driver/Pilot-Transport |
| 2403005 | Other (Not Listed) |
| 2403007 | Other Patient Caregiver-At Scene |
| 2403009 | Other Patient Caregiver-Transport |
| 2403011 | Primary Patient Caregiver-At Scene |
| 2403013 | Primary Patient Caregiver-Transport |

Data Element Comment

This element has been changed to allow for multiple selections. There must be a driver for response and transport. There must be a primary patient caregiver for scene and transport.

eTimes

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, and/or C = Correlation ID

eTimes

| | | | | | |
|-------|--|--|--|---|---|
| 1 : 1 | eTimes.01 - PSAP Call Date/Time | N | S | R | N, L |
| 0 : 1 | eTimes.02 - Dispatch Notified Date/Time | O | | | |
| 1 : 1 | eTimes.03 - Unit Notified by Dispatch Date/Time | N | S | M | |
| 0 : 1 | eTimes.04 - Dispatch Acknowledged Date/Time | O | | | |
| 1 : 1 | eTimes.05 - Unit En Route Date/Time | N | S | R | N, L |
| 1 : 1 | eTimes.06 - Unit Arrived on Scene Date/Time | N | S | R | N, L |
| 1 : 1 | eTimes.07 - Arrived at Patient Date/Time | N | S | R | N, L |
| 0 : 1 | eTimes.08 - Transfer of EMS Patient Care Date/Time | S | E | N, L | |
| 1 : 1 | eTimes.09 - Unit Left Scene Date/Time | N | S | R | N, L |
| 0 : 1 | eTimes.10 - Arrival at Destination Landing Area Date/Time | O | | | |
| 1 : 1 | eTimes.11 - Patient Arrived at Destination Date/Time | N | S | R | N, L |
| 1 : 1 | eTimes.12 - Destination Patient Transfer of Care Date/Time | N | S | R | N, L |
| 1 : 1 | eTimes.13 - Unit Back in Service Date/Time | N | S | M | |
| 0 : 1 | eTimes.14 - Unit Canceled Date/Time | S | O | | |
| 0 : 1 | eTimes.15 - Unit Back at Home Location Date/Time | O | | | |
| 0 : 1 | eTimes.16 - EMS Call Completed Date/Time | O | | | |

eTimes

State

National

eTimes.01 - PSAP Call Date/Time

Definition

The date/time the phone rings (911 call to public safety answering point or other designated entity) requesting EMS services.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E05_02 | 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

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| 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

This date/time might be the same as Dispatch Notified Date/Time (eTimes.02).

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 |

eTimes.02 - Dispatch Notified Date/Time

Definition

The date/time dispatch was notified by the 911 call taker (if a separate entity).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E05_03 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| 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

This date/time might be the same as PSAP Call Date/Time (eTimes.01).

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 |

State

National

eTimes.03 - Unit Notified by Dispatch Date/Time

Definition

The date/time the responding unit was notified by dispatch.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E05_04 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

Data Type **minInclusive** **maxInclusive**
 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 |

eTimes.04 - Dispatch Acknowledged Date/Time

Definition

The date/time the dispatch was acknowledged by the EMS Unit.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| 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

This is the end of turnout time or the beginning of response time. Added per Fire Service to better calculate NFPA 1710.

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 |

State

National

eTimes.05 - Unit En Route Date/Time

Definition

The date/time the unit responded; that is, the time the vehicle started moving.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E05_05 | 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

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| 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 |

State

National

eTimes.06 - Unit Arrived on Scene Date/Time

Definition

The date/time the responding unit arrived on the scene; that is, the time the vehicle stopped moving at the scene.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E05_06 | 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

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| 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 |

State

National

eTimes.07 - Arrived at Patient Date/Time

Definition

The date/time the responding unit arrived at the patient's side.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E05_07 | 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

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| 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 |

eTimes.08 - Transfer of EMS Patient Care Date/Time

Definition

The date/time the patient was transferred from this EMS agency to another EMS agency for care.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E05_08 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| 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 |

State

National

eTimes.09 - Unit Left Scene Date/Time

Definition

The date/time the responding unit left the scene with a patient (started moving).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E05_09 | 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

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| 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 |

eTimes.10 - Arrival at Destination Landing Area Date/Time

Definition

The date/time the Air Medical vehicle arrived at the destination landing area.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| 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 |

State

National

eTimes.11 - Patient Arrived at Destination Date/Time

Definition

The date/time the responding unit arrived with the patient at the destination or transfer point.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E05_10 | 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

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| 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 |

State

National

eTimes.12 - Destination Patient Transfer of Care Date/Time

Definition

The date/time that patient care was transferred to the destination healthcare facilities staff.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | 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

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| 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

This was added to better document delays in ED transfer of care due to ED crowding or other issues beyond EMS control.

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 |

State

National

eTimes.13 - Unit Back in Service Date/Time

Definition

The date/time the unit back was back in service and available for response (finished with call, but not necessarily back in home location).

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E05_11 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Response

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| 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 |

eTimes.14 - Unit Canceled Date/Time

Definition

The date/time the unit was canceled.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E05_12 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Response

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| 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

This date/time is to be documented if the unit went en route but neither arrived on scene nor made patient contact.

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 |

eTimes.15 - Unit Back at Home Location Date/Time

Definition

The date/time the responding unit was back in their service area. With agencies who utilized Agency Status Management, home location means the service area as assigned through the agency status management protocol.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E05_13 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Response

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| 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 |

eTimes.16 - EMS Call Completed Date/Time

Definition

The date/time the responding unit completed all tasks associated with the event including transfer of the patient, and such things as cleaning and restocking.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Response

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| 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

For many EMS agencies, this would equal Unit Back in Service Date/Time (eTimes.13) if no travel is required to be back in service.

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 |

ePatient

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, and/or C = Correlation ID

ePatient

| | | | |
|-------|--|---|------------|
| 0 : 1 | ePatient.01 - EMS Patient ID | O | |
| 0 : 1 | ePatient.PatientNameGroup | | |
| 0 : 1 | ePatient.02 - Last Name | S | E N, L, P |
| 0 : 1 | ePatient.03 - First Name | S | E N, L, P |
| 0 : 1 | ePatient.04 - Middle Initial/Name | O | |
| 0 : 1 | ePatient.05 - Patient's Home Address | S | O |
| 0 : 1 | ePatient.06 - Patient's Home City | S | O |
| 1 : 1 | ePatient.07 - Patient's Home County | N | S R N, L |
| 1 : 1 | ePatient.08 - Patient's Home State | N | S R N, L |
| 1 : 1 | ePatient.09 - Patient's Home ZIP Code | N | S R N, L |
| 0 : 1 | ePatient.10 - Patient's Home Country | S | O |
| 0 : 1 | ePatient.11 - Patient Home Census Tract | O | |
| 0 : 1 | ePatient.12 - Social Security Number | O | |
| 1 : 1 | ePatient.13 - Gender | N | S R N, L |
| 1 : M | ePatient.14 - Race | N | S R N, L C |
| 1 : 1 | ePatient.AgeGroup | | |
| 1 : 1 | ePatient.15 - Age | N | S R N, L |
| 1 : 1 | ePatient.16 - Age Units | N | S R N, L |
| 0 : 1 | ePatient.17 - Date of Birth | S | E N, L, P |
| 0 : M | ePatient.18 - Patient's Phone Number | O | C |
| 0 : M | ePatient.19 - Patient's Email Address | O | C |
| 0 : 1 | ePatient.20 - State Issuing Driver's License | O | |
| 0 : 1 | ePatient.21 - Driver's License Number | O | |

ePatient

ePatient.01 - EMS Patient ID**Definition**

The unique ID for the patient within the Agency

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

This has been inserted to allow each patient to be tracked across multiple PCRs within an EMS Agency.

ePatient.02 - Last Name

Definition

The patient's last (family) name

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E06_01 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Pertinent Negatives (PN)

8801019 - Refused

8801023 - Unable to Complete

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

Pertinent negatives accepted with option of "Unable to Complete" or "Refused".

ePatient.03 - First Name

Definition

The patient's first (given) name

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E06_02 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Pertinent Negatives (PN)

8801019 - Refused

8801023 - Unable to Complete

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

Pertinent negatives accepted with option of "Unable to Complete" or "Refused".

ePatient.04 - Middle Initial/Name

Definition

The patient's middle name, if any

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E06_03 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

ePatient.05 - Patient's Home Address

Definition

The patient's home mailing or street address

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E06_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes

StreetAddress2**Data Type:** string**minLength:** 1**maxLength:** 55

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 55 |

Data Element Comment

This is a CMS standard. According to the Medicare Claims Processing Manual, Chapter 15 - Ambulance, Ambulance suppliers bill using CMS-1500 form or CMS-1450 form for institution-based ambulance providers. This standard adheres to CMS-1500 and 1450.

This element allows for a two line documentation of the address. For out of country addresses the second line should be used to document, city, country, postal code and any other pertinent information.

ePatient.06 - Patient's Home City

Definition

The patient's home city or township or residence

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E06_05 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Data Element Comment

Based on GNIS Civil Code or Populated Place code.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

State

National

ePatient.07 - Patient's Home County

Definition

The patient's home county or parish or residence

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E06_06 | 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

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 5 |

Data Element Comment

Based on the ANSI Code Single Choice based on the County Name but stored as the ANSI code (combined 5 digit State and County codes) Should be required if there is a patient associated with the event.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

State

National

ePatient.08 - Patient's Home State

Definition

The patient's home state, territory, or province, or District of Columbia, where the patient resides.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E06_07 | 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

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 2 |

Data Element Comment

The ANSI Code Selection by text but stored as ANSI code.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

State

National

ePatient.09 - Patient's Home ZIP Code

Definition

The patient's home ZIP code of residence

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E06_08 | 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

Constraints

Pattern

[0-9]{5}||[0-9]{5}-[0-9]{4}||[0-9]{5}-[0-9]{5}||[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Data Element Comment

ZIP Codes Product Website: <https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/>

Product: USA - 5-digit ZIP Code Database, Commercial Edition

ePatient.10 - Patient's Home Country

Definition

The country in which the patient lives.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E06_09 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 2 |

Data Element Comment

Based on the ISO Country Code.

ANSI Country Codes (ISO 3166) Website: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

ePatient.11 - Patient Home Census Tract

Definition

The census tract in which the patient lives

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

Pattern

[0-9]{11}

Data Element Comment

This data element was added to better document the service area of the EMS Agency. Each state listed is associated with the counties, census tracts, and ZIP codes within the EMS Agency Service Area for each state.

The format of the census tract number must be an 11-digit number, based upon the 2010 census, using the pattern:
2-digit State Code 3-digit County Code 6-digit Census Tract Number (no decimal)

Example: NEMSIS TAC office (UT, Salt Lake County, Census Tract - located at 295 Chipeta Way, Salt Lake City, UT)
49035101400

Census Tract Data Website (files and descriptions): http://www.census.gov/geo/www/2010census/tract_rel/tract_rel.html

ePatient.12 - Social Security Number**Definition**

The patient's social security number

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E06_10 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | maxInclusive | minInclusive |
| integer | 999999999 | 000000000 |

Data Element Comment

State

National

ePatient.13 - Gender

Definition

The Patient's Gender

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E06_11 | 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

Code List

| Code | Description |
|---------|-------------------------------|
| 9906001 | Female |
| 9906003 | Male |
| 9906005 | Unknown (Unable to Determine) |

Data Element Comment

State

National

ePatient.14 - Race

Definition

The patient's race as defined by the OMB (US Office of Management and Budget)

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E06_12 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|---|
| 2514001 | American Indian or Alaska Native |
| 2514003 | Asian |
| 2514005 | Black or African American |
| 2514007 | Hispanic or Latino |
| 2514009 | Native Hawaiian or Other Pacific Islander |
| 2514011 | White |

Data Element Comment

OMB requirements are provided at: <http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=172>. Using single multiple choice question methodology to improve the completion of ethnicity information.

Ethnicity (Version 2.2.1: E06_13) has been merged with this data element and retired.

State

National

ePatient.15 - Age

Definition

The patient's age (either calculated from date of birth or best approximation)

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E06_14 | 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

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 1 | 120 |

Data Element Comment

State

National

ePatient.16 - Age Units

Definition

The unit used to define the patient's age

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E06_15 | 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

Code List

| Code | Description |
|---------|-------------|
| 2516001 | Days |
| 2516003 | Hours |
| 2516005 | Minutes |
| 2516007 | Months |
| 2516009 | Years |

Data Element Comment

State

ePatient.17 - Date of Birth

Definition

The patient's date of birth

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E06_16 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Pertinent Negatives (PN)

8801019 - Refused

8801023 - Unable to Complete

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| date | 1890-01-01 | 2050-01-01 |

Data Element Comment

ePatient.18 - Patient's Phone Number**Definition**

The patient's phone number

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E06_17 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes**CorrelationID**

Data Type: string

minLength: 0

maxLength: 255

PhoneNumberType

9913001 - Fax

9913003 - Home

9913005 - Mobile

9913007 - Pager

9913009 - Work

Constraints**Pattern**

[2-9][0-9][0-9]-[2-9][0-9][0-9]-[0-9][0-9][0-9][0-9]

Data Element Comment

This element contains an attribute to define what type of phone number is being documented i.e. Fax, Home, Mobile, Pager, and Work.

ePatient.19 - Patient's Email Address

Definition

The email address of the patient

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255**EmailAddressType**

9904001 - Personal

9904003 - Work

Constraints

| Data Type | minLength | maxLength |
|-------------------------|-----------|-----------|
| string | 3 | 100 |
| Pattern .+@.+ | | |

Data Element Comment

Added to improve follow-up and billing communication.

ePatient.20 - State Issuing Driver's License

Definition

The state that issued the drivers license

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E06_18 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 2 |

Data Element Comment

Stored as the ANSI State Code.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

ePatient.21 - Driver's License Number

Definition

The patient's drivers license number

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E06_19 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 30 |

Data Element Comment

ePayment

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 , and/or C = Correlation ID

ePayment

| | | |
|-------|--|---|
| 1 : 1 | ePayment.01 - Primary Method of Payment | N S R N, L |
| 0 : 1 | ePayment.CertificateGroup | |
| 0 : 1 | ePayment.02 - Physician Certification Statement | O |
| 0 : 1 | ePayment.03 - Date Physician Certification Statement Signed | O |
| 0 : M | ePayment.04 - Reason for Physician Certification Statement | O C |
| 0 : 1 | ePayment.05 - Healthcare Provider Type Signing Physician Certification Statement | O |
| 0 : 1 | ePayment.06 - Last Name of Individual Signing Physician Certification Statement | O |
| 0 : 1 | ePayment.07 - First Name of Individual Signing Physician Certification Statement | O |
| 0 : 1 | ePayment.08 - Patient Resides in Service Area | O |
| 0 : M | ePayment.InsuranceGroup | C |
| 0 : 1 | ePayment.09 - Insurance Company ID | O |
| 0 : 1 | ePayment.10 - Insurance Company Name | O |
| 0 : 1 | ePayment.11 - Insurance Company Billing Priority | O |
| 0 : 1 | ePayment.12 - Insurance Company Address | O |
| 0 : 1 | ePayment.13 - Insurance Company City | O |
| 0 : 1 | ePayment.14 - Insurance Company State | O |
| 0 : 1 | ePayment.15 - Insurance Company ZIP Code | O |
| 0 : 1 | ePayment.16 - Insurance Company Country | O |
| 0 : 1 | ePayment.17 - Insurance Group ID/Name | O |
| 0 : 1 | ePayment.18 - Insurance Policy ID Number | O |
| 0 : 1 | ePayment.19 - Last Name of the Insured | O |
| 0 : 1 | ePayment.20 - First Name of the Insured | O |
| 0 : 1 | ePayment.21 - Middle Initial/Name of the Insured | O |
| 0 : 1 | ePayment.22 - Relationship to the Insured | O |
| 0 : 1 | ePayment.ClosestRelativeGroup | |
| 0 : 1 | ePayment.23 - Closest Relative/Guardian Last Name | O |
| 0 : 1 | ePayment.24 - Closest Relative/ Guardian First Name | O |
| 0 : 1 | ePayment.25 - Closest Relative/ Guardian Middle Initial/Name | O |
| 0 : 1 | ePayment.26 - Closest Relative/ Guardian Street Address | O |
| 0 : 1 | ePayment.27 - Closest Relative/ Guardian City | O |
| 0 : 1 | ePayment.28 - Closest Relative/ Guardian State | O |
| 0 : 1 | ePayment.29 - Closest Relative/ Guardian ZIP Code | O |

| | | | |
|-------|---|---|----------|
| 0 : 1 | ePayment.30 - Closest Relative/ Guardian Country | O | |
| 0 : M | ePayment.31 - Closest Relative/ Guardian Phone Number | O | C |
| 0 : 1 | ePayment.32 - Closest Relative/ Guardian Relationship | O | |
| 0 : 1 | ePayment.EmployerGroup | | |
| 0 : 1 | ePayment.33 - Patient's Employer | O | |
| 0 : 1 | ePayment.34 - Patient's Employer's Address | O | |
| 0 : 1 | ePayment.35 - Patient's Employer's City | O | |
| 0 : 1 | ePayment.36 - Patient's Employer's State | O | |
| 0 : 1 | ePayment.37 - Patient's Employer's ZIP Code | O | |
| 0 : 1 | ePayment.38 - Patient's Employer's Country | O | |
| 0 : 1 | ePayment.39 - Patient's Employer's Primary Phone Number | O | |
| 0 : 1 | ePayment.40 - Response Urgency | O | |
| 0 : M | ePayment.41 - Patient Transport Assessment | O | C |
| 0 : M | ePayment.42 - Specialty Care Transport Care Provider | O | C |
| 0 : 1 | ePayment.43 - Ambulance Transport Code | D | O |
| 0 : M | ePayment.44 - Ambulance Transport Reason Code | O | C |
| 0 : 1 | ePayment.45 - Round Trip Purpose Description | O | |
| 0 : 1 | ePayment.46 - Stretcher Purpose Description | O | |
| 0 : M | ePayment.47 - Ambulance Conditions Indicator | O | C |
| 0 : 1 | ePayment.48 - Mileage to Closest Hospital Facility | O | |
| 0 : 1 | ePayment.49 - ALS Assessment Performed and Warranted | O | |
| 1 : 1 | ePayment.50 - CMS Service Level | N | S R N, L |
| 0 : M | ePayment.51 - EMS Condition Code | O | C |
| 0 : M | ePayment.52 - CMS Transportation Indicator | O | C |
| 0 : 1 | ePayment.53 - Transport Authorization Code | O | |
| 0 : 1 | ePayment.54 - Prior Authorization Code Payer | O | |
| 0 : M | ePayment.SupplyItemGroup | | C |
| 0 : 1 | ePayment.55 - Supply Item Used Name | O | |
| 0 : 1 | ePayment.56 - Number of Supply Item(s) Used | O | |

ePayment

State

National

ePayment.01 - Primary Method of Payment

Definition

The primary method of payment or type of insurance associated with this EMS encounter

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E07_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

Code List

| Code | Description |
|---------|-----------------------------|
| 2601001 | Insurance |
| 2601003 | Medicaid |
| 2601005 | Medicare |
| 2601007 | Not Billed (for any reason) |
| 2601009 | Other Government |
| 2601011 | Self Pay |
| 2601013 | Workers Compensation |

Data Element Comment

ePayment.02 - Physician Certification Statement

Definition

Indication of whether a physician certification statement (PCS) is available documenting the medical necessity or the EMS encounter.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_02 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-------------|
| 9922001 | No |
| 9922003 | Unknown |
| 9922005 | Yes |

Data Element Comment

Data Element Name changed from Certificate of Medical Necessity to Physician Certification Statement. The PCS statement and documentation of medical necessity is a requirement of the Centers for Medicare & Medicaid Services. The circumstances are defined in 42 CFR 410.40 (d)(2) and (d)(3). <http://www.cms.gov/>

A PCS is required for the following non-emergency transport:

- 1) Non-Emergency Repetitive Scheduled
- 2) Non Emergency Non-Repetitive-Scheduled
- 3) Non Emergency Services - Non Scheduled - Under direct care of a physician

ePayment.03 - Date Physician Certification Statement Signed

Definition

The date the Physician Certification Statement was signed

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| 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

Added to assist in billing documentation. Associated with ePayment.02: Physician Certification Statement.

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 |

ePayment.04 - Reason for Physician Certification Statement

Definition

The reason for EMS transport noted on the Physician Certification Statement

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|---|
| 2604001 | Bed Confined |
| 2604003 | Cardiac/Hemodynamic monitoring required during transport |
| 2604005 | Confused, combative, lethargic, comatose |
| 2604007 | Contractures |
| 2604009 | Danger to self or others-monitoring |
| 2604011 | Danger to self or others-seclusion (flight risk) |
| 2604013 | DVT requires elevation of lower extremity |
| 2604015 | IV medications/fluids required during transport |
| 2604017 | Moderate to severe pain on movement |
| 2604019 | Morbid Obesity requires additional personnel/equipment to handle |
| 2604021 | Non-healing fractures |
| 2604023 | Orthopedic device (backboard, halo, use of pins in traction, etc) requiring special handling in transit |
| 2604025 | Restraints (Physical or Chemical) anticipated or used during transport |
| 2604027 | Risk of falling off wheelchair or stretcher while in motion (not related to obesity) |
| 2604029 | Severe Muscular weakness and de-conditioned state precludes any significant physical activity |
| 2604031 | Special handling en route-Isolation |
| 2604033 | Third Party assistance/attendant required to apply, administer, or regulate or adjust oxygen en route |
| 2604035 | Unable to maintain erect sitting position in a chair for time needed to transport, due to moderate muscular weakness and de-conditioning. |
| 2604037 | Unable to sit in chair or wheelchair due to Grade II or greater decubitus ulcers on buttocks. |

Data Element Comment

Added to assist in billing documentation.

ePayment.05 - Healthcare Provider Type Signing Physician Certification Statement

Definition

The type of healthcare provider who signed the Physician Certification Statement

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-------------------------------|
| 2605001 | Clinical Nurse Specialist |
| 2605003 | Discharge Planner |
| 2605005 | Physician (MD or DO) |
| 2605007 | Physician Assistant |
| 2605009 | Registered Nurse |
| 2605011 | Registered Nurse Practitioner |

Data Element Comment

ePayment.06 - Last Name of Individual Signing Physician Certification Statement**Definition**

The last name of the healthcare provider who signed the Physician Certification Statement.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

Added to assist in billing documentation.

ePayment.07 - First Name of Individual Signing Physician Certification Statement**Definition**

The first name of the healthcare provider who signed the Physician Certification Statement.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

Added to assist in billing documentation.

ePayment.08 - Patient Resides in Service Area**Definition**

An indication of whether the patient's current residence is within the EMS agency service area.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|--|
| 2608001 | Resident Within EMS Service Area |
| 2608003 | Not a Resident Within EMS Service Area |

Data Element Comment

Added to assist in billing documentation.

ePayment.09 - Insurance Company ID

Definition

The ID Number of the patient's insurance company.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_03 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 60 |

Data Element Comment

ePayment.10 - Insurance Company Name**Definition**

The name of the patient's insurance company.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

ePayment.11 - Insurance Company Billing Priority**Definition**

The billing priority or order for the insurance company.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-------------|
| 2611001 | Other |
| 2611003 | Primary |
| 2611005 | Secondary |

Data Element Comment

ePayment.12 - Insurance Company Address**Definition**

The mailing address of the Insurance Company

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_05 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes**StreetAddress2**

Data Type: string

minLength: 1

maxLength: 55

Constraints

| Data Type | minLength | maxLength |
|------------------|------------------|------------------|
| string | 1 | 55 |

Data Element Comment

ePayment.13 - Insurance Company City**Definition**

The insurance company's city or township

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_06 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Data Element Comment

Based on GNIS Civil Code or Populated Place code.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

ePayment.14 - Insurance Company State**Definition**

The insurance company's state, territory, or province, or District of Columbia.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_07 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 2 |

Data Element Comment

Based on the ANSI State Code.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

ePayment.15 - Insurance Company ZIP Code

Definition

The insurance company's ZIP Code

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_08 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

[0-9]{5}||[0-9]{5}-[0-9]{4}||[0-9]{5}-[0-9]{5}||[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Data Element Comment

ZIP Codes Product Website: <https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/>
Product: USA - 5-digit ZIP Code Database, Commercial Edition

ePayment.16 - Insurance Company Country**Definition**

The insurance company's country

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 2 |

Data Element Comment

Based on the ISO Country Code.

ANSI Country Codes (ISO 3166) Website: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

Version 3 Changes Implemented

Added to better document international addresses.

ePayment.17 - Insurance Group ID/Name**Definition**

The ID number or name of the patient's insurance group

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_09 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 30 |

Data Element Comment

ePayment.18 - Insurance Policy ID Number

Definition

The ID number of the patient's insurance policy

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_10 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 30 |

Data Element Comment

ePayment.19 - Last Name of the Insured**Definition**

The last (family) name of the person insured by the insurance company.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_11 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 1 | 50 |

Data Element Comment

ePayment.20 - First Name of the Insured

Definition

The first (given) name of the person insured by the insurance company

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_12 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

ePayment.21 - Middle Initial/Name of the Insured

Definition

The middle name, if any, of the person insured by the insurance company.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_13 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

ePayment.22 - Relationship to the Insured**Definition**

The relationship of the patient to the primary insured person

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_14 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-----------------|
| 2622001 | Self |
| 2622003 | Spouse |
| 2622005 | Child/Dependent |
| 2622007 | Other |

Data Element Comment

ePayment.23 - Closest Relative/Guardian Last Name

Definition

The last (family) name of the patient's closest relative or guardian

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_18 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

ePayment.24 - Closest Relative/ Guardian First Name

Definition

The first (given) name of the patient's closest relative or guardian

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_19 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

ePayment.25 - Closest Relative/ Guardian Middle Initial/Name

Definition

The middle name/initial, if any, of the closest patient's relative or guardian.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_20 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

ePayment.26 - Closest Relative/ Guardian Street Address

Definition

The home street address of the patient's closest relative or guardian.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_21 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes

StreetAddress2**Data Type:** string**minLength:** 1**maxLength:** 55

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 55 |

Data Element Comment

This element allows for a two line documentation of the address. For out of country addresses the second line should be used to document, city, country, postal code and any other pertinent information.

ePayment.27 - Closest Relative/ Guardian City**Definition**

The home city of the patient's closest relative or guardian.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_22 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Data Element Comment

Based on GNIS Civil Code or Populated Place code.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

ePayment.28 - Closest Relative/ Guardian State

Definition

The home state of the patient's closest relative or guardian

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_23 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 2 |

Data Element Comment

Based on ANSI State Code.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

ePayment.29 - Closest Relative/ Guardian ZIP Code

Definition

The home ZIP Code of the patient's closest relative or guardian

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_24 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

[0-9]{5}||[0-9]{5}-[0-9]{4}||[0-9]{5}-[0-9]{5}||[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Data Element Comment

ZIP Codes Product Website: <https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/>

Product: USA - 5-digit ZIP Code Database, Commercial Edition

ePayment.30 - Closest Relative/ Guardian Country**Definition**

The home country of the patient's closest relative or guardian

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 2 |

Data Element Comment

Based on the ISO Country Code.

ANSI Country Codes (ISO 3166) Website: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

Version 3 Changes Implemented

Added to improve international compatibility.

ePayment.31 - Closest Relative/ Guardian Phone Number

Definition

The phone number of the patient's closest relative or guardian

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_25 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255**PhoneNumberType**

9913001 - Fax

9913003 - Home

9913005 - Mobile

9913007 - Pager

9913009 - Work

Constraints

Pattern

[2-9][0-9][0-9]-[2-9][0-9][0-9]-[0-9][0-9][0-9][0-9]

Data Element Comment

ePayment.32 - Closest Relative/ Guardian Relationship

Definition

The relationship of the patient's closest relative or guardian

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_26 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|----------------------|
| 2632001 | Appointed Guardian |
| 2632003 | Child/Dependent |
| 2632005 | Father |
| 2632007 | Mother |
| 2632009 | Other (Non-Relative) |
| 2632011 | Other (Relative) |
| 2632013 | Sibling |
| 2632015 | Spouse |

Data Element Comment

ePayment.33 - Patient's Employer

Definition

The patient's employers Name

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_27 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 2 | 60 |

Data Element Comment

ePayment.34 - Patient's Employer's Address**Definition**

The street address of the patient's employer

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_28 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes**StreetAddress2****Data Type:** string**minLength:** 1**maxLength:** 55**Constraints**

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 55 |

Data Element Comment

This element allows for a two line documentation of the address. For out of country addresses the second line should be used to document, city, country, postal code and any other pertinent information.

ePayment.35 - Patient's Employer's City**Definition**

The city of the patient's employer

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_29 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Data Element Comment

Based on GNIS Civil Code or Populated Place Code.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

ePayment.36 - Patient's Employer's State

Definition

The state of the patient's employer

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_30 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 2 |

Data Element Comment

Based on ANSI State Code.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

ePayment.37 - Patient's Employer's ZIP Code**Definition**

The ZIP Code of the patient's employer

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_31 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints**Pattern**

[0-9]{5}||[0-9]{5}-[0-9]{4}||[0-9]{5}-[0-9]{5}||[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Data Element Comment

ZIP Codes Product Website: <https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/>

Product: USA - 5-digit ZIP Code Database, Commercial Edition

ePayment.38 - Patient's Employer's Country**Definition**

The country of the patient's employer

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 2 |

Data Element Comment

Based on the ISO Country Code.

ANSI Country Codes (ISO 3166) Website: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

Version 3 Changes Implemented

Added to improve international compatibility.

ePayment.39 - Patient's Employer's Primary Phone Number

Definition

The employer's primary phone number.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_32 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes

PhoneNumberType

9913001 - Fax

9913003 - Home

9913005 - Mobile

9913007 - Pager

9913009 - Work

Constraints

Pattern

[2-9][0-9][0-9]-[2-9][0-9][0-9][0-9][0-9][0-9][0-9]

Data Element Comment

ePayment.40 - Response Urgency**Definition**

The urgency in which the EMS agency began to mobilize resources for this EMS encounter.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_33 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|---------------|
| 2640001 | Immediate |
| 2640003 | Non-Immediate |

Data Element Comment

This is for billing documentation.

ePayment.41 - Patient Transport Assessment

Definition

Documentation of the patient's transport need based on mobility and/or physical capability.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|------------------------------------|
| 2641001 | Unable to sit without assistance |
| 2641003 | Unable to stand without assistance |
| 2641005 | Unable to walk without assistance |

Data Element Comment

Added to better justify the medical necessity of the transport. Based on CMS 42 CFR Ch IV (10-1-02 Edition) & 410.40 (d) medical necessity requirement (1)

ePayment.42 - Specialty Care Transport Care Provider

Definition

Documentation to show the patient care provided to the patient met the Specialty Care Transport Base Rate requirements.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|------------------------|
| 2642001 | Advanced EMT-Paramedic |
| 2642003 | Nurse |
| 2642005 | Nurse Practitioner |
| 2642007 | Physician (MD, DO) |
| 2642009 | Physician Assistant |

Data Element Comment

Added to improve Specialty Care Transport billing justification. In accordance with CMS requirements Specialty Care Transport (SCT): ""Additional training" means the specific additional training that a State requires a paramedic to complete in order to qualify to furnish specialty care to a critically ill or injured patient during an SCT."

Deprecated

ePayment.43 - Ambulance Transport Code

Definition

Indicator about the type of transport of the patient.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|------|---------------|
| I | Initial Trip |
| R | Return Trip |
| X | Round Trip |
| T | Transfer Trip |

Data Element Comment

Added to improve billing with electronic claims using X12. The Ambulance Transport Code values are those determined by US Dept of HHS for the "Code indicating the type of ambulance transport". The Accredited Standards Committee X12 organization maintains the standard. See the X12 website <http://www.x12.org> or United States Health Information Knowledgebase website for more information:
http://ushik.org/dr.ui.drData_Page?system=mdr&Search=xxKEYIDxx&KeyOrgID=18&KeyRID=24821000&Referer=DataElement

Deprecated Comment

Originally added to improve billing with electronic claims using X12. This element has been retired from the X12 5010 standard.

ePayment.44 - Ambulance Transport Reason Code

Definition

The CMS Ambulance Transport Reason Code for the transport.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

Code Description

| | |
|---|---|
| A | Patient was transported to the nearest facility for care of symptoms, complaints, or both |
| B | Patient was transported for the benefit of a preferred physician |
| C | Patient was transported for the nearness of family members |
| D | Patient was transported for the care of a specialist or for availability of equipment |
| E | Patient was transferred to a Rehabilitation Facility |

Data Element Comment

Added to improve billing with electronic claims using the ASC X12 Standard. The Ambulance Transport Code values are those determined by US Dept of HHS for the "Code indicating the type of ambulance transport". The Accredited Standards Committee X12 organization maintains the standard. See the X12 website <http://www.x12.org> or United States Health Information Knowledgebase website for more information:
<http://ushik.ahrq.gov/ViewItemDetails?system=mdr&itemKey=21826000>

ePayment.45 - Round Trip Purpose Description**Definition**

Free text description providing the purpose of the round trip EMS transport based on CR109 field for CMS.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 80 |

Data Element Comment

Added to improve billing documentation for CMS X12 based transactions.

This element should be documented when ePayment.43 (Ambulance Transport Code) code = X (Round Trip).

Ambulance providers can use this field to provide additional information regarding the circumstances of a round trip transport or for other medical necessity documentation.

Version 3 Changes Implemented

Added to improve billing with electronic claims using X12

ePayment.46 - Stretcher Purpose Description**Definition**

Free Text Documentation providing the reason for use of a stretcher in the EMS patient transport.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 80 |

Data Element Comment

Added to improve billing using CMS X12 transactions based on CR110. Ambulance providers can use this field to provide additional information regarding the patient's condition that warranted the use of a stretcher or for other medical necessity documentation.

Version 3 Changes Implemented

Added to improve billing with electronic claims using X12

ePayment.47 - Ambulance Conditions Indicator

Definition

Documentation of the CRC03 through CRC07 requirements for CMS billing using X12 transactions.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|------|---|
| 01 | Patient was admitted to a hospital |
| 04 | Patient was moved by stretcher |
| 05 | Patient was unconscious or in shock |
| 06 | Patient was transported in an emergency situation |
| 07 | Patient had to be physically restrained |
| 08 | Patient had visible hemorrhaging |
| 09 | Ambulance service was medically necessary |
| 12 | Patient is confined to a bed or chair (Use code 12 to indicate patient was bedridden during transport.) |

Data Element Comment

Added to improve billing documentation and justification.

Version 3 Changes Implemented

Added to improve billing with electronic claims using X12. The Codes and Descriptors updated Sept 2013 to meet the X12 5010 standard.

ePayment.48 - Mileage to Closest Hospital Facility**Definition**

The mileage to the closest hospital facility from the scene. Documented only if the patient was transported to a facility farther away than the closest hospital.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | | |
|------------------|-----------------------|---------------------|---------------------|
| Data Type | fractionDigits | minInclusive | maxInclusive |
| decimal | 2 | 1 | 1000 |

Data Element Comment

Added to clarify billing mileage when the patient is not taken to the closest facility.

Version 3 Changes Implemented

Added for improved billing documentation.

ePayment.49 - ALS Assessment Performed and Warranted**Definition**

Documentation that the patient required an ALS assessment and it was performed.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List**Code Description**

9923001 No
9923003 Yes

Data Element Comment

Added to improve billing justification

Version 3 Changes Implemented

Added to improve billing justification

State

National

ePayment.50 - CMS Service Level

Definition

The CMS service level for this EMS encounter.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E07_34 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|--------------------------|
| 2650001 | ALS, Level 1 |
| 2650003 | ALS, Level 1 Emergency |
| 2650005 | ALS, Level 2 |
| 2650007 | BLS |
| 2650009 | BLS, Emergency |
| 2650011 | Fixed Wing (Airplane) |
| 2650013 | Paramedic Intercept |
| 2650015 | Specialty Care Transport |
| 2650017 | Rotary Wing (Helicopter) |

Data Element Comment

ePayment.51 - EMS Condition Code**Definition**

The condition code associated with the CMS EMS negotiated rule-making process.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_35 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes**CorrelationID**

Data Type: string **minLength:** 0 **maxLength:** 255

Constraints**Pattern**

[A-Z][0-9]{2}(\.[0-9A-Z]{1,3})?

Data Element Comment

Code list is represented in ICD-10-CM Codes:

Website - <http://uts.nlm.nih.gov>

Product - UMLS Metathesaurus

ePayment.52 - CMS Transportation Indicator

Definition

The CMS Ambulance Fee Schedule Transportation and Air Medical Transportation Indicators are used to better describe why it was necessary for the patient to be transported in a particular way or circumstance.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_37 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string **minLength:** 0 **maxLength:** 255

Code List

| Code | Description |
|------|--|
| C1 | Interfacility Transport (Requires Higher level of care) |
| C2 | Interfacility Transport (service not available) |
| C3 | Emergency Trauma Dispatch Condition Code (Major Incident or Mechanism of Injury) |
| C4 | Medically Necessary Transport (Facility on Divert or Services Unavailable) |
| C5 | BLS Transport of ALS Patient (ALS not available) |
| C6 | ALS Response (Based on Dispatch Info) to BLS Patient (Condition) |
| C7 | IV Medications required en route (ALS) |
| D1 | Long Distance-patient's condition requires rapid transportation over a long distance |
| D2 | Rare Circumstances, Traffic Patterns Precludes Ground Transport |
| D3 | Time to the closest appropriate hospital due to the patient's condition precludes ground transport; maximize clinical benefits |
| D4 | Pick up Point not Accessible by Ground Transport |

Data Element Comment

Name changed from Condition Code Modifier to CMS Transportation Indicator

Version 3 Changes Implemented

Name changed from Condition Code Modifier to CMS Transportation Indicator

ePayment.53 - Transport Authorization Code**Definition**

Prior authorization code provided by the insurance carrier/payer.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 52 |

Data Element Comment**Version 3 Changes Implemented**

Added to improve billing documentation.

ePayment.54 - Prior Authorization Code Payer**Definition**

The Payer who has provided the Prior Authorization Code.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

Added to document Prior Authorization Codes for an EMS Transport.

Version 3 Changes Implemented

Added to improve billing documentation.

ePayment.55 - Supply Item Used Name**Definition**

The name of the supply used on the patient by the EMS Crew during the EMS event.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 80 |

Data Element Comment

Added to track EMS supplies for billing. The list of supplies would be created by the EMS Agency. There is no master list of supply items defined.

Version 3 Changes Implemented

Added to track EMS supplies for billing.

ePayment.56 - Number of Supply Item(s) Used**Definition**

The number of the specific supply item used on the patient by the EMS Crew during the EMS event.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------------|--------------|--------------|
| positiveInteger | 1 | 100,000,000 |

Data Element Comment

Associated with ePayment.56 (Supply Item Used Name). Used to better track supply items for billing

Version 3 Changes Implemented

Added to track EMS supplies for billing.

eScene

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, and/or C = Correlation ID

eScene

| | | | | | |
|-------|--|---|--|---|---|
| 1 : 1 | eScene.01 - First EMS Unit on Scene | N | S | R | N, L |
| 0 : M | eScene.ResponderGroup | | | | C |
| 0 : 1 | eScene.02 - Other EMS or Public Safety Agencies at Scene | | | O | |
| 0 : 1 | eScene.03 - Other EMS or Public Safety Agency ID Number | | | O | |
| 0 : 1 | eScene.04 - Type of Other Service at Scene | | | O | |
| 0 : 1 | eScene.05 - Date/Time Initial Responder Arrived on Scene | | | O | |
| 1 : 1 | eScene.06 - Number of Patients at Scene | N | S | R | N, L |
| 1 : 1 | eScene.07 - Mass Casualty Incident | N | S | R | N, L |
| 1 : 1 | eScene.08 - Triage Classification for MCI Patient | N | S | R | N, L |
| 1 : 1 | eScene.09 - Incident Location Type | N | S | R | N, L |
| 0 : 1 | eScene.10 - Incident Facility Code | | S | E | N, L |
| 0 : 1 | eScene.11 - Scene GPS Location | | S | O | |
| 0 : 1 | eScene.12 - Scene US National Grid Coordinates | | S | O | |
| 0 : 1 | eScene.13 - Incident Facility or Location Name | | S | O | |
| 0 : 1 | eScene.14 - Mile Post or Major Roadway | | S | E | N, L |
| 0 : 1 | eScene.15 - Incident Street Address | | S | E | N, L |
| 0 : 1 | eScene.16 - Incident Apartment, Suite, or Room | | S | E | N, L |
| 0 : 1 | eScene.17 - Incident City | | S | E | N, L |
| 1 : 1 | eScene.18 - Incident State | N | S | R | N, L |
| 1 : 1 | eScene.19 - Incident ZIP Code | N | S | R | N, L |
| 0 : 1 | eScene.20 - Scene Cross Street or Directions | | S | E | N, L |
| 1 : 1 | eScene.21 - Incident County | N | S | R | N, L |
| 0 : 1 | eScene.22 - Incident Country | | | O | |
| 0 : 1 | eScene.23 - Incident Census Tract | | | O | |

eScene

State

National

eScene.01 - First EMS Unit on Scene

Definition

Documentation that this EMS Unit was the first EMS Unit for the EMS Agency on the Scene

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------|
| 9923001 | No |
| 9923003 | Yes |

Data Element Comment

Added to improve the evaluation of Response Times when multiple EMS units are responding to the same scene.

eScene.02 - Other EMS or Public Safety Agencies at Scene

Definition

Other EMS agency names that were at the scene, if any

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E08_01 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

eScene.03 - Other EMS or Public Safety Agency ID Number**Definition**

The ID number for the EMS Agency or Other Public Safety listed in eScene.02

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 1 | 25 |

Data Element Comment

The ID should be the state ID (license number) for the EMS agency or ID number for the law enforcement. This may be an ID assigned by the state or created by the EMS agency.

eScene.04 - Type of Other Service at Scene

Definition

The type of public safety or EMS service associated with Other Agencies on Scene

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E08_02 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|----------------------------|
| 2704001 | EMS Mutual Aid |
| 2704003 | Fire |
| 2704005 | First Responder |
| 2704007 | Hazmat |
| 2704009 | Law |
| 2704011 | Other |
| 2704013 | Other EMS Agency |
| 2704015 | Other Health Care Provider |
| 2704017 | Rescue |
| 2704019 | Utilities |

Data Element Comment

Associated with each Other Service in eScene.02

eScene.05 - Date/Time Initial Responder Arrived on Scene

Definition

The time that the initial responder arrived on the scene, if applicable.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E08_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest STEMI Trauma

Constraints

Data Type **minInclusive** **maxInclusive**
 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 |

State

National

eScene.06 - Number of Patients at Scene

Definition

Indicator of how many total patients were at the scene

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E08_05 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------|
| 2707001 | Multiple |
| 2707003 | None |
| 2707005 | Single |

Data Element Comment

State

National

eScene.07 - Mass Casualty Incident

Definition

Indicator if this event would be considered a mass casualty incident (overwhelmed existing EMS resources)

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E08_06 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------|
| 9923001 | No |
| 9923003 | Yes |

Data Element Comment

State

National

eScene.08 - Triage Classification for MCI Patient

Definition

The color associated with the initial triage assessment/classification of the MCI patient.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | 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

Code List

| Code | Description |
|---------|-------------------------|
| 2708001 | Red - Immediate |
| 2708003 | Yellow - Delayed |
| 2708005 | Green - Minimal (Minor) |
| 2708007 | Gray - Expectant |
| 2708009 | Black - Deceased |

Data Element Comment

This element is documented when eScene.07 (Mass Casualty Incident) = Yes.

Examples of triage systems include START and SALT.

Adapted from: SALT mass casualty triage: concept endorsed by the American College of Emergency Physicians, American College of Surgeons Committee on Trauma, American Trauma Society, National Association of EMS Physicians, National Disaster Life Support Education Consortium, and State and Territorial Injury Prevention Directors Association. Disaster Med Public Health Prep. 2008 Dec;2(4):245-6.

START reference: Benson M, Koenig KL, Schultz CH. Disaster triage: START, then SAVE-a new method of dynamic triage for victims of a catastrophic earthquake. Prehospital Disaster Med. 1996; Apr-Jun; 11(2): 117-24

State

National

eScene.09 - Incident Location Type

Definition

The kind of location where the incident happened

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E08_07 | 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

Constraints

Pattern

Y92\.[0-9]{1,3}

Data Element Comment

Code list is represented in ICD-10-CM. Reference the NEMSIS Suggested Lists at: <http://nemsis.org/v3/resources.html>

ICD-10-CM

Website - <http://uts.nlm.nih.gov>

Product - UMLS Metathesaurus

eScene.10 - Incident Facility Code

Definition

The state, regulatory, or other unique number (code) associated with the facility if the Incident is a Healthcare Facility.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E08_08 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 50 |

Data Element Comment

This may be populated from a list created within dFacility.03 (Facility Location Code) or dFacility.05 (Facility National Provider Identifier).

eScene.11 - Scene GPS Location

Definition

The GPS coordinates associated with the Scene.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E08_10 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

Pattern

(\+|-)?(90(\.[0]{1,6})?|([1-8][0-9]([0-9])\.[0-9]{1,6})?),(\+|-)?(180(\.[0]{1,6})?(1[0-7][0-9]([1-9][0-9]([0-9])\.[0-9]{1,6})?)

Data Element Comment

The pattern for GPS location is in the format "*latitude,longitude*" where:

- *latitude* has a minimum of -90 and a maximum of 90 with up to 6 decimal places
- *longitude* has a minimum of -180 and a maximum of 180 with up to 6 decimal places

eScene.12 - Scene US National Grid Coordinates

Definition

The US National Grid Coordinates for the Scene.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

[1][0-9][R,S,T,U][ABCDEFGHJKLMNPQRSTUVWXYZ][ABCDEFGHJKLMNPQRSTUV][0-9]{8}

Data Element Comment

Standard found at www.fgdc.gov/usng

State

eScene.13 - Incident Facility or Location Name

Definition

The name of the facility, business, building, etc. associated with the scene of the EMS event.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

This element may be populated from a list created within dFacility.02 (Facility Name).

eScene.14 - Mile Post or Major Roadway

Definition

The mile post or major roadway associated with the incident locations

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Constraints

| Data Type | maxLength | minLength |
|-----------|-----------|-----------|
| string | 35 | 2 |

Data Element Comment

eScene.15 - Incident Street Address

Definition

The street address where the patient was found, or, if no patient, the address to which the unit responded.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E08_11 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

StreetAddress2**Data Type:** string **minLength:** 1 **maxLength:** 55

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 55 |

Data Element Comment

State

eScene.16 - Incident Apartment, Suite, or Room

Definition

The number of the specific apartment, suite, or room where the incident occurred.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 15 |

Data Element Comment

eScene.17 - Incident City

Definition

The city or township (if applicable) where the patient was found or to which the unit responded (or best approximation)

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E08_12 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Data Element Comment

Based on GNIS Civil Code or Populated Place code.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

State

National

eScene.18 - Incident State

Definition

The state, territory, or province where the patient was found or to which the unit responded (or best approximation)

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E08_14 | 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

Constraints

| Data Type | length |
|-----------|--------|
| string | 2 |

Data Element Comment

Based on the ANSI State Code.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

State

National

eScene.19 - Incident ZIP Code

Definition

The ZIP code of the incident location

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E08_15 | 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

Constraints

Pattern

[0-9]{5}||[0-9]{5}-[0-9]{4}||[0-9]{5}-[0-9]{5}||[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Data Element Comment

ZIP Codes Product Website: <https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/>

Product: USA - 5-digit ZIP Code Database, Commercial Edition

eScene.20 - Scene Cross Street or Directions

Definition

The nearest cross street to the incident address or directions from a recognized landmark or the second street name of an intersection.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 50 |

Data Element Comment

Version 3 Changes Implemented

Added to better locate/document the scene (incident) location.

State

National

eScene.21 - Incident County

Definition

The county or parish where the patient was found or to which the unit responded (or best approximation)

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E08_13 | 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

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 5 |

Data Element Comment

Based on the ANSI Code Single Choice based on the County Name but stored as the ANSI code (combined 5 digit State and County codes) Should be required if there is a patient associated with the event.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

eScene.22 - Incident Country**Definition**

The country of the incident location.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 2 |

Data Element Comment

Based on the ISO Country Code.

ANSI Country Codes (ISO 3166) Website: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

Version 3 Changes Implemented

Added for international compatibility.

eScene.23 - Incident Census Tract

Definition

The census tract in which the incident occurred.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

Pattern

[0-9]{11}

Data Element Comment

This data element was added to better document the service area of the EMS Agency. Each state listed is associated with the counties, census tracts, and ZIP codes within the EMS Agency Service Area for each state.

The format of the census tract number must be an 11-digit number, based upon the 2010 census, using the pattern:
2-digit State Code 3-digit County Code 6-digit Census Tract Number (no decimal)

Example: NEMSIS TAC office (UT, Salt Lake County, Census Tract - located at 295 Chipeta Way, Salt Lake City, UT)
49035101400

Census Tract Data Website (files and descriptions): http://www.census.gov/geo/www/2010census/tract_rel/tract_rel.html

Version 3 Changes Implemented

Added to improve the ability to use census and other demographic information within EMS research.

eSituation

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, and/or C = Correlation ID

eSituation

| | | | | | |
|-------|--|---|--|---|--|
| 1 : 1 | eSituation.01 - Date/Time of Symptom Onset/Last Normal | N | S | R | N, L |
| 1 : 1 | eSituation.02 - Possible Injury | N | S | R | N, L |
| 0 : M | eSituation.PatientComplaintGroup | | | | C |
| 0 : 1 | eSituation.03 - Complaint Type | | S | E | N, L |
| 0 : 1 | eSituation.04 - Complaint | | S | E | N, L |
| 0 : 1 | eSituation.05 - Duration of Complaint | | S | E | N, L |
| 0 : 1 | eSituation.06 - Time Units of Duration of Complaint | | S | E | 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, C |
| 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, C |
| 1 : 1 | eSituation.13 - Initial Patient Acuity | N | S | R | N, L |
| 0 : 1 | eSituation.WorkRelatedGroup | | | | |
| 0 : 1 | eSituation.14 - Work-Related Illness/Injury | | S | E | N, L |
| 0 : 1 | eSituation.15 - Patient's Occupational Industry | | | O | |
| 0 : 1 | eSituation.16 - Patient's Occupation | | | O | |
| 0 : M | eSituation.17 - Patient Activity | | S | E | N, L, C |

eSituation

eSituation.01 - Date/Time of Symptom Onset/Last Normal

Definition

The date and time the symptom began 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) | No |
| 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

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| 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

For stroke related events, this is the date and time the patient was last seen normal. For cardiac or respiratory arrest related events, this is the date and time the patient was last known to have a pulse or when interaction was had with the patient. For drowning related events, this is the date and time the patient was last seen. The intent of this element is to document the estimate date and time the patient was last known to be in their normal state.

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.

State

National

eSituation.02 - Possible Injury

Definition

Indication whether or not there was an injury

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E09_04 | 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

Code List

| Code | Description |
|---------|-------------|
| 9922001 | No |
| 9922003 | Unknown |
| 9922005 | Yes |

Data Element Comment

This data element provides documentation to classify the EMS Reason for Encounter as either injury or non-injury related based on mechanism and not on actual injury. eSituation.02 (Possible Injury), eSituation.09 (Primary Symptom), eSituation.07 (Chief Complaint Anatomic Location), and eSituation.08 (Chief Complaint Organ System) are grouped together to form the EMS Reason for Encounter.

eSituation.03 - Complaint Type

Definition

The type of patient healthcare complaint being documented.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|--------------------|
| 2803001 | Chief (Primary) |
| 2803003 | Other (Not Listed) |
| 2803005 | Secondary |

Data Element Comment

This was added to group complaints in a more efficient manner

Version 3 Changes Implemented

Added to improve data integrity.

State

eSituation.04 - Complaint

Definition

The statement of the problem by the patient or the history provider.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E09_05 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 255 |

Data Element Comment

eSituation.05 - Duration of Complaint

Definition

The duration of the complaint

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E09_06 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 1 | 365 |

Data Element Comment

Associated with eSituation.06 (Time Units of Duration of the Complaint).

State

eSituation.06 - Time Units of Duration of Complaint

Definition

The time units of the duration of the patient's complaint

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E09_07 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|-------------|
| 2806001 | Seconds |
| 2806003 | Minutes |
| 2806005 | Hours |
| 2806007 | Days |
| 2806009 | Weeks |
| 2806011 | Months |
| 2806013 | Years |

Data Element Comment

Associated with eSituation.05 (Duration of the Complaint).

State

National

eSituation.07 - Chief Complaint Anatomic Location

Definition

The primary anatomic location of the chief complaint as identified by EMS personnel

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E09_11 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|-----------------|
| 2807001 | Abdomen |
| 2807003 | Back |
| 2807005 | Chest |
| 2807007 | Extremity-Lower |
| 2807009 | Extremity-Upper |
| 2807011 | General/Global |
| 2807013 | Genitalia |
| 2807015 | Head |
| 2807017 | Neck |

Data Element Comment

eSituation.02 (Possible Injury), eSituation.09 (Primary Symptom), eSituation.07 (Chief Complaint Anatomic Location), and eSituation.08 (Chief Complaint Organ System) are grouped together to form the EMS Reason for Encounter.

State

National

eSituation.08 - Chief Complaint Organ System

Definition

The primary organ system of the patient injured or medically affected.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E09_12 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|------------------------|
| 2808001 | Behavioral/Psychiatric |
| 2808003 | Cardiovascular |
| 2808005 | CNS/Neuro |
| 2808007 | Endocrine/Metabolic |
| 2808009 | GI |
| 2808011 | Global/General |
| 2808013 | Lymphatic/Immune |
| 2808015 | Musculoskeletal/Skin |
| 2808017 | Reproductive |
| 2808019 | Pulmonary |
| 2808021 | Renal |

Data Element Comment

Altered to follow the anatomical organ systems as defined by general anatomy. Added Lymphatic/Immune; Merged Skin with Muscular-Skeletal. Changed OB/Gyn to Reproductive.

Retained non-organ system designations for Global/General and Behavioral/Psychiatric.

eSituation.02 (Possible Injury), eSituation.09 (Primary Symptom), eSituation.07 (Chief Complaint Anatomic Location), and eSituation.08 (Chief Complaint Organ System) are grouped together to form the EMS Reason for Encounter.

State

National

eSituation.09 - Primary Symptom

Definition

The primary sign and symptom present in the patient or observed by EMS personnel

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E09_13 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Pattern

(R[0-6][0-9](\.[0-9]{1,4})?|(R73\.[9])(R99))|([A-QSTZ][0-9]{2})(\.[0-9A-Z]{1,4})?)

Data Element Comment

eSituation.02 (Possible Injury), eSituation.09 (Primary Symptom), eSituation.07 (Chief Complaint Anatomic Location), and eSituation.08 (Chief Complaint Organ System) are grouped together to form the EMS Reason for Encounter.

Code list is represented in ICD-10-CM Diagnoses Codes. Reference the NEMSIS Suggested Lists at:
<http://nemsis.org/v3/resources.html>

ICD-10-CM

Website - <http://uts.nlm.nih.gov>

Product - UMLS Metathesaurus

State

National

eSituation.10 - Other Associated Symptoms

Definition

Other symptoms identified by the patient or observed by EMS personnel

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E09_14 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Constraints

Pattern

(R[0-6][0-9](\[0-9]{1,4})?(R73\9)(R99))([A-QSTZ][0-9]{2})(\[0-9A-Z]{1,4})?)

Data Element Comment

Code list is represented in ICD-10-CM. Reference the NEMSIS Suggested Lists at: <http://nemsis.org/v3/resources.html>

ICD-10-CM

Website - <http://uts.nlm.nih.gov>

Product - UMLS Metathesaurus

State

National

eSituation.11 - Provider's Primary Impression

Definition

The EMS personnel's impression of the patient's primary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E09_15 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Pattern

(R[0-6][0-9](\.[0-9]{1,3})?|(R73\.9)|(R99))|([A-QSTZ][0-9]{2})(\.[0-9A-Z]{1,4})?)

Data Element Comment

Code list is represented in ICD-10-CM. Reference the NEMSIS Suggested Lists at: <http://nemsis.org/v3/resources.html>

ICD-10-CM

Website - <http://uts.nlm.nih.gov>

Product - UMLS Metathesaurus

State

National

eSituation.12 - Provider's Secondary Impressions

Definition

The EMS personnel's impression of the patient's secondary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E09_16 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Constraints

Pattern

```
(R[0-6][0-9](\[0-9]{1,3})?(R73\.9)(R99))([A-QSTZ][0-9]{2})(\[0-9A-Z]{1,4})?)
```

Data Element Comment

Code list is represented in ICD-10-CM. Reference the NEMSIS Suggested Lists at: <http://nemsis.org/v3/resources.html>

ICD-10-CM

Website - <http://uts.nlm.nih.gov>

Product - UMLS Metathesaurus

State

National

eSituation.13 - Initial Patient Acuity

Definition

The acuity of the patient's condition upon EMS arrival at the scene.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|--|
| 2813001 | Critical (Red) |
| 2813003 | Emergent (Yellow) |
| 2813005 | Lower Acuity (Green) |
| 2813007 | Dead without Resuscitation Efforts (Black) |

Data Element Comment

Definitions related to "Critical, Emergent, and Lower Acuity" can be found in the National EMS Core Content document from NHTSA EMS (DOT HS 809-898 July 2005) at <http://www.nhtsa.gov/people/injury/ems/emscorecontent/images/EMSCoreContent.pdf>

Dead without Resuscitation Efforts would be appropriate if resuscitation was initiated by non-EMS personnel but discontinued immediately upon evaluation by first arriving EMS personnel.

eSituation.14 - Work-Related Illness/Injury

Definition

Indication of whether or not the illness or injury is work related.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E07_15 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|-------------|
| 9922001 | No |
| 9922003 | Unknown |
| 9922005 | Yes |

Data Element Comment

Moved from Version 2.2.1 E07_15 to allow more complete documentation of work related illness and injury.

eSituation.15 - Patient's Occupational Industry

Definition

The occupational industry of the patient's work.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_16 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|--|
| 2815001 | Accommodation and Food Services |
| 2815003 | Administrative and Support and Waste Management and Remediation Services |
| 2815005 | Agriculture, Forestry, Fishing and Hunting |
| 2815007 | Arts, Entertainment, and Recreation |
| 2815009 | Construction |
| 2815011 | Educational Services |
| 2815013 | Finance and Insurance |
| 2815015 | Health Care and Social Assistance |
| 2815017 | Information |
| 2815019 | Management of Companies and Enterprises |
| 2815021 | Manufacturing |
| 2815023 | Mining, Quarrying, and Oil and Gas Extraction |
| 2815025 | Other Services (except Public Administration) |
| 2815027 | Professional, Scientific, and Technical Services |
| 2815029 | Public Administration |
| 2815031 | Real Estate and Rental and Leasing |
| 2815033 | Retail Trade |
| 2815035 | Transportation and Warehousing |
| 2815037 | Utilities |
| 2815039 | Wholesale Trade |

Data Element Comment

From the North American Industry Classification System (NAICS) from US Bureau of Labor Statistics (<http://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2007>).

eSituation.16 - Patient's Occupation

Definition

The occupation of the patient.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_17 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|--|
| 2816001 | Architecture and Engineering Occupations |
| 2816003 | Arts, Design, Entertainment, Sports, and Media Occupations |
| 2816005 | Building and Grounds Cleaning and Maintenance Occupations |
| 2816007 | Business and Financial Operations Occupations |
| 2816009 | Community and Social Services Occupations |
| 2816011 | Computer and Mathematical Occupations |
| 2816013 | Construction and Extraction Occupations |
| 2816015 | Education, Training, and Library Occupations |
| 2816017 | Farming, Fishing and Forestry Occupations |
| 2816019 | Food Preparation and Serving Related Occupations |
| 2816021 | Healthcare Practitioners and Technical Occupations |
| 2816023 | Healthcare Support Occupations |
| 2816025 | Installation, Maintenance, and Repair Occupations |
| 2816027 | Legal Occupations |
| 2816029 | Life, Physical, and Social Science Occupations |
| 2816031 | Management Occupations |
| 2816033 | Military Specific Occupations |
| 2816035 | Office and Administrative Support Occupations |
| 2816037 | Personal Care and Service Occupations |
| 2816039 | Production Occupations |
| 2816041 | Protective Service Occupations |
| 2816043 | Sales and Related Occupations |
| 2816045 | Transportation and Material Moving Occupations |

Data Element Comment

Based on the Standard Occupational Classification of the US Bureau of Labor Statistics
(http://www.bls.gov/soc/major_groups.htm)

Version 3 Changes Implemented

Added to better describe work related injury.

eSituation.17 - Patient Activity

Definition

The activity the patient was involved in at the time the patient experienced the onset of symptoms or experienced an injury.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Constraints

Pattern

Y93\.[A-Za-z0-9]{1,4}

Data Element Comment

Code list is represented in ICD-10-CM. Reference the NEMSIS Suggested Lists at: <http://nemsis.org/v3/resources.html>

Code list is represented in ICD-10 Codes.

Website - <http://uts.nlm.nih.gov>

Product - UMLS Metathesaurus

eInjury

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, and/or C = Correlation ID

eInjury

| | | | | | | | |
|-------|---|--|--|---|--|--|---|
| 1 : M | eInjury.01 - Cause of Injury | N | S | R | N | L | C |
| 0 : M | eInjury.02 - Mechanism of Injury | S | E | N | L | C | |
| 1 : M | eInjury.03 - Trauma Center Criteria | N | S | R | N | L | C |
| 1 : M | eInjury.04 - Vehicular, Pedestrian, or Other Injury Risk Factor | N | S | R | N | L | P C |
| 0 : 1 | eInjury.05 - Main Area of the Vehicle Impacted by the Collision | S | O | | | | |
| 0 : 1 | eInjury.06 - Location of Patient in Vehicle | S | O | | | | |
| 0 : M | eInjury.07 - Use of Occupant Safety Equipment | S | E | N | L | C | |
| 0 : M | eInjury.08 - Airbag Deployment | S | O | | | C | |
| 0 : 1 | eInjury.09 - Height of Fall (feet) | S | O | | | | |
| 0 : M | eInjury.10 - OSHA Personal Protective Equipment Used | O | C | | | | |
| 0 : 1 | eInjury.CollisionGroup | | | | | | |
| 0 : 1 | eInjury.11 - ACN System/Company Providing ACN Data | O | | | | | |
| 0 : 1 | eInjury.12 - ACN Incident ID | O | | | | | |
| 0 : M | eInjury.13 - ACN Call Back Phone Number | O | C | | | | |
| 0 : 1 | eInjury.14 - Date/Time of ACN Incident | O | | | | | |
| 0 : 1 | eInjury.15 - ACN Incident Location | O | | | | | |
| 0 : 1 | eInjury.16 - ACN Incident Vehicle Body Type | O | | | | | |
| 0 : 1 | eInjury.17 - ACN Incident Vehicle Manufacturer | O | | | | | |
| 0 : 1 | eInjury.18 - ACN Incident Vehicle Make | O | | | | | |
| 0 : 1 | eInjury.19 - ACN Incident Vehicle Model | O | | | | | |
| 0 : 1 | eInjury.20 - ACN Incident Vehicle Model Year | O | | | | | |
| 0 : 1 | eInjury.21 - ACN Incident Multiple Impacts | O | | | | | |
| 0 : M | eInjury.22 - ACN Incident Delta Velocity | O | C | | | | |
| 0 : 1 | eInjury.23 - ACN High Probability of Injury | O | | | | | |
| 0 : 1 | eInjury.24 - ACN Incident PDOF | O | | | | | |
| 0 : 1 | eInjury.25 - ACN Incident Rollover | O | | | | | |
| 0 : M | eInjury.SeatGroup | | | | | | C |
| 0 : 1 | eInjury.26 - ACN Vehicle Seat Location | O | | | | | |
| 0 : 1 | eInjury.27 - Seat Occupied | O | | | | | |
| 0 : 1 | eInjury.28 - ACN Incident Seatbelt Use | O | | | | | |
| 0 : 1 | eInjury.29 - ACN Incident Airbag Deployed | O | | | | | |

eInjury

State

National

eInjury.01 - Cause of Injury

Definition

The category of the reported/suspected external cause of the injury.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E10_01 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Constraints

Pattern

((TV-Y)[0-9]{2})(\.[0-9A-Z]{1,7})?)

Data Element Comment

Suggested code list is represented in ICD-10-CM. Reference the NEMSIS Suggested Lists at:
<http://nemsis.org/v3/resources.html>

Code list is represented in ICD-10 Codes.

Website - <http://uts.nlm.nih.gov>

Product - UMLS Metathesaurus

State

eInjury.02 - Mechanism of Injury

Definition

The mechanism of the event which caused the injury

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E10_03 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|-------------|
| 2902001 | Blunt |
| 2902003 | Burn |
| 2902005 | Other |
| 2902007 | Penetrating |

Data Element Comment

State

National

eInjury.03 - Trauma Center Criteria

Definition

Field Triage Criteria for transport to a trauma center as defined by the Centers for Disease Control and Prevention and the American College of Surgeons-Committee on Trauma.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|--|
| 2903001 | Amputation proximal to wrist or ankle |
| 2903003 | Crushed, degloved, mangled, or pulseless extremity |
| 2903005 | Chest wall instability or deformity (e.g., flail chest) |
| 2903007 | Glasgow Coma Score < 14 |
| 2903009 | Open or depressed skull fracture |
| 2903011 | Paralysis |
| 2903013 | Pelvic fractures |
| 2903015 | All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee |
| 2903017 | Respiratory Rate <10 or >29 breaths per minute (<20 in infants aged <1 year) or need for ventilatory support |
| 2903019 | Systolic Blood Pressure <90 mmHg |
| 2903021 | Two or more proximal long-bone fractures |

Data Element Comment

2011 Guidelines for the Field Triage of Injured Patients - value choices for Steps 1 and 2. For falls, one story is equal to 10 feet.

Version 3 Changes Implemented

Added to better evaluate the CDC-ACS 2011 Guidelines for the Field Triage of Injured Patients.

Website: <http://www.cdc.gov/FieldTriage/>

State

National

eInjury.04 - Vehicular, Pedestrian, or Other Injury Risk Factor

Definition

The kind of risk factor predictors present at the incident

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E10_04 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--|
| 2904001 | Auto v. Pedestrian/Bicyclist Thrown, Run Over, or > 20 MPH Impact |
| 2904003 | Fall Adults: > 20 ft. (one story is equal to 10 ft.) |
| 2904005 | Fall Children: > 10 ft. or 2-3 times the height of the child |
| 2904007 | Crash Death in Same Passenger Compartment |
| 2904009 | Crash Ejection (partial or complete) from vehicle |
| 2904011 | Crash Intrusion, including roof: > 12 in. occupant site; > 18 in. any site |
| 2904013 | Crash Vehicle Telemetry Data (AACN) Consistent with High Risk of Injury |
| 2904015 | Motorcycle Crash > 20 MPH |

Data Element Comment

Added additional mechanism or risk indicators based on CDC 2011 Guidelines for the Field Triage of Injured Patients Step 3.

Version 3 Changes Implemented

Added to better evaluate the CDC-ACS 2011 Guidelines for the Field Triage of Injured Patients.

Website: <http://www.cdc.gov/FieldTriage/>

State

eInjury.05 - Main Area of the Vehicle Impacted by the Collision

Definition

The area or location of initial impact on the vehicle based on 12-point clock diagram.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E10_05 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 1 | 12 |

Data Element Comment

The front of the vehicle is 12, passenger (right) side is 3, rear is 6, etc.

Based on MMUCC via areas(s) of impact & FARS coding manual clock diagram.

eInjury.06 - Location of Patient in Vehicle

Definition

The seat row location of the vehicle at the time of the crash with the front seat numbered as 1

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E10_06 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|---|
| 2906001 | Front Seat-Left Side (or motorcycle driver) |
| 2906003 | Front Seat-Middle |
| 2906005 | Front Seat-Right Side |
| 2906007 | Passenger in other enclosed passenger or cargo area (non-trailing unit such as a bus, etc.) |
| 2906009 | Passenger in unenclosed passenger or cargo area (non-trailing unit such as a pickup, etc.) |
| 2906011 | Riding on Vehicle Exterior (non-trailing unit) |
| 2906013 | Second Seat-Left Side (or motorcycle passenger) |
| 2906015 | Second Seat-Middle |
| 2906017 | Second Seat-Right Side |
| 2906019 | Sleeper Section of Cab (truck) |
| 2906021 | Third Row-Left Side (or motorcycle passenger) |
| 2906023 | Third Row-Middle |
| 2906025 | Third Row-Right Side |
| 2906027 | Trailing Unit |
| 2906029 | Unknown |

Data Element Comment

MMUCC P6 data element

State

eInjury.07 - Use of Occupant Safety Equipment

Definition

Safety equipment in use by the patient at the time of the injury

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E10_08 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--------------------------------|
| 2907001 | Child Booster Seat |
| 2907003 | Eye Protection |
| 2907005 | Helmet Worn |
| 2907007 | Infant Car Seat Forward Facing |
| 2907009 | Infant Car Seat Rear Facing |
| 2907015 | None |
| 2907017 | Other |
| 2907019 | Personal Floatation Device |
| 2907021 | Protective Clothing |
| 2907023 | Protective Non-Clothing Gear |
| 2907027 | Shoulder and Lap Belt Used |
| 2907029 | Lap Belt Only Used |
| 2907031 | Shoulder Belt Only Used |

Data Element Comment

MMUCC P7 data element used as baseline information. Data element expanded for added definition in non-vehicular settings.

State

eInjury.08 - Airbag Deployment

Definition

Indication of Airbag Deployment

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E10_09 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--|
| 2908001 | Airbag Deployed Front |
| 2908003 | Airbag Deployed Side |
| 2908005 | Airbag Deployed Other (knee, air belt, etc.) |
| 2908007 | No Airbag Deployed |
| 2908009 | No Airbag Present |

Data Element Comment

MMUCC P8 data element baseline was used for this element.

State

eInjury.09 - Height of Fall (feet)

Definition

The distance in feet the patient fell, measured from the lowest point of the patient to the ground

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E10_10 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 0 | 10000 |

Data Element Comment

Classify same level falls as 0 feet

eInjury.10 - OSHA Personal Protective Equipment Used

Definition

Documentation of the use of OSHA required protective equipment used by the patient at the time of injury.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|---------------------------------------|
| 2910001 | Eye and Face Protection |
| 2910003 | Foot Protection |
| 2910005 | Head Protection |
| 2910007 | Hearing Protection |
| 2910009 | Respiratory Protection |
| 2910011 | Safety Belts, lifelines, and lanyards |
| 2910013 | Safety Nets |

Data Element Comment

Version 3 Changes Implemented

Added to better document personal protection equipment used by the patient associated with an injury.

eInjury.11 - ACN System/Company Providing ACN Data**Definition**

The agency providing the Automated Collision Notification (ACN) Data.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 30 |

Data Element Comment

Based on Vehicular Emergency Data Set: Provider Name. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.12 - ACN Incident ID**Definition**

The Automated Collision Notification Incident ID.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

Based on Vehicular Emergency Data Set: Incident ID. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.13 - ACN Call Back Phone Number

Definition

The Automated Collision Notification Call Back Phone Number (US Only).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

PhoneNumberType

9913001 - Fax

9913003 - Home

9913005 - Mobile

9913007 - Pager

9913009 - Work

Constraints

Pattern

[2-9][0-9][0-9]-[2-9][0-9][0-9]-[0-9][0-9][0-9][0-9]

Data Element Comment

Based on Vehicular Emergency Data Set: Call Back Number. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

elnjury.14 - Date/Time of ACN Incident

Definition

The Automated Collision Notification Incident Date and Time.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| 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

Based on Vehicular Emergency Data Set: Incident Date and Time. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

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 incorporate advanced automated collision notification information.

elnjury.15 - ACN Incident Location

Definition

The Automated Collision Notification GPS Location.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

(\+|-)?(90(\.[0]{1,6})?|([1-8][0-9][0-9])(\.[0-9]{1,6})?),(\+|-)?(180(\.[0]{1,6})?|(1[0-7][0-9][1-9][0-9])(\.[0-9]{1,6})?)

Data Element Comment

Based on Vehicular Emergency Data Set: Location (combining Latitude and Longitude). Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group. The pattern for GPS location is in the format "*latitude,longitude*" where:

- *latitude* has a minimum of -90 and a maximum of 90 with up to 6 decimal places
- *longitude* has a minimum of -180 and a maximum of 180 with up to 6 decimal places

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.16 - ACN Incident Vehicle Body Type**Definition**

The Automated Collision Notification Vehicle Body Type.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 2 | 100 |

Data Element Comment

Based on Vehicular Emergency Data Set: Body Type. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.17 - ACN Incident Vehicle Manufacturer

Definition

The Automated Collision Notification Vehicle Manufacturer (e.g. General Motors, Ford, BMW).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

Based on Vehicular Emergency Data Set: Manufacturer. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.18 - ACN Incident Vehicle Make**Definition**

The Automated Collision Notification Vehicle Make (e.g. Cadillac, Ford, BMW).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

Based on Vehicular Emergency Data Set: Make. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.19 - ACN Incident Vehicle Model

Definition

The Automated Collision Notification Vehicle Model (e.g. Escalade, Taurus, X6M).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 100 |

Data Element Comment

Based on Vehicular Emergency Data Set: Model. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0
Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.20 - ACN Incident Vehicle Model Year

Definition

The Automated Collision Notification Vehicle Model Year (e.g. 2010).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| integer | 1900 | 2050 |

Data Element Comment

Based on Vehicular Emergency Data Set: Year. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0
Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.21 - ACN Incident Multiple Impacts**Definition**

The Automated Collision Notification Indication of Multiple Impacts associated with the collision.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List**Code Description**

9923001 No
9923003 Yes

Data Element Comment

Based on Vehicular Emergency Data Set: Multiple Impacts. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.22 - ACN Incident Delta Velocity

Definition

The Automated Collision Notification Delta Velocity (Delta V) force associated with the crash.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

DeltaVelocityOrdinal

Data Type: integer **minInclusive:** 1

CorrelationID

Data Type: string **minLength:** 0 **maxLength:** 255

VelocityUnit

9921001 - Kilometers per Hour 9921003 - Miles per Hour

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 0 | 999 |

Data Element Comment

Based on Vehicular Emergency Data Set: Delta Velocity. The force of impact based on the change in velocity over the duration of the crash pulse. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.23 - ACN High Probability of Injury

Definition

The Automated Collision Notification of the High Probability of Injury.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Trauma

Code List

| Code | Description |
|---------|-------------|
| 9923001 | No |
| 9923003 | Yes |

Data Element Comment

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.24 - ACN Incident PDOF

Definition

The Automated Collision Notification Principal Direction of Force (PDOF).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 1 | 12 |

Data Element Comment

Based on Vehicular Emergency Data Set: PDOF. Principal direction of the force of the impact to nearest o'clock reading. Values are 1 through 12 (e.g. 12=Frontal collision, 3=passenger side (right) collision, etc). Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.25 - ACN Incident Rollover

Definition

The Automated Collision Notification Indication that the Vehicle Rolled Over.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|------|-------------|
| Y | Yes |
| N | No |

Data Element Comment

Based on Vehicular Emergency Data Set: Rollover. Indicates if the vehicle rolled over during the collision/event (e.g. True=Rollover, False=No Rollover). Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.26 - ACN Vehicle Seat Location

Definition

The Automated Collision Notification Indication of the Occupant(s) Seat Location(s) within the vehicle.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|------------------------|
| 2926001 | Driver Front Seat |
| 2926003 | Front Row Middle Seat |
| 2926005 | Passenger Front Seat |
| 2926007 | Second Row Left Seat |
| 2926009 | Second Row Middle Seat |
| 2926011 | Second Row Right Seat |
| 2926013 | Third Row Left Seat |
| 2926015 | Third Row Middle Seat |
| 2926017 | Third Row Right Seat |

Data Element Comment

Based on Vehicular Emergency Data Set: Seat - Multiple entry for each seats data. Indicates seatbelt and seat sensor data for individual seat position in the vehicle. These elements come from passenger vehicle. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.27 - Seat Occupied**Definition**

Indication if seat is occupied based on seat sensor data.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|------|-------------|
| Y | Yes |
| N | No |

Data Element Comment

Based on Vehicular Emergency Data Set: Occupied - Associated with each seat. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.28 - ACN Incident Seatbelt Use

Definition

The Automated Collision Notification Indication of Seatbelt use by the occupant(s).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|------|-------------|
| Y | Yes |
| N | No |

Data Element Comment

Based on Vehicular Emergency Data Set: Belt Fastened - Associated with each Seat. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.29 - ACN Incident Airbag Deployed

Definition

The Automated Collision Notification Indication of Airbag Deployment.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|------|-------------|
| Y | Yes |
| N | No |

Data Element Comment

Based on Vehicular Emergency Data Set: Deployed - Associated with each seat. Indicates if airbag is deployed. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eArrest

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, and/or C = Correlation ID

eArrest

| | | | | | |
|-------|---|---|---|---|--|
| 1 : 1 | eArrest.01 - Cardiac Arrest | N | S | R | N, L |
| 1 : 1 | eArrest.02 - Cardiac Arrest Etiology | N | S | R | N, L |
| 1 : M | eArrest.03 - Resuscitation Attempted By EMS | N | S | R | N, L, C |
| 1 : M | eArrest.04 - Arrest Witnessed By | N | S | R | N, L, C |
| 1 : 1 | eArrest.05 - CPR Care Provided Prior to EMS Arrival | N | S | R | N, L |
| 0 : M | eArrest.06 - Who Provided CPR Prior to EMS Arrival | S | O | C | |
| 1 : 1 | eArrest.07 - AED Use Prior to EMS Arrival | N | S | R | N, L |
| 0 : M | eArrest.08 - Who Used AED Prior to EMS Arrival | S | O | C | |
| 1 : M | eArrest.09 - Type of CPR Provided | N | S | R | N, L, C |
| 1 : 1 | eArrest.10 - Therapeutic Hypothermia Initiated | N | S | R | N, L |
| 1 : 1 | eArrest.11 - First Monitored Arrest Rhythm of the Patient | N | S | R | N, L |
| 1 : M | eArrest.12 - Any Return of Spontaneous Circulation | N | S | R | N, L, C |
| 0 : 1 | eArrest.13 - Neurological Outcome at Hospital Discharge | O | | | |
| 1 : 1 | eArrest.14 - Date/Time of Cardiac Arrest | N | S | R | N, L |
| 0 : 1 | eArrest.15 - Date/Time Resuscitation Discontinued | S | E | N, L | |
| 1 : 1 | eArrest.16 - Reason CPR/Resuscitation Discontinued | N | S | R | N, L |
| 1 : M | eArrest.17 - Cardiac Rhythm on Arrival at Destination | N | S | R | N, L, C |
| 1 : 1 | eArrest.18 - End of EMS Cardiac Arrest Event | N | S | R | N, L |

eArrest

State

National

eArrest.01 - Cardiac Arrest

Definition

Indication of the presence of a cardiac arrest at any time.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E11_01 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|---------------------------|
| 3001001 | No |
| 3001003 | Yes, Prior to EMS Arrival |
| 3001005 | Yes, After EMS Arrival |

Data Element Comment

This element is a component of the Utstein Cardiac Arrest Criteria.

State

National

eArrest.02 - Cardiac Arrest Etiology

Definition

Indication of the etiology or cause of the cardiac arrest (classified as cardiac, non-cardiac, etc.)

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E11_02 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|----------------------|
| 3002001 | Cardiac (Presumed) |
| 3002003 | Drowning/Submersion |
| 3002005 | Drug Overdose |
| 3002007 | Electrocution |
| 3002009 | Exsanguination |
| 3002011 | Other (Not Listed) |
| 3002013 | Respiratory/Asphyxia |
| 3002015 | Trauma |

Data Element Comment

This element is a component of the Utstein Cardiac Arrest Criteria.

Following the UTSTEIN standard of cardiac arrest etiology the values were determined based on the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports".
<http://circ.ahajournals.org/cgi/content/full/110/21/3385>

State

National

eArrest.03 - Resuscitation Attempted By EMS

Definition

Indication of an attempt to resuscitate the patient who is in cardiac arrest (attempted, not attempted due to DNR, etc.)

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E11_03 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|------------------------------------|
| 3003001 | Attempted Defibrillation |
| 3003003 | Attempted Ventilation |
| 3003005 | Initiated Chest Compressions |
| 3003007 | Not Attempted-Considered Futile |
| 3003009 | Not Attempted-DNR Orders |
| 3003011 | Not Attempted-Signs of Circulation |

Data Element Comment

This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports".
<http://circ.ahajournals.org/cgi/content/full/110/21/3385>

State

National

eArrest.04 - Arrest Witnessed By

Definition

Indication of who the cardiac arrest was witnessed by

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E11_04 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|----------------------------------|
| 3004001 | Not Witnessed |
| 3004003 | Witnessed by Family Member |
| 3004005 | Witnessed by Healthcare Provider |
| 3004007 | Witnessed by Lay Person |

Data Element Comment

This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports".
<http://circ.ahajournals.org/cgi/content/full/110/21/3385>

State

National

eArrest.05 - CPR Care Provided Prior to EMS Arrival

Definition

Documentation of the CPR provided prior to EMS arrival

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------|
| 9923001 | No |
| 9923003 | Yes |

Data Element Comment

This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports".
<http://circ.ahajournals.org/cgi/content/full/110/21/3385>

State

eArrest.06 - Who Provided CPR Prior to EMS Arrival

Definition

Documentation of who performed CPR prior to this EMS unit's arrival.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--|
| 3006001 | Family Member |
| 3006003 | First Responder (Fire, Law, EMS) |
| 3006005 | Healthcare Professional (Non-EMS) |
| 3006007 | Lay Person (Non-Family) |
| 3006009 | Other EMS Professional (not part of dispatched response) |

Data Element Comment

Associated with eArrest.05 (CPR Care Provided Prior to EMS Arrival) but only required if CPR was provided prior to EMS arrival.

This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports".
<http://circ.ahajournals.org/cgi/content/full/110/21/3385>

State

National

eArrest.07 - AED Use Prior to EMS Arrival

Definition

Documentation of AED use Prior to EMS Arrival

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------------------------------|
| 3007001 | No |
| 3007003 | Yes, Applied without Defibrillation |
| 3007005 | Yes, With Defibrillation |

Data Element Comment

This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports".
<http://circ.ahajournals.org/cgi/content/full/110/21/3385>

eArrest.08 - Who Used AED Prior to EMS Arrival

Definition

Documentation of who used the AED prior to this EMS unit's arrival.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--|
| 3008001 | Family Member |
| 3008003 | First Responder (Fire, Law, EMS) |
| 3008005 | Healthcare Professional (Non-EMS) |
| 3008007 | Lay Person (Non-Family) |
| 3008009 | Other EMS Professional (not part of dispatched response) |

Data Element Comment

Associated with eArrest.07 (AED Use Prior to EMS Arrival).

This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports".
<http://circ.ahajournals.org/cgi/content/full/110/21/3385>

State

National

eArrest.09 - Type of CPR Provided

Definition

Documentation of the type/technique of CPR used by EMS.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--|
| 3009001 | Compressions-Continuous |
| 3009003 | Compressions-External Band Type Device |
| 3009005 | Compressions-External Plunger Type Device |
| 3009007 | Compressions-External Thumper Type Device |
| 3009009 | Compressions-Intermittent with Ventilation |
| 3009011 | Compressions-Other Device (Not Listed) |
| 3009013 | Ventilation-Bag Valve Mask |
| 3009015 | Ventilation-Impedance Threshold Device |
| 3009017 | Ventilation-Mouth to Mouth |
| 3009019 | Ventilation-Pocket Mask |

Data Element Comment

Added to capture special CPR techniques.

State

National

eArrest.10 - Therapeutic Hypothermia Initiated

Definition

Documentation of EMS initiation of Therapeutic Hypothermia.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------|
| 9923001 | No |
| 9923003 | Yes |

Data Element Comment

State

National

eArrest.11 - First Monitored Arrest Rhythm of the Patient

Definition

Documentation of what the first monitored arrest rhythm which was noted

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E11_05 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|-----------------------------------|
| 3011001 | Asystole |
| 3011003 | Bradycardia |
| 3011005 | PEA |
| 3011007 | Unknown AED Non-Shockable Rhythm |
| 3011009 | Unknown AED Shockable Rhythm |
| 3011011 | Ventricular Fibrillation |
| 3011013 | Ventricular Tachycardia-Pulseless |

Data Element Comment

Added term "Arrest" to title to clarify this is the arrest rhythm

Values "Other" and "Normal Sinus Rhythm" removed since they are not Cardiac Arrest Rhythms.

Value "Ventricular Tachycardia" has been changed to "Ventricular Tachycardia-Pulseless".

This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports".
<http://circ.ahajournals.org/cgi/content/full/110/21/3385>

State

National

eArrest.12 - Any Return of Spontaneous Circulation

Definition

Indication whether or not there was any return of spontaneous circulation.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E11_06 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|---|
| 3012001 | No |
| 3012003 | Yes, At Arrival at the ED |
| 3012005 | Yes, Prior to Arrival at the ED |
| 3012007 | Yes, Sustained for 20 consecutive minutes |

Data Element Comment

This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports".
<http://circ.ahajournals.org/cgi/content/full/110/21/3385>

This element needs to be documented when the patient has been in cardiac or respiratory arrest and transported to a healthcare facility to show the change in patient condition, if any. The cardiac rhythm list has been updated to be the same for eVitals.03 (Cardiac Rhythm Electrocardiography (ECG)). They are using the common type: CardiacRhythm. ST segment changes consistent (or not consistent) with STEMI criteria should be documented as Ischemia in the appropriate location

eArrest.13 - Neurological Outcome at Hospital Discharge

Definition

The level of cerebral performance of the patient at the time of discharge from the Hospital

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E11_07 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Cardiac Arrest

Code List

| Code | Description |
|---------|------------------------------------|
| 3013001 | CPC 1 Good Cerebral Performance |
| 3013003 | CPC 2 Moderate Cerebral Disability |
| 3013005 | CPC 3 Severe Cerebral Disability |
| 3013007 | CPC 4 Coma or Vegetative State |

Data Element Comment

1 = Good Cerebral Performance: Conscious, Alert, able to work and lead a normal life.

2 = Moderate Cerebral Disability: Conscious and able to function independently (dress, travel, prepare food) may have hemiplegia, seizures, or permanent memory or mental changes.

3 = Severe Cerebral Disability: Conscious, dependent on others for daily support, functions only in an institution or at home with exceptional family effort.

4 = Coma or vegetative state: any degree of coma without the presence of all brain death criteria. Unawareness, even if appears awake (vegetative state) without interaction with environment; may have spontaneous eye opening and sleep/awake cycles. Cerebral unresponsiveness.

This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports".
<http://circ.ahajournals.org/cgi/content/full/110/21/3385>

State

National

eArrest.14 - Date/Time of Cardiac Arrest

Definition

The date/time of the cardiac arrest (if not known, please estimate).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E11_08 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| 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

This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports".
<http://circ.ahajournals.org/cgi/content/full/110/21/3385>

Changed from estimated time prior to EMS arrival to date/time of cardiac arrest.

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 |

eArrest.15 - Date/Time Resuscitation Discontinued

Definition

The date/time the CPR was discontinued (or could be time of death)

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E11_09 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| 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 |

State

National

eArrest.16 - Reason CPR/Resuscitation Discontinued

Definition

The reason that CPR or the resuscitation efforts were discontinued.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E11_10 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|---|
| 3016001 | DNR |
| 3016003 | Medical Control Order |
| 3016005 | Obvious Signs of Death |
| 3016007 | Physically Unable to Perform |
| 3016009 | Protocol/Policy Requirements Completed |
| 3016011 | Return of Spontaneous Circulation (pulse or BP noted) |

Data Element Comment

Added Resuscitation to Title to allow better documentation of disposition.

State

National

eArrest.17 - Cardiac Rhythm on Arrival at Destination

Definition

The patient's cardiac rhythm upon delivery or transfer to the destination

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E11_11 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--------------------------------------|
| 9901001 | Agonal/Idioventricular |
| 9901003 | Asystole |
| 9901005 | Artifact |
| 9901007 | Atrial Fibrillation |
| 9901009 | Atrial Flutter |
| 9901011 | AV Block-1st Degree |
| 9901013 | AV Block-2nd Degree-Type 1 |
| 9901015 | AV Block-2nd Degree-Type 2 |
| 9901017 | AV Block-3rd Degree |
| 9901019 | Junctional |
| 9901021 | Left Bundle Branch Block |
| 9901023 | Non-STEMI Anterior Ischemia |
| 9901025 | Non-STEMI Inferior Ischemia |
| 9901027 | Non-STEMI Lateral Ischemia |
| 9901029 | Non-STEMI Posterior Ischemia |
| 9901031 | Other (Not Listed) |
| 9901033 | Paced Rhythm |
| 9901035 | PEA |
| 9901037 | Premature Atrial Contractions |
| 9901039 | Premature Ventricular Contractions |
| 9901041 | Right Bundle Branch Block |
| 9901043 | Sinus Arrhythmia |
| 9901045 | Sinus Bradycardia |
| 9901047 | Sinus Rhythm |
| 9901049 | Sinus Tachycardia |
| 9901051 | STEMI Anterior Ischemia |
| 9901053 | STEMI Inferior Ischemia |
| 9901055 | STEMI Lateral Ischemia |
| 9901057 | STEMI Posterior Ischemia |
| 9901059 | Supraventricular Tachycardia |
| 9901061 | Torsades De Points |
| 9901063 | Unknown AED Non-Shockable Rhythm |
| 9901065 | Unknown AED Shockable Rhythm |
| 9901067 | Ventricular Fibrillation |
| 9901069 | Ventricular Tachycardia (With Pulse) |
| 9901071 | Ventricular Tachycardia (Pulseless) |

Data Element Comment

This element needs to be documented when the patient has been in cardiac or respiratory arrest and transported to a

healthcare facility to show the change in patient condition, if any. The cardiac rhythm list has been updated to be the same for eVitals.03 (Cardiac Rhythm Electrocardiography (ECG)). They are using the common type: CardiacRhythm. ST segment changes consistent (or not consistent) with STEMI criteria should be documented as Ischemia in the appropriate location

State

National

eArrest.18 - End of EMS Cardiac Arrest Event**Definition**

The patient's outcome at the end of the EMS event.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes**NOT Values (NV)**

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|-----------------------------|
| 3018001 | Expired in ED |
| 3018003 | Expired in the Field |
| 3018005 | Ongoing Resuscitation in ED |

Data Element Comment

A resuscitation event is deemed to have ended when death is declared or spontaneous circulation is restored and sustained for 20 minutes or longer.

This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports".
<http://circ.ahajournals.org/cgi/content/full/110/21/3385>

Version 3 Changes Implemented

Added to better identify the outcome of EMS cardiac arrest patients.

eHistory

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, and/or C = Correlation ID

eHistory

| | | | | | | |
|-------|---|--|---|---|--|--|
| 1 : M | eHistory.01 - Barriers to Patient Care | N | S | R | N, L | C |
| 0 : M | eHistory.PractitionerGroup | | | | | C |
| 0 : 1 | eHistory.02 - Last Name of Patient's Practitioner | | | O | | |
| 0 : 1 | eHistory.03 - First Name of Patient's Practitioner | | | O | | |
| 0 : 1 | eHistory.04 - Middle Name/Initial of Patient's Practitioner | | | O | | |
| 0 : M | eHistory.05 - Advance Directives | S | E | | N, L | C |
| 0 : M | eHistory.06 - Medication Allergies | S | E | | N, L, P | C |
| 0 : M | eHistory.07 - Environmental/Food Allergies | | O | | C | |
| 0 : M | eHistory.08 - Medical/Surgical History | S | E | | N, L, P | C |
| 0 : M | eHistory.09 - Medical History Obtained From | | O | | C | |
| 0 : M | eHistory.ImmunizationsGroup | | | | | C |
| 0 : 1 | eHistory.10 - The Patient's Type of Immunization | | | O | | |
| 0 : 1 | eHistory.11 - Immunization Date | | | O | | |
| 0 : M | eHistory.CurrentMedsGroup | | | | | C |
| 0 : 1 | eHistory.12 - Current Medications | S | E | | N, L, P | |
| 0 : 1 | eHistory.13 - Current Medication Dose | | O | | | |
| 0 : 1 | eHistory.14 - Current Medication Dosage Unit | | O | | | |
| 0 : 1 | eHistory.15 - Current Medication Administration Route | | O | | | |
| 0 : 1 | eHistory.16 - Presence of Emergency Information Form | | O | | | |
| 1 : M | eHistory.17 - Alcohol/Drug Use Indicators | N | S | R | N, L, P | C |
| 0 : 1 | eHistory.18 - Pregnancy | | O | | L, P | |
| 0 : 1 | eHistory.19 - Last Oral Intake | | O | | | |

eHistory

State

National

eHistory.01 - Barriers to Patient Care

Definition

Indication of whether or not there were any patient specific barriers to serving the patient at the scene

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E12_01 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|---|
| 3101001 | Cultural, Custom, Religious |
| 3101003 | Developmentally Impaired |
| 3101005 | Hearing Impaired |
| 3101007 | Language |
| 3101009 | None Noted |
| 3101011 | Obesity |
| 3101013 | Physical Barrier (Unable to Access Patient) |
| 3101015 | Physically Impaired |
| 3101017 | Physically Restrained |
| 3101019 | Psychologically Impaired |
| 3101021 | Sight Impaired |
| 3101023 | Speech Impaired |
| 3101025 | Unattended or Unsupervised (including minors) |
| 3101027 | Unconscious |
| 3101029 | Uncooperative |

Data Element Comment

Added Obesity, Sight Impaired, Psychologically Impaired

eHistory.02 - Last Name of Patient's Practitioner

Definition

The last name of the patient's practitioner

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E12_06 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

eHistory.03 - First Name of Patient's Practitioner

Definition

The first name of the patient's practitioner

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E12_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

eHistory.04 - Middle Name/Initial of Patient's Practitioner

Definition

The middle name or initial of the patient's practitioner.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E12_05 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

eHistory.05 - Advance Directives

Definition

The presence of a valid DNR form, living will, or document directing end of life or healthcare treatment decisions.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E12_07 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--|
| 3105001 | Family/Guardian request DNR (but no documentation) |
| 3105003 | Living Will |
| 3105005 | None |
| 3105007 | Other (Not Listed) |
| 3105009 | Other Healthcare Advanced Directive Form |
| 3105011 | State EMS DNR or Medical Order Form |

Data Element Comment

Advanced Directive and Do Not Resuscitate are both included in this data element.

eHistory.06 - Medication Allergies

Definition

The patient's medication allergies

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E12_08 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Pertinent Negatives (PN)

8801013 - No Known Drug Allergy

8801019 - Refused

8801023 - Unable to Complete

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255**CodeType**

9924001 - ICD10

9924003 - RxNorm

Constraints

Pattern

(Z88\[0-9])((a-zA-Z0-9){2,7})

Data Element Comment

The list of medication allergies is based on RxNorm (RXCUI) Codes. In addition, a specific list of ICD-10 CM codes can be used for medication groups.

Reference the NEMSIS Suggested Lists at: <http://nemsis.org/v3/resources.html>

Code list is represented in two separate UMLS datasets:

- 1) ICD-10 Codes.
- 2) RxNorm

Website - <http://uts.nlm.nih.gov>

Product - UMLS Metathesaurus

Website - <http://www.nlm.nih.gov/research/umls/rxnorm/docs/rxnormfiles.html>

Product - RxNorm Full Monthly Release

eHistory.07 - Environmental/Food Allergies

Definition

The patient's known allergies to food or environmental agents.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E12_09 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Constraints

| Data Type | maxInclusive | minInclusive |
|-----------|--------------|--------------|
| integer | 1000000000 | 100000 |

Data Element Comment

Data Element Comment Section:

Code list is represented in SNOMEDCT. Reference the NEMSIS Suggested Lists at: <http://nemsis.org/v3/resources.html>

SNOMEDCT

Website: http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html

Product: Product - UMLS Metathesaurus

eHistory.08 - Medical/Surgical History

Definition

The patient's pre-existing medical and surgery history of the patient

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E12_10 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Pertinent Negatives (PN)

8801015 - None Reported

8801019 - Refused

8801023 - Unable to Complete

8801021 - Unresponsive

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Constraints

Pattern

([A-QSTZ][0-9]{2})(\.[0-9A-Z]{1,3})?

Data Element Comment

Code list is represented by ICD-10-CM. Reference the NEMSIS Suggested Lists at: <http://nemsis.org/v3/resources.html>

ICD-10-CM

Website - <http://uts.nlm.nih.gov>

Product - UMLS Metathesaurus

eHistory.09 - Medical History Obtained From**Definition**

Type of person medical history obtained from

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E12_11 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes**CorrelationID****Data Type:** string**minLength:** 0**maxLength:** 255**Code List**

| Code | Description |
|---------|-----------------------|
| 3109001 | Bystander/Other |
| 3109003 | Family |
| 3109005 | Health Care Personnel |
| 3109007 | Patient |

Data Element Comment

eHistory.10 - The Patient's Type of Immunization

Definition

The immunization type of the patient.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E12_12 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|--|
| 9910001 | Anthrax |
| 9910003 | Cholera |
| 9910005 | DPT (Diphtheria, Tetanus, Pertussis) |
| 9910007 | Hemophilus Influenza B |
| 9910009 | Hepatitis A |
| 9910011 | Hepatitis B |
| 9910013 | Human Papilloma Virus (HPV) |
| 9910015 | Influenza-H1N1 |
| 9910017 | Influenza-Other |
| 9910019 | Influenza-Seasonal (In past 12 months) |
| 9910021 | Lyme Disease |
| 9910023 | Meningococcus |
| 9910025 | MMR (Measles, Mumps, Rubella) |
| 9910027 | Other-Not Listed |
| 9910029 | Plague |
| 9910031 | Pneumococcal (Pneumonia) |
| 9910033 | Polio |
| 9910035 | Rabies |
| 9910037 | Rotavirus |
| 9910039 | Shingle |
| 9910041 | Small Pox |
| 9910043 | Tetanus |
| 9910045 | Tuberculosis |
| 9910047 | Typhoid |
| 9910049 | Varicella (Chickenpox) |
| 9910051 | Yellow Fever |

Data Element Comment

eHistory.11 - Immunization Date

Definition

The year associated with each immunization type

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E12_13 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| integer | 1900 | 2050 |

Data Element Comment

eHistory.12 - Current Medications

Definition

The medications the patient currently takes

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E12_14 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Pertinent Negatives (PN)

8801015 - None Reported

8801019 - Refused

8801021 - Unresponsive

8801023 - Unable to Complete

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 7 |

Data Element Comment

List of medications based on RxNorm (RXCUI) code.

Reference the NEMSIS Suggested Lists at: <http://nemsis.org/v3/resources.html>

RxNorm

Website - <http://uts.nlm.nih.gov>

Product - UMLS Metathesaurus

Website - <http://www.nlm.nih.gov/research/umls/rxnorm/docs/rxnormfiles.html>

Product - RxNorm Full Monthly Release

eHistory.13 - Current Medication Dose

Definition

The numeric dose or amount of the patient's current medication

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E12_15 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|--------------------|-----------------------|
| Data Type | totalDigits | fractionDigits |
| decimal | 8 | 2 |

Data Element Comment

Associated with eHistory.12 (Current Medications)

eHistory.14 - Current Medication Dosage Unit

Definition

The dosage unit of the patient's current medication

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E12_16 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|------------------------------|
| 3114001 | cm |
| 3114003 | gms |
| 3114005 | gtts (drops) |
| 3114007 | inches |
| 3114009 | iu |
| 3114011 | kvo (keep vein open) |
| 3114013 | l/min (fluid administration) |
| 3114015 | liters |
| 3114017 | LPM (gas administration) |
| 3114019 | mcg |
| 3114021 | mcg/kg/min |
| 3114023 | mcg/min |
| 3114025 | meq |
| 3114027 | metered dose |
| 3114029 | mg |
| 3114031 | mg/kg |
| 3114033 | mg/kg/min |
| 3114035 | mg/min |
| 3114037 | ml |
| 3114039 | ml/hr |
| 3114041 | other (Not Listed) |
| 3114043 | puffs |
| 3114045 | units/hr |

Data Element Comment

eHistory.15 - Current Medication Administration Route

Definition

The administration route (po, SQ, etc.) of the patient's current medication

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E12_17 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|------------------------|
| 9927001 | Blow-By |
| 9927003 | Buccal |
| 9927005 | Endotracheal Tube (ET) |
| 9927007 | Gastrostomy Tube |
| 9927009 | Inhalation |
| 9927011 | Intraarterial |
| 9927013 | Intradermal |
| 9927015 | Intramuscular (IM) |
| 9927017 | Intranasal |
| 9927019 | Intraocular |
| 9927021 | Intraosseous (IO) |
| 9927023 | Intravenous (IV) |
| 9927025 | Nasal Cannula |
| 9927027 | Nasogastric |
| 9927029 | Nasotracheal Tube |
| 9927031 | Non-Rebreather Mask |
| 9927033 | Ophthalmic |
| 9927035 | Oral |
| 9927037 | Other/miscellaneous |
| 9927039 | Otic |
| 9927041 | Re-breather mask |
| 9927043 | Rectal |
| 9927045 | Subcutaneous |
| 9927047 | Sublingual |
| 9927049 | Topical |
| 9927051 | Tracheostomy |
| 9927053 | Transdermal |
| 9927055 | Urethral |
| 9927057 | Ventimask |
| 9927059 | Wound |

Data Element Comment

eHistory.16 - Presence of Emergency Information Form

Definition

Indication of the presence of the Emergency Information Form associated with patient's with special healthcare needs.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E12_18 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-------------|
| 9923001 | No |
| 9923003 | Yes |

Data Element Comment

State

National

eHistory.17 - Alcohol/Drug Use Indicators

Definition

Indicators for the potential use of alcohol or drugs by the patient related to the patient's current illness or injury.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E12_19 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801015 - None Reported 8801019 - Refused 8801023 - Unable to Complete

CorrelationID

Data Type: string **minLength:** 0 **maxLength:** 255

Code List

| Code | Description |
|---------|--|
| 3117001 | Alcohol Containers/Paraphernalia at Scene |
| 3117003 | Drug Paraphernalia at Scene |
| 3117005 | Patient Admits to Alcohol Use |
| 3117007 | Patient Admits to Drug Use |
| 3117009 | Positive Level known from Law Enforcement or Hospital Record |
| 3117011 | Smell of Alcohol on Breath |

Data Element Comment

eHistory.18 - Pregnancy

Definition

Indication of the possibility by the patient's history of current pregnancy.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E12_20 | Is Nillable | Yes |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes

Pertinent Negatives (PN)

8801019 - Refused

8801023 - Unable to Complete

Code List

| Code | Description |
|---------|--------------------------------------|
| 3118001 | No |
| 3118003 | Possible, Unconfirmed |
| 3118005 | Yes, Confirmed 12 to 20 Weeks |
| 3118007 | Yes, Confirmed Greater Than 20 Weeks |
| 3118009 | Yes, Confirmed Less Than 12 Weeks |
| 3118011 | Yes, Weeks Unknown |

Data Element Comment

eHistory.19 - Last Oral Intake

Definition

Date and Time of last oral intake.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| 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 document last oral intake.

eNarrative

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, and/or C = Correlation ID

| eNarrative | | |
|------------|---|---|
| 0 : 1 | eNarrative.01 - Patient Care Report Narrative | S E N, L |
| eNarrative | | |

eNarrative.01 - Patient Care Report Narrative

Definition

The narrative of the patient care report (PCR).

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E13_01 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 10000 |

Data Element Comment

eVitals

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, and/or C = Correlation ID

eVitals

| 1 : M | | eVitals.VitalGroup | | C | |
|-------|---|--------------------|---|---|------------|
| 1 : 1 | eVitals.01 - Date/Time Vital Signs Taken | N | S | R | N, L |
| 1 : 1 | eVitals.02 - Obtained Prior to this Unit's EMS Care | N | S | R | N, L |
| 1 : 1 | eVitals.CardiacRhythmGroup | | | C | |
| 1 : M | eVitals.03 - Cardiac Rhythm / Electrocardiography (ECG) | N | S | R | N, L, P, C |
| 1 : 1 | eVitals.04 - ECG Type | N | S | R | N, L |
| 1 : M | eVitals.05 - Method of ECG Interpretation | N | S | R | N, L, C |
| 1 : 1 | eVitals.BloodPressureGroup | | | | |
| 1 : 1 | eVitals.06 - SBP (Systolic Blood Pressure) | N | S | R | N, L, P |
| 0 : 1 | eVitals.07 - DBP (Diastolic Blood Pressure) | S | E | | N, L, P |
| 1 : 1 | eVitals.08 - Method of Blood Pressure Measurement | N | S | R | N, L |
| 0 : 1 | eVitals.09 - Mean Arterial Pressure | O | | | |
| 1 : 1 | eVitals.HeartRateGroup | | | | |
| 1 : 1 | eVitals.10 - Heart Rate | N | S | R | N, L, P |
| 0 : 1 | eVitals.11 - Method of Heart Rate Measurement | O | | | |
| 1 : 1 | eVitals.12 - Pulse Oximetry | N | S | R | N, L, P |
| 0 : 1 | eVitals.13 - Pulse Rhythm | O | | | |
| 1 : 1 | eVitals.14 - Respiratory Rate | N | S | R | N, L, P |
| 0 : 1 | eVitals.15 - Respiratory Effort | O | | | |
| 1 : 1 | eVitals.16 - Carbon Dioxide (CO2) | N | S | R | N, L, P |
| 0 : 1 | eVitals.17 - Carbon Monoxide (CO) | S | E | | N, L, P |
| 1 : 1 | eVitals.18 - Blood Glucose Level | N | S | R | N, L, P |
| 1 : 1 | eVitals.GlasgowScoreGroup | | | | |
| 1 : 1 | eVitals.19 - Glasgow Coma Score-Eye | N | S | R | N, L, P |
| 1 : 1 | eVitals.20 - Glasgow Coma Score-Verbal | N | S | R | N, L, P |
| 1 : 1 | eVitals.21 - Glasgow Coma Score-Motor | N | S | R | N, L, P |
| 1 : M | eVitals.22 - Glasgow Coma Score-Qualifier | N | S | R | N, L, C |
| 0 : 1 | eVitals.23 - Total Glasgow Coma Score | S | E | | N, L, P |
| 0 : 1 | eVitals.TemperatureGroup | | | | |
| 0 : 1 | eVitals.24 - Temperature | S | E | | N, L, P |
| 0 : 1 | eVitals.25 - Temperature Method | O | | | |
| 1 : 1 | eVitals.26 - Level of Responsiveness (AVPU) | N | S | R | N, L |

| | | | | | | | |
|-------|------------------------------------|---|------|------|---------|--|--|
| 1 : 1 | eVitals.PainScaleGroup | | | | | | |
| 1 : 1 | eVitals.27 - Pain Score | N | S | R | N, L, P | | |
| 0 : 1 | eVitals.28 - Pain Scale Type | S | E | N, L | | | |
| 1 : 1 | eVitals.StrokeScaleGroup | | | | | | |
| 1 : 1 | eVitals.29 - Stroke Scale Score | N | S | R | N, L, P | | |
| 1 : 1 | eVitals.30 - Stroke Scale Type | N | S | R | N, L | | |
| 1 : 1 | eVitals.31 - Reperfusion Checklist | N | S | R | N, L, P | | |
| 0 : 1 | eVitals.32 - APGAR | O | L, P | | | | |
| 0 : 1 | eVitals.33 - Revised Trauma Score | O | L, P | | | | |

eVitals

State

National

eVitals.01 - Date/Time Vital Signs Taken

Definition

The date/time vital signs were taken on the patient.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_01 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| 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 |

State

National

eVitals.02 - Obtained Prior to this Unit's EMS Care

Definition

Indicates that the information which is documented was obtained prior to the documenting EMS units care.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_02 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------|
| 9923001 | No |
| 9923003 | Yes |

Data Element Comment

This is the NEMSIS Version 3 method to document prior aid.

State

National

eVitals.03 - Cardiac Rhythm / Electrocardiography (ECG)

Definition

The cardiac rhythm / ECG and other electrocardiography findings of the patient as interpreted by EMS personnel.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_03 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Cardiac Arrest STEMI

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 - Refused 8801023 - Unable to Complete

CorrelationID

Data Type: string **minLength:** 0 **maxLength:** 255

Code List

| Code | Description |
|---------|--------------------------------------|
| 9901001 | Agonal/Idioventricular |
| 9901003 | Asystole |
| 9901005 | Artifact |
| 9901007 | Atrial Fibrillation |
| 9901009 | Atrial Flutter |
| 9901011 | AV Block-1st Degree |
| 9901013 | AV Block-2nd Degree-Type 1 |
| 9901015 | AV Block-2nd Degree-Type 2 |
| 9901017 | AV Block-3rd Degree |
| 9901019 | Junctional |
| 9901021 | Left Bundle Branch Block |
| 9901023 | Non-STEMI Anterior Ischemia |
| 9901025 | Non-STEMI Inferior Ischemia |
| 9901027 | Non-STEMI Lateral Ischemia |
| 9901029 | Non-STEMI Posterior Ischemia |
| 9901031 | Other (Not Listed) |
| 9901033 | Paced Rhythm |
| 9901035 | PEA |
| 9901037 | Premature Atrial Contractions |
| 9901039 | Premature Ventricular Contractions |
| 9901041 | Right Bundle Branch Block |
| 9901043 | Sinus Arrhythmia |
| 9901045 | Sinus Bradycardia |
| 9901047 | Sinus Rhythm |
| 9901049 | Sinus Tachycardia |
| 9901051 | STEMI Anterior Ischemia |
| 9901053 | STEMI Inferior Ischemia |
| 9901055 | STEMI Lateral Ischemia |
| 9901057 | STEMI Posterior Ischemia |
| 9901059 | Supraventricular Tachycardia |
| 9901061 | Torsades De Points |
| 9901063 | Unknown AED Non-Shockable Rhythm |
| 9901065 | Unknown AED Shockable Rhythm |
| 9901067 | Ventricular Fibrillation |
| 9901069 | Ventricular Tachycardia (With Pulse) |
| 9901071 | Ventricular Tachycardia (Pulseless) |

State

National

eVitals.04 - ECG Type

Definition

The type of ECG associated with the cardiac rhythm.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

STEMI

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|-----------------------------|
| 3304001 | 3 Lead |
| 3304003 | 4 Lead |
| 3304005 | 5 Lead |
| 3304007 | 12 Lead-Left Sided (Normal) |
| 3304009 | 12 Lead-Right Sided |
| 3304011 | 15 Lead |
| 3304013 | 18 Lead |
| 3304015 | Other (Not Listed) |

Data Element Comment

Version 3 Changes Implemented

Added to better document ECG results.

State

National

eVitals.05 - Method of ECG Interpretation

Definition

The method of ECG interpretation.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

STEMI

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|---|
| 3305001 | Computer Interpretation |
| 3305003 | Manual Interpretation |
| 3305005 | Transmission with No Interpretation |
| 3305007 | Transmission with Remote Interpretation |

Data Element Comment

"Transmission with no interpretation" may be used by EMS Agency Personnel that are not trained to interpret cardiac rhythms.

Version 3 Changes Implemented

Added to better document ECG results.

State

National

eVitals.06 - SBP (Systolic Blood Pressure)

Definition

The patient's systolic blood pressure.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_04 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present 8801019 - Refused 8801023 - Unable to Complete

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| integer | 0 | 500 |

Data Element Comment

Required for ACS-Field Triage and other patient scoring systems.

eVitals.07 - DBP (Diastolic Blood Pressure)

Definition

The patient's diastolic blood pressure.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_05 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

8801019 - Refused

8801023 - Unable to Complete

Constraints

Pattern

[5][0][0][1-4][0-9][0-9][0][1-9][0-9]P|p

Data Element Comment

Diastolic blood pressure pattern allows for the following values:

- 1) A number 0 through 500
- 2) P
- 3) p

State

National

eVitals.08 - Method of Blood Pressure Measurement

Definition

Indication of method of blood pressure measurement.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_06 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|---------------------------|
| 3308001 | Arterial Line |
| 3308003 | Doppler |
| 3308005 | Cuff-Automated |
| 3308007 | Cuff-Manual Auscultated |
| 3308009 | Cuff-Manual Palpated Only |
| 3308011 | Venous Line |

Data Element Comment

eVitals.09 - Mean Arterial Pressure**Definition**

The patient's mean arterial pressure.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| integer | 1 | 500 |

Data Element Comment**Version 3 Changes Implemented**

Added for additional patient monitoring capability.

State

National

eVitals.10 - Heart Rate

Definition

The patient's heart rate expressed as a number per minute.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_07 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present 8801019 - Refused 8801023 - Unable to Complete

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 0 | 500 |

Data Element Comment

Pulse Rate and Electronic Monitor Rate have been merged with an additional data element for Method of Heart Rate Measurement.

eVitals.11 - Method of Heart Rate Measurement

Definition

The method in which the Heart Rate was measured. Values include auscultated, palpated, electronic monitor).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-------------------------------------|
| 3311001 | Auscultated |
| 3311003 | Doppler |
| 3311005 | Electronic Monitor - Cardiac |
| 3311007 | Electronic Monitor - Pulse Oximeter |
| 3311009 | Electronic Monitor (Other) |
| 3311011 | Palpated |

Data Element Comment

This data element was added when Pulse Rate and Electronic Monitor Rate were merged as EVitals.10.

Version 3 Changes Implemented

This data element was added when Pulse Rate and Electronic Monitor Rate were merged as EVitals.10.

State

National

eVitals.12 - Pulse Oximetry

Definition

The patient's oxygen saturation.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_09 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present 8801019 - Refused 8801023 - Unable to Complete

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| integer | 0 | 100 |

Data Element Comment

eVitals.13 - Pulse Rhythm

Definition

The clinical rhythm of the patient's pulse.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E14_10 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-----------------------|
| 3313001 | Irregularly Irregular |
| 3313003 | Regular |
| 3313005 | Regularly Irregular |

Data Element Comment

State

National

eVitals.14 - Respiratory Rate

Definition

The patient's respiratory rate expressed as a number per minute.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_11 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present 8801019 - Refused 8801023 - Unable to Complete

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| integer | 0 | 300 |

Data Element Comment

eVitals.15 - Respiratory Effort**Definition**

The patient's respiratory effort.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E14_12 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|---------------------------------------|
| 3315001 | Apneic |
| 3315003 | Labored |
| 3315005 | Mechanically Assisted (BVM, CPAP,etc) |
| 3315007 | Normal |
| 3315009 | Rapid |
| 3315011 | Shallow |
| 3315013 | Weak/Agonal |

Data Element Comment

State

National

eVitals.16 - Carbon Dioxide (CO2)

Definition

The patient's end-tidal or other CO2 level.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_13 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 - Refused 8801023 - Unable to Complete

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| integer | 0 | 100 |

Data Element Comment

eVitals.17 - Carbon Monoxide (CO)

Definition

The patient's carbon monoxide level measured in parts per million (ppm).

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 - Refused

8801023 - Unable to Complete

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 0 | 100 |

Data Element Comment

Version 3 Changes Implemented

Added to allow use of a new patient monitoring device

State

National

eVitals.18 - Blood Glucose Level

Definition

The patient's blood glucose level.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_14 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Pediatric Stroke

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 - Refused

8801023 - Unable to Complete

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 0 | 2000 |

Data Element Comment

State

National

eVitals.19 - Glasgow Coma Score-Eye

Definition

The patient's Glasgow Coma Score Eye opening.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_15 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 - Refused 8801023 - Unable to Complete

Code List

| Code | Description |
|------|--|
| 1 | No eye movement when assessed (All Age Groups) |
| 2 | Opens Eyes to painful stimulation (All Age Groups) |
| 3 | Opens Eyes to verbal stimulation (All Age Groups) |
| 4 | Opens Eyes spontaneously (All Age Groups) |

Data Element Comment

Definitions now based on the National Trauma Data Standard (NTDS).

State

National

eVitals.20 - Glasgow Coma Score-Verbal

Definition

The patient's Glasgow Coma Score Verbal.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_16 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 - Refused

8801023 - Unable to Complete

Code List

| Code | Description |
|------|---|
| 1 | No verbal/vocal response (All Age Groups) |
| 2 | Incomprehensible sounds (>2 Years); Inconsolable, agitated |
| 3 | Inappropriate words (>2 Years); Inconsistently consolable, moaning |
| 4 | Confused (>2 Years); Cries but is consolable, inappropriate interactions |
| 5 | Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts |

Data Element Comment

Definitions now based on the National Trauma Data Standard (NTDS).

State

National

eVitals.21 - Glasgow Coma Score-Motor

Definition

The patient's Glasgow Coma Score Motor

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_17 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 - Refused 8801023 - Unable to Complete

Code List

| Code | Description |
|------|---|
| 1 | No Motor Response (All Age Groups) |
| 2 | Extension to pain (All Age Groups) |
| 3 | Flexion to pain (All Age Groups) |
| 4 | Withdrawal from pain (All Age Groups) |
| 5 | Localizing pain (All Age Groups) |
| 6 | Obeys commands (>2Years); Appropriate response to stimulation |

Data Element Comment

Definitions now based on the National Trauma Data Standard (NTDS).

State

National

eVitals.22 - Glasgow Coma Score-Qualifier

Definition

Documentation of factors which make the GCS score more meaningful.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_18 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

Code Description

3322001 Eye Obstruction Prevents Eye Assessment
 3322003 Initial GCS has legitimate values without interventions such as intubation and sedation
 3322005 Patient Chemically Paralyzed
 3322007 Patient Chemically Sedated
 3322009 Patient Intubated

Data Element Comment

Definitions now based on the National Trauma Data Standard (NTDS).

eVitals.23 - Total Glasgow Coma Score

Definition

The patient's total Glasgow Coma Score.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_19 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Pertinent Negatives (PN)

8801019 - Refused

8801023 - Unable to Complete

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 3 | 15 |

Data Element Comment

Can be documented or calculated from EVitals.19 (GCS-Eye), EVitals.20 (GCS-Verbal), and EVitals.21 (GCS-Motor).

State

eVitals.24 - Temperature

Definition

The patient's body temperature in degrees Celsius/centigrade.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_20 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Pediatric

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Pertinent Negatives (PN)

8801019 - Refused

8801023 - Unable to Complete

Constraints

| Data Type | totalDigits | fractionDigits | minInclusive | maxInclusive |
|-----------|-------------|----------------|--------------|--------------|
| decimal | 3 | 1 | 0 | 50 |

Data Element Comment

eVitals.25 - Temperature Method

Definition

The method used to obtain the patient's body temperature.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E14_21 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|------------------------------|
| 3325001 | Axillary |
| 3325003 | Central (Venous or Arterial) |
| 3325005 | Esophageal |
| 3325007 | Oral |
| 3325009 | Rectal |
| 3325011 | Temporal Artery |
| 3325013 | Tympanic |
| 3325015 | Urinary Catheter |

Data Element Comment

State

National

eVitals.26 - Level of Responsiveness (AVPU)

Definition

The patient's highest level of responsiveness.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_22 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|--------------|
| 3326001 | Alert |
| 3326003 | Verbal |
| 3326005 | Painful |
| 3326007 | Unresponsive |

Data Element Comment

Definition changed to indicate highest level of responsiveness.

State

National

eVitals.27 - Pain Score

Definition

The patient's indication of pain from a scale of 0-10.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_23 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Pediatric STEMI Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 - Refused 8801023 - Unable to Complete

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 0 | 10 |

Data Element Comment

The Pain Score can be obtained from several pain measurement tools or pain scale types (eVitals.28). The pain scale type used should have a numeric value associated with each diagram as appropriate. If the pain scale type utilizes multiple indicators/categories the total should be calculated and entered for the pain score associated with the patient assessment.

eVitals.28 - Pain Scale Type

Definition

The type of pain scale used.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|--|
| 3328001 | FLACC (Face, Legs, Activity, Cry, Consolability) |
| 3328003 | Numeric (0-10) |
| 3328005 | Other (Not Listed) |
| 3328007 | Wong-Baker (FACES) |

Data Element Comment

Version 3 Changes Implemented

Added to better document the patient's pain level.

State

National

eVitals.29 - Stroke Scale Score

Definition

The patient's Stroke Scale Results.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_24 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Stroke

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 - Refused

8801023 - Unable to Complete

Code List

| Code | Description |
|---------|----------------|
| 3329001 | Negative |
| 3329003 | Non-Conclusive |
| 3329005 | Positive |

Data Element Comment

State

National

eVitals.30 - Stroke Scale Type

Definition

The type of stroke pain scale used.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Stroke

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|---|
| 3330001 | Cincinnati |
| 3330003 | Los Angeles |
| 3330005 | Massachusetts |
| 3330007 | Miami Emergency Neurologic Deficit (MEND) |
| 3330009 | NIH |
| 3330011 | Other Stroke Scale Type |

Data Element Comment

Version 3 Changes Implemented

Added to include additional detail on the stroke scale used.

State

National

eVitals.31 - Reperfusion Checklist

Definition

The results of the patient's Reperfusion Checklist for potential Thrombolysis use.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_25 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

STEMI Stroke

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 - Refused 8801023 - Unable to Complete

Code List

| Code | Description |
|---------|--|
| 3331001 | Definite Contraindications to Thrombolytic Use |
| 3331003 | No Contraindications to Thrombolytic Use |
| 3331005 | Possible Contraindications to Thrombolytic Use |

Data Element Comment

Name changed from Thrombolytic Screen

eVitals.32 - APGAR

Definition

The patient's total APGAR score (0-10).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E14_26 | Is Nillable | Yes |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes

Pertinent Negatives (PN)

8801023 - Unable to Complete

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 0 | 10 |

Data Element Comment

Recommended to be taken at 1 and 5 minutes after the infants birth

eVitals.33 - Revised Trauma Score

Definition

The patient's Revised Trauma Score.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E14_27 | Is Nillable | Yes |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Trauma

Attributes

Pertinent Negatives (PN)

8801019 - Refused

8801023 - Unable to Complete

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 0 | 12 |

Data Element Comment

eLabs

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, and/or C = Correlation ID

eLabs

| | | |
|-------|--|---|
| 0 : M | eLabs.LabGroup | C |
| 0 : 1 | eLabs.01 - Date/Time of Laboratory or Imaging Result | O |
| 0 : 1 | eLabs.02 - Study/Result Prior to this Unit's EMS Care | O |
| 0 : M | eLabs.LabResultGroup | C |
| 0 : 1 | eLabs.03 - Laboratory Result Type | O |
| 0 : 1 | eLabs.04 - Laboratory Result | O |
| 0 : M | eLabs.LabImageGroup | C |
| 0 : 1 | eLabs.05 - Imaging Study Type | O |
| 0 : 1 | eLabs.06 - Imaging Study Results | O |
| 0 : M | eLabs.WaveformGraphicGroup | C |
| 0 : 1 | eLabs.07 - Imaging Study File or Waveform Graphic Type | O |
| 0 : 1 | eLabs.08 - Imaging Study File or Waveform Graphic | O |

eLabs

eLabs.01 - Date/Time of Laboratory or Imaging Result

Definition

The data and time for the specific laboratory result

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| 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 document patient care.

eLabs.02 - Study/Result Prior to this Unit's EMS Care**Definition**

Indicates that the laboratory result occurred prior to this EMS units care.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List**Code Description**

9923001 No
9923003 Yes

Data Element Comment**Version 3 Changes Implemented**

Added to better document EMS care.

eLabs.03 - Laboratory Result Type

Definition

The type of the laboratory value.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|--------------------------------------|
| 3403001 | Alanine Transaminase |
| 3403003 | Alcohol-Blood |
| 3403005 | Alcohol-Breath |
| 3403007 | Alkaline Phosphatase |
| 3403009 | Amylase |
| 3403013 | Aspartate Transaminase |
| 3403015 | B-Type Natriuretic Peptide (BNP) |
| 3403017 | Base Excess |
| 3403019 | Bilirubin-Direct |
| 3403021 | Bilirubin-Total |
| 3403023 | BUN |
| 3403025 | Calcium-Ionized |
| 3403027 | Calcium-Serum |
| 3403029 | Carbon Dioxide-Partial Pressure |
| 3403033 | Chloride |
| 3403035 | Creatine Kinase |
| 3403037 | Creatine Kinase-MB |
| 3403039 | Creatinine |
| 3403041 | Gamma Glutamyl Transpeptidase |
| 3403043 | Glucose |
| 3403045 | Hematocrit |
| 3403047 | Hemoglobin |
| 3403049 | Human Chorionic Gonadotropin-Serum |
| 3403051 | Human Chorionic Gonadotropin-Urine |
| 3403053 | International Normalized Ratio (INR) |
| 3403055 | Lactate Dehydrogenase |
| 3403057 | Lactate-Arterial |
| 3403059 | Lactate-Venous |
| 3403061 | Lipase |
| 3403063 | Magnesium |
| 3403065 | Oxygen-Partial Pressure |
| 3403067 | Partial Thromboplastin Time |
| 3403071 | pH-ABG |
| 3403073 | pH-Venous |
| 3403075 | Platelets |
| 3403077 | Potassium |
| 3403079 | Prothrombin Time |
| 3403081 | Red Blood Cells |
| 3403083 | Sodium |
| 3403085 | Troponin |
| 3403087 | White Blood Cells |

Data Element Comment

Version 3 Changes Implemented

Added to provide for the documentation of laboratory results obtained prior to or during and EMS patient encounter.

eLabs.04 - Laboratory Result**Definition**

The value or result of the laboratory test (Units may vary).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 1 | 50 |

Data Element Comment**Version 3 Changes Implemented**

Added to better document EMS care.

eLabs.05 - Imaging Study Type

Definition

The type of x-ray or imaging study.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|----------------------------------|
| 3405001 | CAT Scan |
| 3405003 | Magnetic Resonance Imaging (MRI) |
| 3405005 | Other (Not Listed) |
| 3405007 | PET Scan |
| 3405009 | Ultrasound |
| 3405011 | X-ray |
| 3405013 | Angiography |

Data Element Comment

Version 3 Changes Implemented

Added to better describe the EMS patient care.

eLabs.06 - Imaging Study Results**Definition**

The description or interpretation of the results of the imaging study.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 3 | 5000 |

Data Element Comment**Version 3 Changes Implemented**

Added to better describe the EMS Patient Care

eLabs.07 - Imaging Study File or Waveform Graphic Type

Definition

The description of the image study file or waveform graphic stored in Imaging Study File or Waveform Graphic (eLabs.08).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest STEMI

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 255 |

Data Element Comment

The description is defined as the extension of the file type. Examples of file name extensions include "doc", "jpeg", "tiff", etc. For a list of additional extensions reference the following website(s):

3D Image formats: http://www.fileinfo.com/filetypes/3d_image

Raster Image formats: http://www.fileinfo.com/filetypes/raster_image

Vector Image formats: http://www.fileinfo.com/filetypes/vector_image

Video formats: <http://www.fileinfo.com/filetypes/video>

Audio formats: <http://www.fileinfo.com/filetypes/audio>

Comparison of formats:

Image: http://en.wikipedia.org/wiki/Comparison_of_image_file_formats

Audio: http://en.wikipedia.org/wiki/Audio_file_format

Container: http://en.wikipedia.org/wiki/Comparison_of_container_formats

A general list of image formats: http://en.wikipedia.org/wiki/Image_file_formats

Mime Types: http://en.wikipedia.org/wiki/Internet_media_type

eLabs.08 - Imaging Study File or Waveform Graphic

Definition

The imaging study file.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest STEMI

Constraints

Data Type

base64Binary

Data Element Comment

Added to allow the imaging file to be uploaded and better document patient care.

eExam

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, and/or C = Correlation ID

eExam

| | | | | |
|-------|---|---|---|---|
| 0 : 1 | eExam.01 - Estimated Body Weight in Kilograms | S | E | N , L , P |
| 0 : 1 | eExam.02 - Length Based Tape Measure | S | E | N , L , P |
| 0 : M | eExam.AssessmentGroup | | | C |
| 0 : 1 | eExam.03 - Date/Time of Assessment | | O | |
| 0 : M | eExam.04 - Skin Assessment | | O | P C |
| 0 : M | eExam.05 - Head Assessment | | O | P C |
| 0 : M | eExam.06 - Face Assessment | | O | P C |
| 0 : M | eExam.07 - Neck Assessment | | O | P C |
| 0 : M | eExam.08 - Chest/Lungs Assessment | | O | P C |
| 0 : M | eExam.09 - Heart Assessment | | O | P C |
| 0 : M | eExam.AbdomenGroup | | | C |
| 0 : 1 | eExam.10 - Abdominal Assessment Finding Location | | O | |
| 0 : M | eExam.11 - Abdomen Assessment | | O | P C |
| 0 : M | eExam.12 - Pelvis/Genitourinary Assessment | | O | P C |
| 0 : M | eExam.SpineGroup | | | C |
| 0 : 1 | eExam.13 - Back and Spine Assessment Finding Location | | O | |
| 0 : M | eExam.14 - Back and Spine Assessment | | O | P C |
| 0 : M | eExam.ExtremityGroup | | | C |
| 0 : 1 | eExam.15 - Extremity Assessment Finding Location | | O | |
| 0 : M | eExam.16 - Extremities Assessment | | O | P C |
| 0 : M | eExam.EyeGroup | | | C |
| 0 : 1 | eExam.17 - Eye Assessment Finding Location | | O | |
| 0 : M | eExam.18 - Eye Assessment | | O | P C |
| 0 : M | eExam.19 - Mental Status Assessment | | O | P C |
| 0 : M | eExam.20 - Neurological Assessment | | O | P C |

eExam

eExam.01 - Estimated Body Weight in Kilograms

Definition

The patient's body weight in kilograms either measured or estimated

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E16_01 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Pediatric

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Pertinent Negatives (PN)

8801023 - Unable to Complete

Constraints

| Data Type | totalDigits | fractionDigits | minInclusive | maxInclusive |
|-----------|-------------|----------------|--------------|--------------|
| decimal | 4 | 1 | 0.1 | 999.9 |

Data Element Comment

State

eExam.02 - Length Based Tape Measure

Definition

The length-based color as taken from the tape.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E16_02 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Pediatric

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Pertinent Negatives (PN)

8801019 - Refused

8801023 - Unable to Complete

Code List

| Code | Description |
|---------|-------------|
| 3502001 | Blue |
| 3502003 | Green |
| 3502005 | Grey |
| 3502007 | Orange |
| 3502009 | Pink |
| 3502011 | Purple |
| 3502013 | Red |
| 3502015 | White |
| 3502017 | Yellow |

Data Element Comment

eExam.03 - Date/Time of Assessment

Definition

The date/time of the assessment

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E16_03 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Stroke Cardiac Arrest

Constraints

Data Type **minInclusive** **maxInclusive**
 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 |

eExam.04 - Skin Assessment

Definition

The assessment findings associated with the patient's skin.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E16_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--------------------|
| 3504001 | Clammy |
| 3504003 | Cold |
| 3504005 | Cyanotic |
| 3504007 | Diaphoretic |
| 3504009 | Dry |
| 3504011 | Flushed |
| 3504013 | Hot |
| 3504015 | Jaundiced |
| 3504017 | Lividity |
| 3504019 | Mottled |
| 3504021 | Normal |
| 3504023 | Not Done |
| 3504025 | Pale |
| 3504027 | Poor Turgor |
| 3504029 | Red (Erythematous) |
| 3504031 | Tenting |
| 3504033 | Warm |

Data Element Comment

eExam.05 - Head Assessment

Definition

The assessment findings associated with the patient's head.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E16_05 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--|
| 3505001 | Abrasion |
| 3505003 | Avulsion |
| 3505005 | Bleeding Controlled |
| 3505007 | Bleeding Uncontrolled |
| 3505009 | Burn-Blistering |
| 3505011 | Burn-Charring |
| 3505013 | Burn-Redness |
| 3505015 | Burn-White/Waxy |
| 3505017 | Decapitation |
| 3505019 | Deformity |
| 3505021 | Drainage |
| 3505023 | Foreign Body |
| 3505025 | Gunshot Wound-Entry |
| 3505027 | Gunshot Wound-Exit |
| 3505029 | Laceration |
| 3505031 | Mass/Lesion |
| 3505033 | Normal |
| 3505035 | Not Done |
| 3505037 | Pain |
| 3505039 | Puncture/Stab Wound |
| 3505045 | Gunshot Wound-Unknown if Entry or Exit |
| 3505047 | Crush Injury |
| 3505049 | Swelling |
| 3505051 | Contusion |
| 3505053 | Tenderness |

Data Element Comment

eExam.06 - Face Assessment

Definition

The assessment findings associated with the patient's face.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--|
| 3506001 | Abrasion |
| 3506003 | Asymmetric Smile or Droop |
| 3506005 | Avulsion |
| 3506007 | Bleeding Controlled |
| 3506009 | Bleeding Uncontrolled |
| 3506011 | Burn-Blistering |
| 3506013 | Burn-Charring |
| 3506015 | Burn-Redness |
| 3506017 | Burn-White/Waxy |
| 3506019 | Decapitation |
| 3506021 | Deformity |
| 3506023 | Drainage |
| 3506025 | Foreign Body |
| 3506027 | Gunshot Wound-Entry |
| 3506029 | Gunshot Wound-Exit |
| 3506031 | Laceration |
| 3506033 | Mass/Lesion |
| 3506035 | Normal |
| 3506037 | Not Done |
| 3506039 | Pain |
| 3506041 | Puncture/Stab Wound |
| 3506047 | Gunshot Wound-Unknown if Entry or Exit |
| 3506049 | Crush Injury |
| 3506051 | Tenderness |
| 3506053 | Swelling |
| 3506055 | Contusion |

Data Element Comment

eExam.07 - Neck Assessment

Definition

The assessment findings associated with the patient's neck.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E16_06 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--|
| 3507001 | Abrasion |
| 3507003 | Avulsion |
| 3507005 | Bleeding Controlled |
| 3507007 | Bleeding Uncontrolled |
| 3507009 | Burn-Blistering |
| 3507011 | Burn-Charring |
| 3507013 | Burn-Redness |
| 3507015 | Burn-White/Waxy |
| 3507017 | Decapitation |
| 3507019 | Foreign Body |
| 3507021 | Gunshot Wound-Entry |
| 3507023 | Gunshot Wound-Exit |
| 3507025 | JVD |
| 3507027 | Laceration |
| 3507029 | Normal |
| 3507031 | Not Done |
| 3507033 | Pain |
| 3507035 | Puncture/Stab Wound |
| 3507037 | Stridor |
| 3507039 | Subcutaneous Air |
| 3507045 | Tracheal Deviation-Left |
| 3507047 | Tracheal Deviation-Right |
| 3507049 | Gunshot Wound-Unknown if Entry or Exit |
| 3507051 | Crush Injury |
| 3507053 | Swelling |
| 3507055 | Contusion |
| 3507057 | Deformity |
| 3507059 | Tenderness |

Data Element Comment

eExam.08 - Chest/Lungs Assessment

Definition

The assessment findings associated with the patient's chest/lungs.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E16_07 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Airway Pediatric

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

Data Type: string **minLength:** 0 **maxLength:** 255

Code List

| Code | Description |
|---------|--|
| 3508001 | Abrasion |
| 3508003 | Avulsion |
| 3508005 | Accessory Muscles Used with Breathing |
| 3508007 | Bleeding Controlled |
| 3508009 | Bleeding Uncontrolled |
| 3508011 | Breath Sounds-Absent-Left |
| 3508013 | Breath Sounds-Absent-Right |
| 3508015 | Breath Sounds-Decreased Left |
| 3508017 | Breath Sounds-Decreased Right |
| 3508019 | Breath Sounds-Equal |
| 3508021 | Breath Sounds-Normal-Left |
| 3508023 | Breath Sounds-Normal-Right |
| 3508025 | Burn-Blistering |
| 3508027 | Burn-Charring |
| 3508029 | Burn-Redness |
| 3508031 | Burn-White/Waxy |
| 3508033 | Crush Injury |
| 3508035 | Deformity |
| 3508037 | Flail Segment-Left |
| 3508039 | Flail Segment-Right |
| 3508041 | Foreign Body |
| 3508043 | Gunshot Wound-Entry |
| 3508045 | Gunshot Wound-Exit |
| 3508047 | Increased Respiratory Effort |
| 3508049 | Implanted Device |
| 3508051 | Laceration |
| 3508053 | Normal |
| 3508055 | Not Done |
| 3508057 | Pain |
| 3508059 | Pain with Inspiration/expiration-Left |
| 3508061 | Pain with Inspiration/expiration-Right |
| 3508063 | Puncture/Stab Wound |
| 3508065 | Rales-Left |
| 3508067 | Rales-Right |
| 3508069 | Retraction |
| 3508071 | Rhonchi-Left |
| 3508073 | Rhonchi-Right |
| 3508075 | Rhonchi/Wheezing |
| 3508077 | Stridor-Left |
| 3508079 | Stridor-Right |
| 3508085 | Tenderness-Left |
| 3508087 | Tenderness-Right |

3508089 Wheezing-Expiratory - Left
3508091 Wheezing-Expiratory - Right
3508093 Wheezing-Inspiratory - Left
3508095 Wheezing-Inspiratory - Right
3508097 Gunshot Wound-Unknown if Entry or Exit
3508099 Swelling
3508101 Contusion
3508103 Tenderness

| Data Element Comment |
|----------------------|
|----------------------|

eExam.09 - Heart Assessment

Definition

The assessment findings associated with the patient's heart.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E16_08 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|------------------------|
| 3509001 | Clicks |
| 3509003 | Heart Sounds Decreased |
| 3509005 | Murmur-Diastolic |
| 3509007 | Murmur-Systolic |
| 3509009 | Normal |
| 3509011 | Not Done |
| 3509013 | Rubs |
| 3509015 | S1 |
| 3509017 | S2 |
| 3509019 | S3 |
| 3509021 | S4 |

Data Element Comment

eExam.10 - Abdominal Assessment Finding Location**Definition**

The location of the patient's abdomen assessment findings.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|----------------------|
| 3510001 | Generalized |
| 3510003 | Left Lower Quadrant |
| 3510005 | Left Upper Quadrant |
| 3510007 | Periumbilical |
| 3510009 | Right Lower Quadrant |
| 3510011 | Right Upper Quadrant |

Data Element Comment

eExam.11 - Abdomen Assessment

Definition

The assessment findings associated with the patient's abdomen.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E16_09 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--|
| 3511001 | Abrasion |
| 3511003 | Avulsion |
| 3511005 | Bleeding Controlled |
| 3511007 | Bleeding Uncontrolled |
| 3511009 | Bowel Sounds-Absent |
| 3511011 | Bowel Sounds-Present |
| 3511013 | Burn-Blistering |
| 3511015 | Burn-Charring |
| 3511017 | Burn-Redness |
| 3511019 | Burn-White/Waxy |
| 3511021 | Distention |
| 3511023 | Foreign Body |
| 3511025 | Guarding |
| 3511027 | Gunshot Wound-Entry |
| 3511029 | Gunshot Wound-Exit |
| 3511031 | Laceration |
| 3511033 | Mass/Lesion |
| 3511035 | Mass-Pulsating |
| 3511037 | Normal |
| 3511039 | Not Done |
| 3511041 | Pain |
| 3511043 | Pregnant-Palpable Uterus |
| 3511045 | Puncture/Stab Wound |
| 3511051 | Tenderness |
| 3511053 | Gunshot Wound-Unknown if Entry or Exit |
| 3511055 | Crush Injury |
| 3511057 | Swelling |
| 3511059 | Contusion |
| 3511061 | Deformity |

Data Element Comment

eExam.12 - Pelvis/Genitourinary Assessment

Definition

The assessment findings associated with the patient's pelvis/genitourinary.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E16_13 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--|
| 3512001 | Abrasion |
| 3512003 | Avulsion |
| 3512005 | Bleeding Controlled |
| 3512007 | Bleeding Uncontrolled |
| 3512009 | Bleeding-Rectal |
| 3512011 | Bleeding-Urethral |
| 3512013 | Bleeding-Vaginal |
| 3512015 | Burn-Blistering |
| 3512017 | Burn-Charring |
| 3512019 | Burn-Redness |
| 3512021 | Burn-White/Waxy |
| 3512023 | Deformity |
| 3512025 | Foreign Body |
| 3512027 | Genital Injury |
| 3512029 | Gunshot Wound-Entry |
| 3512031 | Gunshot Wound-Exit |
| 3512033 | Laceration |
| 3512035 | Mass/Lesion |
| 3512037 | Normal |
| 3512039 | Not Done |
| 3512041 | Pain |
| 3512043 | Pelvic Fracture |
| 3512045 | Pelvic Instability |
| 3512047 | Penile Priapism/Erection |
| 3512049 | Pregnant-Crowning |
| 3512051 | Puncture/Stab Wound |
| 3512057 | Tenderness |
| 3512059 | Gunshot Wound-Unknown if Entry or Exit |
| 3512061 | Crush Injury |
| 3512063 | Swelling |
| 3512065 | Contusion |

Data Element Comment

eExam.13 - Back and Spine Assessment Finding Location

Definition

The location of the patient's back and spine assessment findings.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|------------------|
| 3513001 | Back-General |
| 3513003 | Cervical-Left |
| 3513005 | Cervical-Midline |
| 3513007 | Cervical-Right |
| 3513009 | Lumbar-Left |
| 3513011 | Lumbar-Midline |
| 3513013 | Lumbar-Right |
| 3513015 | Thoracic-Left |
| 3513017 | Thoracic-Midline |
| 3513019 | Thoracic-Right |
| 3513021 | Sacral-Left |
| 3513023 | Sacral-Midline |
| 3513025 | Sacral-Right |
| 3513027 | Crush Injury |

Data Element Comment

eExam.14 - Back and Spine Assessment

Definition

The assessment findings associated with the patient's spine (Cervical, Thoracic, Lumbar, and Sacral) and back exam.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E16_14 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--|
| 3514001 | Abrasion |
| 3514003 | Avulsion |
| 3514005 | Bleeding Controlled |
| 3514007 | Bleeding Uncontrolled |
| 3514009 | Burn-Blistering |
| 3514011 | Burn-Charring |
| 3514013 | Burn-Redness |
| 3514015 | Burn-White/Waxy |
| 3514017 | Deformity |
| 3514019 | Foreign Body |
| 3514021 | Gunshot Wound-Entry |
| 3514023 | Gunshot Wound-Exit |
| 3514025 | Laceration |
| 3514027 | Normal |
| 3514029 | Not Done |
| 3514031 | Pain |
| 3514033 | Pain with Range of Motion |
| 3514035 | Puncture/Stab Wound |
| 3514041 | Tenderness Costovertebral Angle |
| 3514043 | Tenderness Midline Spinous Process |
| 3514045 | Tenderness Paraspinous |
| 3514047 | Gunshot Wound-Unknown if Entry or Exit |
| 3514049 | Crush Injury |
| 3514051 | Swelling |
| 3514053 | Contusion |
| 3514055 | Tenderness |

Data Element Comment

eExam.15 - Extremity Assessment Finding Location

Definition

The location of the patient's extremity assessment findings.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-----------------------------|
| 3515001 | Ankle-Left |
| 3515003 | Ankle-Right |
| 3515005 | Arm-Upper-Left |
| 3515007 | Arm-Upper-Right |
| 3515009 | Elbow-Left |
| 3515011 | Elbow-Right |
| 3515013 | Finger-2nd (Index)-Left |
| 3515015 | Finger-2nd (Index)-Right |
| 3515017 | Finger-3rd (Middle)-Left |
| 3515019 | Finger-3rd (Middle)-Right |
| 3515021 | Finger-4th (Ring)-Left |
| 3515023 | Finger-4th (Ring)-Right |
| 3515025 | Finger-5th (Smallest)-Left |
| 3515027 | Finger-5th (Smallest)-Right |
| 3515029 | Foot-Dorsal-Left |
| 3515031 | Foot-Dorsal-Right |
| 3515033 | Foot-Plantar-Left |
| 3515035 | Foot-Plantar-Right |
| 3515037 | Forearm-Left |
| 3515039 | Forearm-Right |
| 3515041 | Hand-Dorsal-Left |
| 3515043 | Hand-Dorsal-Right |
| 3515045 | Hand-Palm-Left |
| 3515047 | Hand-Palm-Right |
| 3515049 | Hip-Left |
| 3515051 | Hip-Right |
| 3515053 | Knee-Left |
| 3515055 | Knee-Right |
| 3515057 | Leg-Lower-Left |
| 3515059 | Leg-Lower-Right |
| 3515061 | Leg-Upper-Left |
| 3515063 | Leg-Upper-Right |
| 3515065 | Shoulder-Left |
| 3515067 | Shoulder-Right |
| 3515069 | Thumb-Left |
| 3515071 | Thumb-Right |
| 3515073 | Toe-1st (Big)-Left |
| 3515075 | Toe-1st (Big)-Right |
| 3515077 | Toe-2nd-Left |
| 3515079 | Toe-2nd-Right |
| 3515081 | Toe-3rd-Left |
| 3515083 | Toe-3rd-Right |
| 3515085 | Toe-4th-Left |
| 3515087 | Toe-4th-Right |
| 3515089 | Toe-5th (Smallest)-Left |
| 3515091 | Toe-5th (Smallest)-Right |
| 3515093 | Wrist-Left |
| 3515095 | Wrist-Right |

Data Element Comment

eExam.16 - Extremities Assessment

Definition

The assessment findings associated with the patient's extremities.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E16_17 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--|
| 3516001 | Abrasion |
| 3516003 | Amputation-Acute |
| 3516005 | Amputation-Previous |
| 3516007 | Avulsion |
| 3516009 | Bleeding Controlled |
| 3516011 | Bleeding Uncontrolled |
| 3516013 | Burn-Blistering |
| 3516015 | Burn-Charring |
| 3516017 | Burn-Redness |
| 3516019 | Burn-White/Waxy |
| 3516021 | Clubbing (of fingers) |
| 3516023 | Crush Injury |
| 3516025 | Deformity |
| 3516027 | Dislocation |
| 3516029 | Edema |
| 3516031 | Foreign Body |
| 3516033 | Fracture-Closed |
| 3516035 | Fracture-Open |
| 3516037 | Gunshot Wound-Entry |
| 3516039 | Gunshot Wound-Exit |
| 3516041 | Laceration |
| 3516043 | Motor Function-Abnormal/Weakness |
| 3516045 | Motor Function-Absent |
| 3516047 | Motor Function-Normal |
| 3516049 | Normal |
| 3516051 | Not Done |
| 3516053 | Pain |
| 3516055 | Paralysis |
| 3516057 | Pulse-Abnormal |
| 3516059 | Pulse-Absent |
| 3516061 | Pulse-Normal |
| 3516063 | Puncture/Stab Wound |
| 3516065 | Sensation-Abnormal |
| 3516067 | Sensation-Absent |
| 3516069 | Sensation-Normal |
| 3516075 | Tenderness |
| 3516077 | Gunshot Wound-Unknown if Entry or Exit |
| 3516079 | Swelling |
| 3516081 | Contusion |

Data Element Comment

eExam.17 - Eye Assessment Finding Location**Definition**

The location of the patient's eye assessment findings.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-------------|
| 3517001 | Bilateral |
| 3517003 | Left |
| 3517005 | Right |

Data Element Comment

eExam.18 - Eye Assessment

Definition

The assessment findings of the patient's eye examination.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E16_21 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--------------------------|
| 3518001 | 1-mm |
| 3518003 | 2-mm |
| 3518005 | 3-mm |
| 3518007 | 4-mm |
| 3518009 | 5-mm |
| 3518011 | 6-mm |
| 3518013 | 7-mm |
| 3518015 | 8-mm or > |
| 3518017 | Blind |
| 3518019 | Cataract Present |
| 3518021 | Clouded |
| 3518023 | Deformity |
| 3518025 | Dysconjugate Gaze |
| 3518027 | Foreign Body |
| 3518029 | Glaucoma Present |
| 3518031 | Hyphema |
| 3518033 | Jaundiced Sclera |
| 3518035 | Missing |
| 3518037 | Non-Reactive |
| 3518039 | Not Done |
| 3518041 | Non-Reactive Prosthetic |
| 3518043 | Nystagmus Noted |
| 3518045 | Open Globe |
| 3518047 | PERRL |
| 3518049 | Pupil-Irregular/Teardrop |
| 3518051 | Reactive |
| 3518053 | Sluggish |
| 3518055 | Swelling |
| 3518057 | Contusion |
| 3518059 | Puncture/Stab Wound |

Data Element Comment

eExam.19 - Mental Status Assessment

Definition

The assessment findings of the patient's mental status examination.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E16_23 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Cardiac Arrest Stroke

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

Data Type: string **minLength:** 0 **maxLength:** 255

Code List

| Code | Description |
|---------|-------------------------------------|
| 3519001 | Combative |
| 3519003 | Confused |
| 3519005 | Hallucinations |
| 3519007 | Normal Baseline for Patient |
| 3519009 | Not Done |
| 3519011 | Oriented-Person |
| 3519013 | Oriented-Place |
| 3519015 | Oriented-Event |
| 3519017 | Oriented-Time |
| 3519019 | Pharmacologically Sedated/Paralyzed |
| 3519021 | Unresponsive |

Data Element Comment

eExam.20 - Neurological Assessment

Definition

The assessment findings of the patient's neurological examination.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E16_24 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Cardiac Arrest Stroke

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

Data Type: string **minLength:** 0 **maxLength:** 255

Code List

| Code | Description |
|---------|------------------------------|
| 3520001 | Aphagia |
| 3520003 | Aphasia |
| 3520005 | Cerebellar Function-Abnormal |
| 3520007 | Cerebellar Function-Normal |
| 3520009 | Decerebrate Posturing |
| 3520011 | Decorticate Posturing |
| 3520013 | Gait-Abnormal |
| 3520015 | Gait-Normal |
| 3520017 | Hemiplegia-Left |
| 3520019 | Hemiplegia-Right |
| 3520021 | Normal Baseline for Patient |
| 3520023 | Not Done |
| 3520025 | Seizures |
| 3520027 | Speech Normal |
| 3520029 | Speech Slurring |
| 3520031 | Strength-Asymmetric |
| 3520033 | Strength-Normal |
| 3520035 | Strength-Symmetric |
| 3520037 | Tremors |
| 3520039 | Weakness-Facial Droop-Left |
| 3520041 | Weakness-Facial Droop-Right |
| 3520043 | Weakness-Left Sided |
| 3520045 | Weakness-Right Sided |

Data Element Comment

eProtocols

| | | | | |
|--------|----------------|---|----------------------|---------------------------|
| 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, and/or C = Correlation ID | | |

| eProtocols | | | | |
|------------|---------------------------------------|----------------|----------------|----------------------------------|
| 1 : M | eProtocols.ProtocolGroup | | | C |
| 1 : 1 | eProtocols.01 - Protocols Used | N | S | R N, L |
| 1 : 1 | eProtocols.02 - Protocol Age Category | N | S | R N, L |

| eProtocols | | | | |
|------------|--|--|--|--|
|------------|--|--|--|--|

State

National

eProtocols.01 - Protocols Used

Definition

The protocol used by EMS personnel to direct the clinical care of the patient

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E17_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

Code List

| Code | Description |
|---------|--|
| 9914001 | Airway |
| 9914003 | Airway-Failed |
| 9914005 | Airway-Obstruction/Foreign Body |
| 9914007 | Airway-Rapid Sequence Induction (RSI-Paralytic) |
| 9914009 | Airway-Sedation Assisted (Non-Paralytic) |
| 9914011 | Cardiac Arrest-Asystole |
| 9914013 | Cardiac Arrest-Hypothermia-Therapeutic |
| 9914015 | Cardiac Arrest-Pulseless Electrical Activity |
| 9914017 | Cardiac Arrest-Ventricular Fibrillation/ Pulseless Ventricular Tachycardia |
| 9914019 | Cardiac Arrest-Post Resuscitation Care |
| 9914021 | Environmental-Altitude Sickness |
| 9914023 | Environmental-Cold Exposure |
| 9914025 | Environmental-Frostbite/Cold Injury |
| 9914027 | Environmental-Heat Exposure/Exhaustion |
| 9914029 | Environmental-Heat Stroke/Hyperthermia |
| 9914031 | Environmental-Hypothermia |
| 9914033 | Exposure-Airway/Inhalation Irritants |
| 9914035 | Exposure-Biological/Infectious |
| 9914037 | Exposure-Blistering Agents |
| 9914039 | Exposure-Carbon Monoxide/Smoke Inhalation |
| 9914041 | Exposure-Chemicals to Eye |
| 9914043 | Exposure-Cyanide |
| 9914045 | Exposure-Explosive/ Blast Injury |
| 9914047 | Exposure-Nerve Agents |
| 9914049 | Exposure-Radiologic Agents |
| 9914051 | General-Back Pain |
| 9914053 | General-Behavioral/Patient Restraint |
| 9914055 | General-Cardiac Arrest |
| 9914057 | General-Dental Problems |
| 9914059 | General-Epistaxis |
| 9914061 | General-Fever |
| 9914063 | General-Individualized Patient Protocol |
| 9914065 | General-Indwelling Medical Devices/Equipment |
| 9914067 | General-IV Access |
| 9914069 | General-Medical Device Malfunction |
| 9914071 | General-Pain Control |
| 9914073 | General-Spinal Immobilization/Clearance |
| 9914075 | General-Universal Patient Care/ Initial Patient Contact |
| 9914077 | Injury-Amputation |
| 9914079 | Injury-Bites and Envenomations-Land |
| 9914081 | Injury-Bites and Envenomations-Marine |
| 9914083 | Injury-Bleeding/ Hemorrhage Control |

| | |
|---------|--|
| 9914085 | Injury-Burns-Thermal |
| 9914087 | Injury-Cardiac Arrest |
| 9914089 | Injury-Crush Syndrome |
| 9914091 | Injury-Diving Emergencies |
| 9914093 | Injury-Drowning/Near Drowning |
| 9914095 | Injury-Electrical Injuries |
| 9914097 | Injury-Extremity |
| 9914099 | Injury-Eye |
| 9914101 | Injury-Head |
| 9914103 | Injury-Impaled Object |
| 9914105 | Injury-Multisystem |
| 9914107 | Injury-Spinal Cord |
| 9914109 | Medical-Abdominal Pain |
| 9914111 | Medical-Allergic Reaction/Anaphylaxis |
| 9914113 | Medical-Altered Mental Status |
| 9914115 | Medical-Bradycardia |
| 9914117 | Medical-Cardiac Chest Pain |
| 9914119 | Medical-Diarrhea |
| 9914121 | Medical-Hyperglycemia |
| 9914123 | Medical-Hypertension |
| 9914125 | Medical-Hypoglycemia/Diabetic Emergency |
| 9914127 | Medical-Hypotension/Shock (Non-Trauma) |
| 9914129 | Medical-Influenza-Like Illness/ Upper Respiratory Infection |
| 9914131 | Medical-Nausea/Vomiting |
| 9914133 | Medical-Newborn/ Neonatal Resuscitation |
| 9914135 | Medical-Overdose/Poisoning/Toxic Ingestion |
| 9914137 | Medical-Pulmonary Edema/CHF |
| 9914139 | Medical-Respiratory Distress/Asthma/COPD/Croup/Reactive Airway |
| 9914141 | Medical-Seizure |
| 9914143 | Medical-ST-Elevation Myocardial Infarction (STEMI) |
| 9914145 | Medical-Stroke/TIA |
| 9914147 | Medical-Supraventricular Tachycardia (Including Atrial Fibrillation) |
| 9914149 | Medical-Syncope |
| 9914151 | Medical-Ventricular Tachycardia (With Pulse) |
| 9914153 | Not Done |
| 9914155 | OB/GYN-Childbirth/Labor/Delivery |
| 9914157 | OB/GYN-Eclampsia |
| 9914159 | OB/GYN-Gynecologic Emergencies |
| 9914161 | OB/GYN-Pregnancy Related Emergencies |
| 9914163 | OB/GYN-Post-partum Hemorrhage |
| 9914165 | Other |

Data Element Comment

Protocols are grouped into Airway, Environmental, Exposure, General, Injury, Medical, and OB/GYN.

There is a new data element EProtocols.02 to indicate whether the protocol is Adult, Pediatric, or General (both).

State and local entities can add additional protocols to the list but the additional protocols must map to these uniform codes.

The protocol code list should be derived from dConfiguration.05 and/or dConfiguration.10

State

National

eProtocols.02 - Protocol Age Category

Definition

The age group the protocol is written to address

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | 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

Code List

| Code | Description |
|---------|----------------|
| 3602001 | Adult Only |
| 3602003 | General |
| 3602005 | Pediatric Only |

Data Element Comment

Protocols are grouped into Airway, Environmental, Exposure, General, Injury, Medical, and OB/GYN. -There is a new data element to indicate whether the protocol is Adult, Pediatric, or General (both).

Version 3 Changes Implemented

Added to better document protocol use.

eMedications

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, and/or C = Correlation ID

eMedications

| | | | | | | | | | |
|-------|---|--|---|---|---|--|---------|--|---|
| 1 : M | eMedications.MedicationGroup | | | | | | | | C |
| 1 : 1 | eMedications.01 - Date/Time Medication Administered | | N | S | R | | N, L | | |
| 1 : 1 | eMedications.02 - Medication Administered Prior to this Unit's EMS Care | | N | S | R | | N, L | | |
| 1 : 1 | eMedications.03 - Medication Given | | N | S | R | | N, L, P | | |
| 0 : 1 | eMedications.04 - Medication Administered Route | | | S | O | | | | |
| 1 : 1 | eMedications.DosageGroup | | | | | | | | |
| 1 : 1 | eMedications.05 - Medication Dosage | | N | S | R | | N, L | | |
| 1 : 1 | eMedications.06 - Medication Dosage Units | | N | S | R | | N, L | | |
| 1 : 1 | eMedications.07 - Response to Medication | | N | S | R | | N, L | | |
| 1 : M | eMedications.08 - Medication Complication | | N | S | R | | N, L | | C |
| 0 : 1 | eMedications.09 - Medication Crew (Healthcare Professionals) ID | | | S | E | | N, L | | |
| 1 : 1 | eMedications.10 - Role/Type of Person Administering Medication | | N | S | R | | N, L | | |
| 0 : 1 | eMedications.11 - Medication Authorization | | | | O | | | | |
| 0 : 1 | eMedications.12 - Medication Authorizing Physician | | | | O | | | | |

eMedications

eMedications.01 - Date/Time Medication Administered

Definition

The date/time medication administered to the patient

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E18_01 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| 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 |

State

National

eMedications.02 - Medication Administered Prior to this Unit's EMS Care

Definition

Indicates that the medication administration which is documented was administered prior to this EMS units care

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E18_02 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------|
| 9923001 | No |
| 9923003 | Yes |

Data Element Comment

This is the NEMSIS Version 3 method to document prior aid.

State

National

eMedications.03 - Medication Given

Definition

The medication given to the patient

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E18_03 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Pertinent Negatives (PN)

8801001 - Contraindication Noted

8801003 - Denied By Order

8801007 - Medication Allergy

8801009 - Medication Already Taken

8801019 - Refused

8801023 - Unable to Complete

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 7 |

Data Element Comment

List of medications based on RxNorm (RXCUI) code.

Reference the NEMSIS Suggested Lists at: <http://nemsis.org/v3/resources.html>

RxNorm

Website - <http://uts.nlm.nih.gov>

Product - UMLS Metathesaurus

Website - <http://www.nlm.nih.gov/research/umls/rxnorm/docs/rxnormfiles.html>

Product - RxNorm Full Monthly Release

eMedications.04 - Medication Administered Route

Definition

The route medication was administered to the patient

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E18_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|------------------------|
| 9927001 | Blow-By |
| 9927003 | Buccal |
| 9927005 | Endotracheal Tube (ET) |
| 9927007 | Gastrostomy Tube |
| 9927009 | Inhalation |
| 9927011 | Intraarterial |
| 9927013 | Intradermal |
| 9927015 | Intramuscular (IM) |
| 9927017 | Intranasal |
| 9927019 | Intraocular |
| 9927021 | Intraosseous (IO) |
| 9927023 | Intravenous (IV) |
| 9927025 | Nasal Cannula |
| 9927027 | Nasogastric |
| 9927029 | Nasotracheal Tube |
| 9927031 | Non-Rebreather Mask |
| 9927033 | Ophthalmic |
| 9927035 | Oral |
| 9927037 | Other/miscellaneous |
| 9927039 | Otic |
| 9927041 | Re-breather mask |
| 9927043 | Rectal |
| 9927045 | Subcutaneous |
| 9927047 | Sublingual |
| 9927049 | Topical |
| 9927051 | Tracheostomy |
| 9927053 | Transdermal |
| 9927055 | Urethral |
| 9927057 | Ventimask |
| 9927059 | Wound |

Data Element Comment

This medication route list represents a sub-group of values from the Data Elements for Emergency Department Systems (DEEDS), pertaining to prehospital care.

DEEDS Version 1.0 was utilized for this list: <http://www.cdc.gov/ncipc/pub-res/pdf/deeds.pdf>. The list can be found on page 152 of 274 of the PDF document in Section 5, 5.13 Current Therapeutic Medication Route.

State

National

eMedications.05 - Medication Dosage

Definition

The dose or amount of the medication given to the patient

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E18_05 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Constraints

| | | |
|------------------|--------------------|-----------------------|
| Data Type | totalDigits | fractionDigits |
| decimal | 9 | 3 |

Data Element Comment

State

National

eMedications.06 - Medication Dosage Units

Definition

The unit of medication dosage given to patient

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E18_06 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|------------------------------------|
| 3706001 | Grams |
| 3706003 | Inches |
| 3706005 | International Units |
| 3706007 | Keep Vein Open (To Keep Open) |
| 3706009 | Liters |
| 3706011 | Liters Per Minute |
| 3706013 | MDI Puffs |
| 3706015 | Micrograms |
| 3706017 | Micrograms per Kilogram per Minute |
| 3706019 | Milliequivalents |
| 3706021 | Milligrams |
| 3706023 | Milligrams Per Kilogram Per Minute |
| 3706025 | Milliliters |
| 3706027 | Milliliters Per Hour |
| 3706029 | Other |

Data Element Comment

State

National

eMedications.07 - Response to Medication

Definition

The patient's response to the medication

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E18_07 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------|
| 9916001 | Improved |
| 9916003 | Unchanged |
| 9916005 | Worse |

Data Element Comment

State

National

eMedications.08 - Medication Complication

Definition

Any complication (abnormal effect on the patient) associated with the administration of the medication to the patient by EMS

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E18_08 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|-----------------------|
| 3708001 | Altered Mental Status |
| 3708003 | Apnea |
| 3708005 | Bleeding |
| 3708007 | Bradycardia |
| 3708009 | Bradypnea |
| 3708011 | Diarrhea |
| 3708013 | Extravasation |
| 3708015 | Hypertension |
| 3708017 | Hyperthermia |
| 3708019 | Hypotension |
| 3708021 | Hypothermia |
| 3708023 | Hypoxia |
| 3708025 | Injury |
| 3708027 | Itching/Urticaria |
| 3708029 | Nausea |
| 3708031 | None |
| 3708033 | Other (Not Listed) |
| 3708035 | Respiratory Distress |
| 3708037 | Tachycardia |
| 3708039 | Tachypnea |
| 3708041 | Vomiting |

Data Element Comment

State

eMedications.09 - Medication Crew (Healthcare Professionals) ID

Definition

The statewide assigned ID number of the EMS crew member giving the treatment to the patient

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E18_09 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 15 |

Data Element Comment

How should the state ID for an EMS professional be record when working on an event in 2 states. The ID used would typically be based on the EMS agency's state license specific to each EMS professional. Used for eProcedures.09 (Procedure Crew Members ID) as well.

State

National

eMedications.10 - Role/Type of Person Administering Medication

Definition

The type (level) of EMS or Healthcare Professional Administering the Medication. For medications administered prior to EMS arrival, this may be a non-EMS healthcare professional.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|---|
| 9905001 | 2009 Advanced Emergency Medical Technician (AEMT) |
| 9905003 | 2009 Emergency Medical Responder (EMR) |
| 9905005 | 2009 Emergency Medical Technician (EMT) |
| 9905007 | 2009 Paramedic |
| 9905009 | EMT-Basic |
| 9905011 | EMT-Intermediate |
| 9905013 | EMT-Paramedic (Based on pre-2009 Curriculum) |
| 9905015 | First Responder |
| 9905017 | Nurse |
| 9905019 | Other Healthcare Professional |
| 9905021 | Other Non-Healthcare Professional |
| 9905023 | Patient/Lay Person |
| 9905025 | Physician |
| 9905027 | Respiratory Therapist |
| 9905029 | Student |
| 9905031 | Critical Care Paramedic |
| 9905033 | Community Paramedicine |

Data Element Comment

Added to document the type of healthcare professional administering the medication. This could be auto-completed from the crew ID but is necessary to document medication administration prior to EMS arrival. State may maintain an enumerated list but must collapse to the National Standard.

The category EMT-Intermediate includes EMS professionals with an "85" or "99" certification level.

Version 3 Changes Implemented

Added to better document the type of healthcare professional who administered the medication.

eMedications.11 - Medication Authorization

Definition

The type of treatment authorization obtained

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E18_10 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-----------------------------------|
| 9918001 | On-Line (Remote Verbal Order) |
| 9918003 | On-Scene |
| 9918005 | Protocol (Standing Order) |
| 9918007 | Written Orders (Patient Specific) |

Data Element Comment

eMedications.12 - Medication Authorizing Physician

Definition

The name of the authorizing physician ordering the medication administration if the order was provided by any manner other than protocol (standing order) in EMedications.11

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E18_11 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

eProcedures

Legend

Dataset Level: N National S State D Deprecated

Usage: M M = Mandatory , R = Required , E = Recommended, or O = Optional

Attributes: N N = Not Values, P = Pertinent Negatives , L = Nillable, and/or C = Correlation ID

Legend

Dataset Level: N National S State D Deprecated

Usage: M M = Mandatory , R = Required , E = Recommended, or O = Optional

Attributes: N N = Not Values, P = Pertinent Negatives , L = Nillable, and/or C = Correlation ID

Legend

Dataset Level: N National S State D Deprecated

Usage: M M = Mandatory , R = Required , E = Recommended, or O = Optional

Attributes: N N = Not Values, P = Pertinent Negatives , L = Nillable, and/or C = Correlation ID

Legend

Dataset Level: N National S State D Deprecated

Usage: M M = Mandatory , R = Required , E = Recommended, or O = Optional

Attributes: N N = Not Values, P = Pertinent Negatives , L = Nillable, and/or C = Correlation ID

eProcedures

| 1 : M | eProcedures.ProcedureGroup | C |
|-------|--|---------------|
| 1 : 1 | eProcedures.01 - Date/Time Procedure Performed | N S R N, L |
| 1 : 1 | eProcedures.02 - Procedure Performed Prior to this Unit's EMS Care | N S R N, L |
| 1 : 1 | eProcedures.03 - Procedure | N S R N, L, P |
| 0 : 1 | eProcedures.04 - Size of Procedure Equipment | O |
| 1 : 1 | eProcedures.05 - Number of Procedure Attempts | N S R N, L |
| 1 : 1 | eProcedures.06 - Procedure Successful | N S R N, L |
| 1 : M | eProcedures.07 - Procedure Complication | N S R N, L C |
| 1 : 1 | eProcedures.08 - Response to Procedure | N S R N, L |
| 0 : 1 | eProcedures.09 - Procedure Crew Members ID | S E N, L |
| 1 : 1 | eProcedures.10 - Role/Type of Person Performing the Procedure | N S R N, L |
| 0 : 1 | eProcedures.11 - Procedure Authorization | O |
| 0 : 1 | eProcedures.12 - Procedure Authorizing Physician | O |
| 0 : 1 | eProcedures.13 - Vascular Access Location | S E N, L |

eProcedures

eProcedures.01 - Date/Time Procedure Performed

Definition

The date/time the procedure was performed on the patient

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E19_01 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| 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 |

State

National

eProcedures.02 - Procedure Performed Prior to this Unit's EMS Care

Definition

Indicates that the procedure which was performed and documented was performed prior to this EMS units care.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E19_02 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------|
| 9923001 | No |
| 9923003 | Yes |

Data Element Comment

This is the NEMSIS Version 3 method to document prior aid.

State

National

eProcedures.03 - Procedure

Definition

The procedure performed on the patient.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E19_03 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801001 - Contraindication Noted 8801003 - Denied By Order 8801019 - Refused
8801023 - Unable to Complete

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | maxInclusive | minInclusive |
| integer | 1000000000 | 100000 |

Data Element Comment

Procedures which are recorded as a Vital Sign do not have to be documented in the Procedure Section.
Code list is represented in SNOMEDCT. Reference the NEMSIS Suggested Lists at: <http://nemsis.org/v3/resources.html>

SNOMEDCT

Website: http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html

Product: Product - UMLS Metathesaurus

eProcedures.04 - Size of Procedure Equipment**Definition**

The size of the equipment used in the procedure on the patient

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E19_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 1 | 20 |

Data Element Comment

Need business logic to require detail of size appropriate for the procedure.

State

National

eProcedures.05 - Number of Procedure Attempts

Definition

The number of attempts taken to complete a procedure or intervention regardless of success.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E19_05 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 1 | 10 |

Data Element Comment

State

National

eProcedures.06 - Procedure Successful

Definition

Indicates that this procedure attempt which was performed on the patient was successful

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E19_06 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------|
| 9923001 | No |
| 9923003 | Yes |

Data Element Comment

State

National

eProcedures.07 - Procedure Complication

Definition

Any complication (abnormal effect on the patient) associated with the performance of the procedure on the patient

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E19_07 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Pediatric Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|-----------------------------------|
| 3907001 | Altered Mental Status |
| 3907003 | Apnea |
| 3907005 | Bleeding |
| 3907007 | Bradypnea |
| 3907009 | Diarrhea |
| 3907011 | Esophageal Intubation-immediately |
| 3907013 | Esophageal Intubation-other |
| 3907015 | Extravasation |
| 3907017 | Hypertension |
| 3907019 | Hyperthermia |
| 3907021 | Hypotension |
| 3907023 | Hypothermia |
| 3907025 | Hypoxia |
| 3907027 | Injury |
| 3907029 | Itching/Urticaria |
| 3907031 | Nausea |
| 3907033 | None |
| 3907035 | Other (Not Listed) |
| 3907037 | Portacath |
| 3907039 | Respiratory Distress |
| 3907041 | Tachycardia |
| 3907043 | Tachypnea |
| 3907045 | Vomiting |

Data Element Comment

State

National

eProcedures.08 - Response to Procedure

Definition

The patient's response to the procedure

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E19_08 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------|
| 9916001 | Improved |
| 9916003 | Unchanged |
| 9916005 | Worse |

Data Element Comment

State

eProcedures.09 - Procedure Crew Members ID

Definition

The statewide assigned ID number of the EMS crew member performing the procedure on the patient

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E19_09 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 15 |

Data Element Comment

For an incident that occurs in multiple states, the certification ID number the EMS agency would typically use is based on the EMS agency's state license specific to each EMS professional. If the incident needs to be reported to each state, then the EMS Agency Number for each state should be submitted as well as the certification ID numbers for each EMS professional on the unit.

State

National

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

Definition

The type (level) of EMS or Healthcare Professional performing the procedure. For procedures performed prior to EMS arrival, this may be a non-EMS healthcare professional.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|---|
| 9905001 | 2009 Advanced Emergency Medical Technician (AEMT) |
| 9905003 | 2009 Emergency Medical Responder (EMR) |
| 9905005 | 2009 Emergency Medical Technician (EMT) |
| 9905007 | 2009 Paramedic |
| 9905009 | EMT-Basic |
| 9905011 | EMT-Intermediate |
| 9905013 | EMT-Paramedic (Based on pre-2009 Curriculum) |
| 9905015 | First Responder |
| 9905017 | Nurse |
| 9905019 | Other Healthcare Professional |
| 9905021 | Other Non-Healthcare Professional |
| 9905023 | Patient/Lay Person |
| 9905025 | Physician |
| 9905027 | Respiratory Therapist |
| 9905029 | Student |
| 9905031 | Critical Care Paramedic |
| 9905033 | Community Paramedicine |

Data Element Comment

Added to document the type of healthcare professional administering the medication. This could be auto-completed from the crew ID but is necessary to document medication administration prior to EMS arrival. State may maintain an enumerated list but must collapse to the National Standard.

The category EMT-Intermediate includes EMS professionals with an "85" or "99" certification level.

Version 3 Changes Implemented

Added to document the type of healthcare professional administering the medication.

eProcedures.11 - Procedure Authorization

Definition

The type of treatment authorization obtained

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E19_10 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-----------------------------------|
| 9918001 | On-Line (Remote Verbal Order) |
| 9918003 | On-Scene |
| 9918005 | Protocol (Standing Order) |
| 9918007 | Written Orders (Patient Specific) |

Data Element Comment

eProcedures.12 - Procedure Authorizing Physician

Definition

The name of the authorizing physician ordering the procedure, if the order was provided by any manner other than protocol (standing order) in eProcedures.11

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E19_11 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

eProcedures.13 - Vascular Access Location

Definition

The location of the vascular access site attempt on the patient, if applicable.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E19_12 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|---|
| 3913001 | Antecubital-Left |
| 3913003 | Antecubital-Right |
| 3913005 | External Jugular-Left |
| 3913007 | External Jugular-Right |
| 3913009 | Femoral-Left IV |
| 3913011 | Femoral-Right IV |
| 3913013 | Foot-Right |
| 3913015 | Foot-Left |
| 3913017 | Forearm-Left |
| 3913019 | Forearm-Right |
| 3913021 | Hand-Left |
| 3913023 | Hand-Right |
| 3913025 | Internal Jugular-Left |
| 3913027 | Internal Jugular-Right |
| 3913029 | IO-Iliac Crest-Left |
| 3913031 | IO-Iliac Crest-Right |
| 3913033 | IO-Femoral-Left Distal |
| 3913035 | IO-Femoral-Right Distal IO |
| 3913037 | IO-Humeral-Left |
| 3913039 | IO-Humeral-Right |
| 3913041 | IO-Tibia-Left Distal |
| 3913043 | IO-Sternum |
| 3913045 | IO-Tibia-Right Distal |
| 3913047 | IO-Tibia-Left Proximal |
| 3913049 | IO-Tibia-Right Proximal |
| 3913051 | Lower Extremity-Left |
| 3913053 | Lower Extremity-Right |
| 3913055 | Other Peripheral (Not Listed) |
| 3913057 | Other Central (PICC, Portacath, Not Listed) |
| 3913059 | Scalp |
| 3913061 | Subclavian-Left |
| 3913063 | Subclavian-Right |
| 3913065 | Umbilical |
| 3913067 | Venous Cutdown-Left Lower Extremity |
| 3913069 | Venous Cutdown-Right Lower Extremity |

Data Element Comment

This is now associated with the Date/Time of the procedure and therefore changed to single choice. This allows the location to be documented with each procedure and attempt. If the vascular access has been established prior to EMS, this should be documented as such.

eAirway

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, and/or C = Correlation ID

eAirway

| | | | | |
|-------|---|---|---|---------|
| 0 : 1 | eAirway.AirwayGroup | | | |
| 0 : M | eAirway.01 - Indications for Invasive Airway | S | E | N, L, C |
| 0 : M | eAirway.ConfirmationGroup | | | C |
| 0 : 1 | eAirway.02 - Date/Time Airway Device Placement Confirmation | S | E | N, L |
| 0 : 1 | eAirway.03 - Airway Device Being Confirmed | S | E | N, L |
| 0 : M | eAirway.04 - Airway Device Placement Confirmed Method | S | E | N, L |
| 0 : 1 | eAirway.05 - Tube Depth | | O | |
| 0 : 1 | eAirway.06 - Type of Individual Confirming Airway Device Placement | S | E | N, L |
| 0 : 1 | eAirway.07 - Crew Member ID | S | E | N, L |
| 0 : M | eAirway.08 - Airway Complications Encountered | S | E | N, L, C |
| 0 : M | eAirway.09 - Suspected Reasons for Failed Airway Procedure | S | O | C |
| 0 : 1 | eAirway.10 - Date/Time Decision to Manage the Patient with an Invasive Airway | | O | |
| 0 : 1 | eAirway.11 - Date/Time Invasive Airway Placement Attempts Abandoned | | O | |

eAirway

eAirway.01 - Indications for Invasive Airway

Definition

The clinical indication for performing invasive airway management.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Airway

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|---|
| 4001001 | Adequate Airway Reflexes/Effort, Potential for Compromise |
| 4001003 | Airway Reflex Compromised |
| 4001005 | Apnea or Agonal Respirations |
| 4001007 | Illness Involving Airway |
| 4001009 | Injury Involving Airway |
| 4001011 | Other (Not Listed) |
| 4001013 | Ventilatory Effort Compromised |

Data Element Comment

Version 3 Changes Implemented

Added to better document airway management.

eAirway.02 - Date/Time Airway Device Placement Confirmation

Definition

The date and time the airway device placement was confirmed.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| 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

SAD=Supraglottic Airway Device

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 document airway management.

eAirway.03 - Airway Device Being Confirmed

Definition

The airway device in which placement is being confirmed.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|-----------------------|
| 4003001 | Cricothyrotomy Tube |
| 4003003 | Endotracheal Tube |
| 4003005 | Other-Invasive Airway |
| 4003007 | SAD-Combitube |
| 4003009 | SAD-King |
| 4003011 | SAD-LMA |
| 4003013 | SAD-Other |
| 4003015 | Tracheostomy Tube |

Data Element Comment

Version 3 Changes Implemented

Added to better document airway management. SAD means Supraglottic Airway Device.

eAirway.04 - Airway Device Placement Confirmed Method

Definition

The method used to confirm the airway device placement.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Airway

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|--|
| 4004001 | Auscultation |
| 4004003 | Bulb/Syringe Aspiration |
| 4004005 | Colorimetric ETCO ₂ |
| 4004007 | Condensation in Tube |
| 4004009 | Digital (Numeric) ETCO ₂ |
| 4004011 | Direct Re-Visualization of Tube in Place |
| 4004013 | Endotracheal Tube Whistle (BAAM, etc) |
| 4004015 | Other (Not Listed) |
| 4004017 | Visualization of Vocal Cords |
| 4004019 | Waveform ETCO ₂ |

Data Element Comment

If the invasive airway is confirmed via multiple methods each method should be documented individually by time, method, and type of individual.

Version 3 Changes Implemented

Added to better document airway management.

eAirway.05 - Tube Depth

Definition

The measurement at the patient's teeth/lip of the tube depth in centimeters (cm) of the invasive airway placed.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 8 | 32 |

Data Element Comment

Tube Depth added to better document the initial placement of the airway device and subsequent assessments.

eAirway.06 - Type of Individual Confirming Airway Device Placement

Definition

The type of individual who confirmed the airway device placement.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|---------------------------------|
| 4006001 | Another Person on the Same Crew |
| 4006003 | Other (Not Listed) |
| 4006005 | Person Performing Intubation |
| 4006007 | Receiving Air Medical/EMS Crew |
| 4006009 | Receiving Hospital Team |

Data Element Comment

Version 3 Changes Implemented

Added to better document airway management.

eAirway.07 - Crew Member ID

Definition

The crew member id during this EMS patient encounter at this date and time.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 15 |

Data Element Comment

Version 3 Changes Implemented

Added to better document airway management.

State

eAirway.08 - Airway Complications Encountered

Definition

The airway management complications encountered during the patient care episode.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Airway

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|---|
| 4008001 | Adverse Event from Facilitating Drugs |
| 4008003 | Bradycardia (<50) |
| 4008005 | Cardiac Arrest |
| 4008007 | Esophageal Intubation-Delayed Detection (After Tube Secured) |
| 4008009 | Esophageal Intubation-Detected in Emergency Department |
| 4008011 | Failed Intubation Effort |
| 4008013 | Injury or Trauma to Patient from Airway Management Effort |
| 4008015 | Other (Not Listed) |
| 4008017 | Oxygen Desaturation (<90%) |
| 4008019 | Patient Vomiting/Aspiration |
| 4008021 | Tube Dislodged During Transport/Patient Care |
| 4008023 | Tube Was Not in Correct Position when EMS Crew/Team Assumed Care of the Patient |

Data Element Comment

Version 3 Changes Implemented

Added to better document airway management.

State

eAirway.09 - Suspected Reasons for Failed Airway Procedure

Definition

The reason(s) the airway was unable to be successfully managed.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Airway

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--|
| 4009001 | Difficult Patient Airway Anatomy |
| 4009003 | ETI Attempted, but Arrived At Destination Facility Before Accomplished |
| 4009005 | Facial or Oral Trauma |
| 4009007 | Inability to Expose Vocal Cords |
| 4009009 | Inadequate Patient Relaxation/Presence of Protective Airway Reflexes |
| 4009011 | Jaw Clenched (Trismus) |
| 4009013 | Other (Not Listed) |
| 4009015 | Poor Patient Access |
| 4009017 | Secretions/Blood/Vomit |
| 4009019 | Unable to Position or Access Patient |

Data Element Comment

Version 3 Changes Implemented

Added to better document airway management.

eAirway.10 - Date/Time Decision to Manage the Patient with an Invasive Airway

Definition

The date and time the decision was made to manage the patient's airway with an invasive airway device.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| 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 document airway management.

eAirway.11 - Date/Time Invasive Airway Placement Attempts Abandoned

Definition

The date and time that the invasive airway attempts were abandoned for the patient.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| 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 document airway management.

eDevice

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, and/or C = Correlation ID

eDevice

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

eDevice

eDevice.01 - Medical Device Serial Number**Definition**

The unique manufacturer's serial number associated with a medical device.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|------------------|------------------|------------------|
| string | 2 | 50 |

Data Element Comment

eDevice.02 - Date/Time of Event (per Medical Device)

Definition

The time of the event recorded by the device's internal clock

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E21_01 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest STEMI

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| 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 |

eDevice.03 - Medical Device Event Type

Definition

The type of event documented by the medical device.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E21_02 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest STEMI

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|---------------------------|
| 4103001 | 12-Lead ECG |
| 4103003 | Analysis (Button Pressed) |
| 4103005 | CO2 |
| 4103007 | Date Transmitted |
| 4103009 | Defibrillation |
| 4103011 | ECG-Monitor |
| 4103013 | Heart Rate |
| 4103015 | Invasive Pressure 1 |
| 4103017 | Invasive Pressure 2 |
| 4103019 | No Shock Advised |
| 4103021 | Non-Invasive BP |
| 4103023 | Other |
| 4103025 | Pacing Electrical Capture |
| 4103027 | Pacing Started |
| 4103029 | Pacing Stopped |
| 4103031 | Patient Connected |
| 4103033 | Power On |
| 4103035 | Pulse Oximetry |
| 4103037 | Pulse Rate |
| 4103039 | Respiratory Rate |
| 4103041 | Shock Advised |
| 4103043 | Sync Off |
| 4103045 | Sync On |
| 4103047 | Temperature 1 |
| 4103049 | Temperature 2 |

Data Element Comment

Can be displayed in the Vital Signs or Procedure Sections.

eDevice.04 - Medical Device Waveform Graphic Type

Definition

The description of the waveform file stored in Waveform Graphic (eDevice.05).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E21_03 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest STEMI

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 255 |

Data Element Comment

The description is defined as the extension of the file type. Examples of file name extensions include "doc", "jpeg", "tiff", etc. For a list of additional extensions reference the following website(s):

3D Image formats: http://www.fileinfo.com/filetypes/3d_image

Raster Image formats: http://www.fileinfo.com/filetypes/raster_image

Vector Image formats: http://www.fileinfo.com/filetypes/vector_image

Video formats: <http://www.fileinfo.com/filetypes/video>

Audio formats: <http://www.fileinfo.com/filetypes/audio>

Comparison of formats:

Image: http://en.wikipedia.org/wiki/Comparison_of_image_file_formats

Audio: http://en.wikipedia.org/wiki/Audio_file_format

Container: http://en.wikipedia.org/wiki/Comparison_of_container_formats

A general list of image formats: http://en.wikipedia.org/wiki/Image_file_formats

Mime Types: http://en.wikipedia.org/wiki/Internet_media_type

eDevice.05 - Medical Device Waveform Graphic**Definition**

The graphic waveform file.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E21_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest STEMI

Constraints**Data Type**

base64Binary

Data Element Comment

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

Definition

The mode of operation the device is operating in during the defibrillation, pacing, or rhythm analysis by the device (if appropriate for the event)

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E21_05 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-------------|
| 4106001 | Advisory |
| 4106003 | Automated |
| 4106005 | Demand |
| 4106007 | Manual |
| 4106009 | Mid-Stream |
| 4106011 | Sensing |
| 4106013 | Side-Stream |

Data Element Comment

eDevice.07 - Medical Device ECG Lead

Definition

The lead or source which the medical device used to obtain the rhythm (if appropriate for the event)

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E21_06 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest STEMI

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|-------------|
| 4107001 | I |
| 4107003 | II |
| 4107005 | III |
| 4107007 | AVR |
| 4107009 | AVL |
| 4107011 | AVF |
| 4107013 | Paddle |
| 4107015 | Pads |
| 4107017 | V1 |
| 4107019 | V2 |
| 4107021 | V3 |
| 4107023 | V3r |
| 4107025 | V4 |
| 4107027 | V4r |
| 4107029 | V5 |
| 4107031 | V5r |
| 4107033 | V6 |
| 4107035 | V6r |
| 4107037 | V7 |
| 4107039 | V8 |
| 4107041 | V9 |

Data Element Comment

Can be displayed in the Vital Signs or Procedure Sections.

eDevice.08 - Medical Device ECG Interpretation

Definition

The interpretation of the rhythm by the device (if appropriate for the event)

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E21_07 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest STEMI

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 1 | 2000 |

Data Element Comment

The rhythm interpretation text imported from the device.

eDevice.09 - Type of Shock**Definition**

The type of shock used by the device for the defibrillation (if appropriate for the event)

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E21_08 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Cardiac Arrest

Code List

| Code | Description |
|---------|-------------|
| 4109001 | Biphasic |
| 4109003 | Monophasic |

Data Element Comment

eDevice.10 - Shock or Pacing Energy**Definition**

The energy (in joules) used for the shock or pacing (if appropriate for the event)

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E21_09 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Cardiac Arrest

Constraints

| | | | | |
|------------------|--------------------|-----------------------|---------------------|---------------------|
| Data Type | totalDigits | fractionDigits | minInclusive | maxInclusive |
| decimal | 5 | 1 | 1 | 9000 |

Data Element Comment

eDevice.11 - Total Number of Shocks Delivered**Definition**

The number of times the patient was defibrillated, if the patient was defibrillated during the patient encounter.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E21_10 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Cardiac Arrest

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| integer | 1 | 100 |

Data Element Comment

eDevice.12 - Pacing Rate**Definition**

The rate the device was calibrated to pace during the event, if appropriate.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E21_11 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| integer | 1 | 1000 |

Data Element Comment

eDisposition

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, and/or C = Correlation ID

eDisposition

[illegible]

eDisposition

State

eDisposition.01 - Destination/Transferred To, Name

Definition

The destination the patient was delivered or transferred to.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E20_01 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

Recommended State data element since no national code for destination. May be populated from the list in dFacility.02 (Facility Name).

State

eDisposition.02 - Destination/Transferred To, Code

Definition

The code of the destination the patient was delivered or transferred to.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E20_02 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 50 |

Data Element Comment

May be populated from list in dFacility.03 (Facility Location Code) or dFacility.05 (Facility National Provider Identifier) if a health care facility. NPI codes can be found on the NEMSIS SharePoint site.

eDisposition.03 - Destination Street Address

Definition

The street address of the destination the patient was delivered or transferred to.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E20_03 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes

StreetAddress2

Data Type: string **minLength:** 1 **maxLength:** 55

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 55 |

Data Element Comment

May be auto-populated if list created in dFacility.07 (Facility Street Address).

eDisposition.04 - Destination City

Definition

The city name of the destination the patient was delivered or transferred to.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E20_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Data Element Comment

Based on GNIS Civil Code or Populated Place code. May be auto-populated if list created in dFacility.08 (Facility City).

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

State

National

eDisposition.05 - Destination State

Definition

The state of the destination the patient was delivered or transferred to.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E20_05 | 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

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 2 |

Data Element Comment

Based on the ANSI Code. May be auto-populated if list created in dFacility.09 (Facility State).

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

State

National

eDisposition.06 - Destination County

Definition

The destination county in which the patient was delivered or transferred to.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E20_06 | 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

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 5 |

Data Element Comment

May be auto-populated if list created in dFacility.11 (Facility County). Based on the ANSI Code Single Choice based on the County Name but stored as the ANSI code (combined 5 digit State and County codes) Should be required if there is a patient associated with the event.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

State

National

eDisposition.07 - Destination ZIP Code

Definition

The destination ZIP code in which the patient was delivered or transferred to.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E20_07 | 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

Constraints

Pattern

[0-9]{5}||[0-9]{5}-[0-9]{4}||[0-9]{5}-[0-9]{5}||[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Data Element Comment

May be auto-populated if list created in dFacility.10 (Facility ZIP Code).

ZIP Codes Product Website: <https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/>

Product: USA - 5-digit ZIP Code Database, Commercial Edition

eDisposition.08 - Destination Country**Definition**

The country of the destination.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 2 |

Data Element Comment

May be auto-populated if list created in dFacility.12 (Facility Country).

ANSI Country Codes (ISO 3166) Website: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

Version 3 Changes Implemented

Added for improved international compatibility.

eDisposition.09 - Destination GPS Location

Definition

The destination GPS Coordinates to which the patient was delivered or transferred to.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E20_08 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

(\+|-)?(90(\.[0]{1,6})?|([1-8][0-9][0-9])(\.[0-9]{1,6})?),(\+|-)?(180(\.[0]{1,6})?|(1[0-7][0-9][1-9][0-9])(\.[0-9]{1,6})?)

Data Element Comment

May be auto-populated if list created in dFacility.13 (Facility GPS Location).

The pattern for GPS location is in the format "*latitude,longitude*" where:

- *latitude* has a minimum of -90 and a maximum of 90 with up to 6 decimal places
- *longitude* has a minimum of -180 and a maximum of 180 with up to 6 decimal places

eDisposition.10 - Disposition Location US National Grid Coordinates

Definition

The US National Grid Coordinates for the Disposition Location. This may be the Healthcare Facility US National Grid Coordinates.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

[1][0-9][R,S,T,U][ABCDEFGHJKLMNPQRSTUVWXYZ][ABCDEFGHJKLMNPQRSTUV][0-9]{8}

Data Element Comment

Standard found at www.fgdc.gov/usng.

Through programming this may be partially auto-populated if the list is created in dFacility.14 (Facility US National Grid Coordinates).

eDisposition.11 - Number of Patients Transported in this EMS Unit

Definition

The number of patients transported by this EMS crew and unit.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------------|--------------|--------------|
| positiveInteger | 1 | 100 |

Data Element Comment

Added to document multiple patients being transported with the same vehicle and crew.

Version 3 Changes Implemented

Added to document multiple patients being transported with the same vehicle and crew.

State

National

eDisposition.12 - Incident/Patient Disposition

Definition

Type of disposition treatment and/or transport of the patient by this EMS Unit.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E20_10 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|--|
| 4212001 | Assist, Agency |
| 4212003 | Assist, Public |
| 4212005 | Assist, Unit |
| 4212007 | Canceled (Prior to Arrival At Scene) |
| 4212009 | No Patient Contact (Canceled on Scene) |
| 4212011 | No Patient Found (Canceled on Scene) |
| 4212013 | Patient Dead at Scene-No Resuscitation Attempted (With Transport) |
| 4212015 | Patient Dead at Scene-No Resuscitation Attempted (Without Transport) |
| 4212017 | Patient Dead at Scene-Resuscitation Attempted (With Transport) |
| 4212019 | Patient Dead at Scene-Resuscitation Attempted (Without Transport) |
| 4212021 | Patient Evaluated, No Treatment/Transport Required |
| 4212023 | Patient Refused Evaluation/Care (With Transport) |
| 4212025 | Patient Refused Evaluation/Care (Without Transport) |
| 4212027 | Patient Treated, Released (AMA) |
| 4212029 | Patient Treated, Released (per protocol) |
| 4212031 | Patient Treated, Transferred Care to Another EMS Professional |
| 4212033 | Patient Treated, Transported by EMS |
| 4212035 | Patient Treated, Transported by Law Enforcement |
| 4212037 | Patient Treated, Transported by Private Vehicle |
| 4212039 | Standby-No Services or Support Provided |
| 4212041 | Standby-Public Safety, Fire, or EMS Operational Support Provided |
| 4212043 | Transport of Body Parts or Organs Only |

Data Element Comment

eDisposition.13 - How Patient Was Moved to Ambulance

Definition

The method the patient was moved to the ambulance from the scene

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E20_11 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|--------------------|
| 9909001 | Assisted/Walk |
| 9909003 | Backboard |
| 9909005 | Chair |
| 9909007 | Carried |
| 9909009 | Other (Not Listed) |
| 9909011 | Stairchair |
| 9909013 | Stretcher |
| 9909015 | Wheelchair |

Data Element Comment

eDisposition.14 - Position of Patient During Transport

Definition

The position of the patient during transport from the scene

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E20_12 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--------------------------------|
| 4214001 | Car Seat |
| 4214003 | Fowlers (Semi-Upright Sitting) |
| 4214005 | Lateral Left |
| 4214007 | Lateral Right |
| 4214009 | Other (Not Listed) |
| 4214011 | Prone |
| 4214013 | Semi-Fowlers |
| 4214015 | Sitting |
| 4214017 | Supine |
| 4214019 | Trendelenburg |

Data Element Comment

eDisposition.15 - How Patient Was Transported From Ambulance**Definition**

The method the patient was moved from the ambulance to the destination

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E20_13 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|--------------------|
| 9909001 | Assisted/Walk |
| 9909003 | Backboard |
| 9909005 | Chair |
| 9909007 | Carried |
| 9909009 | Other (Not Listed) |
| 9909011 | Stairchair |
| 9909013 | Stretcher |
| 9909015 | Wheelchair |

Data Element Comment

State

National

eDisposition.16 - EMS Transport Method

Definition

Transport method by this EMS Unit.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | 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

Code List

| Code | Description |
|---------|----------------------------------|
| 4216001 | Air Medical-Fixed Wing |
| 4216003 | Air Medical-Rotor Craft |
| 4216005 | Ground-Ambulance |
| 4216007 | Ground-ATV or Rescue Vehicle |
| 4216009 | Ground-Bariatric |
| 4216011 | Ground-Other Not Listed |
| 4216013 | Ground-Mass Casualty Bus/Vehicle |
| 4216015 | Ground-Wheelchair Van |
| 4216017 | Water-Boat |

Data Element Comment

Required if the patient is transported by EMS.

Version 3 Changes Implemented

Added to better describe Air and Ground Transport methods.

State

National

eDisposition.17 - Transport Mode from Scene

Definition

Indication whether the transport was emergent or non-emergent.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E20_14 | 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

Code List

| Code | Description |
|---------|-------------------------------------|
| 4217001 | Emergent (Immediate Response) |
| 4217003 | Emergent Downgraded to Non-Emergent |
| 4217005 | Non-Emergent |
| 4217007 | Non-Emergent Upgraded to Emergent |

Data Element Comment

Information now split between eDisposition.17 (Transport Mode from Scene) and eDisposition.18 (Additional Transport Mode Descriptors). Element eDisposition.18 (Additional Transport Mode Descriptors) has been added to document the use of lights and sirens or other descriptive information.

State

National

eDisposition.18 - Additional Transport Mode Descriptors

Definition

The documentation of transport mode techniques for this EMS response.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|--|
| 4218001 | Intersection Navigation-Against Normal Light Patterns |
| 4218003 | Intersection Navigation-With Automated Light Changing Technology |
| 4218005 | Intersection Navigation-With Normal Light Patterns |
| 4218007 | Speed-Enhanced per Local Policy |
| 4218009 | Speed-Normal Traffic |

Data Element Comment

Information now split between eDisposition.17 (Transport Mode from Scene) and eDisposition.18 (Additional Transport Mode Descriptors). Element eDisposition.18 (Additional Transport Mode Descriptors) has been added to document the use of lights and sirens or other descriptive information.

State

National

eDisposition.19 - Condition of Patient at Destination

Definition

The condition of the patient after care by EMS

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E20_15 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------|
| 9916001 | Improved |
| 9916003 | Unchanged |
| 9916005 | Worse |

Data Element Comment

State

National

eDisposition.20 - Reason for Choosing Destination

Definition

The reason the unit chose to deliver or transfer the patient to the destination

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E20_16 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|------------------------------------|
| 4220001 | Closest Facility |
| 4220003 | Diversion |
| 4220005 | Family Choice |
| 4220007 | Insurance Status/Requirement |
| 4220009 | Law Enforcement Choice |
| 4220011 | On-Line/On-Scene Medical Direction |
| 4220013 | Other (Not Listed) |
| 4220015 | Patient's Choice |
| 4220017 | Patient's Physician's Choice |
| 4220019 | Protocol |
| 4220021 | Regional Specialty Center |

Data Element Comment

Required if Patient Transported

State

National

eDisposition.21 - Type of Destination

Definition

The type of destination the patient was delivered or transferred to

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E20_17 | 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

Code List

| Code | Description |
|---------|---------------------------------------|
| 4221001 | Home |
| 4221003 | Hospital-Emergency Department |
| 4221005 | Hospital-Non-Emergency Department Bed |
| 4221007 | Medical Office/Clinic |
| 4221009 | Morgue/Mortuary |
| 4221011 | Nursing Home/Assisted Living Facility |
| 4221013 | Other (Not Listed) |
| 4221015 | Other EMS Responder (air) |
| 4221017 | Other EMS Responder (ground) |
| 4221019 | Police/Jail |

Data Element Comment

Required if Patient Transported by EMS. "Hospital-Non-Emergency Department Bed" includes any location in the hospital except the Emergency Department. Choices include those in eDisposition.22 (Hospital In-Patient Destination).

State

National

eDisposition.22 - Hospital In-Patient Destination

Definition

The location within the hospital that the patient was taken directly by EMS (e.g. Cath Lab, ICU, etc.)

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|--------------------------------------|
| 4222001 | Hospital-Burn |
| 4222003 | Hospital-Cath Lab |
| 4222005 | Hospital-CCU |
| 4222007 | Hospital-Endoscopy |
| 4222009 | Hospital-Hospice |
| 4222011 | Hospital-Hyperbaric Oxygen Treatment |
| 4222013 | Hospital-ICU |
| 4222015 | Hospital-Labor & Delivery |
| 4222017 | Hospital-Med/Surg |
| 4222019 | Hospital-Mental Health |
| 4222021 | Hospital-MICU |
| 4222023 | Hospital-NICU |
| 4222025 | Hospital-Nursery |
| 4222027 | Hospital-Peds (General) |
| 4222029 | Hospital-Peds ICU |
| 4222031 | Hospital-OR |
| 4222033 | Hospital-Orthopedic |
| 4222035 | Hospital-Other |
| 4222037 | Hospital-Out-Patient Bed |
| 4222039 | Hospital-Radiology Services - MRI |
| 4222041 | Hospital-Radiology Services - CT/PET |
| 4222043 | Hospital-Radiology Services - X-Ray |
| 4222045 | Hospital-Radiation |
| 4222047 | Hospital-Rehab |
| 4222049 | Hospital-SICU |

Data Element Comment

To be documented when in eDisposition.21 "Hospital-Non-Emergency Department Bed" is selected.

Version 3 Changes Implemented

Added to identify the location within the hospital that the patient was directly taken to by EMS.

State

National

eDisposition.23 - Hospital Designation

Definition

The designation associated with the hospital for this transport(e.g. Trauma, STEMI, Peds, etc)

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|--------------------------|
| 9908001 | Behavioral Health |
| 9908003 | Burn Center |
| 9908005 | Critical Access Hospital |
| 9908007 | Hospital (General) |
| 9908009 | Neonatal Center |
| 9908011 | Pediatric Center |
| 9908013 | STEMI |
| 9908015 | STEMI Center (24/7) |
| 9908017 | Stroke Center |
| 9908019 | Rehab Center |
| 9908021 | Trauma Center Level 1 |
| 9908023 | Trauma Center Level 2 |
| 9908025 | Trauma Center Level 3 |
| 9908027 | Trauma Center Level 4 |
| 9908029 | Trauma Center Level 5 |

Data Element Comment

To be documented when in eDisposition.21 (Type of Destination) equals "4221003: Hospital-Emergency Department" or "4221005: Hospital-In Patient Bed" is selected .

Version 3 Changes Implemented

Added to aid in determining if patients are transported to the appropriate hospital based on provider impression, assessment, and treatment.

State

National

eDisposition.24 - Destination Team Pre-Arrival Activation

Definition

Activation by EMS of the appropriate destination healthcare facility team. The activation should occur prior to the EMS Unit arrival at the destination with the patient.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Cardiac Arrest STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|----------------------|
| 4224001 | No |
| 4224003 | Yes-Adult Trauma |
| 4224005 | Yes-Cardiac Arrest |
| 4224007 | Yes-Obstetrics |
| 4224009 | Yes-Other |
| 4224011 | Yes-Pediatric Trauma |
| 4224013 | Yes-STEMI |
| 4224015 | Yes-Stroke |

Data Element Comment

Version 3 Changes Implemented

Added to better document performance measure for acute time dependent illness and injury systems of care.

State

National

eDisposition.25 - Date/Time of Destination Prearrival Activation

Definition

Date/Time EMS Notified/Activated the Destination Healthcare Facility Team prior to EMS arrival for acute ill or injured patient.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Data Type **minInclusive** **maxInclusive**
 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 document performance measure for acute time dependent illness and injury systems of care.

eDisposition.26 - Disposition Instructions Provided

Definition

Information provided to patient during disposition for patients not transported or treated.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--|
| 4226001 | Contact 911 or see your Doctor if problem returns |
| 4226003 | Contact 911 or see your Doctor if problem worsens |
| 4226005 | Other Not Listed (Described in Narrative) |
| 4226007 | Problem Specific Instructions Provided |
| 4226009 | See Your Doctor or the Emergency Department immediately |
| 4226011 | See Your Doctor or the Emergency Department in the next 24 hours |
| 4226013 | See Your Doctor or the Emergency Department in the next 4 hours |
| 4226015 | See Your Doctor within the next one week |

Data Element Comment

Version 3 Changes Implemented

Added to better document instructions given to patients not transported by EMS.

eOutcome

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, and/or C = Correlation ID

eOutcome

| | | | | | |
|-------|---|---|--|--|---|
| 1 : 1 | eOutcome.01 - Emergency Department Disposition | N | S | R | N, L |
| 1 : 1 | eOutcome.02 - Hospital Disposition | N | S | R | N, L |
| 0 : M | eOutcome.ExternalDataGroup | | | | C |
| 0 : 1 | eOutcome.03 - External Report ID/Number Type | | | O | |
| 0 : 1 | eOutcome.04 - External Report ID/Number | | | O | |
| 0 : 1 | eOutcome.05 - Other Report Registry Type | | | O | |
| 0 : 1 | eOutcome.06 - Emergency Department Chief Complaint | | | O | |
| 0 : 1 | eOutcome.07 - First ED Systolic Blood Pressure | | | O | |
| 0 : 1 | eOutcome.08 - Emergency Department Recorded Cause of Injury | | | O | |
| 0 : M | eOutcome.09 - Emergency Department Procedures | | | O | C |
| 0 : M | eOutcome.10 - Emergency Department Diagnosis | | | O | C |
| 0 : 1 | eOutcome.11 - Date/Time of Hospital Admission | | | O | |
| 0 : M | eOutcome.12 - Hospital Procedures | | | O | C |
| 0 : M | eOutcome.13 - Hospital Diagnosis | | | O | C |
| 0 : 1 | eOutcome.14 - Total ICU Length of Stay | | | O | |
| 0 : 1 | eOutcome.15 - Total Ventilator Days | | | O | |
| 0 : 1 | eOutcome.16 - Date/Time of Hospital Discharge | | | O | |
| 0 : 1 | eOutcome.17 - Outcome at Hospital Discharge | | | O | |

eOutcome

State

National

eOutcome.01 - Emergency Department Disposition

Definition

The known disposition of the patient from the Emergency Department (ED)

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E22_01 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|------|--|
| 01 | Discharged to home or self care (routine discharge) |
| 02 | Discharged/transferred to another short term general hospital for inpatient care |
| 03 | Discharged/transferred to a skilled nursing facility (SNF) |
| 04 | Discharged/transferred to an intermediate care facility (ICF) |
| 05 | Discharged/transferred to another type of institution not defined elsewhere in this code list |
| 06 | Discharged/transferred to home under care of organized home health service organization in anticipation of covered skills care |
| 07 | Left against medical advice or discontinued care |
| 09 | Admitted as an inpatient to this hospital. |
| 20 | Deceased/Expired (or did not recover - Religious Non Medical Health Care Patient) |
| 21 | Discharged/transferred to court/law enforcement |
| 30 | Still a patient or expected to return for outpatient services. |
| 43 | Discharged/transferred to a Federal Health Care Facility (e.g. VA or federal health care facility) |
| 50 | Discharged/transferred to Hospice - home. |
| 51 | Discharged/transferred to Hospice - medical facility |
| 61 | Discharged/transferred within this institution to a hospital based Medicare approved swing bed. |
| 62 | Discharged/transferred to a inpatient rehabilitation facility including distinct part units of a hospital. |
| 63 | Discharged/transferred to long term care hospitals |
| 64 | Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare |
| 65 | Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital. |
| 66 | Discharged/transferred to a Critical Access Hospital (CAH). |
| 70 | Discharged/transferred to another type of health care institution not defined elsewhere in the code list. |

Data Element Comment

The list of values and codes is based on and in compliance with the Medicare Claims Processing Manual Chapter 25 Completing and Processing the Form CMS-1450 Data Set, referencing the Uniform Bill - Form CMS-1450 (UB-04) and the FL 17 - Patient Discharge Status Required. (For all Part A inpatient, SNF, hospice, home health agency (HHA) and outpatient hospital services.) This code indicates the patient's status as of the "Through" date of the billing period (FL 6).

<https://www.cms.gov/transmittals/downloads/R1104CP.pdf> Page 35-36

Codes are available from Medicare contractors and the National Uniform Billing company (NUBC_ (www.nubc.org) via the NUBC's Official UB-04 Data Specifications Manual.

Contractor site, Knowledge Trek: http://www.ub04.net/downloads/Medicare_Pub_Ch_25.pdf Please reference the section "FL 17 - Patient Status" found on page 23-25 of 126.

State

National

eOutcome.02 - Hospital Disposition

Definition

The known disposition of the patient from the hospital, if admitted.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E22_02 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|------|--|
| 01 | Discharged to home or self care (routine discharge) |
| 02 | Discharged/transferred to another short term general hospital for inpatient care |
| 03 | Discharged/transferred to a skilled nursing facility (SNF) |
| 04 | Discharged/transferred to an intermediate care facility (ICF) |
| 05 | Discharged/transferred to another type of institution not defined elsewhere in this code list |
| 06 | Discharged/transferred to home under care of organized home health service organization in anticipation of covered skills care |
| 07 | Left against medical advice or discontinued care |
| 20 | Deceased/Expired (or did not recover - Religious Non Medical Health Care Patient) |
| 21 | Discharged/transferred to court/law enforcement |
| 30 | Still a patient or expected to return for outpatient services. |
| 43 | Discharged/transferred to a Federal Health Care Facility (e.g. VA or federal health care facility) |
| 50 | Discharged/transferred to Hospice - home. |
| 51 | Discharged/transferred to Hospice - medical facility |
| 61 | Discharged/transferred within this institution to a hospital based Medicare approved swing bed. |
| 62 | Discharged/transferred to an inpatient rehabilitation facility including distinct part units of a hospital. |
| 63 | Discharged/transferred to long term care hospitals |
| 64 | Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare |
| 65 | Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital. |
| 66 | Discharged/transferred to a Critical Access Hospital (CAH). |
| 70 | Discharged/transferred to another type of health care institution not defined elsewhere in the code list. |

Data Element Comment

The list of values and codes is based on and in compliance with the Medicare Claims Processing Manual Chapter 25 Completing and Processing the Form CMS-1450 Data Set, referencing the Uniform Bill - Form CMS-1450 (UB-04) and the FL 17 - Patient Discharge Status Required. (For all Part A inpatient, SNF, hospice, home health agency (HHA) and outpatient hospital services.) This code indicates the patient's status as of the "Through" date of the billing period (FL 6).

<https://www.cms.gov/transmittals/downloads/R1104CP.pdf> Page 35-36

Codes are available from Medicare contractors and the National Uniform Billing company (NUBC_ (www.nubc.org) via the NUBC's Official UB-04 Data Specifications Manual.

Contractor site, Knowledge Trek: http://www.ub04.net/downloads/Medicare_Pub_Ch_25.pdf Please reference the section "FL 17 - Patient Status" found on page 23-25 of 126.

eOutcome.03 - External Report ID/Number Type

Definition

The Type of External Report or Record associated with the Report/ID Number.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-------------------------------|
| 4303001 | Disaster Tag |
| 4303003 | Fire Incident Report |
| 4303005 | Hospital-Receiving |
| 4303007 | Hospital-Transferring |
| 4303009 | Law Enforcement Report |
| 4303011 | Other (Not Listed) |
| 4303013 | Other Registry |
| 4303015 | Other Report |
| 4303017 | Patient ID |
| 4303019 | Prior EMS Patient Care Report |
| 4303021 | STEMI Registry |
| 4303023 | Stroke Registry |
| 4303025 | Trauma Registry |

Data Element Comment

This data element is a merge based on the following Version 2.2.1 elements: E22_03, E22_04, E22_05, and E22_06

Version 3 Changes Implemented

Added to allow documentation of external record and identification numbers.

eOutcome.04 - External Report ID/Number**Definition**

The ID or Number of the external report or record in eOutcome.03.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 2 | 100 |

Data Element Comment

This data element is a merge based on the following Version 2.2.1 elements: E22_03, E22_04, E22_05, and E22_06

Version 3 Changes Implemented

Added to allow documentation of external record and identification numbers.

eOutcome.05 - Other Report Registry Type**Definition**

The type of external report/registry that was documented as "other" in eOutcome.03

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 50 |

Data Element Comment

This element should be used only when other-report or other-registry is used eOutcome.03.

eOutcome.06 - Emergency Department Chief Complaint**Definition**

The patient's reason for seeking care or attention, expressed in the terms as close as possible to those used by the patient or responsible informant.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment**Version 3 Changes Implemented**

Added to better evaluate EMS patient care.

eOutcome.07 - First ED Systolic Blood Pressure**Definition**

The first recorded Emergency Department Systolic Blood Pressure.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| integer | 0 | 500 |

Data Element Comment**Version 3 Changes Implemented**

Added to better evaluate the outcome of EMS care.

eOutcome.08 - Emergency Department Recorded Cause of Injury**Definition**

The documented cause of injury from the emergency department record.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints**Pattern**

((TV-Y)[0-9]{2})(\.[0-9A-Z]{1,7})?

Data Element Comment

Code list is represented in ICD-10-CM. Reference the NEMSIS Suggested Lists at: <http://nemsis.org/v3/resources.html>

ICD-10-CM

Website - <http://uts.nlm.nih.gov>

Product - UMLS Metathesaurus

Version 3 Changes Implemented

Added to better evaluate EMS care.

eOutcome.09 - Emergency Department Procedures

Definition

The procedures performed on the patient during the emergency department visit.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Constraints

Pattern

[0-9A-HJ-NP-Z]{3,7}

Data Element Comment

ICD-10-PCS has a seven character alphanumeric code structure. Each character contains up to 34 possible values. Each value represents a specific option for the general character definition (e.g., stomach is one of the values for the body part character). The ten digits 0-9 and the 24 letters A-H,J-N and P-Z may be used in each character. The letters O and I are not used in order to avoid confusion with the digits 0 and 1.

Website - <http://uts.nlm.nih.gov>

Product - UMLS Metathesaurus

Version 3 Changes Implemented

Added to better evaluate EMS care.

eOutcome.10 - Emergency Department Diagnosis**Definition**

The practitioner's description of the condition or problem for which Emergency Department services were provided.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes**CorrelationID****Data Type:** string**minLength:** 0**maxLength:** 255**Constraints****Pattern**

[A-Z][0-9]{2}((\[0-9A-Z]{1,3})?)

Data Element Comment

Code list is represented in ICD-10-CM: Diagnosis Codes.

Website - <http://uts.nlm.nih.gov>

Product - UMLS Metathesaurus

Version 3 Changes Implemented

Added to better evaluate EMS care.

eOutcome.11 - Date/Time of Hospital Admission

Definition

The date and time the patient was admitted to the hospital.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| 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 evaluate EMS care.

eOutcome.12 - Hospital Procedures

Definition

Hospital Procedures performed on the patient during the hospital admission.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Constraints

Pattern

[0-9A-HJ-NP-Z]{3,7}

Data Element Comment

ICD-10-PCS has a seven character alphanumeric code structure. Each character contains up to 34 possible values. Each value represents a specific option for the general character definition (e.g., stomach is one of the values for the body part character). The ten digits 0-9 and the 24 letters A-H,J-N and P-Z may be used in each character. The letters O and I are not used in order to avoid confusion with the digits 0 and 1.

Website - <http://uts.nlm.nih.gov>

Product - UMLS Metathesaurus

Version 3 Changes Implemented

Added to better evaluate EMS care.

eOutcome.13 - Hospital Diagnosis

Definition

The hospital diagnosis of the patient associated with the hospital admission.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Constraints

Pattern

[A-Z][0-9]{2}((\.[0-9A-Z]{1,4})?)

Data Element Comment

Code list is represented in ICD-10-CM: Diagnosis Codes.

Website - <http://uts.nlm.nih.gov>

Product - UMLS Metathesaurus

Version 3 Changes Implemented

Added to better evaluate EMS care.

eOutcome.14 - Total ICU Length of Stay**Definition**

The total number of patient days in any ICU (including all ICU episodes).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| integer | 1 | 400 |

Data Element Comment**Version 3 Changes Implemented**

Added to better measure patient outcomes.

eOutcome.15 - Total Ventilator Days**Definition**

The total number of patient days spend on a mechanical ventilator (excluding time in the operating room).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| integer | 1 | 400 |

Data Element Comment**Version 3 Changes Implemented**

Added to better measure and define patient outcome.

eOutcome.16 - Date/Time of Hospital Discharge

Definition

The date the patient was discharged from the hospital.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| 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 measure patient outcome.

eOutcome.17 - Outcome at Hospital Discharge

Definition

The patient's functional status at time of hospital discharge.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|---|
| 4317001 | No Symptoms At All |
| 4317003 | No significant disability despite symptoms; able to carry out all usual duties and activities |
| 4317005 | Slight disability; unable to carry out all previous activities, but able to look after own affairs without assistance |
| 4317007 | Moderate disability; requiring some help, but able to walk without assistance |
| 4317009 | Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance |
| 4317011 | Severe disability; bedridden, incontinent and requiring constant nursing care and attention |
| 4317013 | Dead |

Data Element Comment

eCustomResults

| | | | |
|--------|---|----------------------|---------------------------|
| 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, and/or C = Correlation ID | | |

| eCustomResults | | | |
|----------------|---|---|---------|
| 0 : M | eCustomResults.ResultsGroup | | C |
| 1 : M | eCustomResults.01 - Custom Data Element Result | M | N, L, P |
| 1 : 1 | eCustomResults.02 - Custom Element ID Referenced | M | |
| 0 : 1 | eCustomResults.03 - CorrelationID of PatientCareReport Element or Group | O | |
| eCustomResults | | | |

eCustomResults.01 - Custom Data Element Result

Definition

The actual value or values chosen (if values listed in dCustomConfiguration.06) or result (free text, Date/Time, or number) documented for the Custom Data Element

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Mandatory | Recurrence | 1 : M |

Attributes

NOT Values (NV)**Pertinent Negatives (PN)****NV**

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

PN

8801001 - Contraindication Noted

8801003 - Denied By Order

8801005 - Exam Finding Not Present

8801007 - Medication Allergy

8801009 - Medication Already Taken

8801013 - No Known Drug Allergy

8801015 - None Reported

8801017 - Not Performed by EMS

8801019 - Refused

8801021 - Unresponsive

8801023 - Unable to Complete

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 100000 |

Data Element Comment

Version 3 Changes Implemented

Added to allow customized data elements to be inserted and collected from within the NEMSIS Version 3 standard.

eCustomResults.02 - Custom Element ID Referenced

Definition

References the CustomElementID attribute for eCustomConfiguration.CustomGroup

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 0 | 255 |

Data Element Comment

eCustomResults.03 - CorrelationID of PatientCareReport Element or Group**Definition**

References the CorrelationID attribute of an element or group in the PatientCareReport section

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 0 | 255 |

Data Element Comment

eOther

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, and/or C = Correlation ID

eOther

| | | |
|-------|--|---|
| 0 : 1 | eOther.01 - Review Requested | O |
| 0 : M | eOther.02 - Potential System of Care/Specialty/Registry Patient | O C |
| 1 : M | eOther.EMSCrewMemberGroup | C |
| 0 : M | eOther.03 - Personal Protective Equipment Used | O C |
| 0 : 1 | eOther.04 - EMS Professional (Crew Member) ID | O |
| 1 : 1 | eOther.05 - Suspected EMS Work Related Exposure, Injury, or Death | N S R N, L |
| 0 : M | eOther.06 - The Type of Work-Related Injury, Death or Suspected Exposure | S E N, L C |
| 0 : M | eOther.07 - Natural, Suspected, Intentional, or Unintentional Disaster | O C |
| 0 : 1 | eOther.08 - Crew Member Completing this Report | S E N, L |
| 0 : M | eOther.FileGroup | C |
| 0 : 1 | eOther.09 - External Electronic Documents | O |
| 0 : 1 | eOther.10 - File Attachment Type | O |
| 0 : 1 | eOther.11 - File Attachment Image | O |
| 0 : M | eOther.SignatureGroup | C |
| 0 : 1 | eOther.12 - Type of Person Signing | O |
| 0 : 1 | eOther.13 - Signature Reason | O |
| 0 : 1 | eOther.14 - Type Of Patient Representative | O |
| 0 : 1 | eOther.15 - Signature Status | O |
| 0 : 1 | eOther.16 - Signature File Name | O |
| 0 : 1 | eOther.17 - Signature File Type | O |
| 0 : 1 | eOther.18 - Signature Graphic | O |
| 0 : 1 | eOther.19 - Date/Time of Signature | O |
| 0 : 1 | eOther.20 - Signature Last Name | O |
| 0 : 1 | eOther.21 - Signature First Name | O |

eOther

eOther.01 - Review Requested

Definition

Indication of whether the PCR needs review by anyone.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E23_01 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

Code Description

9923001 No
9923003 Yes

Data Element Comment

eOther.02 - Potential System of Care/Specialty/Registry Patient

Definition

An indication if the patient may meet the entry criteria for an injury or illness specific registry

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E23_02 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|------------------------|
| 4502001 | Airway |
| 4502003 | Burn |
| 4502005 | Cardiac/MI |
| 4502007 | CVA/Stroke |
| 4502009 | Drowning |
| 4502011 | Other (Not Listed) |
| 4502013 | Spinal Cord Injury |
| 4502015 | STEMI/Acute Cardiac |
| 4502017 | Trauma |
| 4502019 | Traumatic Brain Injury |

Data Element Comment

eOther.03 - Personal Protective Equipment Used

Definition

The personal protective equipment which was used by EMS personnel during this EMS patient contact.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E23_03 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|------------------------------|
| 4503001 | Eye Protection |
| 4503003 | Gloves |
| 4503005 | Helmet |
| 4503007 | Level A Suit |
| 4503009 | Level B Suit |
| 4503011 | Level C Suit |
| 4503013 | Level D Suit (Turn out gear) |
| 4503015 | Mask-N95 |
| 4503017 | Mask-Surgical (Non-Fitted) |
| 4503019 | Other (Not Listed) |
| 4503021 | PAPR |
| 4503023 | Reflective Vest |

Data Element Comment

eOther.04 - EMS Professional (Crew Member) ID**Definition**

The ID number of the EMS Crew Member associated with eOther.03, eOther.05, eOther.06.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 15 |

Data Element Comment

Added to allow documentation of PPE and work related health and safety down to the individual level within each EMS crew.

Version 3 Changes Implemented

Added to better document EMS workplace health and safety issues.

State

National

eOther.05 - Suspected EMS Work Related Exposure, Injury, or Death

Definition

Indication of an EMS work related exposure, injury, or death associated with this EMS event.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E23_05 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------|
| 9923001 | No |
| 9923003 | Yes |

Data Element Comment

Associated with eOther.04 (EMS Professional (Crew Member) ID)

State

eOther.06 - The Type of Work-Related Injury, Death or Suspected Exposure

Definition

The type of exposure or unprotected contact with blood or body fluids

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E23_06 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|---|
| 4506001 | Death-Cardiac Arrest |
| 4506003 | Death-Injury Related |
| 4506005 | Death-Other (Not Listed) |
| 4506007 | Exposure-Airborne Respiratory/Biological/Aerosolized Secretions |
| 4506009 | Exposure-Body Fluid Contact to Broken Skin |
| 4506011 | Exposure-Body Fluid Contact with Eye |
| 4506013 | Exposure-Body Fluid Contact with Intact Skin |
| 4506015 | Exposure-Body Fluid Contact with Mucosal Surface |
| 4506017 | Exposure-Needle Stick with Body Fluid Injection |
| 4506019 | Exposure-Needle Stick without Body Fluid Injection |
| 4506021 | Exposure-Toxin/Chemical/Hazmat |
| 4506023 | Injury-Lifting/Back/Musculoskeletal |
| 4506025 | Injury-Other (Not Listed) |
| 4506027 | None |
| 4506029 | Other (Not Listed) |

Data Element Comment

Associated with eOther.04 (EMS Professional (Crew Member) ID).

eOther.07 - Natural, Suspected, Intentional, or Unintentional Disaster

Definition

Event caused by natural forces or Suspected and Intentional/Unintentional Disasters (terrorism).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E23_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Trauma

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|------------------------------|
| 4507001 | Biologic Agent |
| 4507003 | Building Failure |
| 4507005 | Chemical Agent |
| 4507007 | Explosive Device |
| 4507009 | Fire |
| 4507011 | Hostage Event |
| 4507013 | Mass Gathering |
| 4507015 | Mass Illness |
| 4507017 | Nuclear Agent |
| 4507019 | Radioactive Device |
| 4507021 | Secondary Destructive Device |
| 4507023 | Shooting/Sniper |
| 4507025 | Vehicular |
| 4507027 | Weather |

Data Element Comment

Based on FEMA website

eOther.08 - Crew Member Completing this Report

Definition

The statewide assigned ID number of the EMS crew member which completed this patient care report

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E23_10 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 15 |

Data Element Comment

If the EMS Professional has a specific ID associated with two states, the ID used would typically be based on the EMS Agencies state license.

eOther.09 - External Electronic Documents

Definition

Document types which have been electronically stored with PCR.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|---------------------------------------|
| 4509001 | Audio Recording |
| 4509003 | Billing Information |
| 4509005 | Diagnostic Image (CT, X-ray, US, etc) |
| 4509007 | DNR/Living Will |
| 4509009 | ECG/Lab Results |
| 4509011 | Guardianship/Power of Attorney |
| 4509013 | Healthcare Record |
| 4509015 | Other (Not Listed) |
| 4509017 | Patient Identification |
| 4509019 | Patient Refusal Sheet |
| 4509021 | Picture/Graphic |
| 4509023 | Sound Recording |
| 4509025 | Video/Movie |

Data Element Comment

Added to allow an improved implementation of electronic healthcare records.

Version 3 Changes Implemented

Added to allow an improved implementation of electronic healthcare records.

eOther.10 - File Attachment Type

Definition

The description of the file attachment stored in File Attachment Image (eOther.11).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 255 |

Data Element Comment

The description is defined as the extension of the file type. Examples of file name extensions include "doc", "jpeg", "tiff", etc. For a list of additional extensions reference the following website(s):

3D Image formats: http://www.fileinfo.com/filetypes/3d_image

Raster Image formats: http://www.fileinfo.com/filetypes/raster_image

Vector Image formats: http://www.fileinfo.com/filetypes/vector_image

Video formats: <http://www.fileinfo.com/filetypes/video>

Audio formats: <http://www.fileinfo.com/filetypes/audio>

Comparison of formats:

Image: http://en.wikipedia.org/wiki/Comparison_of_image_file_formats

Audio: http://en.wikipedia.org/wiki/Audio_file_format

Container: http://en.wikipedia.org/wiki/Comparison_of_container_formats

A general list of image formats: http://en.wikipedia.org/wiki/Image_file_formats

Mime Types: http://en.wikipedia.org/wiki/Internet_media_type

Version 3 Changes Implemented

Added to allow an improved implementation of electronic healthcare records.

eOther.11 - File Attachment Image**Definition**

The file that is attached electronically to the patient care report.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints**Data Type**

base64Binary

Data Element Comment

Associated with eOther.09 (External Electronic Documents) and eOther.10 (File Attachment Type).

Version 3 Changes Implemented

Added to allow an improved implementation of electronic healthcare records.

eOther.12 - Type of Person Signing

Definition

The individual's signature associated with eOther.15 (Signature Status).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|--|
| 4512001 | EMS Crew Member (Other) |
| 4512003 | EMS Primary Care Provider (for this event) |
| 4512005 | Healthcare Provider |
| 4512007 | Medical Director |
| 4512009 | Non-Healthcare Provider |
| 4512011 | Online Medical Control Healthcare Practitioner |
| 4512013 | Other |
| 4512015 | Patient |
| 4512017 | Patient Representative |
| 4512019 | Witness |

Data Element Comment

Version 3 Changes Implemented

Added to better document disposition and billing information.

eOther.13 - Signature Reason**Definition**

The reason for the individuals signature.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-------------------------------|
| 4513001 | HIPAA acknowledgement/Release |
| 4513003 | Permission to Treat |
| 4513005 | Release for Billing |
| 4513007 | Transfer of Patient Care |

Data Element Comment

eOther.14 - Type Of Patient Representative**Definition**

If Patient Representative is chosen as the owner of the signature, this documents the relationship of the individual signing to the patient.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|--|
| 4514001 | Aunt |
| 4514003 | Brother |
| 4514005 | Daughter |
| 4514007 | Discharge Planner |
| 4514009 | Domestic Partner |
| 4514011 | Father |
| 4514013 | Friend |
| 4514015 | Grandfather |
| 4514017 | Grandmother |
| 4514019 | Guardian |
| 4514021 | Husband |
| 4514023 | Law Enforcement |
| 4514025 | MD/DO |
| 4514027 | Mother |
| 4514029 | Nurse (RN) |
| 4514031 | Nurse Practitioner (NP) |
| 4514033 | Other Care Provider (Home health, hospice, etc.) |
| 4514035 | Other |
| 4514037 | Physician's Assistant (PA) |
| 4514039 | Power of Attorney |
| 4514041 | Relative (Not Listed) |
| 4514043 | Self |
| 4514045 | Sister |
| 4514047 | Son |
| 4514049 | Uncle |
| 4514051 | Wife |

Data Element Comment

Required for Billing.

Version 3 Changes Implemented

Added to improve documentation on disposition and billing.

eOther.15 - Signature Status

Definition

Indication that a patient or patient representative signature has been collected or attempted to be collected.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|---|
| 4515001 | Not Signed - Crew Called out to another call |
| 4515003 | Not Signed - Deceased |
| 4515005 | Not Signed - Due to Distress Level |
| 4515007 | Not Signed - Equipment Failure |
| 4515009 | Not Signed - In Law Enforcement Custody |
| 4515011 | Not Signed - Language Barrier |
| 4515013 | Not Signed - Mental Status/Impaired |
| 4515015 | Not Signed - Minor/Child |
| 4515017 | Not Signed - Physical Impairment of Extremities |
| 4515019 | Not Signed - Refused |
| 4515021 | Not Signed - Transferred Care/No Access to Obtain Signature |
| 4515023 | Not Signed - Unconscious |
| 4515025 | Not Signed -Visually Impaired |
| 4515027 | Physical Signature/Paper Copy Obtained |
| 4515029 | Refused |
| 4515031 | Signed |
| 4515033 | Signed-Not Patient |

Data Element Comment

Version 3 Changes Implemented

Added to better document disposition and billing.

eOther.16 - Signature File Name**Definition**

The name of the graphic file for the signature.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | |
|------------------|------------------|
| Data Type | maxLength |
| string | 255 |

Data Element Comment

eOther.17 - Signature File Type

Definition

The description of the file attachment stored in Signature Graphic (eOther.18).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 255 |

Data Element Comment

The description is defined as the extension of the file type. Examples of file name extensions include "doc", "jpeg", "tiff", etc. For a list of additional extensions reference the following website(s):

3D Image formats: http://www.fileinfo.com/filetypes/3d_image

Raster Image formats: http://www.fileinfo.com/filetypes/raster_image

Vector Image formats: http://www.fileinfo.com/filetypes/vector_image

Video formats: <http://www.fileinfo.com/filetypes/video>

Audio formats: <http://www.fileinfo.com/filetypes/audio>

Comparison of formats:

Image: http://en.wikipedia.org/wiki/Comparison_of_image_file_formats

Audio: http://en.wikipedia.org/wiki/Audio_file_format

Container: http://en.wikipedia.org/wiki/Comparison_of_container_formats

A general list of image formats: http://en.wikipedia.org/wiki/Image_file_formats

Mime Types: http://en.wikipedia.org/wiki/Internet_media_type

eOther.18 - Signature Graphic**Definition**

The graphic file for the signature.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints**Data Type**

base64Binary

Data Element Comment**Version 3 Changes Implemented**

Added to better document disposition and billing.

eOther.19 - Date/Time of Signature

Definition

The date and time the signature was captured.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| 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 document disposition and billing.

eOther.20 - Signature Last Name**Definition**

The last name of the individual who signed the associated signature.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 1 | 50 |

Data Element Comment**Version 3 Changes Implemented**

Added to better document disposition and billing.

eOther.21 - Signature First Name

Definition

The first name of the individual associated with the signature.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

Version 3 Changes Implemented

Added to better document disposition and billing.

Index

| | |
|---|-----------|
| DEMDDataSet | 1 |
| DEMDDataSet Grouping | 2 |
| EMSDDataSet | 3 |
| EMSDDataSet Grouping | 4 |
| dAgency | 19 |
| dAgency Grouping | 20 |
| dAgency.01 - EMS Agency Unique State ID | 21 |
| dAgency.02 - EMS Agency Number | 22 |
| dAgency.03 - EMS Agency Name | 23 |
| dAgency.04 - EMS Agency State | 24 |
| dAgency.05 - EMS Agency Service Area States | 25 |
| dAgency.06 - EMS Agency Service Area County(ies) | 26 |
| dAgency.07 - EMS Agency Census Tracts | 27 |
| dAgency.08 - EMS Agency Service Area ZIP Codes | 28 |
| dAgency.09 - Primary Type of Service | 29 |
| dAgency.10 - Other Types of Service | 30 |
| dAgency.11 - Level of Service | 31 |
| dAgency.12 - Organization Status | 32 |
| dAgency.13 - Organizational Type | 33 |
| dAgency.14 - EMS Agency Organizational Tax Status | 34 |
| dAgency.15 - Statistical Calendar Year | 35 |
| dAgency.16 - Total Primary Service Area Size | 36 |
| dAgency.17 - Total Service Area Population | 37 |
| dAgency.18 - 911 EMS Call Center Volume per Year | 38 |
| dAgency.19 - EMS Dispatch Volume per Year | 39 |
| dAgency.20 - EMS Patient Transport Volume per Year | 40 |
| dAgency.21 - EMS Patient Contact Volume per Year | 41 |
| dAgency.22 - EMS Billable Calls per Year | 42 |
| dAgency.23 - EMS Agency Time Zone | 43 |
| dAgency.24 - EMS Agency Daylight Savings Time Use | 44 |
| dAgency.25 - National Provider Identifier | 45 |
| dAgency.26 - Fire Department ID Number | 46 |
| dConfiguration | 65 |
| dConfiguration Grouping | 66 |
| dConfiguration.01 - State Associated with the Certification/Licensure Levels | 67 |
| dConfiguration.02 - State Certification Licensure Levels | 68 |
| dConfiguration.03 - Procedures Permitted by the State | 69 |
| dConfiguration.04 - Medications Permitted by the State | 70 |
| dConfiguration.05 - Protocols Permitted by the State | 71 |
| dConfiguration.06 - EMS Certification Levels Permitted to Perform Each Procedure | 73 |
| dConfiguration.07 - EMS Agency Procedures | 74 |
| dConfiguration.08 - EMS Certification Level Permitted to Administer Each Medication | 75 |
| dConfiguration.09 - EMS Agency Medications | 76 |
| dConfiguration.10 - EMS Agency Protocols | 77 |
| dConfiguration.11 - EMS Agency Specialty Service Capability | 79 |

| | |
|--|----|
| dConfiguration.12 - Billing Status | 80 |
| dConfiguration.13 - Emergency Medical Dispatch (EMD) Provided to EMS Agency Service Area | 81 |
| dConfiguration.14 - EMD Vendor | 82 |
| dConfiguration.15 - Patient Monitoring Capability(ies) | 83 |
| dConfiguration.16 - Crew Call Sign | 84 |
| dConfiguration.17 - Dispatch Center (CAD) Name or ID | 85 |

dContact 47

| | |
|--|----|
| dContact Grouping | 48 |
| dContact.01 - Agency Contact Type | 49 |
| dContact.02 - Agency Contact Last Name | 50 |
| dContact.03 - Agency Contact First Name | 51 |
| dContact.04 - Agency Contact Middle Name/Initial | 52 |
| dContact.05 - Agency Contact Address | 53 |
| dContact.06 - Agency Contact City | 54 |
| dContact.07 - Agency Contact State | 55 |
| dContact.08 - Agency Contact ZIP Code | 56 |
| dContact.09 - Agency Contact Country | 57 |
| dContact.10 - Agency Contact Phone Number | 58 |
| dContact.11 - Agency Contact Email Address | 59 |
| dContact.12 - EMS Agency Contact Web Address | 60 |
| dContact.13 - Agency Medical Director Degree | 61 |
| dContact.14 - Agency Medical Director Board Certification Type | 62 |
| dContact.15 - Medical Director Compensation | 63 |
| dContact.16 - EMS Medical Director Fellowship Trained Status | 64 |

dCustomConfiguration 9

| | |
|--|----|
| dCustomConfiguration Grouping | 10 |
| dCustomConfiguration.01 - Custom Data Element Title | 11 |
| dCustomConfiguration.02 - Custom Definition | 12 |
| dCustomConfiguration.03 - Custom Data Type | 13 |
| dCustomConfiguration.04 - Custom Data Element Recurrence | 14 |
| dCustomConfiguration.05 - Custom Data Element Usage | 15 |
| dCustomConfiguration.06 - Custom Data Element Potential Values | 16 |
| dCustomConfiguration.07 - Custom Data Element Potential NOT Values (NV) | 17 |
| dCustomConfiguration.08 - Custom Data Element Potential Pertinent Negative Values (PN) | 18 |

dCustomResults 182

| | |
|---|-----|
| dCustomResults Grouping | 183 |
| dCustomResults.01 - Custom Data Element Result | 184 |
| dCustomResults.02 - Custom Element ID Referenced | 185 |
| dCustomResults.03 - CorrelationID of DemographicReport Element or Group | 186 |

dDevice 158

| | |
|---|-----|
| dDevice Grouping | 159 |
| dDevice.01 - Medical Device Serial Number | 160 |
| dDevice.02 - Medical Device Name or ID | 161 |
| dDevice.03 - Medical Device Type | 162 |
| dDevice.04 - Medical Device Manufacturer | 163 |
| dDevice.05 - Medical Device Model Number | 164 |

| | |
|---|-----|
| dDevice.06 - Medical Device Purchase Date | 165 |
|---|-----|

| | |
|------------------|------------|
| dFacility | 166 |
|------------------|------------|

| | |
|--|-----|
| dFacility Grouping | 167 |
| dFacility.01 - Type of Facility | 168 |
| dFacility.02 - Facility Name | 169 |
| dFacility.03 - Facility Location Code | 170 |
| dFacility.04 - Hospital Designations | 171 |
| dFacility.05 - Facility National Provider Identifier | 172 |
| dFacility.06 - Facility Room, Suite, or Apartment | 173 |
| dFacility.07 - Facility Street Address | 174 |
| dFacility.08 - Facility City | 175 |
| dFacility.09 - Facility State | 176 |
| dFacility.10 - Facility ZIP Code | 177 |
| dFacility.11 - Facility County | 178 |
| dFacility.12 - Facility Country | 179 |
| dFacility.13 - Facility GPS Location | 180 |
| dFacility.14 - Facility US National Grid Coordinates | 181 |

| | |
|------------------|-----------|
| dLocation | 86 |
|------------------|-----------|

| | |
|--|----|
| dLocation Grouping | 87 |
| dLocation.01 - EMS Location Type | 88 |
| dLocation.02 - EMS Location Name | 89 |
| dLocation.03 - EMS Location Number | 90 |
| dLocation.04 - EMS Location GPS | 91 |
| dLocation.05 - EMS Location US National Grid Coordinates | 92 |
| dLocation.06 - EMS Location Address | 93 |
| dLocation.07 - EMS Location City | 94 |
| dLocation.08 - EMS Location State | 95 |
| dLocation.09 - EMS Station or Location ZIP Code | 96 |
| dLocation.10 - EMS Location County | 97 |
| dLocation.11 - EMS Location Country | 98 |
| dLocation.12 - EMS Location Phone Number | 99 |

| | |
|-------------------|------------|
| dPersonnel | 115 |
|-------------------|------------|

| | |
|---|-----|
| dPersonnel Grouping | 116 |
| dPersonnel.01 - EMS Personnel's Last Name | 118 |
| dPersonnel.02 - EMS Personnel's First Name | 119 |
| dPersonnel.03 - EMS Personnel's Middle Name/Initial | 120 |
| dPersonnel.04 - EMS Personnel's Mailing Address | 121 |
| dPersonnel.05 - EMS Personnel's City of Residence | 122 |
| dPersonnel.06 - EMS Personnel's State | 123 |
| dPersonnel.07 - EMS Personnel's ZIP Code | 124 |
| dPersonnel.08 - EMS Personnel's Country | 125 |
| dPersonnel.09 - EMS Personnel's Phone Number | 126 |
| dPersonnel.10 - EMS Personnel's Email Address | 127 |
| dPersonnel.11 - EMS Personnel's Date of Birth | 128 |
| dPersonnel.12 - EMS Personnel's Gender | 129 |
| dPersonnel.13 - EMS Personnel's Race | 130 |
| dPersonnel.14 - EMS Personnel's Citizenship | 131 |

| | |
|--|-----|
| dPersonnel.15 - EMS Personnel's Highest Educational Degree | 132 |
| dPersonnel.16 - EMS Personnel's Degree Subject/Field of Study | 133 |
| dPersonnel.17 - EMS Personnel's Motor Vehicle License Type | 134 |
| dPersonnel.18 - EMS Personnel's Immunization Status | 135 |
| dPersonnel.19 - EMS Personnel's Immunization Year | 136 |
| dPersonnel.20 - EMS Personnel's Foreign Language Ability | 137 |
| dPersonnel.21 - EMS Personnel's Agency ID Number | 139 |
| dPersonnel.22 - EMS Personnel's State of Licensure | 140 |
| dPersonnel.23 - EMS Personnel's State's Licensure ID Number | 141 |
| dPersonnel.24 - EMS Personnel's State EMS Certification Licensure Level | 142 |
| dPersonnel.25 - EMS Personnel's State EMS Current Certification Date | 143 |
| dPersonnel.26 - EMS Personnel's Initial State's Licensure Issue Date | 144 |
| dPersonnel.27 - EMS Personnel's Current State's Licensure Expiration Date | 145 |
| dPersonnel.28 - EMS Personnel's National Registry Number | 146 |
| dPersonnel.29 - EMS Personnel's National Registry Certification Level | 147 |
| dPersonnel.30 - EMS Personnel's Current National Registry Expiration Date | 148 |
| dPersonnel.31 - EMS Personnel's Employment Status | 149 |
| dPersonnel.32 - EMS Personnel's Employment Status Date | 150 |
| dPersonnel.33 - EMS Personnel's Hire Date | 151 |
| dPersonnel.34 - EMS Personnel's Primary EMS Job Role | 152 |
| dPersonnel.35 - EMS Personnel's Other Job Responsibilities | 153 |
| dPersonnel.36 - EMS Personnel's Total Length of Service in Years | 154 |
| dPersonnel.37 - EMS Personnel's Date Length of Service Documented | 155 |
| dPersonnel.38 - EMS Professional's Practice Level | 156 |
| dPersonnel.39 - Date of Professional's Certification or Licensure for Agency | 157 |

dState 6

| | |
|------------------------------------|---|
| dState Grouping | 7 |
| dState.01 - State Required Element | 8 |

dVehicle 100

| | |
|--|-----|
| dVehicle Grouping | 101 |
| dVehicle.01 - Unit/Vehicle Number | 102 |
| dVehicle.02 - Vehicle Identification Number | 103 |
| dVehicle.03 - EMS Unit Call Sign | 104 |
| dVehicle.04 - Vehicle Type | 105 |
| dVehicle.05 - Crew State Certification/Licensure Levels | 106 |
| dVehicle.06 - Number of Each EMS Personnel Level on Normal 911 Ambulance Response | 107 |
| dVehicle.07 - Number of Each EMS Personnel Level on Normal 911 Response (Non-Transport) Vehicle | 108 |
| dVehicle.08 - Number of Each EMS Personnel Level on Normal Medical (Non-911) Transport Ambulance | 109 |
| dVehicle.09 - Vehicle Initial Cost | 110 |
| dVehicle.10 - Vehicle Model Year | 111 |
| dVehicle.11 - Year Miles/Kilometers Hours Accrued | 112 |
| dVehicle.12 - Annual Vehicle Hours | 113 |
| dVehicle.13 - Annual Vehicle Miles/Kilometers | 114 |

eAirway 571

| | |
|---|-----|
| eAirway Grouping | 572 |
| eAirway.01 - Indications for Invasive Airway | 573 |
| eAirway.02 - Date/Time Airway Device Placement Confirmation | 574 |

| | |
|---|-----|
| eAirway.03 - Airway Device Being Confirmed | 575 |
| eAirway.04 - Airway Device Placement Confirmed Method | 576 |
| eAirway.05 - Tube Depth | 577 |
| eAirway.06 - Type of Individual Confirming Airway Device Placement | 578 |
| eAirway.07 - Crew Member ID | 579 |
| eAirway.08 - Airway Complications Encountered | 580 |
| eAirway.09 - Suspected Reasons for Failed Airway Procedure | 581 |
| eAirway.10 - Date/Time Decision to Manage the Patient with an Invasive Airway | 582 |
| eAirway.11 - Date/Time Invasive Airway Placement Attempts Abandoned | 583 |

eArrest 422

| | |
|---|-----|
| eArrest Grouping | 423 |
| eArrest.01 - Cardiac Arrest | 424 |
| eArrest.02 - Cardiac Arrest Etiology | 425 |
| eArrest.03 - Resuscitation Attempted By EMS | 426 |
| eArrest.04 - Arrest Witnessed By | 427 |
| eArrest.05 - CPR Care Provided Prior to EMS Arrival | 428 |
| eArrest.06 - Who Provided CPR Prior to EMS Arrival | 429 |
| eArrest.07 - AED Use Prior to EMS Arrival | 430 |
| eArrest.08 - Who Used AED Prior to EMS Arrival | 431 |
| eArrest.09 - Type of CPR Provided | 432 |
| eArrest.10 - Therapeutic Hypothermia Initiated | 433 |
| eArrest.11 - First Monitored Arrest Rhythm of the Patient | 434 |
| eArrest.12 - Any Return of Spontaneous Circulation | 435 |
| eArrest.13 - Neurological Outcome at Hospital Discharge | 436 |
| eArrest.14 - Date/Time of Cardiac Arrest | 437 |
| eArrest.15 - Date/Time Resuscitation Discontinued | 438 |
| eArrest.16 - Reason CPR/Resuscitation Discontinued | 439 |
| eArrest.17 - Cardiac Rhythm on Arrival at Destination | 440 |
| eArrest.18 - End of EMS Cardiac Arrest Event | 442 |

eCrew 240

| | |
|--------------------------------------|-----|
| eCrew Grouping | 241 |
| eCrew.01 - Crew Member ID | 242 |
| eCrew.02 - Crew Member Level | 243 |
| eCrew.03 - Crew Member Response Role | 244 |

eCustomConfiguration 190

| | |
|--|-----|
| eCustomConfiguration Grouping | 191 |
| eCustomConfiguration.01 - Custom Data Element Title | 192 |
| eCustomConfiguration.02 - Custom Definition | 193 |
| eCustomConfiguration.03 - Custom Data Type | 194 |
| eCustomConfiguration.04 - Custom Data Element Recurrence | 195 |
| eCustomConfiguration.05 - Custom Data Element Usage | 196 |
| eCustomConfiguration.06 - Custom Data Element Potential Values | 197 |
| eCustomConfiguration.07 - Custom Data Element Potential NOT Values (NV) | 198 |
| eCustomConfiguration.08 - Custom Data Element Potential Pertinent Negative Values (PN) | 199 |

eCustomResults 645

| | |
|-------------------------|-----|
| eCustomResults Grouping | 646 |
|-------------------------|-----|

| | |
|---|-----|
| eCustomResults.01 - Custom Data Element Result | 647 |
| eCustomResults.02 - Custom Element ID Referenced | 648 |
| eCustomResults.03 - CorrelationID of PatientCareReport Element or Group | 649 |

eDevice 584

| | |
|--|-----|
| eDevice Grouping | 585 |
| eDevice.01 - Medical Device Serial Number | 586 |
| eDevice.02 - Date/Time of Event (per Medical Device) | 587 |
| eDevice.03 - Medical Device Event Type | 588 |
| eDevice.04 - Medical Device Waveform Graphic Type | 589 |
| eDevice.05 - Medical Device Waveform Graphic | 590 |
| eDevice.06 - Medical Device Mode (Manual, AED, Pacing, CO2, O2, etc) | 591 |
| eDevice.07 - Medical Device ECG Lead | 592 |
| eDevice.08 - Medical Device ECG Interpretation | 593 |
| eDevice.09 - Type of Shock | 594 |
| eDevice.10 - Shock or Pacing Energy | 595 |
| eDevice.11 - Total Number of Shocks Delivered | 596 |
| eDevice.12 - Pacing Rate | 597 |

eDispatch 232

| | |
|---|-----|
| eDispatch Grouping | 233 |
| eDispatch.01 - Complaint Reported by Dispatch | 234 |
| eDispatch.02 - EMD Performed | 236 |
| eDispatch.03 - EMD Card Number | 237 |
| eDispatch.04 - Dispatch Center Name or ID | 238 |
| eDispatch.05 - Dispatch Priority (Patient Acuity) | 239 |

eDisposition 598

| | |
|---|-----|
| eDisposition Grouping | 599 |
| eDisposition.01 - Destination/Transferred To, Name | 600 |
| eDisposition.02 - Destination/Transferred To, Code | 601 |
| eDisposition.03 - Destination Street Address | 602 |
| eDisposition.04 - Destination City | 603 |
| eDisposition.05 - Destination State | 604 |
| eDisposition.06 - Destination County | 605 |
| eDisposition.07 - Destination ZIP Code | 606 |
| eDisposition.08 - Destination Country | 607 |
| eDisposition.09 - Destination GPS Location | 608 |
| eDisposition.10 - Disposition Location US National Grid Coordinates | 609 |
| eDisposition.11 - Number of Patients Transported in this EMS Unit | 610 |
| eDisposition.12 - Incident/Patient Disposition | 611 |
| eDisposition.13 - How Patient Was Moved to Ambulance | 612 |
| eDisposition.14 - Position of Patient During Transport | 613 |
| eDisposition.15 - How Patient Was Transported From Ambulance | 614 |
| eDisposition.16 - EMS Transport Method | 615 |
| eDisposition.17 - Transport Mode from Scene | 616 |
| eDisposition.18 - Additional Transport Mode Descriptors | 617 |
| eDisposition.19 - Condition of Patient at Destination | 618 |
| eDisposition.20 - Reason for Choosing Destination | 619 |
| eDisposition.21 - Type of Destination | 620 |

| | |
|--|-----|
| eDisposition.22 - Hospital In-Patient Destination | 621 |
| eDisposition.23 - Hospital Designation | 622 |
| eDisposition.24 - Destination Team Pre-Arrival Activation | 623 |
| eDisposition.25 - Date/Time of Destination Prearrival Activation | 624 |
| eDisposition.26 - Disposition Instructions Provided | 625 |

eExam 514

| | |
|---|-----|
| eExam Grouping | 515 |
| eExam.01 - Estimated Body Weight in Kilograms | 516 |
| eExam.02 - Length Based Tape Measure | 517 |
| eExam.03 - Date/Time of Assessment | 518 |
| eExam.04 - Skin Assessment | 519 |
| eExam.05 - Head Assessment | 520 |
| eExam.06 - Face Assessment | 521 |
| eExam.07 - Neck Assessment | 522 |
| eExam.08 - Chest/Lungs Assessment | 523 |
| eExam.09 - Heart Assessment | 525 |
| eExam.10 - Abdominal Assessment Finding Location | 526 |
| eExam.11 - Abdomen Assessment | 527 |
| eExam.12 - Pelvis/Genitourinary Assessment | 528 |
| eExam.13 - Back and Spine Assessment Finding Location | 529 |
| eExam.14 - Back and Spine Assessment | 530 |
| eExam.15 - Extremity Assessment Finding Location | 531 |
| eExam.16 - Extremities Assessment | 532 |
| eExam.17 - Eye Assessment Finding Location | 533 |
| eExam.18 - Eye Assessment | 534 |
| eExam.19 - Mental Status Assessment | 535 |
| eExam.20 - Neurological Assessment | 536 |

eHistory 443

| | |
|---|-----|
| eHistory Grouping | 444 |
| eHistory.01 - Barriers to Patient Care | 445 |
| eHistory.02 - Last Name of Patient's Practitioner | 446 |
| eHistory.03 - First Name of Patient's Practitioner | 447 |
| eHistory.04 - Middle Name/Initial of Patient's Practitioner | 448 |
| eHistory.05 - Advance Directives | 449 |
| eHistory.06 - Medication Allergies | 450 |
| eHistory.07 - Environmental/Food Allergies | 451 |
| eHistory.08 - Medical/Surgical History | 452 |
| eHistory.09 - Medical History Obtained From | 453 |
| eHistory.10 - The Patient's Type of Immunization | 454 |
| eHistory.11 - Immunization Date | 455 |
| eHistory.12 - Current Medications | 456 |
| eHistory.13 - Current Medication Dose | 457 |
| eHistory.14 - Current Medication Dosage Unit | 458 |
| eHistory.15 - Current Medication Administration Route | 459 |
| eHistory.16 - Presence of Emergency Information Form | 460 |
| eHistory.17 - Alcohol/Drug Use Indicators | 461 |
| eHistory.18 - Pregnancy | 462 |
| eHistory.19 - Last Oral Intake | 463 |

eInjury 390

| | |
|---|-----|
| eInjury Grouping | 391 |
| eInjury.01 - Cause of Injury | 393 |
| eInjury.02 - Mechanism of Injury | 394 |
| eInjury.03 - Trauma Center Criteria | 395 |
| eInjury.04 - Vehicular, Pedestrian, or Other Injury Risk Factor | 396 |
| eInjury.05 - Main Area of the Vehicle Impacted by the Collision | 397 |
| eInjury.06 - Location of Patient in Vehicle | 398 |
| eInjury.07 - Use of Occupant Safety Equipment | 399 |
| eInjury.08 - Airbag Deployment | 400 |
| eInjury.09 - Height of Fall (feet) | 401 |
| eInjury.10 - OSHA Personal Protective Equipment Used | 402 |
| eInjury.11 - ACN System/Company Providing ACN Data | 403 |
| eInjury.12 - ACN Incident ID | 404 |
| eInjury.13 - ACN Call Back Phone Number | 405 |
| eInjury.14 - Date/Time of ACN Incident | 406 |
| eInjury.15 - ACN Incident Location | 407 |
| eInjury.16 - ACN Incident Vehicle Body Type | 408 |
| eInjury.17 - ACN Incident Vehicle Manufacturer | 409 |
| eInjury.18 - ACN Incident Vehicle Make | 410 |
| eInjury.19 - ACN Incident Vehicle Model | 411 |
| eInjury.20 - ACN Incident Vehicle Model Year | 412 |
| eInjury.21 - ACN Incident Multiple Impacts | 413 |
| eInjury.22 - ACN Incident Delta Velocity | 414 |
| eInjury.23 - ACN High Probability of Injury | 415 |
| eInjury.24 - ACN Incident PDOF | 416 |
| eInjury.25 - ACN Incident Rollover | 417 |
| eInjury.26 - ACN Vehicle Seat Location | 418 |
| eInjury.27 - Seat Occupied | 419 |
| eInjury.28 - ACN Incident Seatbelt Use | 420 |
| eInjury.29 - ACN Incident Airbag Deployed | 421 |

eLabs 504

| | |
|--|-----|
| eLabs Grouping | 505 |
| eLabs.01 - Date/Time of Laboratory or Imaging Result | 506 |
| eLabs.02 - Study/Result Prior to this Unit's EMS Care | 507 |
| eLabs.03 - Laboratory Result Type | 508 |
| eLabs.04 - Laboratory Result | 509 |
| eLabs.05 - Imaging Study Type | 510 |
| eLabs.06 - Imaging Study Results | 511 |
| eLabs.07 - Imaging Study File or Waveform Graphic Type | 512 |
| eLabs.08 - Imaging Study File or Waveform Graphic | 513 |

eMedications 542

| | |
|---|-----|
| eMedications Grouping | 543 |
| eMedications.01 - Date/Time Medication Administered | 544 |
| eMedications.02 - Medication Administered Prior to this Unit's EMS Care | 545 |
| eMedications.03 - Medication Given | 546 |
| eMedications.04 - Medication Administered Route | 547 |
| eMedications.05 - Medication Dosage | 548 |

| | |
|---|-----|
| eMedications.06 - Medication Dosage Units | 549 |
| eMedications.07 - Response to Medication | 550 |
| eMedications.08 - Medication Complication | 551 |
| eMedications.09 - Medication Crew (Healthcare Professionals) ID | 552 |
| eMedications.10 - Role/Type of Person Administering Medication | 553 |
| eMedications.11 - Medication Authorization | 554 |
| eMedications.12 - Medication Authorizing Physician | 555 |

eNarrative 464

| | |
|---|-----|
| eNarrative Grouping | 465 |
| eNarrative.01 - Patient Care Report Narrative | 466 |

eOther 650

| | |
|--|-----|
| eOther Grouping | 651 |
| eOther.01 - Review Requested | 652 |
| eOther.02 - Potential System of Care/Specialty/Registry Patient | 653 |
| eOther.03 - Personal Protective Equipment Used | 654 |
| eOther.04 - EMS Professional (Crew Member) ID | 655 |
| eOther.05 - Suspected EMS Work Related Exposure, Injury, or Death | 656 |
| eOther.06 - The Type of Work-Related Injury, Death or Suspected Exposure | 657 |
| eOther.07 - Natural, Suspected, Intentional, or Unintentional Disaster | 658 |
| eOther.08 - Crew Member Completing this Report | 659 |
| eOther.09 - External Electronic Documents | 660 |
| eOther.10 - File Attachment Type | 661 |
| eOther.11 - File Attachment Image | 662 |
| eOther.12 - Type of Person Signing | 663 |
| eOther.13 - Signature Reason | 664 |
| eOther.14 - Type Of Patient Representative | 665 |
| eOther.15 - Signature Status | 666 |
| eOther.16 - Signature File Name | 667 |
| eOther.17 - Signature File Type | 668 |
| eOther.18 - Signature Graphic | 669 |
| eOther.19 - Date/Time of Signature | 670 |
| eOther.20 - Signature Last Name | 671 |
| eOther.21 - Signature First Name | 672 |

eOutcome 626

| | |
|---|-----|
| eOutcome Grouping | 627 |
| eOutcome.01 - Emergency Department Disposition | 628 |
| eOutcome.02 - Hospital Disposition | 629 |
| eOutcome.03 - External Report ID/Number Type | 630 |
| eOutcome.04 - External Report ID/Number | 631 |
| eOutcome.05 - Other Report Registry Type | 632 |
| eOutcome.06 - Emergency Department Chief Complaint | 633 |
| eOutcome.07 - First ED Systolic Blood Pressure | 634 |
| eOutcome.08 - Emergency Department Recorded Cause of Injury | 635 |
| eOutcome.09 - Emergency Department Procedures | 636 |
| eOutcome.10 - Emergency Department Diagnosis | 637 |
| eOutcome.11 - Date/Time of Hospital Admission | 638 |
| eOutcome.12 - Hospital Procedures | 639 |

| | |
|---|-----|
| eOutcome.13 - Hospital Diagnosis | 640 |
| eOutcome.14 - Total ICU Length of Stay | 641 |
| eOutcome.15 - Total Ventilator Days | 642 |
| eOutcome.16 - Date/Time of Hospital Discharge | 643 |
| eOutcome.17 - Outcome at Hospital Discharge | 644 |

ePatient 263

| | |
|--|-----|
| ePatient Grouping | 264 |
| ePatient.01 - EMS Patient ID | 265 |
| ePatient.02 - Last Name | 266 |
| ePatient.03 - First Name | 267 |
| ePatient.04 - Middle Initial/Name | 268 |
| ePatient.05 - Patient's Home Address | 269 |
| ePatient.06 - Patient's Home City | 270 |
| ePatient.07 - Patient's Home County | 271 |
| ePatient.08 - Patient's Home State | 272 |
| ePatient.09 - Patient's Home ZIP Code | 273 |
| ePatient.10 - Patient's Home Country | 274 |
| ePatient.11 - Patient Home Census Tract | 275 |
| ePatient.12 - Social Security Number | 276 |
| ePatient.13 - Gender | 277 |
| ePatient.14 - Race | 278 |
| ePatient.15 - Age | 279 |
| ePatient.16 - Age Units | 280 |
| ePatient.17 - Date of Birth | 281 |
| ePatient.18 - Patient's Phone Number | 282 |
| ePatient.19 - Patient's Email Address | 283 |
| ePatient.20 - State Issuing Driver's License | 284 |
| ePatient.21 - Driver's License Number | 285 |

ePayment 286

| | |
|--|-----|
| ePayment Grouping | 287 |
| ePayment.01 - Primary Method of Payment | 289 |
| ePayment.02 - Physician Certification Statement | 290 |
| ePayment.03 - Date Physician Certification Statement Signed | 291 |
| ePayment.04 - Reason for Physician Certification Statement | 292 |
| ePayment.05 - Healthcare Provider Type Signing Physician Certification Statement | 293 |
| ePayment.06 - Last Name of Individual Signing Physician Certification Statement | 294 |
| ePayment.07 - First Name of Individual Signing Physician Certification Statement | 295 |
| ePayment.08 - Patient Resides in Service Area | 296 |
| ePayment.09 - Insurance Company ID | 297 |
| ePayment.10 - Insurance Company Name | 298 |
| ePayment.11 - Insurance Company Billing Priority | 299 |
| ePayment.12 - Insurance Company Address | 300 |
| ePayment.13 - Insurance Company City | 301 |
| ePayment.14 - Insurance Company State | 302 |
| ePayment.15 - Insurance Company ZIP Code | 303 |
| ePayment.16 - Insurance Company Country | 304 |
| ePayment.17 - Insurance Group ID/Name | 305 |
| ePayment.18 - Insurance Policy ID Number | 306 |

| | |
|--|-----|
| ePayment.19 - Last Name of the Insured | 307 |
| ePayment.20 - First Name of the Insured | 308 |
| ePayment.21 - Middle Initial/Name of the Insured | 309 |
| ePayment.22 - Relationship to the Insured | 310 |
| ePayment.23 - Closest Relative/Guardian Last Name | 311 |
| ePayment.24 - Closest Relative/ Guardian First Name | 312 |
| ePayment.25 - Closest Relative/ Guardian Middle Initial/Name | 313 |
| ePayment.26 - Closest Relative/ Guardian Street Address | 314 |
| ePayment.27 - Closest Relative/ Guardian City | 315 |
| ePayment.28 - Closest Relative/ Guardian State | 316 |
| ePayment.29 - Closest Relative/ Guardian ZIP Code | 317 |
| ePayment.30 - Closest Relative/ Guardian Country | 318 |
| ePayment.31 - Closest Relative/ Guardian Phone Number | 319 |
| ePayment.32 - Closest Relative/ Guardian Relationship | 320 |
| ePayment.33 - Patient's Employer | 321 |
| ePayment.34 - Patient's Employer's Address | 322 |
| ePayment.35 - Patient's Employer's City | 323 |
| ePayment.36 - Patient's Employer's State | 324 |
| ePayment.37 - Patient's Employer's ZIP Code | 325 |
| ePayment.38 - Patient's Employer's Country | 326 |
| ePayment.39 - Patient's Employer's Primary Phone Number | 327 |
| ePayment.40 - Response Urgency | 328 |
| ePayment.41 - Patient Transport Assessment | 329 |
| ePayment.42 - Specialty Care Transport Care Provider | 330 |
| ePayment.43 - Ambulance Transport Code | 331 |
| ePayment.44 - Ambulance Transport Reason Code | 332 |
| ePayment.45 - Round Trip Purpose Description | 333 |
| ePayment.46 - Stretcher Purpose Description | 334 |
| ePayment.47 - Ambulance Conditions Indicator | 335 |
| ePayment.48 - Mileage to Closest Hospital Facility | 336 |
| ePayment.49 - ALS Assessment Performed and Warranted | 337 |
| ePayment.50 - CMS Service Level | 338 |
| ePayment.51 - EMS Condition Code | 339 |
| ePayment.52 - CMS Transportation Indicator | 340 |
| ePayment.53 - Transport Authorization Code | 341 |
| ePayment.54 - Prior Authorization Code Payer | 342 |
| ePayment.55 - Supply Item Used Name | 343 |
| ePayment.56 - Number of Supply Item(s) Used | 344 |

eProcedures 556

| | |
|--|-----|
| eProcedures Grouping | 557 |
| eProcedures.01 - Date/Time Procedure Performed | 558 |
| eProcedures.02 - Procedure Performed Prior to this Unit's EMS Care | 559 |
| eProcedures.03 - Procedure | 560 |
| eProcedures.04 - Size of Procedure Equipment | 561 |
| eProcedures.05 - Number of Procedure Attempts | 562 |
| eProcedures.06 - Procedure Successful | 563 |
| eProcedures.07 - Procedure Complication | 564 |
| eProcedures.08 - Response to Procedure | 565 |
| eProcedures.09 - Procedure Crew Members ID | 566 |
| eProcedures.10 - Role/Type of Person Performing the Procedure | 567 |

| | |
|--|-----|
| eProcedures.11 - Procedure Authorization | 568 |
| eProcedures.12 - Procedure Authorizing Physician | 569 |
| eProcedures.13 - Vascular Access Location | 570 |

eProtocols 537

| | |
|---------------------------------------|-----|
| eProtocols Grouping | 538 |
| eProtocols.01 - Protocols Used | 539 |
| eProtocols.02 - Protocol Age Category | 541 |

eRecord 200

| | |
|---|-----|
| eRecord Grouping | 201 |
| eRecord.01 - Patient Care Report Number | 202 |
| eRecord.02 - Software Creator | 203 |
| eRecord.03 - Software Name | 204 |
| eRecord.04 - Software Version | 205 |

eResponse 206

| | |
|---|-----|
| eResponse Grouping | 207 |
| eResponse.01 - EMS Agency Number | 208 |
| eResponse.02 - EMS Agency Name | 209 |
| eResponse.03 - Incident Number | 210 |
| eResponse.04 - EMS Response Number | 211 |
| eResponse.05 - Type of Service Requested | 212 |
| eResponse.06 - Standby Purpose | 213 |
| eResponse.07 - Primary Role of the Unit | 214 |
| eResponse.08 - Type of Dispatch Delay | 215 |
| eResponse.09 - Type of Response Delay | 216 |
| eResponse.10 - Type of Scene Delay | 217 |
| eResponse.11 - Type of Transport Delay | 218 |
| eResponse.12 - Type of Turn-Around Delay | 219 |
| eResponse.13 - EMS Vehicle (Unit) Number | 220 |
| eResponse.14 - EMS Unit Call Sign | 221 |
| eResponse.15 - Level of Care of This Unit | 222 |
| eResponse.16 - Vehicle Dispatch Location | 223 |
| eResponse.17 - Vehicle Dispatch GPS Location | 224 |
| eResponse.18 - Vehicle Dispatch US National Grid Location | 225 |
| eResponse.19 - Beginning Odometer Reading of Responding Vehicle | 226 |
| eResponse.20 - On-Scene Odometer Reading of Responding Vehicle | 227 |
| eResponse.21 - Patient Destination Odometer Reading of Responding Vehicle | 228 |
| eResponse.22 - Ending Odometer Reading of Responding Vehicle | 229 |
| eResponse.23 - Response Mode to Scene | 230 |
| eResponse.24 - Additional Response Mode Descriptors | 231 |

eScene 345

| | |
|--|-----|
| eScene Grouping | 346 |
| eScene.01 - First EMS Unit on Scene | 347 |
| eScene.02 - Other EMS or Public Safety Agencies at Scene | 348 |
| eScene.03 - Other EMS or Public Safety Agency ID Number | 349 |
| eScene.04 - Type of Other Service at Scene | 350 |
| eScene.05 - Date/Time Initial Responder Arrived on Scene | 351 |

| | |
|---|-----|
| eScene.06 - Number of Patients at Scene | 352 |
| eScene.07 - Mass Casualty Incident | 353 |
| eScene.08 - Triage Classification for MCI Patient | 354 |
| eScene.09 - Incident Location Type | 355 |
| eScene.10 - Incident Facility Code | 356 |
| eScene.11 - Scene GPS Location | 357 |
| eScene.12 - Scene US National Grid Coordinates | 358 |
| eScene.13 - Incident Facility or Location Name | 359 |
| eScene.14 - Mile Post or Major Roadway | 360 |
| eScene.15 - Incident Street Address | 361 |
| eScene.16 - Incident Apartment, Suite, or Room | 362 |
| eScene.17 - Incident City | 363 |
| eScene.18 - Incident State | 364 |
| eScene.19 - Incident ZIP Code | 365 |
| eScene.20 - Scene Cross Street or Directions | 366 |
| eScene.21 - Incident County | 367 |
| eScene.22 - Incident Country | 368 |
| eScene.23 - Incident Census Tract | 369 |

eSituation 370

| | |
|--|-----|
| eSituation Grouping | 371 |
| eSituation.01 - Date/Time of Symptom Onset/Last Normal | 372 |
| eSituation.02 - Possible Injury | 374 |
| eSituation.03 - Complaint Type | 375 |
| eSituation.04 - Complaint | 376 |
| eSituation.05 - Duration of Complaint | 377 |
| eSituation.06 - Time Units of Duration of Complaint | 378 |
| eSituation.07 - Chief Complaint Anatomic Location | 379 |
| eSituation.08 - Chief Complaint Organ System | 380 |
| eSituation.09 - Primary Symptom | 381 |
| eSituation.10 - Other Associated Symptoms | 382 |
| eSituation.11 - Provider's Primary Impression | 383 |
| eSituation.12 - Provider's Secondary Impressions | 384 |
| eSituation.13 - Initial Patient Acuity | 385 |
| eSituation.14 - Work-Related Illness/Injury | 386 |
| eSituation.15 - Patient's Occupational Industry | 387 |
| eSituation.16 - Patient's Occupation | 388 |
| eSituation.17 - Patient Activity | 389 |

eState 187

| | |
|------------------------------------|-----|
| eState Grouping | 188 |
| eState.01 - State Required Element | 189 |

eTimes 245

| | |
|---|-----|
| eTimes Grouping | 246 |
| eTimes.01 - PSAP Call Date/Time | 247 |
| eTimes.02 - Dispatch Notified Date/Time | 248 |
| eTimes.03 - Unit Notified by Dispatch Date/Time | 249 |
| eTimes.04 - Dispatch Acknowledged Date/Time | 250 |
| eTimes.05 - Unit En Route Date/Time | 251 |

| | |
|--|-----|
| eTimes.06 - Unit Arrived on Scene Date/Time | 252 |
| eTimes.07 - Arrived at Patient Date/Time | 253 |
| eTimes.08 - Transfer of EMS Patient Care Date/Time | 254 |
| eTimes.09 - Unit Left Scene Date/Time | 255 |
| eTimes.10 - Arrival at Destination Landing Area Date/Time | 256 |
| eTimes.11 - Patient Arrived at Destination Date/Time | 257 |
| eTimes.12 - Destination Patient Transfer of Care Date/Time | 258 |
| eTimes.13 - Unit Back in Service Date/Time | 259 |
| eTimes.14 - Unit Canceled Date/Time | 260 |
| eTimes.15 - Unit Back at Home Location Date/Time | 261 |
| eTimes.16 - EMS Call Completed Date/Time | 262 |

eVitals 467

| | |
|---|-----|
| eVitals Grouping | 468 |
| eVitals.01 - Date/Time Vital Signs Taken | 470 |
| eVitals.02 - Obtained Prior to this Unit's EMS Care | 471 |
| eVitals.03 - Cardiac Rhythm / Electrocardiography (ECG) | 472 |
| eVitals.04 - ECG Type | 474 |
| eVitals.05 - Method of ECG Interpretation | 475 |
| eVitals.06 - SBP (Systolic Blood Pressure) | 476 |
| eVitals.07 - DBP (Diastolic Blood Pressure) | 477 |
| eVitals.08 - Method of Blood Pressure Measurement | 478 |
| eVitals.09 - Mean Arterial Pressure | 479 |
| eVitals.10 - Heart Rate | 480 |
| eVitals.11 - Method of Heart Rate Measurement | 481 |
| eVitals.12 - Pulse Oximetry | 482 |
| eVitals.13 - Pulse Rhythm | 483 |
| eVitals.14 - Respiratory Rate | 484 |
| eVitals.15 - Respiratory Effort | 485 |
| eVitals.16 - Carbon Dioxide (CO ₂) | 486 |
| eVitals.17 - Carbon Monoxide (CO) | 487 |
| eVitals.18 - Blood Glucose Level | 488 |
| eVitals.19 - Glasgow Coma Score-Eye | 489 |
| eVitals.20 - Glasgow Coma Score-Verbal | 490 |
| eVitals.21 - Glasgow Coma Score-Motor | 491 |
| eVitals.22 - Glasgow Coma Score-Qualifier | 492 |
| eVitals.23 - Total Glasgow Coma Score | 493 |
| eVitals.24 - Temperature | 494 |
| eVitals.25 - Temperature Method | 495 |
| eVitals.26 - Level of Responsiveness (AVPU) | 496 |
| eVitals.27 - Pain Score | 497 |
| eVitals.28 - Pain Scale Type | 498 |
| eVitals.29 - Stroke Scale Score | 499 |
| eVitals.30 - Stroke Scale Type | 500 |
| eVitals.31 - Reperfusion Checklist | 501 |
| eVitals.32 - APGAR | 502 |
| eVitals.33 - Revised Trauma Score | 503 |