

### **NEMSIS**

### **Version 2 to Version 3 Translation**

# **Based on**NHTSA Version 2.2.1 NHTSA Version 3.3.4

**Revision Date: June 4, 2014** 

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

www.NEMSIS.org

D01\_01 EMS Agency Number

dAgency.01 EMS Agency Unique State ID

### V2 Element V3 Element

### EMSAgencyNumber EMSAgencyStateID Null Values No Is Nillable No Recurrence 1: 1 Recurrence 1: 1

Comment

Not precise, but dAgency.01 is mandatory in v3.

Mapping

V2 Pattern V3 Replacement

.

| D01_01 EMS Agency Number |     | dAgency.02 EMS Agency Number |     |  |  |
|--------------------------|-----|------------------------------|-----|--|--|
| EMSAgencyNumber          |     | EMSAgencyNumber              |     |  |  |
| Null Values              | No  | Null Values                  | No  |  |  |
| Is Nillable              | No  | Is Nillable                  | No  |  |  |
| Recurrence               | 1:1 | Recurrence                   | 1:1 |  |  |
| Comment                  |     |                              |     |  |  |
| Mapping                  |     |                              |     |  |  |
| V2 Pattern               |     | V3 Replacement               |     |  |  |

| D01_02 EMS Agency Name |    | dAgency.03 EMS Agen | dAgency.03 EMS Agency Name |  |  |
|------------------------|----|---------------------|----------------------------|--|--|
| EMSAgencyName          |    | EMSAgencyName       |                            |  |  |
| Null Values            | No | Null Values         | Yes                        |  |  |
| Is Nillable            | No | Is Nillable         | Yes                        |  |  |
| Recurrence 0:1         |    | Recurrence          | 0:1                        |  |  |
| Comment                |    |                     |                            |  |  |
| Mapping                |    |                     |                            |  |  |
| V2 Pattern             |    | V3 Replacement      |                            |  |  |

### dAgency.04 EMS Agency State D01\_03 EMS Agency State State **ANSIStateCode Null Values Null Values** No No Is Nillable Is Nillable No No Recurrence 1: M Recurrence 1:1 Comment Maps from FIPS 5 to ANSI INCITS 38. The transition was an oversight change only. There were no changes in the numeric codes. v2 allows length 2 to 3. v3 requires length 2. Mapping V2 Pattern V3 Replacement normalize-space(.)='-10' Not Known This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-15' Not Reporting This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-20' Not Recorded

normalize-space(.)='-25' Not Applicable '\_\_'

This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

normalize-space(.)='-5' Not Available '\_\_'

This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

otherwise substring(concat('\_\_', .), string-length(.)+1, 2)

If the v3 element is mandatory and the v2 element is missing, this mapping generates the value "\_\_".

Mapping

### V2 Element V3 Element

### dAgency.05 EMS Agency Service Area States D01\_03 EMS Agency State State **ANSIStateCode Null Values Null Values** No No Is Nillable Is Nillable No No Recurrence 1: M Recurrence 1:1 Comment Not precise, but dAgency.05 is mandatory in v3.

Maps from FIPS 5 to ANSI INCITS 38. The transition was an oversight change only. There were no changes in the numeric codes. v2 allows length 2 to 3. v3 requires length 2.

### V2 Pattern V3 Replacement normalize-space(.)='-10' Not Known This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-15' Not Reporting This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-20' Not Recorded This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-25' Not Applicable This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-5' Not Available This mapping is used when the v3 element is mandatory and the v2 element contains a null value. substring(concat('\_\_', .), string-length(.)+1, 2) otherwise If the v3 element is mandatory and the v2 element is missing, this mapping generates the value "\_\_"

codes. v2 allows length 2 to 3. v3 requires length 2.

### V2 Element V3 Element

### D01\_03 EMS Agency State dConfiguration.01 State Associated with the Certification/Licensure Levels State **ANSIStateCode Null Values** No **Null Values** No Is Nillable No Is Nillable No 1:1 Recurrence 1: M Recurrence Comment Not precise, but dConfiguration.01 is mandatory in v3. Maps from FIPS 5 to ANSI INCITS 38. The transition was an oversight change only. There were no changes in the numeric

Mapping

| V2 Pattern               |  | V3 Replacement  |  |  |  |
|--------------------------|--|---|--|--|--|
| normalize-space(.)='-10' | Not Known  | <u>'_'</u>  |  |  |  |
| This mapping is u        | used when the v3 element   | s mandatory and the v2 element contains a null value. |  |  |  |
| normalize-space(.)='-15' | Not Reporting  | ' <u>-</u> '  |  |  |  |
| This mapping is u        | used when the v3 element   | s mandatory and the v2 element contains a null value. |  |  |  |
| normalize-space(.)='-20' | Not Recorded   | <u>'_</u> '   |  |  |  |
| This mapping is u        | used when the v3 element   | s mandatory and the v2 element contains a null value. |  |  |  |
| normalize-space(.)='-25' | Not Applicable   | <u>'-</u> '   |  |  |  |
| This mapping is u        | used when the v3 element   | s mandatory and the v2 element contains a null value. |  |  |  |
| normalize-space(.)='-5'  | Not Available  | <u>''</u>   |  |  |  |
| This mapping is u        | used when the v3 element   | s mandatory and the v2 element contains a null value. |  |  |  |
| otherwise                |  | substring(concat('', .), string-length(.)+1, 2)       |  |  |  |
| If the v3 element        | ne v3 element is mandatory and the v2 element is missing, this mapping generates the value "". |   |  |  |  |

D01\_04 EMS Agency County

dAgency.06 EMS Agency Service Area County(ies)

### V2 Element V3 Element

### AgencyCounty ANSICountyCode Null Values No Is Nillable No Recurrence 1: M Recurrence 1: M

### Comment

If a county is not within one of the states in v2 D01\_03, it is not mapped.

Maps from FIPS 6 to ANSI INCITS 31. The transition was an oversight change only. There were no changes in the numeric codes.

| Mapping    |                |
|------------|----------------|
| V2 Pattern | V3 Replacement |
|            |                |
|            |                |

This mapping is used when the v3 element is mandatory and the v2 element is missing or contains a null value.

5680

### V2 Element V3 Element

Speciality Care Transport

| D01_05 Primary Type of Service |   | dAgency.09 Primary Type of Service |  |  |  |
|--------------------------------|---|------------------------------------|--|--|--|
| PrimaryTypeOfSe                | ervice  | TypeOfService                      |  |  |  |
| Null Values                    | No  | Null Values                        | No   |  |  |
| Is Nillable                    | No  | Is Nillable                        | No   |  |  |
| Recurrence                     | 0:1   | Recurrence                         | 1:1  |  |  |
| Comment                        |   |                                    |  |  |  |
| Mapping                        |   |                                    |  |  |  |
| V2 Pattern                     |   | V3 Replacement                     |  |  |  |
|                                |   | 9920001                            | 911 Response (Scene) with Transport Capability                                     |  |  |
| This mappin                    | g is used when the v3 element is mandatory and the v3 | 2 element is missing or conta      | ins a null value.  |  |  |
| 5610                           | 911 Response (Scene) with Transport Capability        | 9920001                            | 911 Response (Scene) with Transport Capability                                     |  |  |
| 5620                           | 911 Response (Scene) without Transport Capability     | 9920003                            | 911 Response (Scene) without Transport Capability                                  |  |  |
| 5630                           | Air Medical   | 9920005                            | Air Medical  |  |  |
| 5640                           | Hazmat  | 9920011                            | Hazmat   |  |  |
| 5650                           | Medical Transport (Convalescent)                      | 9920013                            | Medical Transport (Convalescent, Interfacility Transfer Hospital and Nursing Home) |  |  |
| 5660                           | Paramedic Intercept                                   | 9920007                            | ALS Intercept  |  |  |
| 5670                           | Rescue  | 9920015                            | Rescue   |  |  |

9920019

Critical Care (Ground)

Critical Care (Ground)

### V2 Element V3 Element

Speciality Care Transport

5760

| D01_06 Other Types of Service |                        | dAgency.10 Other Types of Service |                |            |   |
|-------------------------------|------------------------|-----------------------------------|----------------|------------|---|
| OtherTypesOfServi             | ce                     |                                   | TypeOfService  |            |   |
| Null Values                   |                        | Yes                               | Null Values    |            | Yes   |
| Is Nillable                   |                        | No                                | Is Nillable    |            | Yes   |
| Recurrence                    |                        | 0 : M                             | Recurrence     |            | 0 : M   |
| Comment                       |                        |                                   |                |            |   |
| Mapping                       |                        |                                   |                |            |   |
| V2 Pattern                    |                        |                                   | V3 Replacement |            |   |
| 5690                          | 911 Resp<br>Capability | oonse (Scene) with Transport      | 9920001        | 911 Respo  | onse (Scene) with Transport   |
| 5700                          |                        | oonse (Scene) without Transport   | 9920003        |            | onse (Scene) without Transport                                      |
| 5710                          | Air Medic              | al                                | 9920005        | Air Medica | al  |
| 5720                          | Hazmat                 |                                   | 9920011        | Hazmat     |   |
| 5730                          | Medical 7              | ransport (Convalescent)           | 9920013        |            | ransport (Convalescent, Interfacility<br>Hospital and Nursing Home) |
| 5740                          | Paramed                | ic Intercept                      | 9920007        | ALS Interd | cept  |
| 5750                          | Rescue                 |                                   | 9920015        | Rescue     |   |

9920019

### V3 Element V2 Element

### D01\_07 Level of Service dAgency.11 Level of Service DemographicStateCertificationLicensureLevels StateCertificationLicensureLevels **Null Values** No **Null Values** No Is Nillable No Is Nillable No 1:1 1:1 Recurrence Recurrence

### Comment

Not precise. v2 defines as the highest level of service available for every call. v3 defines as the minimum level of service for every call. The definitions are equivalent, but the v2 definition was probably misinterpreted in many cases.

v2 also includes DescriptiveText, which is a string of length 2 to 100.

| N / | la  | - | _      |     | _  |
|-----|-----|---|--------|-----|----|
| IV/ | 121 | m | m      | ırı | (1 |
| ıv  | ıu  | М | $\sim$ |     | м  |
|     |     |   |        |     |    |

| iviapping   |  |           |                  |  |  |  |
|---|--|-----------|------------------|--|--|--|
| V2 Pattern  |  |           |                  |  |  |  |
|   |  | EMT-Basic |                  |  |  |  |
| This mapping is used when the v3 element is mandatory and the v2 element is missing or contains a null value. |  |           |                  |  |  |  |
| 6090  | EMT-Basic  | 9917011   | EMT-Basic        |  |  |  |
| 6100  | EMT-Intermediate   | 9917013   | EMT-Intermediate |  |  |  |
| 6110  | EMT-Paramedic  | 9917015   | EMT-Paramedic    |  |  |  |
| 6111  | Nurse  | 9917017   | Nurse            |  |  |  |
|   | v3 value is deprecated. 9917025 Nurse Practitioner, 9917029 Licensed Practical Nurse (LPN), and 9917031 Registered Nurse are also appropriate v3 replacements. |           |                  |  |  |  |
| 6112  | Physician  | 9917019   | Physician        |  |  |  |
| 6120  | First Responder  | 9917009   | First Responder  |  |  |  |

D01\_07 Level of Service

### V2 Element V3 Element

### DemographicStateCertificationLicensureLevels UnitLevelOfCare Null Values No Is Nillable No Recurrence 1: 1 Recurrence 1: 1

eResponse.15 Level of Care of This Unit

### Comment

Not precise, but eResponse.15 is mandatory in v3. If mapping from E04\_03 results in no matches, this mapping is used. v2 also includes DescriptiveText, which is a string of length 2 to 100.

### Mapping

| V2 Pattern | V3 Replacement |               |
|------------|----------------|---------------|
|            | 2215013        | ALS-Paramedic |

This mapping is used when the v3 element is mandatory and the v2 element is missing or contains a null value. Four-fifths of records in the National EMS Database have a Paramedic level of service.

| 6090 | EMT-Basic  | 2215003 | BLS-Basic/EMT           |
|------|--|---------|-------------------------|
| 6100 | EMT-Intermediate   | 2215011 | ALS-Intermediate        |
|      | 2215007 BLS-Intermediate is also an appropriate v3 replacement | nt.     |                         |
| 6110 | EMT-Paramedic  | 2215013 | ALS-Paramedic           |
| 6111 | Nurse  | 2215017 | ALS-Nurse               |
| 6112 | Physician  | 2215019 | ALS-Physician           |
| 6120 | First Responder  | 2215001 | BLS-First Responder/EMR |

| D01_08 Organization | onal Ty                | rpe             | dAgency.13 Organ   | nizationa              | ıl Type    |
|---------------------|------------------------|-----------------|--------------------|------------------------|------------|
| OrganizationalType  |                        |                 | OrganizationalType |                        |            |
| Null Values         |                        | No              | Null Values        |                        | No         |
| Is Nillable         |                        | No              | Is Nillable        |                        | No         |
| Recurrence          |                        | 1:1             | Recurrence         |                        | 1:1        |
| Comment             |                        |                 |                    |                        |            |
| Mapping             |                        |                 |                    |                        |            |
| V2 Pattern          |                        |                 | V3 Replacement     |                        |            |
| 5810                | Communi                | ity, Non-Profit | 9912007            | Private, N             | onhospital |
| 5820                | Fire Depa              | artment         | 9912001            | Fire Department        |            |
| 5830                | Governmental, Non-Fire |                 | 9912003            | Governmental, Non-Fire |            |
| 5840                | Hospital               |                 | 9912005            | Hospital               |            |
| 5850                | Private, N             | lon_Hospital    | 9912007            | Private, N             | onhospital |
| 5860                | Tribal                 |                 | 9912009            | Tribal                 |            |

D01\_08 Organizational Type

dAgency.14 EMS Agency Organizational Tax

### V2 Element V3 Element

# OrganizationalType AgencyOrganizationalTaxStatus Null Values No Is Nillable No Recurrence 1: 1 Recurrence 1: 1

### Comment

Not precise, but dAgency.14 is mandatory in v3.

| That preside, but a tigothey. 14 to mandatory in vo. |                        |                |                        |  |  |  |
|--|------------------------|----------------|------------------------|--|--|--|
| Mapping  |                        |                |                        |  |  |  |
| V2 Pattern   |                        | V3 Replacement |                        |  |  |  |
| 5810   | Community, Non-Profit  | 1018005        | Not For Profit         |  |  |  |
| 5820   | Fire Department        | 1018003        | Other (ex: Government) |  |  |  |
| Not precise.   |                        |                |                        |  |  |  |
| 5830   | Governmental, Non-Fire | 1018003        | Other (ex: Government) |  |  |  |
| 5840   | Hospital               | 1018003        | Other (ex: Government) |  |  |  |
| Not precise.   |                        |                |                        |  |  |  |
| 5850   | Private, Non_Hospital  | 1018003        | Other (ex: Government) |  |  |  |
| Not precise.   |                        |                |                        |  |  |  |
| 5860   | Tribal                 | 1018003        | Other (ex: Government) |  |  |  |
| Not precise.   |                        |                |                        |  |  |  |

| D01_09 Organization Status |               | dAgency.12 | dAgency.12 Organization Status |               |     |
|----------------------------|---------------|------------|--------------------------------|---------------|-----|
| OrganizationStat           | us            |            | OrganizationS                  | Status        |     |
| Null Values                |               | No         | Null Values                    |               | No  |
| Is Nillable                |               | No         | Is Nillable                    |               | No  |
| Recurrence                 |               | 1:1        | Recurrence                     |               | 1:1 |
| Comment                    |               |            |                                |               |     |
| Mapping                    |               |            |                                |               |     |
| V2 Pattern                 |               |            | V3 Replacem                    | ent           |     |
| 5870                       | Mixed         |            | 1016001                        | Mixed         |     |
| 5880                       | Non-Volunteer |            | 1016003                        | Non-Volunteer |     |
| 5890                       | Volunteer     |            | 1016005                        | Volunteer     |     |

| D01_10 Statistical Year |     | dAgency.15 Statistical | dAgency.15 Statistical Calendar Year |  |
|-------------------------|-----|------------------------|--------------------------------------|--|
| StatisticalYear         |     | Year                   |                                      |  |
| Null Values             | No  | Null Values No         |                                      |  |
| Is Nillable             | No  | Is Nillable            | No                                   |  |
| Recurrence              | 1:1 | Recurrence             | 1:1                                  |  |
| Comment                 |     |                        |                                      |  |
| Mapping                 |     |                        |                                      |  |
| V2 Pattern              |     | V3 Replacement         | V3 Replacement                       |  |

| D01_11 Other Agencies In Area |       | dCustomResults.01 Custom Data Element Result |     |  |
|-------------------------------|-------|--|-----|--|
| OtherAgenciesInArea           |       | CustomResults                                |     |  |
| Null Values Yes               |       | Null Values                                  | Yes |  |
| Is Nillable                   | No    | Is Nillable                                  | Yes |  |
| Recurrence                    | 0 : M | Recurrence 1 : M                             |     |  |
| Comment                       |       |  |     |  |
| Mapping                       |       |  |     |  |
| V2 Pattern                    |       | V3 Replacement                               |     |  |

### D01\_12 Total Service Size Area dAgency.16 Total Primary Service Area Size TotalServiceSizeArea AnnualAgencyStatistics **Null Values Null Values** Yes No Is Nillable Yes Is Nillable Yes Recurrence 1:1 1:1 Recurrence Comment v2 allows up to 100,000,000. v3 allows up to 4,000,000. Mapping V2 Pattern V3 Replacement number(.)<=4000000 4000000 otherwise

otherwise

### V2 Element V3 Element

### D01\_13 Total Service Area Population dAgency.17 Total Service Area Population TotalServiceAreaPopulation AnnualAgencyStatistics **Null Values Null Values** Yes No Is Nillable Yes Is Nillable Yes Recurrence 1:1 1:1 Recurrence Comment v2 allows up to 100,000,000. v3 allows up to 4,000,000. Mapping V2 Pattern V3 Replacement number(.)<=4000000

4000000

D01\_14 911 Call Volume per Year

dAgency.18 911 EMS Call Center Volume per Year

### V2 Element V3 Element

### AnnualAgencyStatistics CallVolumeYear911 **Null Values** No **Null Values** Yes Is Nillable Yes Is Nillable Yes Recurrence 1:1 1:1 Recurrence Comment v2 allows up to 100,000,000. v3 only allows up to 4,000,000. Mapping

| V2 Pattern         | V3 Replacement |
|--------------------|----------------|
| number(.)<=4000000 |                |
| otherwise          | 4000000        |

D01\_15 EMS Dispatch Volume per Year

dAgency.19 EMS Dispatch Volume per Year

### V2 Element V3 Element

### EMSDispatchVolumeYear AnnualAgencyStatistics **Null Values Null Values** Yes No Is Nillable Yes Is Nillable Yes Recurrence 1:1 1:1 Recurrence Comment v2 allows up to 100,000,000. v3 only allows up to 4,000,000. Mapping

 V2 Pattern
 V3 Replacement

 number(.)<=4000000</td>
 .

 otherwise
 4000000

V2 Pattern

number(.)<=4000000

D01\_16 EMS Transport Volume per Year

dAgency.20 EMS Patient Transport Volume per

### V2 Element V3 Element

### Year EMSTransportVolumeYear AnnualAgencyStatistics **Null Values Null Values** Yes No Is Nillable Yes Is Nillable Yes Recurrence 1:1 1:1 Recurrence Comment v2 allows up to 100,000,000. v3 only allows up to 4,000,000. Mapping

otherwise 4000000

V3 Replacement

1:1

dAgency.21 EMS Patient Contact Volume per Year

### V2 Element V3 Element

1:1

### EMSPatientContactVolumeYear AnnualAgencyStatistics Null Values No Null Values Yes Is Nillable Yes

Recurrence

### Comment

Recurrence

v2 allows up to 100,000,000. v3 only allows up to 4,000,000.

D01\_17 EMS Patient Contact Volume per Year

| Mapping    |                |
|------------|----------------|
| V2 Pattern | V3 Replacement |

number(.)<=4000000

otherwise 4000000

### D01\_18 EMS Billable Calls per Year dAgency.22 EMS Billable Calls per Year EMSBillableCallsYear AnnualAgencyStatistics **Null Values Null Values** Yes No Is Nillable Yes Is Nillable Yes Recurrence 0:1 0:1 Recurrence Comment v2 allows up to 100,000,000. v3 only allows up to 4,000,000. Mapping V2 Pattern V3 Replacement number(.)<=4000000 4000000 otherwise

Atlantic Time

5970

### V2 Element V3 Element

| D01_19 EMS Agency Time Zone |               | dAgency.23 EMS          | Agency            | Time Zone               |                         |
|-----------------------------|---------------|-------------------------|-------------------|-------------------------|-------------------------|
| EMSAgencyTimeZone           |               |                         | EMSAgencyTimeZone |                         |                         |
| Null Values                 |               | No                      | Null Values       |                         | No                      |
| Is Nillable                 |               | No                      | Is Nillable No    |                         | No                      |
| Recurrence                  |               | 1:1                     | Recurrence        |                         | 0:1                     |
| Comment                     |               |                         |                   |                         |                         |
| Mapping                     |               |                         |                   |                         |                         |
| V2 Pattern                  |               |                         | V3 Replacement    |                         |                         |
| 5900                        | GMT-11:0      | 00 Midway Island, Somoa | 1027017           | GMT-11:0                | 00 Midway Island, Samoa |
| 5910                        | Hawaii        |                         | 1027015           | GMT-10:00 Hawaii        |                         |
| 5920                        | Alaska        |                         | 1027013           | GMT-09:00 Alaska        |                         |
| 5930                        | Pacific Time  |                         | 1027011           | GMT-08:00 Pacific Time  |                         |
| 5940                        | Mountain Time |                         | 1027009           | GMT-07:00 Mountain Time |                         |
| 5950                        | Central Time  |                         | 1027007           | GMT-06:00 Central Time  |                         |
| 5960                        | Eastern Time  |                         | 1027005           | GMT-05:00 Eastern Time  |                         |
|                             |               |                         |                   |                         |                         |

1027003

GMT-04:00 Atlantic Time

| D01_20 EMS Agency Daylight Savings Time Use |           | dAgency.24 EMS Agency Daylight Savings Time Use |              |     |     |
|---|-----------|---|--------------|-----|-----|
| EMSAgencyDaylightSa                         | avingsTim | eUse  | YesNoValues  |     |     |
| Null Values                                 |           | No  | Null Values  |     | No  |
| Is Nillable                                 |           | No  | Is Nillable  |     | No  |
| Recurrence                                  |           | 0:1   | Recurrence   |     | 0:1 |
| Comment                                     |           |   |              |     |     |
| Mapping                                     |           |   |              |     |     |
| V2 Pattern                                  |           |   | V3 Replaceme | ent |     |
| 0   | No        |   | 9923001      | No  |     |
| 1   | Yes       |   | 9923003      | Yes |     |

D01\_21 National Provider Identifier

### V2 Element V3 Element

### NationalProviderIdentifier NationalProviderIdentifier **Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 1:1 1: M Recurrence

### Comment

v2 allows length 3 to 10. v3 requires length 10.

### Mapping

V2 Pattern

V3 Replacement

dAgency.25 National Provider Identifier

substring(concat('000000000', .), string-length(.)+1, 10)

| D02_01 Agency Contact Last Name |     | dContact.02 Agency Co | dContact.02 Agency Contact Last Name |  |  |
|---------------------------------|-----|-----------------------|--------------------------------------|--|--|
| DemographicLastName             |     | PersonLastName        |                                      |  |  |
| Null Values                     | No  | Null Values           | Yes                                  |  |  |
| Is Nillable                     | No  | Is Nillable           | Yes                                  |  |  |
| Recurrence                      | 0:1 | Recurrence            | 0:1                                  |  |  |
| Comment                         |     |                       |                                      |  |  |
| Mapping                         |     |                       |                                      |  |  |
| V2 Pattern                      |     | V3 Replacement        | V3 Replacement                       |  |  |

### D02\_02 Agency Contact Middle Name/Initial dContact.04 Agency Contact Middle Name/Initial MiddleInitialName PersonMiddleName **Null Values** Yes **Null Values** No Is Nillable No Is Nillable No Recurrence 0:1 0:1 Recurrence Comment Mapping V2 Pattern

V3 Replacement

### dContact.03 Agency Contact First Name D02\_03 Agency Contact First Name FirstName PersonFirstName **Null Values** Yes **Null Values** Yes Is Nillable No Is Nillable Yes Recurrence 0:1 Recurrence 0:1 Comment Mapping V2 Pattern V3 Replacement

| D02_04 Agency Contact Address |     | dContact.05 Agency Contact Address |     |
|-------------------------------|-----|------------------------------------|-----|
| StreetAddress                 |     | StreetAddress                      |     |
| Null Values                   | Yes | Null Values Yes                    |     |
| Is Nillable                   | No  | Is Nillable                        | Yes |
| Recurrence                    | 0:1 | Recurrence                         | 0:1 |
| Comment                       |     |                                    |     |
| Mapping                       |     |                                    |     |
| V2 Pattern                    |     | V3 Replacement                     |     |

### D02\_05 Agency Contact City dContact.06 Agency Contact City City CityGnisCode **Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 0:1 Recurrence 0:1

### Comment

v2 allows length 2 to 30 and specifies the use of FIPS. v3 allows any Positive Integer and specifies the use of GNIS. To add mappings, add entries to v2v3ValueMappingvCity or load them from files downloaded from the "State Files with Federal Codes" section at http://geonames.usgs.gov/domestic/download\_data.htm. If multiple mappings exist for a FIPS code within a state, priority is given to codes with a census class code that starts with "C", then "P".

### Mapping

V2 Pattern V3 Replacement

51000 City of New York 2395220 City of New York

D02\_06 Agency Contact State

### V2 Element V3 Element

### State **ANSIStateCode Null Values Null Values** Yes Yes Is Nillable Yes No Is Nillable Recurrence 0:1 Recurrence 0:1 Comment Maps from FIPS 5 to ANSI INCITS 38. The transition was an oversight change only. There were no changes in the numeric codes. v2 allows length 2 to 3. v3 requires length 2. Mapping V2 Pattern V3 Replacement normalize-space(.)='-10' Not Known This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-15' Not Reporting This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-20' Not Recorded This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-25' Not Applicable This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-5' Not Available

dContact.07 Agency Contact State

This mapping is used when the v3 element is mandatory and the v2 element contains a null value. substring(concat('\_\_', .), string-length(.)+1, 2)

otherwise

If the v3 element is mandatory and the v2 element is missing, this mapping generates the value "\_\_".

D02\_07 Agency Contact Zip Code

### V2 Element V3 Element

### DemographicZip ZIP Null Values Yes Is Nillable No Recurrence 1: 1 Recurrence 0: 1

### Comment

v2 allows any String, unconstrained. v3 specifies a pattern.

### Mapping

### V2 Pattern

 $matches (normalize-space(.),'^([0-9]{5}|[0-9]{5}-[0-9]{4}|[0-9]{5}-[0-9]{5}|[A-Z][0-9][A-Z][0-9][A-Z][0-9][S]')$ 

### V3 Replacement

dContact.08 Agency Contact ZIP Code

normalize-space(.)

### D02\_08 Agency Contact Telephone Number

### dContact.10 Agency Contact Phone Number

| TelephoneNumber |     | PhoneNumber |       |
|-----------------|-----|-------------|-------|
| Null Values     | Yes | Null Values | Yes   |
| Is Nillable     | No  | Is Nillable | Yes   |
| Recurrence      | 0:1 | Recurrence  | 0 : M |

### Comment

v3 @PhoneNumberType is set to 9913009 Work.

v2 allows any String, unconstrained. v3 specifies a pattern.

### Mapping

### V2 Pattern

### V3 Replacement

normalize-space(.)

### V2 Element

### V3 Element

### D02\_09 Agency Contact Fax Number

### dContact.10 Agency Contact Phone Number

| TelephoneNumber |     | PhoneNumber     |       |
|-----------------|-----|-----------------|-------|
| Null Values Yes |     | Null Values Yes |       |
| Is Nillable     | No  | Is Nillable     | Yes   |
| Recurrence      | 0:1 | Recurrence      | 0 : M |

### Comment

v2 allows any String, unconstrained. v3 specifies a pattern.

### Mapping

### V2 Pattern

### V3 Replacement

normalize-space(.)

### dContact.11 Agency Contact Email Address D02\_10 Agency Contact Email Address EmailAddress EmailAddress **Null Values** Yes **Null Values** Yes Is Nillable No Is Nillable Yes Recurrence 0:1 Recurrence 0: M Comment Mapping V2 Pattern V3 Replacement

D02\_11 Agency Contact Web Address

dContact.12 EMS Agency Contact Web Address

# V2 Element V3 Element

# WebAddress WebAddress Null Values Yes Is Nillable No Recurrence 0: 1 Recurrence 0: 1

### Comment

v2 allows length 2 to 100. v3 allows length 3 to 255.

# Mapping

V2 Pattern

V3 Replacement

string-length(.)>=3

### dContact.02 Agency Contact Last Name D03\_01 Agency Medical Director Last Name LastName PersonLastName **Null Values** Yes **Null Values** Yes Is Nillable No Is Nillable Yes Recurrence 0:1 Recurrence 0:1 Comment Mapping V2 Pattern V3 Replacement

### dContact.04 Agency Contact Middle Name/Initial D03\_02 Agency Medical Director Middle Name/Initial MiddleInitialName PersonMiddleName **Null Values** Yes **Null Values** No Is Nillable No Is Nillable No Recurrence 0:1 0:1 Recurrence Comment Mapping

V2 Pattern V3 Replacement

| D03_03 Agency Medical Director First Name |     | dContact.03 Agency Co | dContact.03 Agency Contact First Name |  |
|---|-----|-----------------------|---------------------------------------|--|
| FirstName                                 |     | PersonFirstName       |                                       |  |
| Null Values                               | Yes | Null Values           | Yes                                   |  |
| Is Nillable                               | No  | Is Nillable           | Yes                                   |  |
| Recurrence                                | 0:1 | Recurrence            | 0:1                                   |  |
| Comment                                   |     |                       |                                       |  |
| Mapping                                   |     |                       |                                       |  |
| V2 Pattern                                |     | V3 Replacement        |                                       |  |

### dContact.05 Agency Contact Address D03\_04 Agency Medical Director Address StreetAddress StreetAddress **Null Values** Yes **Null Values** Yes Is Nillable No Is Nillable Yes Recurrence 0:1 Recurrence 0:1 Comment Mapping V2 Pattern V3 Replacement

### D03\_05 Agency Medical Director City dContact.06 Agency Contact City City CityGnisCode **Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 0:1 Recurrence 0:1

### Comment

v2 allows length 2 to 30 and specifies the use of FIPS. v3 allows any Positive Integer and specifies the use of GNIS. To add mappings, add entries to v2v3ValueMappingvCity or load them from files downloaded from the "State Files with Federal Codes" section at http://geonames.usgs.gov/domestic/download\_data.htm. If multiple mappings exist for a FIPS code within a state, priority is given to codes with a census class code that starts with "C", then "P".

### Mapping

V2 Pattern V3 Replacement

51000 City of New York 2395220 City of New York

D03\_06 Agency Medical Director State

# V2 Element V3 Element

### State **ANSIStateCode Null Values Null Values** Yes Yes Is Nillable Yes No Is Nillable Recurrence 0:1 Recurrence 0:1 Comment Maps from FIPS 5 to ANSI INCITS 38. The transition was an oversight change only. There were no changes in the numeric codes. v2 allows length 2 to 3. v3 requires length 2. Mapping V2 Pattern V3 Replacement normalize-space(.)='-10' Not Known This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-15' Not Reporting This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-20' Not Recorded This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-25' Not Applicable This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-5' Not Available

dContact.07 Agency Contact State

This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

otherwise substring(concat('\_\_', .), string-length(.)+1, 2)

If the v3 element is mandatory and the v2 element is missing, this mapping generates the value "\_\_".

D03\_07 Agency Medical Director Zip Code

# V2 Element V3 Element

# Zip ZIP Null Values Yes Is Nillable No Recurrence 0: 1 Recurrence 0: 1

### Comment

v2 allows any String, unconstrained. v3 specifies a pattern.

# Mapping

### V2 Pattern

 $matches (normalize-space(.),'^([0-9]{5}|[0-9]{5}-[0-9]{4}|[0-9]{5}-[0-9]{5}|[A-Z][0-9][A-Z][0-9][A-Z][0-9][S]')$ 

# V3 Replacement

dContact.08 Agency Contact ZIP Code

normalize-space(.)

## V2 Element

### V3 Element

# D03\_08 Agency Medical Director Telephone Number

# dContact.10 Agency Contact Phone Number

| TelephoneNumber |     | PhoneNumber |       |
|-----------------|-----|-------------|-------|
| Null Values     | Yes | Null Values | Yes   |
| Is Nillable     | No  | Is Nillable | Yes   |
| Recurrence      | 0:1 | Recurrence  | 0 : M |

### Comment

v2 allows any String, unconstrained. v3 specifies a pattern.

# Mapping

### V2 Pattern

### V3 Replacement

normalize-space(.)

# D03\_09 Agency Medical Director Fax Number

# dContact.10 Agency Contact Phone Number

| TelephoneNumber |     | PhoneNumber |       |
|-----------------|-----|-------------|-------|
| Null Values     | Yes | Null Values | Yes   |
| Is Nillable     | No  | Is Nillable | Yes   |
| Recurrence      | 0:1 | Recurrence  | 0 : M |

### Comment

v2 allows any String, unconstrained. v3 specifies a pattern.

# Mapping

### V2 Pattern

## V3 Replacement

normalize-space(.)

Not supported in v3.

Pediatrics

Surgery

6070

6080

D03\_10 Agency Medical Director's Medical

dContact.14 Agency Medical Director Board

**Pediatrics** 

Surgery

### V2 Element V3 Element

### Specialty **Certification Type** AgencyMedicalDirectorsMedicalSpecialty AgencyMedicalDirectorBoardCertificationType **Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 0:1 Recurrence 0: M Comment Mapping V2 Pattern V3 Replacement 5980 1114003 Anesthesiology Anesthesiology 5990 1114013 Internal Medicine Cardiology Cardiovascular Medicine is a subspecialty of Internal Medicine. 6000 **Emergency Medicine** 1114009 **Emergency Medicine** 6010 Family Practice 1114011 Family Medicine General Practice (not board certified) None (Not Board Certified) 6020 1114019 6030 Internal Medicine 1114013 Internal Medicine 6040 Obstretrics and Gynecology 1114021 Obstetrics and Gynecology 6050 Orthopedics 1114025 Orthopedic Surgery 6060 Other

1114029

1114037

### dContact.11 Agency Contact Email Address D03\_11 Agency Medical Director Email Address EmailAddress EmailAddress **Null Values** Yes **Null Values** Yes Is Nillable No Is Nillable Yes Recurrence 0:1 Recurrence 0: M Comment Mapping

V2 Pattern V3 Replacement

6120

D04\_01 State Certification Licensure Levels

First Responder

dConfiguration.02 State Certification/Licensure

First Responder

### V2 Element V3 Element

### Levels LicensureLevels DemographicStateCertificationLicensureLevels **Null Values Null Values** No No Is Nillable Is Nillable No No Recurrence 0: M Recurrence 1: M Comment v2 also includes DescriptiveText, which is a string of length 2 to 100. Mapping V2 Pattern V3 Replacement 9911019 Other This mapping is used when the v3 element is mandatory and the v2 element is missing or contains a null value. 6090 **EMT-Basic** 9911009 **EMT-Basic** 6100 **EMT-Intermediate** 9911011 **EMT-Intermediate** 6110 **EMT-Paramedic** 9911013 **EMT-Paramedic** 6111 Nurse 9911017 Nurse v3 value is deprecated. 9911027 Nurse Practitioner, 9911031 Licensed Practical Nurse (LPN), and 9911033 Registered Nurse are also appropriate v3 replacements. 6112 Physician 9911021 Physician

9911015

D04\_02 EMS Unit Call Sign

# V2 Element V3 Element

# EMSUnitNumber AgencyCallSign Null Values No Is Nillable No Recurrence 0 : M Recurrence 1 : M

dConfiguration.16 Crew Call Sign

### Comment

v2 allows length 2 to 30. v3 allows length 1 to 50.

# Mapping

V2 Pattern V3 Replacement

This mapping is used when the v3 element is mandatory and the v2 element is missing or contains a null value.

| D04_03 Zones          |       | dCustomResults.01 Cu | dCustomResults.01 Custom Data Element Result |  |
|-----------------------|-------|----------------------|--|--|
| DemographicZoneNumber |       | CustomResults        |  |  |
| Null Values           | No    | Null Values          | Yes  |  |
| Is Nillable           | No    | Is Nillable          | Yes  |  |
| Recurrence            | 0 : M | Recurrence           | 1 : M  |  |
| Comment               |       |                      |  |  |
| Mapping               |       |                      |  |  |
| V2 Pattern            |       | V3 Replacement       | V3 Replacement                               |  |

June 4, 2014

Page 52

| D04_04 Procedures |                           | dConfiguration.07 EMS Agency Procedures   |                            |               |  |
|-------------------|---------------------------|---|----------------------------|---------------|--|
| Demog             | yraphicProcedure          |   | snomed                     |               |  |
| Null Va           | ıll Values No Null Values |   | No                         |               |  |
| Is Nillal         | ble                       | No  | Is Nillable                |               | No                                     |
| Recurre           | ence                      | 1:1   | Recurrence                 |               | 1 : M                                  |
| Comme             | ent                       |   |                            |               |  |
| Mappin            | ng                        |   |                            |               |  |
| V2 Pat            | -                         |   | V3 Replacement<br>71388002 | Procedure     | e                                      |
| 4 404             |                           | ne v3 element is mandatory and the v2 e   |                            |               |  |
| 1.181             |                           | heter-Epidural Maintenance  | 424432007                  | ·             | catheter maintenance                   |
| 1.182             |                           | heter-Intraventricular Maintenance  | 230937006                  | Procedure     | e for monitoring intracranial pressure |
| 100.100           | Not precise.  Rescue      |   | 83887000                   | Rescue v      | rehicle                                |
|                   |                           | a procedure) should only be used for varse to remove the patient from the environ |                            | es. This desc | cription does not represent rescue     |
| 101.202           | Activation                | n-Fire Rehabilitation Specialty<br>Response Team                                  | 165189005                  | Medical e     | evaluation for rehabilitation          |
| 101.205           | Not precise.              | n-Social Services Notification/Referral   | 306238000                  | Poforral t    | o Social Services                      |
| 101.500           |                           | Medical Control   | 304562007                  | Informing     |  |
| 31.110            |                           | eedle Cricothyrotomy  | 232689008                  |               | eous cricothyroidotomy                 |
| 31.110            | ·                         | urgical Cricothyrotomy  | 232692007                  |               | cothyroidotomy                         |
| 31.420            | •                         | irect Laryngoscopy  | 78121007                   |               | yngoscopy                              |
| 31.420            | ·                         | ideo Laryngoscopy   | 673005                     |               | aryngoscopy                            |
| 34.041            | ·                         | ecompression  | 182705007                  |               | oneumothorax relief                    |
| 34.042            |                           | be Placement  | 264957007                  | ·             | of pleural tube drain                  |
| 37.000            |                           | ocentesis   | 309849004                  | Pericardio    | ·                                      |
| 37.611            |                           | tic Balloon Pump Maintenance  | 34475007                   |               | c balloon pump maintenance             |
| 37.612            |                           | ricular Assist Device Maintenance   | 386237008                  |               | ry care: mechanical assist device      |
| 38.910            |                           | ccess-Blood Draw  | 55841001                   |               | uncture for withdrawal of blood for    |
| 38.990            | Venous A                  | Access-Blood Draw   | 396540005                  | Phlebotor     |  |
| 38.991            | Venous A                  | Access-Existing Catheter  | 397901004                  | Pre-existi    | ing line accessed                      |
| 38.992            | Venous A                  | Access-Extremity  | 392230005                  | Catheteriz    | zation of vein                         |
| 38.993            | Venous A                  | Access-External Jugular Line  | 405427009                  | Catheteriz    | zation of external jugular vein        |
| 38.994            | Venous A                  | Access-Femoral Line   | 405442007                  | Catheteriz    | zation of common femoral vein          |
| 38.995            | Blood Glu                 | ucose Analysis  | 33747003                   | Glucose r     | measurement, blood                     |
| 39.995            | Venous A                  | Access-Internal Jugular Line  | 405425001                  | Catheteriz    | zation of internal jugular vein        |
| 39.996            | Venous A                  | Access-Subclavian Line  | 405430002                  | Catheteriz    | zation of subclavian vein              |
| 39.997            | Venous A                  | Access-Discontinue  | 103715008                  | Removal       | of catheter                            |

| 39.998   |                   | Venous Access-Umbilical Vein Cannulation   | 42550007  | Catheterization of umbilical vein  |
|--|-------------------|--|---|--|
| 41.920   |                   | Venous Access-Intraosseous Adult   | 430824005   | Intraosseous cannulation   |
| 41.921   |                   | Venous Access-Intraosseous Pediatric   | 430824005   | Intraosseous cannulation   |
| 57.940   |                   | Urinary Catheterization  | 410024004   | Insertion of catheter into urinary bladder   |
| 73.590   |                   | Childbirth   | 236973005   | Delivery procedure   |
| 79.700   |                   | Joint Reduction/Relocation   | 58825001  | Closed reduction of dislocation  |
| 86.090   |                   | Escharotomy  | 70177008  | Escharotomy  |
| 86.280   |                   | Decontamination  | 409530006   | Decontamination  |
| 89.391   |                   | Capnography (CO2 Measurement)  | 284029005   | Respired carbon dioxide monitoring   |
| 89.392   |                   | Pulse Oximetry   | 252465000   | Pulse oximetry   |
| 89.510   |                   | Cardiac Monitor  | 88140007  | Cardiac monitor surveillance   |
| 89.590   |                   | Orthostatic Blood Pressure Measurement   | 425058005   | Taking orthostatic vital signs   |
| 89.599   |                   | "Patient Monitoring of Pre-existing Devices,<br>Equipment, or Ongoing Medications"   | 182777000   | Monitoring of patient  |
| 89.610   |                   | Arterial Line Maintenance  | 422744007   | Arterial catheter care   |
| 89.620   |                   | Venous Access-Central Line Maintenance   | 226005007   | Care of central line   |
| 89.640   |                   | Venous Access-Swan Ganz Maintenance  | 42340005  | Pulmonary artery wedge pressure monitoring   |
| 89.700   |                   | Assessment-Adult   | 422440002   | Adult continuous physical assessment   |
| 89.701   |                   | Assessment-Pediatric   | 423850004   | Pediatric continuous physical assessment   |
|  | 423589000 Newboo  | rn continuous physical assessment may also be an   |   |  |
| 89.702   |                   | Pain Measurement   | 225399009   | Pain assessment (procedure)  |
| 89.703   |                   | Temperature Measurement  | 56342008  | Temperature taking (procedure)   |
| 89.704   |                   | Thrombolytic Screen  | 20135006  | Screening procedure  |
|  | Not precise.      |  |   |  |
| 00 000   |                   | 12 Load ECC Obtain   | 269400002   | 12 load ECC  |
| 89.820   |                   | 12 Lead ECG-Obtain   | 268400002   | 12 lead ECG  |
| 89.820<br>93.055   | Not precise.      | 12 Lead ECG-Obtain  Wound Care-Taser Barb Removal  | 268400002<br>302421003  | 12 lead ECG Removal of foreign body from skin  |
|  | Not precise.      |  |   |  |
| 93.055   | Not precise.      | Wound Care-Taser Barb Removal  | 302421003   | Removal of foreign body from skin  |
| 93.055<br>93.056   | Not precise.      | Wound Care-Taser Barb Removal  Wound Care-Tourniquet   | 302421003<br>20655006   | Removal of foreign body from skin  Application of tourniquet   |
| 93.055<br>93.056<br>93.057   | Not precise.      | Wound Care-Taser Barb Removal  Wound Care-Tourniquet  Wound Care-General   | 302421003<br>20655006<br>225358003  | Removal of foreign body from skin  Application of tourniquet  Wound care   |
| 93.055<br>93.056<br>93.057<br>93.058   | Not precise.      | Wound Care-Taser Barb Removal  Wound Care-Tourniquet  Wound Care-General  Wound Care-Irrigation  | 302421003<br>20655006<br>225358003<br>225116006   | Removal of foreign body from skin  Application of tourniquet  Wound care  Irrigation of wound  |
| 93.055<br>93.056<br>93.057<br>93.058<br>93.059   | Not precise.      | Wound Care-Taser Barb Removal  Wound Care-Tourniquet  Wound Care-General  Wound Care-Irrigation  Wound Care-Hemostatic Agent   | 302421003<br>20655006<br>225358003<br>225116006<br>372045002  | Removal of foreign body from skin  Application of tourniquet  Wound care  Irrigation of wound  Application of chemical hemostatic agents   |
| 93.055<br>93.056<br>93.057<br>93.058<br>93.059<br>93.350<br>93.450   |                   | Wound Care-Taser Barb Removal  Wound Care-Tourniquet  Wound Care-General  Wound Care-Irrigation  Wound Care-Hemostatic Agent  "Patient Warming (Hot Pack, etc.)"  Splinting-Traction and mechanical traction is also an appropriate v3 re  | 302421003<br>20655006<br>225358003<br>225116006<br>372045002<br>431949004<br>302488007  | Removal of foreign body from skin  Application of tourniquet  Wound care  Irrigation of wound  Application of chemical hemostatic agents  Active external warming of subject  Application of traction using a traction device  |
| 93.055<br>93.056<br>93.057<br>93.058<br>93.059<br>93.350<br>93.450   |                   | Wound Care-Taser Barb Removal  Wound Care-Tourniquet  Wound Care-General  Wound Care-Irrigation  Wound Care-Hemostatic Agent  "Patient Warming (Hot Pack, etc.)"  Splinting-Traction  and mechanical traction is also an appropriate v3 re Splinting-Basic   | 302421003  20655006 225358003 225116006 372045002 431949004 302488007 placement. 79321009   | Removal of foreign body from skin  Application of tourniquet  Wound care  Irrigation of wound  Application of chemical hemostatic agents  Active external warming of subject  Application of traction using a traction device  |
| 93.055<br>93.056<br>93.057<br>93.058<br>93.059<br>93.350<br>93.450   |                   | Wound Care-Taser Barb Removal  Wound Care-Tourniquet  Wound Care-General  Wound Care-Irrigation  Wound Care-Hemostatic Agent  "Patient Warming (Hot Pack, etc.)"  Splinting-Traction and mechanical traction is also an appropriate v3 re  | 302421003<br>20655006<br>225358003<br>225116006<br>372045002<br>431949004<br>302488007  | Removal of foreign body from skin  Application of tourniquet  Wound care  Irrigation of wound  Application of chemical hemostatic agents  Active external warming of subject  Application of traction using a traction device  |
| 93.055<br>93.056<br>93.057<br>93.058<br>93.059<br>93.350<br>93.450   | 59900003 Manual a | Wound Care-Taser Barb Removal  Wound Care-Tourniquet  Wound Care-General  Wound Care-Irrigation  Wound Care-Hemostatic Agent  "Patient Warming (Hot Pack, etc.)"  Splinting-Traction and mechanical traction is also an appropriate v3 resplinting-Basic  MAST  Spinal Immobilization  | 302421003  20655006 225358003 225116006 372045002 431949004 302488007 placement. 79321009 448970001 426498007   | Removal of foreign body from skin  Application of tourniquet  Wound care  Irrigation of wound  Application of chemical hemostatic agents  Active external warming of subject  Application of traction using a traction device  |
| 93.055<br>93.056<br>93.057<br>93.059<br>93.350<br>93.450<br>93.540<br>93.580   | 59900003 Manual a | Wound Care-Taser Barb Removal  Wound Care-Tourniquet  Wound Care-General  Wound Care-Irrigation  Wound Care-Hemostatic Agent  "Patient Warming (Hot Pack, etc.)"  Splinting-Traction  and mechanical traction is also an appropriate v3 region of the second s | 302421003  20655006 225358003 225116006 372045002 431949004 302488007 placement. 79321009 448970001 426498007   | Removal of foreign body from skin  Application of tourniquet  Wound care  Irrigation of wound  Application of chemical hemostatic agents  Active external warming of subject  Application of traction using a traction device  Application of splint  Application of pressure trouser (procedure)  |
| 93.055<br>93.056<br>93.057<br>93.058<br>93.059<br>93.350<br>93.450<br>93.540<br>93.580<br>93.591   | 59900003 Manual a | Wound Care-Taser Barb Removal  Wound Care-Tourniquet  Wound Care-General  Wound Care-Irrigation  Wound Care-Hemostatic Agent  "Patient Warming (Hot Pack, etc.)"  Splinting-Traction  and mechanical traction is also an appropriate v3 regulation of the splinting-Basic  MAST  Spinal Immobilization  Il spine immobilization is also an appropriate v3 replacements and spine immobilization is also an appropriate v3 replacements.  | 302421003  20655006 225358003 225116006 372045002 431949004 302488007 placement. 79321009 448970001 426498007 acement.  | Removal of foreign body from skin  Application of tourniquet  Wound care  Irrigation of wound  Application of chemical hemostatic agents  Active external warming of subject  Application of traction using a traction device  Application of splint  Application of pressure trouser (procedure)  Stabilization of spine  Continuous positive airway pressure ventilation   |
| 93.055<br>93.056<br>93.057<br>93.058<br>93.059<br>93.350<br>93.450<br>93.540<br>93.580<br>93.591   | 59900003 Manual a | Wound Care-Taser Barb Removal  Wound Care-Tourniquet  Wound Care-General  Wound Care-Irrigation  Wound Care-Hemostatic Agent  "Patient Warming (Hot Pack, etc.)"  Splinting-Traction  and mechanical traction is also an appropriate v3 resplinting-Basic  MAST  Spinal Immobilization  Il spine immobilization is also an appropriate v3 replication is also an appropriate v3 replication in spine immobilization is also an appropriate v3 replication in spine immobilization is also an appropriate v3 replication in spine immobilization is also an appropriate v3 replication in spine immobilization is also an appropriate v3 replication in spine immobilization is also an appropriate v3 replication in spine immobilization is also an appropriate v3 replication in spine immobilization is also an appropriate v3 replication in spine immobilization is also an appropriate v3 replication in spine immobilization is also an appropriate v3 replication in spine immobilization is also an appropriate v3 replication in spine immobilization is also an appropriate v3 replication in spine immobilization is also an appropriate v3 replication in spine immobilization in spine i | 302421003  20655006 225358003 225116006 372045002 431949004 302488007 placement. 79321009 448970001 426498007 acement. 47545007                                       | Removal of foreign body from skin  Application of tourniquet  Wound care  Irrigation of wound  Application of chemical hemostatic agents  Active external warming of subject  Application of traction using a traction device  Application of splint  Application of pressure trouser (procedure)  Stabilization of spine  Continuous positive airway pressure ventilation treatment   |
| 93.055<br>93.056<br>93.057<br>93.058<br>93.059<br>93.350<br>93.540<br>93.580<br>93.591<br>93.900<br>93.910                               | 59900003 Manual a | Wound Care-Taser Barb Removal  Wound Care-Tourniquet  Wound Care-General  Wound Care-Irrigation  Wound Care-Hemostatic Agent  "Patient Warming (Hot Pack, etc.)"  Splinting-Traction  and mechanical traction is also an appropriate v3 region of the second o | 302421003  20655006  225358003  225116006  372045002  431949004  302488007  placement.  79321009  448970001  426498007  acement.  47545007  40617009                  | Removal of foreign body from skin  Application of tourniquet  Wound care  Irrigation of wound  Application of chemical hemostatic agents  Active external warming of subject  Application of traction using a traction device  Application of splint  Application of pressure trouser (procedure)  Stabilization of spine  Continuous positive airway pressure ventilation treatment  Artificial respiration  Lung inflation by intermittent compression of  |
| 93.055<br>93.056<br>93.057<br>93.058<br>93.059<br>93.350<br>93.540<br>93.580<br>93.591<br>93.900<br>93.930                               | 59900003 Manual a | Wound Care-Taser Barb Removal  Wound Care-Tourniquet  Wound Care-General  Wound Care-Irrigation  Wound Care-Hemostatic Agent  "Patient Warming (Hot Pack, etc.)"  Splinting-Traction  and mechanical traction is also an appropriate v3 region of the second o | 302421003  20655006 225358003 225116006 372045002 431949004 302488007 placement. 79321009 448970001 426498007 acement. 47545007 40617009 243140006                    | Removal of foreign body from skin  Application of tourniquet  Wound care  Irrigation of wound  Application of chemical hemostatic agents  Active external warming of subject  Application of traction using a traction device  Application of splint  Application of pressure trouser (procedure)  Stabilization of spine  Continuous positive airway pressure ventilation treatment  Artificial respiration  Lung inflation by intermittent compression of reservoir bag  |
| 93.055<br>93.056<br>93.057<br>93.058<br>93.059<br>93.350<br>93.450<br>93.540<br>93.580<br>93.591<br>93.900<br>93.910<br>93.930           | 59900003 Manual a | Wound Care-Taser Barb Removal  Wound Care-General  Wound Care-Irrigation  Wound Care-Hemostatic Agent  "Patient Warming (Hot Pack, etc.)"  Splinting-Traction  and mechanical traction is also an appropriate v3 resplinting-Basic  MAST  Spinal Immobilization  If spine immobilization is also an appropriate v3 replairway-CPAP  Airway-Respirator Operation (BLS)  Airway-Bagged (via BVMask)  | 302421003  20655006 225358003 225116006 372045002 431949004 302488007 placement. 79321009 448970001 426498007 acement. 47545007 40617009 243140006 425447009          | Removal of foreign body from skin  Application of tourniquet  Wound care  Irrigation of wound  Application of chemical hemostatic agents  Active external warming of subject  Application of traction using a traction device  Application of splint  Application of pressure trouser (procedure)  Stabilization of spine  Continuous positive airway pressure ventilation treatment  Artificial respiration  Lung inflation by intermittent compression of reservoir bag  Bag valve mask ventilation                      |
| 93.055<br>93.056<br>93.057<br>93.058<br>93.059<br>93.350<br>93.540<br>93.580<br>93.591<br>93.900<br>93.910<br>93.930<br>93.931<br>93.940 | 59900003 Manual a | Wound Care-Taser Barb Removal  Wound Care-General  Wound Care-Irrigation  Wound Care-Hemostatic Agent  "Patient Warming (Hot Pack, etc.)"  Splinting-Traction  and mechanical traction is also an appropriate v3 regional Immobilization  If spine immobilization is also an appropriate v3 replairway-CPAP  Airway-Respirator Operation (BLS)  Airway-Bagged (via BVMask)  Airway-Nebulizer Treatment   | 302421003  20655006 225358003 225116006 372045002 431949004 302488007 placement. 79321009 448970001 426498007 acement. 47545007 40617009 243140006 425447009 56251003 | Removal of foreign body from skin  Application of tourniquet  Wound care  Irrigation of wound  Application of chemical hemostatic agents  Active external warming of subject  Application of traction using a traction device  Application of splint  Application of pressure trouser (procedure)  Stabilization of spine  Continuous positive airway pressure ventilation treatment  Artificial respiration  Lung inflation by intermittent compression of reservoir bag  Bag valve mask ventilation  Nebulizer treatment |

|  |   | ,,   |  | cardiopulmonary resuscitation with use of inspiratory impedance threshold device  |
|--|---|--|--|---|
| 96.703   | Airv  | way-Impedence Threshold Device   | 441893003  |   |
| 96.790   | Airv  | way-PEEP   | 45851008   | Positive end expiratory pressure ventilation therapy, initiation and management   |
| 96.991   | Airv  | way-Intubation Confirm Colorimetric ETCO2  | 428482009  | Colorimetric respired carbon dioxide monitoring   |
| 96.993   | Airv  | way-Extubation   | 232708009  | Removal of device from airway   |
| 97.230   | Airv  | way-Change Tracheostomy Tube   | 2267008  | Changing tracheostomy tube  |
| 97.231   | Airv<br>Stoi  | way-Intubation of Existing Tracheostomy<br>oma   | 232685002  | Insertion of tracheostomy tube  |
| 98.130   | "Air  | rway-Cleared, Opened, or Heimlich"   | 232707004  | Removal of foreign body from airway   |
| 98.131   |   | <ul> <li>-Foreign Body Removal also maps to this v3 val<br/>way-Foreign Body Removal</li> </ul>  | lue. 23690002 Heimlich mane<br>232707004   | uver is also an appropriate v3 replacement.  Removal of foreign body from airway  |
| 98.150   |   | way-Suctioning   | 230040009  | Airway suction technique  |
|  |   | ections-SQ/IM  | 24456005   | Injection of soft tissue  |
| 99.290   | Inje  | 20   |  |   |
|  | 76601001 Intramuscular  | ar injection and 32282008 Subcutaneous injectio  |  |   |
| 99.600   | 76601001 Intramuscular  | ar injection and 32282008 Subcutaneous injectio<br>R-Start Compressions and Ventilations   | 89666000   | Cardiopulmonary resuscitation   |
|  | 76601001 Intramuscular CPF  | r injection and 32282008 Subcutaneous injectio<br>R-Start Compressions and Ventilations<br>R by Other External Automated Device  | 89666000<br>429283006  |   |
| 99.600   | 76601001 Intramuscular CPF CPF Unable to distinguish fro  | ar injection and 32282008 Subcutaneous injectio<br>R-Start Compressions and Ventilations   | 89666000<br>429283006  | Cardiopulmonary resuscitation   |
| 99.600<br>99.601<br>99.602   | 76601001 Intramuscular CPF CPF Unable to distinguish fro  | ar injection and 32282008 Subcutaneous injectio R-Start Compressions and Ventilations R by Other External Automated Device om AutoPulse or Mechanical Thumper Type Dev R-AutoPulse Device om Mechanical Thumper or Other External Auto   | 89666000<br>429283006<br>vice.<br>429283006<br>mated Device.   | Cardiopulmonary resuscitation  Mechanically assisted chest compression  Mechanically assisted chest compression   |
| 99.600<br>99.601   | 76601001 Intramuscular CPF CPF Unable to distinguish fro  | r injection and 32282008 Subcutaneous injection R-Start Compressions and Ventilations R by Other External Automated Device om AutoPulse or Mechanical Thumper Type Dev R-AutoPulse Device om Mechanical Thumper or Other External Autor R-Mechanical Thumper Type Device   | 89666000<br>429283006<br>vice.<br>429283006<br>mated Device.<br>429283006  | Cardiopulmonary resuscitation  Mechanically assisted chest compression  |
| 99.600<br>99.601<br>99.602   | 76601001 Intramuscular CPF Unable to distinguish fro CPF Unable to distinguish fro CPF Unable to distinguish fro  | ar injection and 32282008 Subcutaneous injectio R-Start Compressions and Ventilations R by Other External Automated Device om AutoPulse or Mechanical Thumper Type Dev R-AutoPulse Device om Mechanical Thumper or Other External Auto   | 89666000<br>429283006<br>vice.<br>429283006<br>mated Device.<br>429283006  | Cardiopulmonary resuscitation  Mechanically assisted chest compression  Mechanically assisted chest compression   |
| 99.600<br>99.601<br>99.602<br>99.603   | 76601001 Intramuscular CPF CPF Unable to distinguish fro CPF Unable to distinguish fro CPF Unable to distinguish fro  | r injection and 32282008 Subcutaneous injectio R-Start Compressions and Ventilations R by Other External Automated Device om AutoPulse or Mechanical Thumper Type Dev R-AutoPulse Device om Mechanical Thumper or Other External Autor R-Mechanical Thumper Type Device om AutoPulse or Other External Automated Dev R-Precordial Thump Only R-Start Compressions only without   | 89666000<br>429283006<br>vice.<br>429283006<br>mated Device.<br>429283006<br>rice.   | Cardiopulmonary resuscitation  Mechanically assisted chest compression  Mechanically assisted chest compression  Mechanically assisted chest compression  |
| 99.600<br>99.601<br>99.602<br>99.603<br>99.604<br>99.611   | 76601001 Intramuscular CPF CPF Unable to distinguish fro CPF Unable to distinguish fro CPF Unable to distinguish fro CPF CPF CPF CPF  | r injection and 32282008 Subcutaneous injection R-Start Compressions and Ventilations R by Other External Automated Device om AutoPulse or Mechanical Thumper Type Device om Mechanical Thumper or Other External Automated Device om AutoPulse or Other External Automated Device om AutoPulse or Other External Automated Device om AutoPulse or Other External Automated Device R-Precordial Thump Only R-Start Compressions only without intilation  | 89666000<br>429283006<br>vice.<br>429283006<br>mated Device.<br>429283006<br>vice.<br>225708008<br>69779005  | Cardiopulmonary resuscitation  Mechanically assisted chest compression  Mechanically assisted chest compression  Mechanically assisted chest compression  Precordial thump  Cardiac resuscitation   |
| 99.600<br>99.601<br>99.602<br>99.603<br>99.604   | 76601001 Intramuscular CPF Unable to distinguish fro CPF Unable to distinguish fro CPF Unable to distinguish fro CPF CPF CPF CPF Corr   | r injection and 32282008 Subcutaneous injection R-Start Compressions and Ventilations R by Other External Automated Device om AutoPulse or Mechanical Thumper Type Device om Mechanical Thumper or Other External Automated Device om Mechanical Thumper Type Device om AutoPulse or Other External Automated Device om AutoPulse or Other External Automated Device om AutoPulse or Other External Automated Device or Automated Device o | 89666000<br>429283006<br>vice.<br>429283006<br>mated Device.<br>429283006<br>vice.<br>225708008<br>69779005<br>37113006                            | Cardiopulmonary resuscitation  Mechanically assisted chest compression  Mechanically assisted chest compression  Mechanically assisted chest compression  Precordial thump  |
| 99.600<br>99.601<br>99.602<br>99.603<br>99.604<br>99.611   | 76601001 Intramuscular CPF CPF Unable to distinguish fro CPF Unable to distinguish fro CPF Unable to distinguish fro CPF CPF CPF Cor 11140008 Respiratory a   | ar injection and 32282008 Subcutaneous injection R-Start Compressions and Ventilations R by Other External Automated Device om AutoPulse or Mechanical Thumper Type Device om Mechanical Thumper or Other External Autor R-Mechanical Thumper Type Device om AutoPulse or Other External Automated Device om AutoPulse or Other External Automated Device om AutoPulse or Other External Automated Device or AutoPulse or Other External Automated Device or R-Precordial Thump Only R-Start Compressions only without intilation R-Start Rescue Breathing without impressions assist, manual is also an appropriate v3 replacer   | 89666000<br>429283006<br>vice.<br>429283006<br>mated Device.<br>429283006<br>vice.<br>225708008<br>69779005<br>37113006                            | Cardiopulmonary resuscitation  Mechanically assisted chest compression  Mechanically assisted chest compression  Mechanically assisted chest compression  Precordial thump  Cardiac resuscitation   |
| 99.600<br>99.601<br>99.602<br>99.603<br>99.604<br>99.611   | 76601001 Intramuscular CPF CPF Unable to distinguish fro CPF Unable to distinguish fro CPF Unable to distinguish fro CPF CPF CPF Con 11140008 Respiratory a Defi  | r injection and 32282008 Subcutaneous injection R-Start Compressions and Ventilations R by Other External Automated Device om AutoPulse or Mechanical Thumper Type Device om Mechanical Thumper or Other External Automated Device om Mechanical Thumper Type Device om AutoPulse or Other External Automated Device om AutoPulse or Other External Automated Device om AutoPulse or Other External Automated Device or Automated Device o | 89666000 429283006 vice. 429283006 mated Device. 429283006 rice. 225708008 69779005 37113006 ment.   | Cardiopulmonary resuscitation  Mechanically assisted chest compression  Mechanically assisted chest compression  Mechanically assisted chest compression  Precordial thump  Cardiac resuscitation  Mouth-to-mouth resuscitation   |
| 99.600<br>99.601<br>99.602<br>99.603<br>99.604<br>99.611   | 76601001 Intramuscular CPF CPF Unable to distinguish fro CPF Unable to distinguish fro CPF Unable to distinguish fro CPF CPF Ven CPF Con 11140008 Respiratory a Defi  | R-Start Compressions and Ventilations R by Other External Automated Device Orn AutoPulse or Mechanical Thumper Type Device Orn Mechanical Thumper or Other External Autor R-Mechanical Thumper Type Device Orn AutoPulse or Other External Autor R-Mechanical Thumper Type Device Orn AutoPulse or Other External Automated Dev R-Precordial Thump Only R-Start Compressions only without Intilation R-Start Rescue Breathing without Impressions In Automated (AED)   | 89666000 429283006 vice. 429283006 mated Device. 429283006 rice. 225708008 69779005 37113006 ment.   | Cardiopulmonary resuscitation  Mechanically assisted chest compression  Mechanically assisted chest compression  Mechanically assisted chest compression  Precordial thump  Cardiac resuscitation  Mouth-to-mouth resuscitation   |
| 99.600<br>99.601<br>99.602<br>99.603<br>99.604<br>99.611<br>99.612<br>99.621                               | 76601001 Intramuscular CPF CPF Unable to distinguish fro CPF Unable to distinguish fro CPF Unable to distinguish fro CPF CPF CPF Con 11140008 Respiratory a Defi Unable to distinguish fro Defi   | r injection and 32282008 Subcutaneous injection R-Start Compressions and Ventilations R by Other External Automated Device om AutoPulse or Mechanical Thumper Type Device om Mechanical Thumper or Other External Automated Device om Mechanical Thumper Type Device om AutoPulse or Other External Automated Device om AutoPulse or Other External Automated Device om AutoPulse or Other External Automated Device of Automated Indicate of Prescriptions only without of Indicate of In | 89666000 429283006 vice. 429283006 mated Device. 429283006 rice. 225708008 69779005 37113006 ment. 426220008                                       | Cardiopulmonary resuscitation  Mechanically assisted chest compression  Mechanically assisted chest compression  Mechanically assisted chest compression  Precordial thump  Cardiac resuscitation  Mouth-to-mouth resuscitation  External ventricular defibrillation  External ventricular defibrillation   |
| 99.600<br>99.601<br>99.602<br>99.603<br>99.604<br>99.611<br>99.612<br>99.622<br>99.623                     | 76601001 Intramuscular CPF CPF Unable to distinguish fro CPF Unable to distinguish fro CPF Unable to distinguish fro CPF CPF Ven CPF Con 11140008 Respiratory a Defi Unable to distinguish fro Defi Unable to distinguish fro Care        | R-Start Compressions and Ventilations R by Other External Automated Device Orn AutoPulse or Mechanical Thumper Type Device Orn Mechanical Thumper or Other External Automated Device Orn Mechanical Thumper Type Device Orn AutoPulse Device Orn AutoPulse or Other External Automated Device R-Precordial Thump Only R-Start Compressions only without intilation R-Start Rescue Breathing without impressions Description assist, manual is also an appropriate v3 replacer fibrillation-Automated (AED) Orn manual defibrillation. Fibrillation-Manual Orn automated defibrillation. Indioversion  | 89666000 429283006 vice. 429283006 mated Device. 429283006 rice. 225708008 69779005 37113006 ment. 426220008 426220008                             | Cardiopulmonary resuscitation  Mechanically assisted chest compression  Mechanically assisted chest compression  Mechanically assisted chest compression  Precordial thump  Cardiac resuscitation  Mouth-to-mouth resuscitation  External ventricular defibrillation  Cardioversion   |
| 99.600<br>99.601<br>99.602<br>99.603<br>99.604<br>99.611<br>99.621<br>99.622<br>99.623<br>99.623           | 76601001 Intramuscular CPF CPF Unable to distinguish fro CPF Unable to distinguish fro CPF Unable to distinguish fro CPF CPF CPF Con 11140008 Respiratory a Defi Unable to distinguish fro Defi Unable to distinguish fro Car Car         | r injection and 32282008 Subcutaneous injection R-Start Compressions and Ventilations R by Other External Automated Device om AutoPulse or Mechanical Thumper Type Device om Mechanical Thumper or Other External Automated Device om Mechanical Thumper Type Device om AutoPulse or Other External Automated Device om AutoPulse or Other External Automated Device om AutoPulse or Other External Automated Device of Automated Indicate of Prescription of Menual of Indicate of Automated (AED) of Menual of Indicate of I | 89666000 429283006 vice. 429283006 mated Device. 429283006 rice. 225708008 69779005 37113006 ment. 426220008 426220008 250980009 59218006          | Cardiopulmonary resuscitation  Mechanically assisted chest compression  Mechanically assisted chest compression  Mechanically assisted chest compression  Precordial thump  Cardiac resuscitation  Mouth-to-mouth resuscitation  External ventricular defibrillation  External ventricular defibrillation  Cardioversion  Temporary transcutaneous pacing                     |
| 99.600<br>99.601<br>99.602<br>99.603<br>99.604<br>99.611<br>99.622<br>99.622<br>99.623<br>99.624<br>99.625 | 76601001 Intramuscular CPF CPF Unable to distinguish fro CPF Ven CPF Con 11140008 Respiratory a Defi Unable to distinguish fro Car Car Defi     | R-Start Compressions and Ventilations R by Other External Automated Device Orn AutoPulse or Mechanical Thumper Type Device Orn Mechanical Thumper or Other External Automated Device Orn Mechanical Thumper Type Device Orn AutoPulse Device Orn AutoPulse or Other External Automated Device Orn Automated Device Orn Automated Device Orn Automated Only R-Start Rescue Breathing without Intilation Ordination-Automated (AED) Orn manual defibrillation. Infibrillation-Manual Orn automated defibrillation. Indioversion Indiove | 89666000 429283006 vice. 429283006 mated Device. 429283006 rice. 225708008 69779005 37113006 ment. 426220008 426220008 250980009 59218006 23852006 | Cardiopulmonary resuscitation  Mechanically assisted chest compression  Mechanically assisted chest compression  Mechanically assisted chest compression  Precordial thump  Cardiac resuscitation  Mouth-to-mouth resuscitation  External ventricular defibrillation  External ventricular defibrillation  Cardioversion  Temporary transcutaneous pacing  Cardiac monitoring |
| 99.600<br>99.601<br>99.602<br>99.603<br>99.604<br>99.611<br>99.621<br>99.622<br>99.623<br>99.623           | 76601001 Intramuscular CPF CPF Unable to distinguish fro CPF Ven CPF Cor 11140008 Respiratory a Defi Unable to distinguish fro Car Car Defi Car | R-Start Compressions and Ventilations R by Other External Automated Device Orn AutoPulse or Mechanical Thumper Type Device Orn Mechanical Thumper or Other External Automated Device Orn Mechanical Thumper Type Device Orn AutoPulse Device Orn AutoPulse or Other External Automated Device R-Precordial Thump Only R-Start Compressions only without intilation R-Start Rescue Breathing without impressions Descriptions Desc | 89666000 429283006 vice. 429283006 mated Device. 429283006 rice. 225708008 69779005 37113006 ment. 426220008 426220008 250980009 59218006          | Cardiopulmonary resuscitation  Mechanically assisted chest compression  Mechanically assisted chest compression  Mechanically assisted chest compression  Precordial thump  Cardiac resuscitation  Mouth-to-mouth resuscitation  External ventricular defibrillation  External ventricular defibrillation  Cardioversion  Temporary transcutaneous pacing                     |

| 99.641 | Vagal Maneuver-Valsalva or Other Vagal<br>Maneuver (Not Carotid Massage) | 128968000 | Vagal stimulation physiologic challenge |
|--------|--|-----------|---|
| 99.810 | "Patient Cooling (Cold Pack, etc.)"                                      | 431774007 | Active external cooling of subject      |
| 99.811 | Patient Cooling-Post Resuscitation                                       | 430189000 | Hypothermia induction therapy           |
| 99.841 | Restraints-Pharmacological   | 406164000 | Chemical restraint                      |
| 99.842 | Restraints-Physical  | 386423001 | Physical restraint                      |

D04\_04 Procedures

96.700

dConfiguration.15 Patient Monitoring Capability(ies)

Ventilator-Transport

### V2 Element V3 Element

Airway-Ventilator Operation

### DemographicProcedure PatientMonitoringCapability **Null Values Null Values** No No Is Nillable Is Nillable No No Recurrence 1:1 Recurrence 1: M Comment Not precise, but dConfiguration.15 is mandatory in v3. Mapping V2 Pattern V3 Replacement 1215015 Pressure Measurement-Non-Invasive (Blood Pressure, etc.) This mapping is used when the v3 element is mandatory and the v2 element is missing or contains a null value. 89.391 Capnography (CO2 Measurement) 1215001 Capnography-Numeric 1215003 Capnography-Waveform is also an appropriate v3 replacement. 89.392 Pulse Oximetry 1215011 Oximetry-Oxygen ECG-Less than 12 Lead (Cardiac Monitor) 89.510 Cardiac Monitor 1215007 89.820 12 Lead ECG-Obtain 1215005 ECG-12 Lead or Greater

1215017

D04\_04 Procedures

dCustomResults.01 Custom Data Element Result

# V2 Element V3 Element

# DemographicProcedure CustomResults Null Values No Null Values Yes Is Nillable No Is Nillable Yes Recurrence 1: 1 Recurrence 1: M

# Extends dConfiguration.07

### Comment

Mapping

| таррінд    |  |                |   |
|------------|--|----------------|---|
| V2 Pattern |  | V3 Replacement |   |
| 100.200    | Extrication  | 100.200        | Extrication   |
| 100.300    | Patient Loaded   | 100.300        | Patient Loaded  |
| 100.301    | Patient Loaded-Helicopter Hot-Load                             | 100.301        | Patient Loaded-Helicopter Hot-Load                          |
| 100.302    | Patient Off-Loaded   | 100.302        | Patient Off-Loaded  |
| 100.303    | Patient Off-Loaded Helicopter Hot Off-Load                     | 100.303        | Patient Off-Loaded Helicopter Hot Off-Load                  |
| 101.101    | Specialty Center Activation-Adult Trauma                       | 101.101        | Specialty Center Activation-Adult Trauma                    |
| 101.102    | Specialty Center Activation-Pediatric Trauma                   | 101.102        | Specialty Center Activation-Pediatric Trauma                |
| 101.103    | Specialty Center Activation-Cardiac Arrest                     | 101.103        | Specialty Center Activation-Cardiac Arrest                  |
| 101.104    | Specialty Center Activation-STEMI                              | 101.104        | Specialty Center Activation-STEMI                           |
| 101.105    | Specialty Center Activation-Stroke                             | 101.105        | Specialty Center Activation-Stroke                          |
| 101.201    | Activation-Advanced Hazmat Specialty Service/Response Team     | 101.201        | Activation-Advanced Hazmat Specialty Service/Response Team  |
| 101.203    | Activation-Other Specialty Service/Response Team               | 101.203        | Activation-Other Specialty Service/Response Team            |
| 101.204    | Activation-Rescue Specialty Service/Response Team              | 101.204        | Activation-Rescue Specialty Service/Response Team           |
| 101.206    | Activation-Tactical or SWAT Specialty<br>Service/Response Team | 101.206        | Activation-Tactical or SWAT Specialty Service/Response Team |
| 89.821     | 12 Lead ECG-Transmitted  | 89.821         | 12 Lead ECG-Transmitted                                     |
| 96.992     | Airway-Intubation Confirm Esophageal Bulb                      | 96.992         | Airway-Intubation Confirm Esophageal Bulb                   |
| 99.615     | CPR-Stop   | 99.615         | CPR-Stop  |
|            |  |                |   |

D04\_05 Personnel Level Permitted to Use the

dConfiguration.06 EMS Certification Levels Permitted to Perform Each Procedure

## V2 Element V3 Element

# DemographicStateCertificationLicensureLevels StateCertificationLicensureLevels Null Values No Is Nillable No Recurrence 0 : M Recurrence 1 : 1

# Comment

**Procedure** 

v2 also includes DescriptiveText, which is a string of length 2 to 100.

| N/ | 2 | n |   | ın |   |
|----|---|---|---|----|---|
| Μ  | а | U | U | ш  | u |

V2 Pattern V3 Replacement
9917001 EMT-Basic

This mapping is used when the v3 element is mandatory and the v2 element is missing or contains a null value.

| 6090 | EMT-Basic  | 9917011 | EMT-Basic        |  |  |
|------|--|---------|------------------|--|--|
| 6100 | EMT-Intermediate   | 9917013 | EMT-Intermediate |  |  |
| 6110 | EMT-Paramedic  | 9917015 | EMT-Paramedic    |  |  |
| 6111 | Nurse  | 9917017 | Nurse            |  |  |
|      | v3 value is deprecated. 9917025 Nurse Practitioner, 9917029 Licensed Practical Nurse (LPN), and 9917031 Registered Nurse are also appropriate v3 replacements. |         |                  |  |  |
|      |  |         |                  |  |  |

6112 Physician 9917019 Physician
6120 First Responder 9917009 First Responder

### dConfiguration.09 EMS Agency Medications D04\_06 Medications Given DemographicMedicationsGiven Medication **Null Values** No **Null Values** No Is Nillable No Is Nillable No 1:1 1: M Recurrence Recurrence

### Comment

v2 allows length 2 to 30. v3 allows length 2 to 7 and specifies the use of RxNorm. To add mappings, add entries to v2v3ValueMappingMedication. It is pre-filled with 150 mappings representing 96% of medication administrations with mappable medication names in the National EMS Database.

| Mapping   |                 |  |  |  |  |  |
|---|-----------------|--|--|--|--|--|
| V2 Pattern  | V3 Replacement  |  |  |  |  |  |
|   | 7806            | Oxygen                                   |  |  |  |  |
| This mapping is used when the v3 element is mandatory and the v2 element is missing or contains a null value. |                 |  |  |  |  |  |
| 50% Dextrose  | 237653          | Glucose 500 MG/ML Injectable Solution    |  |  |  |  |
| TTY=SCD.  | 040000          |  |  |  |  |  |
| 9% NSS  | 313002          | Sodium Chloride 0.9% Injectable Solution |  |  |  |  |
| TTY=SCD/SY. V2 value is incorrect; it should be 0<br>Acetaminophen  | .9% NSS.<br>161 | Acetaminophen                            |  |  |  |  |
| Adenosine   | 296             | Adenosine                                |  |  |  |  |
| Albuterol   | 435             | Albuterol                                |  |  |  |  |
| Albuterol 2.5/ Atrovent 0.5   | 214199          | Albuterol / Ipratropium                  |  |  |  |  |
| TTY=MIN.  | 214155          | Albuteror/ ipratropium                   |  |  |  |  |
| Albuterol Sulfate   | 435             | Albuterol                                |  |  |  |  |
| Amiodarone  | 703             | Amiodarone                               |  |  |  |  |
| Amiodarone (Cordarone)  | 703             | Amiodarone                               |  |  |  |  |
| Amiodorone (Cordarone)  | 703             | Amiodarone                               |  |  |  |  |
| ASA   | 1191            | Aspirin                                  |  |  |  |  |
| Aspirin   | 1191            | Aspirin                                  |  |  |  |  |
| Aspirin (ASA)   | 1191            | Aspirin                                  |  |  |  |  |
| Aspirin 81-325 mg   | 1191            | Aspirin                                  |  |  |  |  |
| Ativan  | 6470            | Lorazepam                                |  |  |  |  |
| Atropine  | 1223            | Atropine                                 |  |  |  |  |
| Atropine Sulfate  | 1223            | Atropine                                 |  |  |  |  |
| Atrovent  | 7213            | Ipratropium                              |  |  |  |  |
| Atrovent (Ipratropium Bromide)  | 7213            | Ipratropium                              |  |  |  |  |
| Atrovent 0.5mg /Albuterol 3.0m  | 214199          | Albuterol / Ipratropium                  |  |  |  |  |
| TTY=MIN.  |                 |  |  |  |  |  |
| Atrovent 0.5mg/Albuterol 3.0mg  | 214199          | Albuterol / Ipratropium                  |  |  |  |  |
| TTY=MIN.  |                 |  |  |  |  |  |
| Baby Aspirin  | 1191            | Aspirin                                  |  |  |  |  |
| Benadryl  | 3498            | Diphenhydramine                          |  |  |  |  |

| Calcium Chloride  | 1901   | Calcium Chloride  |
|---|--------|---|
| Cardizem  | 3443   | Diltiazem   |
| D50   | 237653 | Dextrose 50 % Injectable Solution                         |
| TTY=SCD/SY.   | 201000 | Boxilose do 70 injudiable delation                        |
| D5W (Dextrose 5% in Water)  | 309778 | Dextrose 5 % Injectable Solution                          |
| TTY=SCD/SY.   |        |   |
| D5W w/ 1/2 Normal Saline  TTY=SCD/SY.                               | 309806 | Dextrose 5 % / sodium chloride 0.45 % Injectable Solution |
| Dexamethasone (Decadron)  | 3264   | Dexamethasone   |
| Dextrose  | 4850   | Glucose   |
| DEXTROSE 50 %   | 237653 | Dextrose 50 % Injectable Solution                         |
| TTY=SCD/SY.   | 201000 | Boxilose of 70 injudiable oblition                        |
| Dextrose 50%  | 237653 | Dextrose 50 % Injectable Solution                         |
| TTY=SCD/SY.   |        |   |
| Dextrose 50% (D50)  | 237653 | Dextrose 50 % Injectable Solution                         |
| TTY=SCD/SY.   |        |   |
| Diazepam  | 3322   | Diazepam  |
| Diazepam (Valium)   | 3322   | Diazepam  |
| Dilaudid  | 3423   | Hydromorphone   |
| Diltiazem   | 3443   | Diltiazem   |
| Diltiazem (Cardizem)  | 3443   | Diltiazem   |
| Diphenhydramine   | 3498   | diphenhydramine   |
|   | 3498   |   |
| DIPHENHYDRAMINE (BENADRYL)  |        | diphenhydramine   |
| Diphenhydramine (Benedryl)  | 3498   | diphenhydramine   |
| Dopamine  | 3628   | Dopamine  |
| DuoNeb  | 204199 | Albuterol / Ipratropium                                   |
| TTY=MIN.  |        |   |
| DuoNeb (0.5 Atrovent/3.0 Albut                                      | 204199 | Albuterol / Ipratropium                                   |
| TTY=MIN. V2 value is contradictory. DuoNeb is not 3.0 albuterol / 0 |        | Eninophrino O.4 MO/MI                                     |
| EPI 1:10,000  | 317361 | Epinephrine 0.1 MG/ML                                     |
| TTY=SCDC.<br>EPI 1:10000  | 317361 | Epinephrine 0.1 MG/ML                                     |
| TTY=SCDC.   | 017001 | Epinophilino o. 1 Mo/ME                                   |
| Epinephrine   | 3992   | Epinephrine   |
| Epinephrine (1:10,000)  | 317361 | Epinephrine 0.1 MG/ML                                     |
| TTY=SCDC.   |        |   |
| Epinephrine 1:1,000   | 328316 | Epinephrine 1 MG/ML                                       |
| TTY=SCDC.   |        |   |
| Epinephrine 1:10  | 317361 | Epinephrine 0.1 MG/ML                                     |
| TTY=SCDC. V2 value is incorrect. It should be 1:10,000.             |        |   |
| Epinephrine 1:10,000  | 317361 | Epinephrine 0.1 MG/ML                                     |
| TTY=SCDC.   |        |   |
| Epinephrine 1:1000  | 328316 | Epinephrine 1 MG/ML                                       |
| TTY=SCDC.   |        |   |
| Epi-Pen Adult   | 328316 | Epinephrine 1 MG/ML                                       |
| TTY=SCDC.   | 4477   | Franklara   |
| Etomidate   | 4177   | Etomidate   |
| Fentanyl  | 4337   | Fentanyl  |
| Fentanyl (Sublimaze)  | 4337   | Fentanyl  |

| Furosemide                     | 4603   | Furosemide                 |
|--------------------------------|--------|----------------------------|
| Furosemide (Lasix)             | 4603   | Furosemide                 |
| Glucagon                       | 4832   | Glucagon                   |
| Glucose (Oral)                 | 4850   | Glucose                    |
| Haloperidol (Haldol)           | 5093   | Haloperidol                |
| Heparin                        | 5224   | Heparin                    |
| Hydromorphone (Dilaudid)       | 3423   | Hydromorphone              |
| IBUPROFEN                      | 5640   | Ibuprofen                  |
| insulin                        | 5856   | Insulin                    |
| Ipratropium                    | 7213   | Ipratropium                |
| Ipratropium (Atrovent)         | 7213   | Ipratropium                |
| Ketorolac (Toradol)            | 35827  | Ketorolac                  |
| Labetalol                      | 6185   | Labetalol                  |
| Lactated Ringers               | 35629  | Lactated Ringer's Solution |
| Lasix                          | 4603   | Furosemide                 |
| Levalbuterol HCL (Xopenex)     | 237159 | Levalbuterol               |
| Lidocaine                      | 6387   | Lidocaine                  |
| Lopressor                      | 6918   | Metoprolol                 |
| Lorazepam                      | 6470   | Lorazepam                  |
| Lorazepam (Ativan)             | 6470   | Lorazepam                  |
| LOVENOX                        | 67108  | Enoxaparin                 |
| Magnesium Sulfate              | 6585   | Magnesium Sulfate          |
| Meperidine (Demerol)           | 6754   | Meperidine                 |
| Methylprednisolone             | 6902   | Methylprednisolone         |
| Methylprednisolone (Solu-Medro | 6902   | Methylprednisolone         |
| Methylprednisolone/Solu-Medrol | 6902   | Methylprednisolone         |
| Metoprolol (Lopressor)         | 6918   | Metoprolol                 |
| Midazolam                      | 6960   | Midazolam                  |
| Midazolam (Versed)             | 6960   | Midazolam                  |
| Morphine                       | 7052   | Morphine                   |
| Morphine Sulfate               | 7052   | Morphine                   |
| Naloxone                       | 7242   | Naloxone                   |
| Naloxone (Narcan)              | 7242   | Naloxone                   |
| Narcan                         | 7242   | Naloxone                   |
| Nitro Spray                    | 4917   | Nitroglycerin              |
| Nitroglycerin                  | 4917   | Nitroglycerin              |
| Nitroglycerin Infusion         | 4917   | Nitroglycerin              |
| Nitroglycerin Paste            | 4917   | Nitroglycerin              |
| Nitroglycerin SL               | 4917   | Nitroglycerin              |
| Nitroglycerin Spray            | 4917   | Nitroglycerin              |
| Nitroglycerin, (spray or tabs) | 4917   | Nitroglycerin              |
| Nitroglycerine                 | 4917   | Nitroglycerin              |
| Nitroglycerine (0.4 mg)        | 4917   | Nitroglycerin              |
| Nitroglycerine SL              | 4917   | Nitroglycerin              |
| Nitroglycerine Spray           | 4917   | Nitroglycerin              |
|                                |        |                            |

| itroglycerine Tabs  | 4917                              | Nitroglycerin                             |
|---|-----------------------------------|---|
| itrostat  | 4917                              | Nitroglycerin                             |
| orepinephrine   | 7512                              | NorEpinephrine                            |
| ormal Saline  | 313002                            | Sodium Chloride 0.9% Injectable Solution  |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement                               | if it was used for irrigation ins |   |
| ormal Saline (Respiratory Use   | 379454                            | Sodium Chloride Inhalant Solution         |
| TTY=SCDF.   | 313002                            | Sadium Chlorida 0.09/ Injectable Solution |
|   |                                   | Sodium Chloride 0.9% Injectable Solution  |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement<br>formal Saline Solution     | 313002                            | Sodium Chloride 0.9% Injectable Solution  |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement                               | if it was used for irrigation ins |   |
| ndansetron  | 26225                             | Ondansetron                               |
| ndansetron (Zofran)   | 26225                             | Ondansetron                               |
| ndensatron  | 26225                             | Ondansetron                               |
| oral Glucose  | 4850                              | Glucose                                   |
| xygen   | 7806                              | Oxygen                                    |
| xygen (non-rebreather mask)   | 7806                              | Oxygen                                    |
| XYGEN (O2)  | 7806                              | Oxygen                                    |
| XYGEN ADMINISTRATION  | 7806                              | Oxygen                                    |
| xygen by Blow By  | 7806                              | Oxygen                                    |
| xygen by BVM  | 7806                              | Oxygen                                    |
| xygen by Mask   | 7806                              | Oxygen                                    |
| xygen by Nasal Cannula  | 7806                              | Oxygen                                    |
| xygen by Nebulizer  | 7806                              | Oxygen                                    |
| xygen by Non-Rebreather Mask  | 7806                              | Oxygen                                    |
| xygen by Positive Pressure De   | 7806                              | Oxygen                                    |
| HENERGAN  | 8745                              | Promethazine                              |
| lavix   | 32968                             | clopidogrel                               |
| ROMETHAZINE   | 8745                              | Promethazine                              |
| romethazine HCI (Phenergan)   | 8745                              | Promethazine                              |
| romethazine HCL (Phenergran)  | 8745                              | Promethazine                              |
| ROPOFOL   | 8782                              | Propofol                                  |
| ocephin   | 2193                              | Ceftriaxone                               |
| ocuronium Bromide (Zemuron)   | 68139                             | Rocuronium                                |
| aline   | 313002                            | Sodium Chloride 0.9% Injectable Solution  |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement                               | if it was used for irrigation ins | tead of injection.                        |
| odium Bicarbonate   | 36676                             | Sodium Bicarbonate                        |
| ODIUM CHLORIDE 0.9%   | 313002                            | Sodium Chloride 0.9% Injectable Solution  |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement olu-Medro (Methylprednisone S | if it was used for irrigation ins | tead of injection.  Methylprednisolone    |
| olumedrol   | 6902                              | Methylprednisolone                        |
| olu-Medrol  | 6902                              | Methylprednisolone                        |
| uccinylcholine  | 10154                             | Succinylcholine                           |
| uccinylcholine (Anectine)   | 10154                             | Succinylcholine                           |
| hiamine   | 10454                             | Thiamine                                  |
| ORADOL  | 35827                             | Ketorolac                                 |
|   |                                   |   |

| VALIUM                | 3322   | Diazepam          |
|-----------------------|--------|-------------------|
| Vancomycin            | 11124  | Vancomycin        |
| Vasopressin           | 11149  | Vasopressin (USP) |
| Vecuronium            | 71535  | Vecuronium        |
| Vecuronium (Norcuron) | 71535  | Vecuronium        |
| Versed                | 6960   | Midazolam         |
| XOPENEX               | 237159 | Levalbuterol      |
| Zofran                | 26225  | Ondansetron       |

D04\_07 Personnel Level Permitted to Use the

### V2 Element V3 Element

### Permitted to Administer Each Medication Medication DemographicStateCertificationLicensureLevels StateCertificationLicensureLevels **Null Values** No **Null Values** No Is Nillable No Is Nillable No 1:1 Recurrence 0: M Recurrence Comment v2 also includes DescriptiveText, which is a string of length 2 to 100. Mapping

V2 Pattern V3 Replacement

9917001 EMT-Basic

dConfiguration.08 EMS Certification Levels

This mapping is used when the v3 element is mandatory and the v2 element is missing or contains a null value.

| 6090 EMT-Basic 9917011 EMT-Basic 6100 EMT-Intermediate 9917013 EMT-Intermediate 6110 EMT-Paramedic 9917015 EMT-Paramedic 6111 Nurse 9917017 Nurse v3 value is deprecated. 9917025 Nurse Practitioner, 9917029 Licensed Practical Nurse (LPN), and 9917031 Registered Nurse are also appropriate v3 replacements. | 0440 | Dharatatan       | 0047040                              | Dharatatan   |
|--|------|------------------|--------------------------------------|--|
| 6100 EMT-Intermediate 9917013 EMT-Intermediate 6110 EMT-Paramedic 9917015 EMT-Paramedic  |      | ·                | 917029 Licensed Practical Nurse (LPN | ), and 9917031 Registered Nurse are also appropriate |
| 6100 EMT-Intermediate 9917013 EMT-Intermediate   | 6111 | Nurse            | 9917017                              | Nurse  |
|  | 6110 | EMT-Paramedic    | 9917015                              | EMT-Paramedic  |
| 6090 EMT-Basic 9917011 EMT-Basic   | 6100 | EMT-Intermediate | 9917013                              | EMT-Intermediate                                     |
|  | 6090 | EMT-Basic        | 9917011                              | EMT-Basic  |

6112 Physician 9917019 Physician
6120 First Responder 9917009 First Responder

D04\_08 Protocol

dConfiguration.10 EMS Agency Protocols

# V2 Element V3 Element

| DemographicProtocolsUsed |                                | ProtocolsUsed                 | ProtocolsUsed           |   |            |  |
|--------------------------|--------------------------------|-------------------------------|-------------------------|---|------------|--|
| Null Values              |                                | No                            | Null Values             | Null Values No                                    |            |  |
| Is Nillable              |                                | No                            | Is Nillable             | No  |            |  |
| Recurrence               |                                | 1:1                           | Recurrence              | 1 : M   |            |  |
| Comment                  |                                |                               |                         |   |            |  |
| v2 also includes I       | DescriptiveText, which is a    | a string of length            | 2 to 100.               |   |            |  |
| Mapping                  |                                |                               |                         |   |            |  |
| V2 Pattern               |                                |                               | V3 Replacement          |   |            |  |
|                          |                                |                               | 9914075                 | General-Universal Patient Care/ Initia<br>Contact | al Patient |  |
| This mappin              | ng is used when the v3 element | is mandatory and the          |                         |   |            |  |
|                          | Abdominal Pain                 |                               | 9914109                 | Medical-Abdominal Pain                            |            |  |
| 6730                     | Airway                         |                               | 9914001                 | Airway  |            |  |
| 6740                     | Airway-Failed                  |                               | 9914003                 | Airway-Failed                                     |            |  |
| 6760                     | Airway-RSI                     |                               | 9914007                 | Airway-Rapid Sequence Induction (R Paralytic)     | SI-        |  |
| 6770                     | Allergic Reaction/Anaph        | Allergic Reaction/Anaphylaxis |                         | Medical-Allergic Reaction/Anaphylax               | is         |  |
| 6780                     | Altered Mental Status          |                               | 9914113                 | Medical-Altered Mental Status                     |            |  |
| 6790                     | Asystole                       | Asystole                      |                         | Cardiac Arrest-Asystole                           |            |  |
| 6800                     | Back Pain                      |                               | 9914051                 | General-Back Pain                                 |            |  |
| 6810                     | Behavorial                     |                               | 9914053                 | General-Behavioral/Patient Restraint              |            |  |
| 6820                     | Bites and Envenomatio          | ns                            | 9914079                 | 9 Injury-Bites and Envenomations-Land             |            |  |
| 9914081 Inj              | ury-Bites and Envenomations-M  | larine is also an appro       | opriate v3 replacement. |   |            |  |
| 6830                     | Bradycardia                    |                               | 9914115                 | Medical-Bradycardia                               |            |  |
| 6840                     | Burns                          |                               | 9914085                 | Injury-Burns-Thermal                              |            |  |
| 6850                     | Cardiac Arrest                 |                               | 9914055                 | General-Cardiac Arrest                            |            |  |
| 6860                     | Cardiac Chest Pain             |                               | 9914117                 | Medical-Cardiac Chest Pain                        |            |  |
| 6870                     | Childbirth/Labor               |                               | 9914155                 | OB/GYN-Childbirth/Labor/Delivery                  |            |  |
| 6875                     | Cold Exposure                  |                               | 9914023                 | Environmental-Cold Exposure                       |            |  |
| 6880                     | Dental Problems                |                               | 9914057                 | General-Dental Problems                           |            |  |
| 6881                     | Device Malfunction             |                               | 9914069                 | General-Medical Device Malfunction                |            |  |
| 6885                     | Diarrhea                       | Diarrhea                      |                         | Medical-Diarrhea                                  |            |  |
| 6890                     | Drowning/Near Drowning         | Drowning/Near Drowning        |                         | Injury-Drowning/Near Drowning                     |            |  |
| 6892                     | Diving Emergencies             |                               | 9914091                 | Injury-Diving Emergencies                         |            |  |
| 6900                     | Electrical Injuries            |                               | 9914095                 | Injury-Electrical Injuries                        |            |  |
| 6910                     | Epistaxis                      |                               | 9914059                 | General-Epistaxis                                 |            |  |
| 6911                     | Exposure-Airway Irritan        | ts                            | 9914033                 | Exposure-Airway/Inhalation Irritants              |            |  |
| 6912                     | Exposure-Biological/Infe       | ectious                       | 9914035                 | Exposure-Biological/Infectious                    |            |  |
| 6913                     | Exposure-Blistering Age        | ents                          | 9914037                 | Exposure-Blistering Agents                        |            |  |

| 6914 |                   | Exposure-Cyanide  | 9914043                       | Exposure-Cyanide  |
|------|-------------------|---|-------------------------------|---|
| 6915 |                   | Exposure-Nerve Agents                                   | 9914047                       | Exposure-Nerve Agents   |
| 6916 |                   | Exposure-Radiologic Agents                              | 9914049                       | Exposure-Radiologic Agents  |
| 6917 |                   | Exposure-Riot Control Agents                            | 9914033                       | Exposure-Airway/Inhalation Irritants  |
|      | Not precise.      |   |                               |   |
| 6920 |                   | Extremity Trauma  | 9914097                       | Injury-Extremity  |
| 6925 |                   | Eye Trauma  | 9914099                       | Injury-Eye  |
| 6930 |                   | Fever   | 9914061                       | General-Fever   |
| 6935 |                   | Gynecologic Emergencies                                 | 9914159                       | OB/GYN-Gynecologic Emergencies  |
| 6940 |                   | Head Trauma   | 9914101                       | Injury-Head   |
| 6945 |                   | Hyperglycemia   | 9914121                       | Medical-Hyperglycemia   |
| 6950 |                   | Hypertenshion   | 9914123                       | Medical-Hypertension  |
| 6960 |                   | Hyperthermia  | 9914029                       | Environmental-Heat Stroke/Hyperthermia  |
| 6965 |                   | Hypoglycemia  | 9914125                       | Medical-Hypoglycemia/Diabetic Emergency                                       |
| 6970 |                   | Hypotension/Shock (Non-Trauma)                          | 9914127                       | Medical-Hypotension/Shock (Non-Trauma)  |
| 6980 |                   | Hypothermia   | 9914031                       | Environmental-Hypothermia   |
| 6990 |                   | IV Access   | 9914067                       | General-IV Access   |
| 7000 |                   | Trauma-Multisystem                                      | 9914105                       | Injury-Multisystem  |
| 7010 |                   | Newly Born  | 9914155                       | OB/GYN-Childbirth/Labor/Delivery  |
|      | 9914075 General-l | Universal Patient Care/ Initial Patient Contact is also | an appropriate v3 replaceme   | nt.   |
| 7020 |                   | Obstetrical Emergencies                                 | 9914161                       | OB/GYN-Pregnancy Related Emergencies  |
| 7030 |                   | Over Dose/Toxic Ingestion                               | 9914135                       | Medical-Overdose/Poisoning/Toxic Ingestion                                    |
| 7040 |                   | Pain Control  | 9914071                       | General-Pain Control  |
| 7130 |                   | Post Resuscitation                                      | 9914019                       | Cardiac Arrest-Post Resuscitation Care  |
| 7140 |                   | Pulmonary Edema   | 9914137                       | Medical-Pulmonary Edema/CHF   |
| 7150 |                   | Pulseless Electrical Activity (PEA)                     | 9914015                       | Cardiac Arrest-Pulseless Electrical Activity                                  |
| 7160 |                   | Respiratory Distress                                    | 9914139                       | Medical-Respiratory Distress/Asthma/COPD/Croup/Reactive Airway                |
| 7170 |                   | Seizure   | 9914141                       | Medical-Seizure   |
| 7180 |                   | Spinal Immobilzation                                    | 9914073                       | General-Spinal Immobilization/Clearance                                       |
| 7190 |                   | Supraventricular Tachycardia                            | 9914147                       | Medical-Supraventricular Tachycardia (Including Atrial Fibrillation)          |
| 7200 |                   | Stroke/TIA  | 9914145                       | Medical-Stroke/TIA  |
| 7210 |                   | Syncope   | 9914149                       | Medical-Syncope   |
| 7214 |                   | Trauma-Arrest   | 9914087                       | Injury-Cardiac Arrest   |
| 7215 |                   | Trauma-Amputation                                       | 9914077                       | Injury-Amputation   |
| 7220 |                   | Universal Patient Care                                  | 9914075                       | General-Universal Patient Care/ Initial Patient Contact                       |
| 7230 |                   | Ventricular Fibrillation                                | 9914017                       | Cardiac Arrest-Ventricular Fibrillation/<br>Pulseless Ventricular Tachycardia |
| 7232 | Not precise.      | Ventricular Ectopy                                      | 9914151                       | Medical-Ventricular Tachycardia (With Pulse)                                  |
| 7240 |                   | Ventricular Tachycardia                                 | 9914151                       | Medical-Ventricular Tachycardia (With Pulse)                                  |
|      | 9914017 Cardiac A | Arrest-Ventricular Fibrillation/ Pulseless Ventricular  | Гасhycardia may also be an ap | ppropriate v3 replacement.  |
| 7251 |                   | Vomiting  | 9914131                       | Medical-Nausea/Vomiting   |
|      |                   |   |                               |   |

# D04\_09 Personnel Level Permitted to Use the Protocol

# dCustomResults.01 Custom Data Element Result

| DemographicStateCertificationLicensureLevels |       | CustomResults   |       |  |
|--|-------|-----------------|-------|--|
| Null Values No                               |       | Null Values Yes |       |  |
| Is Nillable                                  | No    | Is Nillable Yes |       |  |
| Recurrence                                   | 0 : M | Recurrence      | 1 : M |  |

### Comment

v2 also includes DescriptiveText, which is a string of length 2 to 100.

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| Mappir | ng                                     |  |                              |  |
|--------|--|--|------------------------------|--|
| V2 Pat | ttern                                  |  | V3 Replacement               |  |
| 6090   |  | EMT-Basic  | 9917011                      | EMT-Basic                                    |
| 6100   |  | EMT-Intermediate                                 | 9917013                      | EMT-Intermediate                             |
| 6110   |  | EMT-Paramedic                                    | 9917015                      | EMT-Paramedic                                |
| 6111   |  | Nurse  | 9917017                      | Nurse  |
|        | v3 value is deprecate v3 replacements. | ed. 9917025 Nurse Practitioner, 9917029 Licensec | Practical Nurse (LPN), and 9 | 917031 Registered Nurse are also appropriate |
| 6112   |  | Physician  | 9917019                      | Physician                                    |
| 6120   |  | First Responder                                  | 9917009                      | First Responder                              |
|        |  |  |                              |  |

| D04_10 Billing | Status |       | dConfiguration | on.12 Billing Stati | us  |
|----------------|--------|-------|----------------|---------------------|-----|
| BillingStatus  |        |       | YesNoValues    |                     |     |
| Null Values    |        | No    | Null Values    |                     | No  |
| Is Nillable    |        | No    | Is Nillable    |                     | No  |
| Recurrence     |        | 0 : M | Recurrence     |                     | 0:1 |
| Comment        |        |       |                |                     |     |
| Mapping        |        |       |                |                     |     |
| V2 Pattern     |        |       | V3 Replaceme   | nt                  |     |
| 0              | No     |       | 9923001        | No                  |     |
| 1              | Yes    |       | 9923003        | Yes                 |     |

D04\_11 Hospitals Served

# V2 Element V3 Element

# FacilityName FacilityName Null Values No Is Nillable No Recurrence 1: 1 Recurrence 0: 1

dFacility.02 Facility Name

Comment

v3 dFacility.01 Type of Facility is set to 1701005 Hospital.

Mapping

V2 Pattern V3 Replacement

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D04\_12 Hospital Facility Number

# V2 Element V3 Element

### 

dFacility.03 Facility Location Code

### Comment

v3 dFacility.01 Type of Facility is set to 1701005 Hospital.

| B 4 |   |   |   |    |        |
|-----|---|---|---|----|--------|
| M   | 2 | n | n | ın | $\sim$ |
| IVI | а | υ | v |    | u      |

V2 Pattern V3 Replacement

.

| D04_13 Other Destinations  FacilityName |     | dFacility.02 Facility Name  FacilityName |                |             |
|---|-----|--|----------------|-------------|
|   |     |  |                | Null Values |
| Is Nillable                             | No  | Is Nillable                              | No             |             |
| Recurrence                              | 1:1 | Recurrence                               | 0:1            |             |
| Comment                                 |     |  |                |             |
| Mapping                                 |     |  |                |             |
| V2 Pattern                              |     | V3 Replacement                           | V3 Replacement |             |

| D04_14 Destination Facility Number |     | dFacility.03 Facility Location Code |    |
|------------------------------------|-----|-------------------------------------|----|
| FacilityNumber                     |     | FacilityCode                        |    |
| Null Values                        | Yes | Null Values No                      |    |
| Is Nillable                        | No  | Is Nillable                         | No |
| Recurrence                         | 1:1 | Recurrence 0:1                      |    |
| Comment                            |     |                                     |    |
| Mapping                            |     |                                     |    |
| V2 Pattern                         |     | V3 Replacement                      |    |

| D04_15 De    | stination Type               | dFacility.01 Ty            | ype of Facility            |      |
|--------------|------------------------------|----------------------------|----------------------------|------|
| FacilityType |                              | TypeOfFacility             |                            |      |
| Null Values  | No                           | Null Values                |                            | No   |
| Is Nillable  | No                           | Is Nillable                |                            | No   |
| Recurrence   | 1:1                          | Recurrence                 | Recurrence 0:1             |      |
| Comment      |                              |                            |                            |      |
| Mapping      |                              |                            |                            |      |
| V2 Pattern   |                              | V3 Replacement             | t .                        |      |
| 7270         | Home                         | 1701009                    | 1701009 Other (Not Listed) |      |
| Not sup      | ported in v3.                |                            |                            |      |
| 7280         | Hospital                     | 1701005                    | Hospital                   |      |
| 7290         | Medical Office/Clinic        | 1701003                    | Clinic                     |      |
| 7300         | Morgue                       | 1701009                    | Other (Not List            | ted) |
| Not sup      | ported in v3.                |                            |                            |      |
| 7320         | Nursing Home                 | 1701007                    | Nursing Home               |      |
| 7330         | Other                        | 1701009                    | 1701009 Other (Not Listed) |      |
| 7340         | Other EMS Responder (air)    | 1701009 Other (Not Listed) |                            | ted) |
| 7350         | Other EMS Responder (ground) | 1701009                    | Other (Not List            | ted) |
| Not sup      | ported in v3.                |                            |                            |      |

1701009

Other (Not Listed)

Not supported in v3.

Police/Jail

7360

| D04_16 Insurance Companies Used |       | dCustomResults.01 Cu | dCustomResults.01 Custom Data Element Result |  |
|---------------------------------|-------|----------------------|--|--|
| InsuranceCompanyName            |       | CustomResults        |  |  |
| Null Values                     | No    | Null Values Yes      |  |  |
| Is Nillable                     | No    | Is Nillable          | Yes  |  |
| Recurrence                      | 0 : M | Recurrence           | 1 : M  |  |
| Comment                         |       |                      |  |  |
| Mapping                         |       |                      |  |  |
| V2 Pattern V3 Replacement       |       |                      |  |  |

| D04_17 EMD Vendor       |     | dConfiguration.14 EMD Vendor |     |  |
|-------------------------|-----|------------------------------|-----|--|
| EMDVendor               |     | EMDVendorType                |     |  |
| Null Values             | No  | Null Values Yes              |     |  |
| Is Nillable             | No  | Is Nillable                  | Yes |  |
| Recurrence              | 0:1 | Recurrence 0 : M             |     |  |
| Comment                 |     |                              |     |  |
| Mapping                 |     |                              |     |  |
| V2 Pattern V3 Replaceme |     | V3 Replacement               |     |  |

| D05_01 Station Name       |     | dLocation.02 EMS Location Name |     |
|---------------------------|-----|--------------------------------|-----|
| StationName               |     | StationName                    |     |
| Null Values               | No  | Null Values                    | No  |
| Is Nillable               | No  | Is Nillable                    | No  |
| Recurrence                | 0:1 | Recurrence                     | 0:1 |
| Comment                   |     |                                |     |
| Mapping                   |     |                                |     |
| V2 Pattern V3 Replacement |     | V3 Replacement                 |     |

| D05_02 Station Number     |     | dLocation.03 EMS Location Number |    |
|---------------------------|-----|----------------------------------|----|
| StationNumber             |     | StationNumber                    |    |
| Null Values               | Yes | Null Values No                   |    |
| Is Nillable               | No  | Is Nillable                      | No |
| Recurrence                | 0:1 | Recurrence 0:1                   |    |
| Comment                   |     |                                  |    |
| Mapping                   |     |                                  |    |
| V2 Pattern V3 Replacement |     |                                  |    |

| D05_03 Station Zone       |     | dCustomResults.01 Custom Data Element Result |       |
|---------------------------|-----|--|-------|
| ZoneNumber                |     | CustomResults                                |       |
| Null Values               | Yes | Null Values                                  |       |
| Is Nillable               | No  | Is Nillable                                  | Yes   |
| Recurrence 0:1            |     | Recurrence                                   | 1 : M |
| Comment                   |     |  |       |
| Mapping                   |     |  |       |
| V2 Pattern V3 Replacement |     |  |       |

D05\_04 Station GPS

#### V2 Element V3 Element

# GPSLocation GPSLocation Null Values No Is Nillable No Recurrence 0: 1 Recurrence 0: 1

#### Comment

#### Mapping

#### V2 Pattern

 $\label{lem:matches} $$ \mathrm{matches(concat(xs:decimal(@Lat),',',xs:decimal(@Long)),'^(+|-)?(90(\.[0]\{1,6\})?|([1-8][0-9]|[0-9])(\.[0-9]\{1,6\})?),(+|-)?(180(\.[0]\{1,6\})?|(1[0-7][0-9][0-9])(\.[0-9]\{1,6\})?)$') }$ 

#### V3 Replacement

concat(xs:decimal(@Lat),',',xs:decimal(@Long))

dLocation.04 EMS Location GPS

| D05_05 Station Address    |     | dLocation.06 EMS Location Address |    |
|---------------------------|-----|-----------------------------------|----|
| StreetAddress             |     | StreetAddress                     |    |
| Null Values               | Yes | Null Values                       | No |
| Is Nillable               | No  | Is Nillable                       | No |
| Recurrence                | 1:1 | Recurrence 0:1                    |    |
| Comment                   |     |                                   |    |
| Mapping                   |     |                                   |    |
| V2 Pattern V3 Replacement |     |                                   |    |

| D05_06 Station City |     | dLocation.07 EMS Location City |     |
|---------------------|-----|--------------------------------|-----|
| City                |     | CityGnisCode                   |     |
| Null Values         | Yes | Null Values No                 |     |
| Is Nillable         | No  | Is Nillable                    | No  |
| Recurrence          | 1:1 | Recurrence                     | 0:1 |

#### Comment

v2 allows length 2 to 30 and specifies the use of FIPS. v3 allows any Positive Integer and specifies the use of GNIS. To add mappings, add entries to v2v3ValueMappingvCity or load them from files downloaded from the "State Files with Federal Codes" section at http://geonames.usgs.gov/domestic/download\_data.htm. If multiple mappings exist for a FIPS code within a state, priority is given to codes with a census class code that starts with "C", then "P".

#### Mapping

V2 Pattern V3 Replacement

51000 City of New York 2395220 City of New York

D05\_07 Station State

normalize-space(.)='-20'

#### V2 Element V3 Element

#### State **ANSIStateCode Null Values Null Values** Yes No Is Nillable Is Nillable No No Recurrence 1:1 Recurrence 0:1 Comment Maps from FIPS 5 to ANSI INCITS 38. The transition was an oversight change only. There were no changes in the numeric codes. v2 allows length 2 to 3. v3 requires length 2. Mapping V2 Pattern V3 Replacement normalize-space(.)='-10' Not Known This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-15' Not Reporting This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

dLocation.08 EMS Location State

This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-25' Not Applicable '\_\_'

This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

normalize-space(.)='-5' Not Available '\_\_'

Not Recorded

This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

otherwise substring(concat('\_\_', .), string-length(.)+1, 2)

If the v3 element is mandatory and the v2 element is missing, this mapping generates the value "\_\_".

dLocation.09 EMS Station or Location ZIP Code

#### V2 Element V3 Element

# Zip ZIP Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 1: 1 Recurrence 0: 1

#### Comment

D05\_08 Station Zip

v2 allows any String, unconstrained. v3 specifies a pattern.

## Mapping

#### V2 Pattern

 $matches (normalize-space(.), '^([0-9]{5}|[0-9]{5}-[0-9]{4}|[0-9]{5}-[0-9]{5}|[A-Z][0-9][A-Z][0-9][A-Z][0-9][S]')$ 

#### V3 Replacement

normalize-space(.)

No

No

0: M

#### V2 Element

#### V3 Element

# D05\_09 Station Telephone Number

# dLocation.12 EMS Location Phone Number

| TelephoneNumber | PhoneNumber |             |
|-----------------|-------------|-------------|
| Null Values     | Yes         | Null Values |
| Is Nillable     | No          | Is Nillable |
| Recurrence      | 0:1         | Recurrence  |

#### Comment

v2 allows any String, unconstrained. v3 specifies a pattern.

#### Mapping

#### V2 Pattern

#### V3 Replacement

normalize-space(.)

#### D06\_01 Unit/Vehicle Number dVehicle.01 Unit/Vehicle Number VehicleNumber VehicleNumber **Null Values Null Values** Yes No Is Nillable Is Nillable Yes No Recurrence 0:1 Recurrence 0:1

Comment

v2 allows length 2 to 100. v3 allows length 1 to 25.

Mapping

V2 Pattern

V3 Replacement

substring(.,1,25)

Rotor Craft

7480

# V2 Element V3 Element

| D06_03 Vehic | le Type   |   | dVehicle.04 \   | Vehicle Type |   |
|--------------|-----------|---|-----------------|--------------|---|
| VehicleType  |           |   | VehicleType     |              |   |
| Null Values  |           | No  | Null Values     |              | Yes   |
| Is Nillable  |           | No  | Is Nillable     |              | Yes   |
| Recurrence   |           | 0:1   | Recurrence      |              | 0:1   |
| Comment      |           |   |                 |              |   |
| Mapping      |           |   |                 |              |   |
| V2 Pattern   |           |   | V3 Replacemer   | nt           |   |
| 7370         | Ambulan   | ce  | 1404001         | Ambulanc     | e   |
| 7380         | ATV       |   | 1404003         | ATV          |   |
| 7390         | Bicycle   |   | 1404005 Bicycle |              |   |
| 7400         | Boat      |   | 1404025         | Watercraft   | i e   |
| 7410         | Fire Truc | k   | 1404007         | Fire Appar   | ratus   |
| 7420         | Fixed Wi  | ng  | 1404009         | Fixed Win    | g   |
| 7430         | Motorcyc  | le  | 1404011         | Motorcycle   | Э   |
| 7440         | Other     | Other   |                 | Other        |   |
| 7450         | Private V | ehicle  | 1404015         | Personal \   | /ehicle   |
| 7460         |           | sponse Vechicle (Non-Transport ther than Fire Truck | 1404017         |              | sponse Vehicle (Non-Transport<br>her than Fire Apparatus) |
| 7470         | Rescue    | Rescue  |                 | Rescue       |   |

1404021

Rotor Craft

6120

D06\_04 State Certification/Licensure Levels

First Responder

dVehicle.05 Crew State Certification/Licensure

First Responder

#### V2 Element V3 Element

#### Levels StateCertificationLicensureLevels DemographicStateCertificationLicensureLevels **Null Values Null Values** No No Is Nillable Is Nillable No No Recurrence 0:1 Recurrence 0:1 Comment v2 also includes DescriptiveText, which is a string of length 2 to 100. Mapping V2 Pattern V3 Replacement 9917001 **EMT-Basic** This mapping is used when the v3 element is mandatory and the v2 element is missing or contains a null value. 6090 **EMT-Basic** 9917011 **EMT-Basic** 6100 **EMT-Intermediate** 9917013 **EMT-Intermediate** 6110 **EMT-Paramedic** 9917015 **EMT-Paramedic** 6111 Nurse 9917017 Nurse v3 value is deprecated. 9917025 Nurse Practitioner, 9917029 Licensed Practical Nurse (LPN), and 9917031 Registered Nurse are also appropriate v3 replacements. 6112 9917019 Physician Physician

9917009

# D06\_05 Number Of Each Personnel Level on the Vehicle Crew

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

| NumberOfPersonnel |     | NumberofPersonnel |     |
|-------------------|-----|-------------------|-----|
| Null Values       | No  | Null Values No    |     |
| Is Nillable       | No  | Is Nillable       | No  |
| Recurrence        | 0:1 | Recurrence        | 0:1 |

Comment

Mapping

V2 Pattern V3 Replacement

| D06_06 Vehicle Initial Cost |     | dVehicle.09 Vehicle Init | dVehicle.09 Vehicle Initial Cost |  |  |
|-----------------------------|-----|--------------------------|----------------------------------|--|--|
| VehicleInitialCost          |     | VehicleInitialCost       |                                  |  |  |
| Null Values                 | No  | Null Values No           |                                  |  |  |
| Is Nillable                 | No  | Is Nillable              | No                               |  |  |
| Recurrence                  | 0:1 | Recurrence               | 0:1                              |  |  |
| Comment                     |     |                          |                                  |  |  |
| Mapping                     |     |                          |                                  |  |  |
| V2 Pattern                  |     | V3 Replacement           | V3 Replacement                   |  |  |

| D06_07 Vehicle Model Year |     | dVehicle.10 Vehicle Model Year |     |  |  |
|---------------------------|-----|--------------------------------|-----|--|--|
| VehicleYear               |     | Year                           |     |  |  |
| Null Values               | No  | Null Values Yes                |     |  |  |
| Is Nillable               | No  | Is Nillable                    | Yes |  |  |
| Recurrence                | 0:1 | Recurrence 0:1                 |     |  |  |
| Comment                   |     |                                |     |  |  |
| Mapping                   |     |                                |     |  |  |
| V2 Pattern V3 Replacement |     |                                |     |  |  |

#### dVehicle.11 Year Miles/Kilometers Hours Accrued D06\_08 Year Miles/Hours Accrued VehicleYear Year **Null Values** No **Null Values** No Is Nillable No Is Nillable No Recurrence 1:1 Recurrence 0:1 Comment Mapping V2 Pattern V3 Replacement

| D06_09 Annual Vehicle Hours |         | dVehicle.12 Annual Vehicle Hours |    |  |  |  |
|-----------------------------|---------|----------------------------------|----|--|--|--|
| VehicleHours                |         | VehicleHours                     |    |  |  |  |
| Null Values                 | Yes     | Null Values No                   |    |  |  |  |
| Is Nillable                 | No      | Is Nillable                      | No |  |  |  |
| Recurrence                  | 0:1     | Recurrence 0:1                   |    |  |  |  |
| Comment                     | Comment |                                  |    |  |  |  |
| Mapping                     |         |                                  |    |  |  |  |
| V2 Pattern V3 Replacement   |         |                                  |    |  |  |  |

D06\_10 Annual Vehicle Miles

dVehicle.13 Annual Vehicle Miles/Kilometers

#### V2 Element V3 Element

# AnnualOdometerReading AnnualOdometerReading Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 0: 1 Recurrence 0: 1

#### Comment

v3 @DistanceUnits is set to 9929003 Miles.

## Mapping

V2 Pattern V3 Replacement

.

| D07_01 Personnel's Agency ID Number |     | dPersonnel.21 EMS Personnel's Agency ID<br>Number |     |  |
|-------------------------------------|-----|---|-----|--|
| PersonnelsAgencyIDNumbe             | r   | PersonnelAgencyIDNumber                           |     |  |
| Null Values                         | No  | Null Values                                       | No  |  |
| Is Nillable                         | No  | Is Nillable                                       | No  |  |
| Recurrence                          | 1:1 | Recurrence  | 0:1 |  |
| Comment                             |     |   |     |  |
| Mapping                             |     |   |     |  |
| V2 Pattern                          |     | V3 Replacement                                    |     |  |

| D07_02 State/Licensure ID Number |    | dPersonnel.23 EMS Pe<br>ID Number | dPersonnel.23 EMS Personnel's State's Licensure ID Number |  |
|----------------------------------|----|-----------------------------------|---|--|
| StateLicensureID                 |    | StateLicensureID                  |   |  |
| Null Values No                   |    | Null Values                       | Yes   |  |
| Is Nillable                      | No | Is Nillable                       | Yes   |  |
| Recurrence 1:1                   |    | Recurrence                        | 0:1   |  |
| Comment                          |    |                                   |   |  |
| Mapping                          |    |                                   |   |  |
| V2 Pattern V3 Replacement        |    |                                   |   |  |

7535

Neither an Employee Nor a Volunteer

# V2 Element V3 Element

No Longer Employed by Service

| D07_03 Personner's Employment Status |           | Status                            | Status       |             |               |
|--------------------------------------|-----------|-----------------------------------|--------------|-------------|---------------|
| EmploymentStatu                      | ıs        |                                   | EmploymentSt | tatus       |               |
| Null Values                          |           | No                                | Null Values  |             | Yes           |
| Is Nillable                          |           | No                                | Is Nillable  |             | Yes           |
| Recurrence                           |           | 1:1                               | Recurrence   |             | 0:1           |
| Comment                              |           |                                   |              |             |               |
| Mapping                              |           |                                   |              |             |               |
| V2 Pattern                           |           |                                   | V3 Replaceme | ent         |               |
| 7490                                 | Full Time | Paid Employee                     | 1531001      | Full Time P | aid Employee  |
| 7500<br>Not precise.                 |           | Unpaid Employee                   | 1531005      | Volunteer   |               |
| 7510<br>Not precise.                 | Employe   | e Paid and Part Time Unpaide<br>e | 1531003      | Part Time F | Paid Employee |
| 7520                                 |           | e Paid Employee                   | 1531003      | Part Time F | Paid Employee |
| 7530<br>Not precise.                 |           | e Unpaid Employee                 | 1531005      | Volunteer   |               |

1531007

| D07_04 Employment Status Date |     | dPersonnel.32 EMS Personnel's Employment Status Date |     |  |
|-------------------------------|-----|--|-----|--|
| Date                          |     | DateType   |     |  |
| Null Values No                |     | Null Values  | Yes |  |
| Is Nillable                   | No  | Is Nillable  | Yes |  |
| Recurrence                    | 1:1 | Recurrence   | 0:1 |  |
| Comment                       |     |  |     |  |
| Mapping                       |     |  |     |  |
| V2 Pattern                    |     | V3 Replacement                                       |     |  |

# D07\_05 Personnel's Level of Certification/Licensure for Agency

# dPersonnel.38 EMS Professional's Practice Level

| DemographicStateCertificationLicensureLevels |     | MemberLevel    |     |
|--|-----|----------------|-----|
| Null Values No                               |     | Null Values No |     |
| Is Nillable                                  | No  | Is Nillable    | No  |
| Recurrence                                   | 1:1 | Recurrence     | 0:1 |

#### Comment

v2 also includes DescriptiveText, which is a string of length 2 to 100.

| B 4  | - 1 |   |    |    |   |
|------|-----|---|----|----|---|
| I\/I | a   | n | nı | ın | a |
|      |     |   |    |    |   |

| iviappii | ig   |                                  |   |
|----------|--|----------------------------------|---|
| V2 Pat   | ttern  | V3 Replacemen                    | t   |
| 6090     | EMT-Basic  | 9925015                          | EMT-Basic   |
| 6100     | EMT-Intermediate   | 9925017                          | EMT-Intermediate                                      |
| 6110     | EMT-Paramedic  | 9925019                          | EMT-Paramedic   |
| 6111     | Nurse  | 9925021                          | Nurse   |
|          | v3 value is deprecated. 9925037 Nurse Practitioner, 99250 v3 replacements. | 41 Licensed Practical Nurse (LPI | N), and 9925043 Registered Nurse are also appropriate |
| 6112     | Physician  | 9925027                          | Physician   |
| 6120     | First Responder  | 9925013                          | First Responder                                       |
|          |  |                                  |   |

| D07_06 Date of Personnel's Certification or Licensure for Agency |                |                | dPersonnel.39 Date of Professional's Certification or Licensure for Agency |  |  |
|--|----------------|----------------|--|--|--|
| Date   |                | DateType       |  |  |  |
| Null Values  | No             | Null Values No |  |  |  |
| Is Nillable  | No             | Is Nillable    | No   |  |  |
| Recurrence   | 1:1            | Recurrence     | 0:1  |  |  |
| Comment  |                |                |  |  |  |
| Mapping  |                |                |  |  |  |
| V2 Pattern   | V3 Replacement |                |  |  |  |

#### dPersonnel.01 EMS Personnel's Last Name D08\_01 EMS Personnel's Last Name DemographicLastName PersonLastName **Null Values** No **Null Values** Yes Is Nillable No Is Nillable Yes Recurrence 1:1 Recurrence 0:1 Comment Mapping V2 Pattern V3 Replacement

| D08_02 EMS Personnel's Middle Name/Initial |     | dPersonnel.03 EMS Personnel's Middle<br>Name/Initial |     |  |
|--|-----|--|-----|--|
| MiddleInitialName                          |     | PersonMiddleName                                     |     |  |
| Null Values Yes                            |     | Null Values  | Yes |  |
| Is Nillable                                | No  | Is Nillable  | Yes |  |
| Recurrence                                 | 1:1 | Recurrence   | 0:1 |  |
| Comment                                    |     |  |     |  |
| Mapping                                    |     |  |     |  |
| V2 Pattern V3 Replacement                  |     |  |     |  |

| D08_03 EMS Personnel's First Name  FirstName |     | dPersonnel.02 EMS Personnel's First Name |                |  |
|--|-----|--|----------------|--|
|  |     | PersonFirstName                          |                |  |
| Null Values                                  | Yes | Null Values                              | Yes            |  |
| Is Nillable                                  | No  | Is Nillable                              | Yes            |  |
| Recurrence                                   | 1:1 | Recurrence                               | 0:1            |  |
| Comment                                      |     |  |                |  |
| Mapping                                      |     |  |                |  |
| V2 Pattern                                   |     | V3 Replacement                           | V3 Replacement |  |

#### dPersonnel.04 EMS Personnel's Mailing Address D08\_04 EMS Personnel's Mailing Address StreetAddress StreetAddress **Null Values** Yes **Null Values** No Is Nillable No Is Nillable No Recurrence 1:1 Recurrence 0:1 Comment Mapping V2 Pattern V3 Replacement

D08\_05 EMS Personnel's City of Residence

dPersonnel.05 EMS Personnel's City of Residence

#### V2 Element V3 Element

# City CityGnisCode Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 1: 1 Recurrence 0: 1

#### Comment

v2 allows length 2 to 30 and specifies the use of FIPS. v3 allows any Positive Integer and specifies the use of GNIS. To add mappings, add entries to v2v3ValueMappingvCity or load them from files downloaded from the "State Files with Federal Codes" section at http://geonames.usgs.gov/domestic/download\_data.htm. If multiple mappings exist for a FIPS code within a state, priority is given to codes with a census class code that starts with "C", then "P".

#### Mapping

V2 Pattern V3 Replacement

51000 City of New York 2395220 City of New York

D08\_06 EMS Personnel's State

normalize-space(.)='-20'

#### V2 Element V3 Element

#### State **ANSIStateCode Null Values Null Values** Yes No Is Nillable No Is Nillable No Recurrence 1:1 Recurrence 0:1 Comment Maps from FIPS 5 to ANSI INCITS 38. The transition was an oversight change only. There were no changes in the numeric codes. v2 allows length 2 to 3. v3 requires length 2. Mapping V2 Pattern V3 Replacement normalize-space(.)='-10' Not Known This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-15' Not Reporting This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

dPersonnel.06 EMS Personnel's State

This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

normalize-space(.)='-25' Not Applicable '\_\_'

Not Recorded

This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

normalize-space(.)='-5' Not Available '\_\_'

This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

otherwise substring(concat('\_\_', .), string-length(.)+1, 2)

If the v3 element is mandatory and the v2 element is missing, this mapping generates the value "\_\_".

D08\_07 EMS Personnel's Zip Code

#### V2 Element V3 Element

# DemographicZip ZIP Null Values No Is Nillable No Recurrence 1: 1 Recurrence 0: 1

#### Comment

v2 allows any String, unconstrained. v3 specifies a pattern.

#### Mapping

#### V2 Pattern

 $matches (normalize-space(.), '^([0-9]{5}|[0-9]{5}-[0-9]{4}|[0-9]{5}-[0-9]{5}|[A-Z][0-9][A-Z][0-9][A-Z][0-9][S]')$ 

#### V3 Replacement

dPersonnel.07 EMS Personnel's ZIP Code

normalize-space(.)

# D08\_08 EMS Personnel's Work Telephone

## dPersonnel.09 EMS Personnel's Phone Number

| TelephoneNumber |     | PhoneNumber |       |
|-----------------|-----|-------------|-------|
| Null Values     | Yes | Null Values | No    |
| Is Nillable     | No  | Is Nillable | No    |
| Recurrence      | 0:1 | Recurrence  | 0 : M |

#### Comment

v2 allows any String, unconstrained. v3 specifies a pattern.

#### Mapping

#### V2 Pattern

#### V3 Replacement

normalize-space(.)

## D08\_09 EMS Personnel's Home Telephone

### dPersonnel.09 EMS Personnel's Phone Number

| TelephoneNumber |     | PhoneNumber |       |
|-----------------|-----|-------------|-------|
| Null Values     | Yes | Null Values | No    |
| Is Nillable     | No  | Is Nillable | No    |
| Recurrence      | 0:1 | Recurrence  | 0 : M |

#### Comment

v2 allows any String, unconstrained. v3 specifies a pattern.

#### Mapping

#### V2 Pattern

#### V3 Replacement

normalize-space(.)

#### dPersonnel.10 EMS Personnel's Email Address D08\_10 EMS Personnel's Email Address EmailAddress EmailAddress **Null Values** Yes **Null Values** No Is Nillable No Is Nillable No Recurrence 0:1 Recurrence 0: M Comment Mapping V2 Pattern V3 Replacement

D08\_11 EMS Personnel's Date Of Birth

dPersonnel.11 EMS Personnel's Date of Birth

### V2 Element V3 Element

# DateOfBirth DateType Null Values No Null Values Yes Is Nillable No Is Nillable Yes Recurrence 0: 1 Recurrence 0: 1

#### Comment

v2 allows 1890-01-01 to 2030-01-01. v3 allows 1900-01-01 to 2050-01-01.

### Mapping

V2 Pattern

xs:date(.)>=xs:date('1900-01-01')

V3 Replacement

xs:date(.)

| D08_12 EMS Personnel's Gender |        | dPersonnel. | dPersonnel.12 EMS Personnel's Gender |        |     |
|-------------------------------|--------|-------------|--------------------------------------|--------|-----|
| DemographicGer                | nder   |             | Gender                               |        |     |
| Null Values                   |        | No          | Null Values                          |        | Yes |
| Is Nillable                   |        | No          | Is Nillable                          |        | Yes |
| Recurrence                    |        | 0:1         | Recurrence                           |        | 0:1 |
| Comment                       |        |             |                                      |        |     |
| Mapping                       |        |             |                                      |        |     |
| V2 Pattern                    |        |             | V3 Replaceme                         | ent    |     |
| 650                           | Male   |             | 9906003                              | Male   |     |
| 655                           | Female |             | 9906001                              | Female |     |

Not supported in v3.

# V2 Element V3 Element

| D08_13 EMS Personnel's Race |           | dPersonnel.13 EMS Personnel's Race |                 |            |                                   |
|-----------------------------|-----------|------------------------------------|-----------------|------------|-----------------------------------|
| DemographicRace             |           |                                    | DemographicRace |            |                                   |
| Null Values                 |           | No                                 | Null Values     |            | Yes                               |
| Is Nillable                 |           | No                                 | Is Nillable     |            | Yes                               |
| Recurrence                  |           | 0:1                                | Recurrence      |            | 0 : M                             |
| Comment                     |           |                                    |                 |            |                                   |
| Mapping                     |           |                                    |                 |            |                                   |
| V2 Pattern                  |           |                                    | V3 Replacement  |            |                                   |
| 660                         | Americar  | n Indian or Alaska Native          | 1513001         | American   | Indian or Alaska Native           |
| 665                         | Asian     |                                    | 1513003         | Asian      |                                   |
| 670                         | Black or  | African American                   | 1513005         | Black or A | African American                  |
| 675                         | Native Ha | awaiian or Other Pacific Islander  | 1513009         | Native Ha  | awaiian or Other Pacific Islander |
| 680                         | White     |                                    | 1513011         | White      |                                   |
| 685                         | Other Ra  | ce                                 |                 |            |                                   |

| D08_14 EMS Personnel's Ethnicity |                 | dPersonnel. | 13 EMS Personnel's | Race               |       |
|----------------------------------|-----------------|-------------|--------------------|--------------------|-------|
| DemographicEthnici               | ty              |             | DemographicR       | ace                |       |
| Null Values                      |                 | No          | Null Values        |                    | Yes   |
| Is Nillable                      |                 | No          | Is Nillable        |                    | Yes   |
| Recurrence                       |                 | 0:1         | Recurrence         |                    | 0 : M |
| Comment                          |                 |             |                    |                    |       |
| Mapping                          |                 |             |                    |                    |       |
| V2 Pattern                       |                 |             | V3 Replaceme       | nt                 |       |
| 690                              | Hispanic or Lat | ino         | 1513007            | Hispanic or Latino |       |
| 695                              | Not Hispanic o  | r Latino    |                    |                    |       |
| Not supported in                 | n v3.           |             |                    |                    |       |

#### V3 Element V2 Element

# D08\_15 State EMS Certification Licensure Level

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

| DemographicStateCertificationLicensureLevels |     | MemberLevel |     |
|--|-----|-------------|-----|
| Null Values                                  | No  | Null Values | Yes |
| Is Nillable                                  | No  | Is Nillable | Yes |
| Recurrence                                   | 1:1 | Recurrence  | 0:1 |

#### Comment

v2 also includes DescriptiveText, which is a string of length 2 to 100.

| Mapping    |   |                                     |  |
|------------|---|-------------------------------------|--|
| V2 Pattern | 1   | V3 Replacement                      |  |
| 6090       | EMT-Basic   | 9925015                             | EMT-Basic  |
| 6100       | EMT-Intermediate  | 9925017                             | EMT-Intermediate                                     |
| 6110       | EMT-Paramedic   | 9925019                             | EMT-Paramedic  |
| 6111       | Nurse   | 9925021                             | Nurse  |
|            | value is deprecated. 9925037 Nurse Practitioner, 9925 replacements. | 5041 Licensed Practical Nurse (LPN) | ), and 9925043 Registered Nurse are also appropriate |
| 6112       | Physician   | 9925027                             | Physician  |
| 6120       | First Responder   | 9925013                             | First Responder                                      |
|            |   |                                     |  |

| D08_16 Nation | nal Registry | Credentialed | dCustomRe    | esults.01 Custon | n Data Element Result |
|---------------|--------------|--------------|--------------|------------------|-----------------------|
| YesNoValues   |              |              | CustomResult | ts               |                       |
| Null Values   |              | Yes          | Null Values  |                  | Yes                   |
| Is Nillable   |              | No           | Is Nillable  |                  | Yes                   |
| Recurrence    |              | 1:1          | Recurrence   |                  | 1 : M                 |
| Comment       |              |              |              |                  |                       |
| Mapping       |              |              |              |                  |                       |
| V2 Pattern    |              |              | V3 Replaceme | ent              |                       |
| 0             | No           |              | 9923001      | No               |                       |
| 1             | Yes          |              | 9923003      | Yes              |                       |

| D08_17 State EMS Current Certification Date |     | dPersonnel.25 EMS Personnel's State EMS<br>Current Certification Date |     |  |
|---|-----|---|-----|--|
| Date  |     | DateType  |     |  |
| Null Values                                 | No  | Null Values   | No  |  |
| Is Nillable                                 | No  | Is Nillable   | No  |  |
| Recurrence                                  | 1:1 | Recurrence  | 0:1 |  |
| Comment                                     |     |   |     |  |
| Mapping                                     |     |   |     |  |
| V2 Pattern                                  |     | V3 Replacement  |     |  |

| D08_18 Initial State Certification Date |     | dPersonnel.26 EMS Pe<br>Licensure Issue Date | dPersonnel.26 EMS Personnel's Initial State's Licensure Issue Date |  |  |
|---|-----|--|--|--|--|
| Date                                    |     | DateType                                     |  |  |  |
| Null Values                             | No  | Null Values                                  | No   |  |  |
| Is Nillable                             | No  | Is Nillable                                  | No   |  |  |
| Recurrence                              | 1:1 | Recurrence                                   | 0:1  |  |  |
| Comment                                 |     |  |  |  |  |
| Mapping                                 |     |  |  |  |  |
| V2 Pattern V3 Replacement               |     |  |  |  |  |

| D08_19 Total Length of Service |          | dPersonnel.36 EMS Pe<br>Service in Years | dPersonnel.36 EMS Personnel's Total Length of Service in Years |  |  |
|--------------------------------|----------|--|--|--|--|
| TotalService                   |          | TotalService                             |  |  |  |
| Null Values                    | No       | Null Values                              | No   |  |  |
| Is Nillable                    | No       | Is Nillable                              | No   |  |  |
| Recurrence                     | 1:1      | Recurrence                               | 0:1  |  |  |
| Comment                        |          |  |  |  |  |
| v2 allows 1 to 100. v3 allows  | 0 to 80. |  |  |  |  |
| Mapping                        |          |  |  |  |  |
| V2 Pattern                     |          | V3 Replacement                           | V3 Replacement   |  |  |
| .<=80                          |          |  |  |  |  |
| otherwise                      |          | 80                                       | 80   |  |  |

| D08_20 Date Length of Service Documented |     | dPersonnel.37 EMS Personnel's Date Length of<br>Service Documented |     |  |
|--|-----|--|-----|--|
| Date                                     |     | DateType   |     |  |
| Null Values                              | No  | Null Values  | No  |  |
| Is Nillable                              | No  | Is Nillable  | No  |  |
| Recurrence                               | 1:1 | Recurrence   | 0:1 |  |
| Comment                                  |     |  |     |  |
| Mapping                                  |     |  |     |  |
| V2 Pattern                               |     | V3 Replacement   |     |  |

#### dDevice.01 Medical Device Serial Number D09\_01 Device Serial Number DeviceSerialNumber DeviceSerialNumber **Null Values Null Values** No No Is Nillable No Is Nillable No Recurrence 1:1 Recurrence 0:1 Comment Mapping V2 Pattern V3 Replacement

| D09_02 Device Name or ID  |         | dDevice.02 Medical Device Name or ID |     |  |  |
|---------------------------|---------|--------------------------------------|-----|--|--|
| DeviceNameOrID            |         | DeviceNameorID                       |     |  |  |
| Null Values               | No      | Null Values                          | No  |  |  |
| Is Nillable               | No      | Is Nillable                          | No  |  |  |
| Recurrence                | 0:1     | Recurrence                           | 0:1 |  |  |
| Comment                   | Comment |                                      |     |  |  |
| Mapping                   |         |                                      |     |  |  |
| V2 Pattern V3 Replacement |         |                                      |     |  |  |

| D09_03 Device Manufacturer |     | dDevice.04 Medical De | dDevice.04 Medical Device Manufacturer |  |  |
|----------------------------|-----|-----------------------|--|--|--|
| DeviceManufacturer         |     | DeviceManufacturer    |  |  |  |
| Null Values                | No  | Null Values No        |  |  |  |
| Is Nillable                | No  | Is Nillable           | No                                     |  |  |
| Recurrence                 | 0:1 | Recurrence 0:1        |  |  |  |
| Comment                    |     |                       |  |  |  |
| Mapping                    |     |                       |  |  |  |
| V2 Pattern V3 Replacement  |     |                       |  |  |  |

| D09_04 Model Number       |     | dDevice.05 Medical De | dDevice.05 Medical Device Model Number |  |  |
|---------------------------|-----|-----------------------|--|--|--|
| ModelNumber               |     | ModelNumber           |  |  |  |
| Null Values               | No  | Null Values No        |  |  |  |
| Is Nillable               | No  | Is Nillable           | No                                     |  |  |
| Recurrence                | 0:1 | Recurrence 0:1        |  |  |  |
| Comment                   |     |                       |  |  |  |
| Mapping                   |     |                       |  |  |  |
| V2 Pattern V3 Replacement |     |                       |  |  |  |

| D09_05 Device Purchase Date |                | dDevice.06 Medical De | dDevice.06 Medical Device Purchase Date |  |  |
|-----------------------------|----------------|-----------------------|---|--|--|
| Date                        |                | DateType              |   |  |  |
| Null Values                 | No             | Null Values           | No                                      |  |  |
| Is Nillable                 | No             | Is Nillable           | No                                      |  |  |
| Recurrence                  | 0:1            | Recurrence            | 0:1                                     |  |  |
| Comment                     |                |                       |   |  |  |
| Mapping                     |                |                       |   |  |  |
| V2 Pattern                  | V3 Renlacement |                       |   |  |  |

V2 Pattern V3 Replacement

| E01_01 Patient Care Report Number |     | eRecord.01 Patient Care Report Number |                |  |
|-----------------------------------|-----|---------------------------------------|----------------|--|
| PatientCareReportNumber           |     | PatientCareReportNumber               |                |  |
| Null Values                       | No  | Null Values                           | No             |  |
| Is Nillable                       | No  | Is Nillable                           | No             |  |
| Recurrence                        | 1:1 | Recurrence 1:1                        |                |  |
| Comment                           |     |                                       |                |  |
| Mapping                           |     |                                       |                |  |
| V2 Pattern V3 F                   |     | V3 Replacement                        | V3 Replacement |  |

| E01_02 Software Creator   |     | eRecord.02 Software Creator |    |  |
|---------------------------|-----|-----------------------------|----|--|
| SoftwareCreatedBy         |     | SoftwareCreator             |    |  |
| Null Values               | No  | Null Values No              |    |  |
| Is Nillable               | No  | Is Nillable                 | No |  |
| Recurrence                | 1:1 | Recurrence 1:1              |    |  |
| Comment                   |     |                             |    |  |
| Mapping                   |     |                             |    |  |
| V2 Pattern V3 Replacement |     |                             |    |  |

| E01_03 Software Name |     | eRecord.03 Software N | eRecord.03 Software Name |  |  |
|----------------------|-----|-----------------------|--------------------------|--|--|
| SoftwareName         |     | SoftwareName          |                          |  |  |
| Null Values          | No  | Null Values           | No                       |  |  |
| Is Nillable          | No  | Is Nillable           | No                       |  |  |
| Recurrence           | 1:1 | Recurrence 1:1        |                          |  |  |
| Comment              |     |                       |                          |  |  |
| Mapping              |     |                       |                          |  |  |
| V2 Pattern           |     | V3 Replacement        |                          |  |  |

| E01_04 Software Version |     | eRecord.04 Software V | eRecord.04 Software Version |  |  |
|-------------------------|-----|-----------------------|-----------------------------|--|--|
| SoftwareVersion         |     | SoftwareVersion       |                             |  |  |
| Null Values             | No  | Null Values           | No                          |  |  |
| Is Nillable             | No  | Is Nillable           | No                          |  |  |
| Recurrence              | 1:1 | Recurrence            | 1:1                         |  |  |
| Comment                 |     |                       |                             |  |  |
| Mapping                 |     |                       |                             |  |  |
| V2 Pattern              |     | V3 Replacement        |                             |  |  |

| E02_01 EMS Agency Number  |     | eResponse.01 EMS Ag | eResponse.01 EMS Agency Number |  |  |
|---------------------------|-----|---------------------|--------------------------------|--|--|
| EMSAgencyNumber           |     | EMSAgencyNumber     |                                |  |  |
| Null Values               | No  | Null Values         | No                             |  |  |
| Is Nillable               | No  | Is Nillable         | No                             |  |  |
| Recurrence                | 1:1 | Recurrence          | 1:1                            |  |  |
| Comment                   |     |                     |                                |  |  |
| Mapping                   |     |                     |                                |  |  |
| V2 Pattern V3 Replacement |     |                     |                                |  |  |

F02\_02 Incident Number

# V2 Element V3 Element

| E02_02 Indiacht Num          |                          | cresponse.oo molden | cresponse.os molache Nambei |  |  |
|------------------------------|--------------------------|---------------------|-----------------------------|--|--|
| IncidentNumber               |                          | EMSIncidentNumber   |                             |  |  |
| Null Values                  | Yes                      | Null Values         | Yes                         |  |  |
| Is Nillable                  | No                       | Is Nillable         | Yes                         |  |  |
| Recurrence                   | 0:1                      | Recurrence          | 1:1                         |  |  |
| Comment                      |                          |                     |                             |  |  |
| v2 allows length 2 to 15. v3 | 3 allows length 3 to 32. |                     |                             |  |  |
| Mapping                      |                          |                     |                             |  |  |
| V2 Pattern                   |                          | V3 Replacement      |                             |  |  |
| string-length(.)<3           |                          | concat('_',.)       | concat('_',.)               |  |  |
| otherwise                    |                          |                     |                             |  |  |

eResponse 03 Incident Number

otherwise

E02\_03 EMS Unit (Vehicle) Response Number

#### V2 Element V3 Element

#### EMSUnitResponseNumber EMSResponseNumber **Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 0:1 1:1 Recurrence Comment v2 allows length 1 to 15. v3 allows length 3 to 32. Mapping V2 Pattern V3 Replacement substring(concat('\_\_\_',.),string-length(.)+1,3) string-length(.)<3

eResponse.04 EMS Response Number

| E02_04 Type of Ser    | rvice Re                   | quested    | • | eResponse.05 Ty | pe of Se     | rvice Requested |
|-----------------------|----------------------------|------------|---|-----------------|--------------|-----------------|
| TypeOfServiceRequeste | ed                         |            | E | EMSServiceCat   |              |                 |
| Null Values           |                            | No         | 1 | Null Values     |              | No              |
| Is Nillable           |                            | No         | I | ls Nillable     |              | No              |
| Recurrence            |                            | 1:1        | F | Recurrence      |              | 1:1             |
| Comment               |                            |            |   |                 |              |                 |
| Mapping               |                            |            |   |                 |              |                 |
| V2 Pattern            |                            |            | , | V3 Replacement  |              |                 |
| 30                    | 911 Respon                 | se (Scene) | 2 | 2205001         | 911 Resp     | onse (Scene)    |
| 35                    | Intercept                  |            | 2 | 2205003         | Intercept    |                 |
| 40                    | InterFacility <sup>*</sup> | Transfer   | 2 | 2205005         | Interfacilit | y Transport     |
| 45                    | Medical Trar               | nsport     | 2 | 2205007         | Medical T    | ransport        |
| 50                    | Mutual Aid                 |            | 2 | 2205009         | Mutual Aid   | d               |
| 55                    | Standby                    |            | 2 | 2205013         | Standby      |                 |

E02\_05 Primary Role of the Unit

#### V2 Element V3 Element

#### eResponse.07 Primary Role of the Unit PrimaryRollOfTheUnit PrimaryRoleOfUnit **Null Values Null Values** No No Is Nillable Is Nillable No No Recurrence 1:1 Recurrence 1:1 Comment Mapping V2 Pattern V3 Replacement .=75 and ../../E07/E07\_34=1025 2207013 Air Transport-Fixed Wing This mapping is used when E07\_34 CMS Service Level indicates a fixed wing air ambulance response. .=75 and ../../E07/E07\_34=1030 2207011 Air Transport-Helicopter This mapping is used when E07\_34 CMS Service Level indicates a rotary wing air ambulance response. 60 Non-Transport 2207007 Non-Transport Assistance 65 Rescue 2207009 Non-Transport Rescue 70 Supervisor 2207005 Non-Transport Administrative (e.g., Supervisor) 75 Transport 2207003 **Ground Transport**

This mapping is used when E07\_34 CMS Service Level does not indicate an air ambulance response.

E02\_06 Type of Dispatch Delay

95

eResponse.08 Type of Dispatch Delay

Location (Inability to Obtain)

### V2 Element V3 Element

Location (Inability to Obtain)

| TypeOfDispatchDela | ау                                      | EMSDispatchDela | ayReason    |                                |
|--------------------|---|-----------------|-------------|--------------------------------|
| Null Values        | Yes                                     | Null Values     |             | Yes                            |
| Is Nillable        | No                                      | Is Nillable     |             | Yes                            |
| Recurrence         | 1 : M                                   | Recurrence      |             | 1 : M                          |
| Comment            |   |                 |             |                                |
| Mapping            |   |                 |             |                                |
| V2 Pattern         |   | V3 Replacement  |             |                                |
| 100                | No Units Available                      | 2208011         | No EMS V    | ehicles (Units) Available      |
| 105                | None                                    | 2208013         | None/No E   | Delay                          |
| 110                | Other                                   | 2208015         | Other (Not  | Listed)                        |
| v3 supports add    | litional specific values.               |                 |             |                                |
| 115                | Scene Safety (Not Secure for EMS)       | 2208015         | Other (Not  | Listed)                        |
| Not supported in   | n v3.                                   |                 |             |                                |
| 120                | Technical Failure (Computer, Phone etc. | ) 2208017       | Technical   | Failure (Computer, Phone etc.) |
| 80                 | Caller (Uncooperative)                  | 2208001         | Caller (Un  | cooperative)                   |
| 85                 | High Call Volume                        | 2208005         | High Call \ | /olume                         |
| 90                 | Language Barrier                        | 2208007         | Language    | Barrier                        |

2208009

185

Weather

# V2 Element V3 Element

| E02_07 Type of Response Delay |                      | eResponse   | eResponse.09 Type of Response Delay |             |                              |  |
|-------------------------------|----------------------|-------------|-------------------------------------|-------------|------------------------------|--|
| TypeOfRespons                 | eDelay               |             | EMSUnitDela                         | yReason     |                              |  |
| Null Values                   |                      | Yes         | Null Values                         |             | Yes                          |  |
| Is Nillable                   |                      | No          | Is Nillable                         |             | Yes                          |  |
| Recurrence                    |                      | 1 : M       | Recurrence                          |             | 1 : M                        |  |
| Comment                       |                      |             |                                     |             |                              |  |
| Mapping                       |                      |             |                                     |             |                              |  |
| V2 Pattern                    |                      |             | V3 Replacem                         | nent        |                              |  |
| 125                           | Crowd                |             | 2209001                             | Crowd       |                              |  |
| 130                           | Direction            | S           | 2209003                             | Directions/ | Unable to Locate             |  |
| 135                           | Distance             |             | 2209005                             | Distance    |                              |  |
| 140                           | Diversion            |             | 2209007                             | Diversion ( | Different Incident)          |  |
| 145                           | HazMat               |             | 2209009                             | HazMat      |                              |  |
| 150                           | None                 |             | 2209011                             | None/No D   | elay                         |  |
| 155                           | Other                |             | 2209013                             | Other (Not  | Listed)                      |  |
|                               | s additional specifi | c values.   | 2209019                             |             |                              |  |
| 160                           | -                    | Safety      |                                     |             | ety (Not Secure for EMS)     |  |
| 165                           |                      | Staff Delay |                                     | Staff Delay |                              |  |
| 170                           | Traffic              | Traffic     |                                     | Traffic     |                              |  |
| 175                           | Vehicle (            | Crash       | 2209025                             | Vehicle Cra | ash Involving this Unit      |  |
| 180                           | 0 Vehicle Failure    |             | 2209027                             | Vehicle Fa  | Vehicle Failure of this Unit |  |

2209029

Weather

E02\_08 Type of Scene Delay

260

Weather

eResponse.10 Type of Scene Delay

#### V2 Element V3 Element

#### TypeOfSceneDelay EMSSceneUnitDelayReason **Null Values** Yes **Null Values** Yes Is Nillable Yes No Is Nillable Recurrence 1: M Recurrence 1: M Comment Mapping V2 Pattern V3 Replacement 190 Crowd 2210005 Crowd 195 **Directions** 2210007 Directions/Unable to Locate 200 Distance 2210009 Distance 205 Diversion 2210019 Other (Not Listed) Not supported in v3. Extrication greater than 20 min. 2210011 Extrication 210 HazMat 2210013 HazMat 215 220 Language Barrier 2210015 Language Barrier 225 None 2210017 None/No Delay 230 Other 2210019 Other (Not Listed) v3 supports additional specific values. Safety 2210023 Safety-Crew/Staging 235 2210025 Safety-Patient is also an appropriate v3 replacement. 240 Staff Delay 2210027 Staff Delay 245 Traffic 2210029 Traffic 250 Vehicle Crash 2210033 Vehicle Crash Involving this Unit Vehicle Failure Vehicle Failure of this Unit 255 2210035

2210037

Weather

F02 09 Type of Transport Delay

eResponse 11 Type of Transport Delay

# V2 Element V3 Element

| E02_09 Type of Transport Delay |                         |                 | ertesponse. i  | enesponse. It type of transport Delay |                                   |  |
|--------------------------------|-------------------------|-----------------|----------------|---------------------------------------|-----------------------------------|--|
| TypeOfTransportDelay           |                         |                 | EMSTransportU  | EMSTransportUnitDelayReason           |                                   |  |
| Null Values                    |                         | Yes             | Null Values    |                                       | Yes                               |  |
| Is Nillable                    |                         | No              | No Is Nillable |                                       | Yes                               |  |
| Recurrence                     |                         | 1 : M           | Recurrence     |                                       | 1 : M                             |  |
| Comment                        |                         |                 |                |                                       |                                   |  |
| Mapping                        |                         |                 |                |                                       |                                   |  |
| V2 Pattern                     |                         | V3 Replacemen   | t              |                                       |                                   |  |
| 265                            | Crowd                   |                 | 2211001        | Crowd                                 |                                   |  |
| 270                            | Directions              |                 | 2211003        | Directions                            | Directions/Unable to Locate       |  |
| 275                            | Distance                |                 | 2211005        | Distance                              | Distance                          |  |
| 280                            | Diversion               |                 | 2211007        | Diversion                             | Diversion                         |  |
| 285                            | HazMat                  |                 | 2211009        | HazMat                                | HazMat                            |  |
| 290                            | None                    |                 | 2211011        | None/No [                             | None/No Delay                     |  |
| 295                            | Other                   |                 | 2211013        | Other (No                             | Other (Not Listed)                |  |
|                                | rts additional specific | values.         |                |                                       |                                   |  |
| 300                            | Safety                  |                 | 2211019        | · ·                                   | Safety                            |  |
| 305                            | Staff Delay             | /               | 2211021        | Staff Dela                            | Staff Delay                       |  |
| 310                            | Traffic                 |                 | 2211023        | Traffic                               |                                   |  |
| 315                            | Vehicle Cr              | Vehicle Crash   |                | Vehicle Cı                            | Vehicle Crash Involving this Unit |  |
| 320                            | Vehicle Fa              | Vehicle Failure |                | Vehicle Fa                            | Vehicle Failure of this Unit      |  |
| 325                            | Weather                 |                 | 2211029        | Weather                               | Weather                           |  |

375

# V2 Element V3 Element

Vehicle Failure

| E02_10 Type of Turn-Around Delay |                              |                              | eResponse.1    | eResponse.12 Type of Turn-Around Delay |  |  |
|----------------------------------|------------------------------|------------------------------|----------------|--|--|--|
| TypeOfTurnAroundDelay            |                              | EMSTurnaroundUnitDelayReason |                |  |  |  |
| Null Values                      |                              | Yes                          | Null Values    | Yes                                    |  |  |
| Is Nillable                      |                              | No                           | Is Nillable    | Yes                                    |  |  |
| Recurrence                       |                              | 1 : M                        | Recurrence     | 1 : M                                  |  |  |
| Comment                          |                              |                              |                |  |  |  |
| Mapping                          |                              |                              |                |  |  |  |
| V2 Pattern                       | V2 Pattern                   |                              | V3 Replacement |  |  |  |
| 330                              | Clean-up                     | Clean-up                     |                | Clean-up                               |  |  |
| 335                              | Decontamin                   | Decontamination              |                | Decontamination                        |  |  |
| 340                              | Documentat                   | Documentation                |                | Documentation                          |  |  |
| 345                              | ED Overcro                   | ED Overcrowding              |                | ED Overcrowding / Transfer of Care     |  |  |
| 350                              | Equipment F                  | Equipment Failure            |                | Equipment Failure                      |  |  |
| 355                              | Equipment F                  | Equipment Replenishment      |                | Equipment/Supply Replenishment         |  |  |
| 360                              | None                         |                              | 2212015        | None/No Delay                          |  |  |
| 365                              | Other                        |                              | 2212017        | Other (Not Listed)                     |  |  |
| v3 sup                           | ports additional specific va | alues.                       |                |  |  |  |
| 370                              | Staff Delay                  |                              | 2212023        | Staff Delay                            |  |  |

2212029

Vehicle Failure of this Unit

E02\_11 EMS Unit/Vehicle Number

eResponse.13 EMS Vehicle (Unit) Number

#### V2 Element V3 Element

# EMSUnitNumber EMSVehicleNumber Null Values No Is Nillable No Recurrence 0: 1 Recurrence 1: 1

#### Comment

v2 allows length 2 to 30. v3 allows length 1 to 25.

#### Mapping

V2 Pattern V3 Replacement substring(.,25)

\_

This mapping is used when the v3 element is mandatory and the v2 element is missing or contains a null value.

#### E02\_12 EMS Unit Call Sign (Radio Number) eResponse.14 EMS Unit Call Sign EMSUnitCallSign **EMSUnitCallSign Null Values** No **Null Values** No Is Nillable No Is Nillable No Recurrence 1:1 Recurrence 1:1 Comment Mapping V2 Pattern V3 Replacement

#### V3 Element V2 Element

| E02_13 Vehicle Dispatch Location |                         | eResponse.16 Vehicle Dispatch Location |     |  |
|----------------------------------|-------------------------|--|-----|--|
| VehicleDispatchLocation          |                         | VehicleDispatchLocation                |     |  |
| Null Values                      | Yes                     | Null Values                            | No  |  |
| Is Nillable                      | No                      | Is Nillable                            | No  |  |
| Recurrence                       | 0:1                     | Recurrence                             | 0:1 |  |
| Comment                          |                         |  |     |  |
| v2 allows length 1 to 30. v3     | allows length 2 to 100. |  |     |  |
| Mapping                          |                         |  |     |  |
| V2 Pattern                       |                         | V3 Replacement                         |     |  |
| string-length(.)<2               |                         | concat('_',.)                          |     |  |
| otherwise                        |                         |  |     |  |

| E02_14 Vehicle Dispatch Zone  ZoneNumber |     | eCustomResults.01 Custom Data Element Result |       |  |
|--|-----|--|-------|--|
|  |     | CustomResults                                |       |  |
| Null Values                              | Yes | Null Values                                  | Yes   |  |
| Is Nillable                              | No  | Is Nillable                                  | Yes   |  |
| Recurrence                               | 0:1 | Recurrence                                   | 1 : M |  |
| Comment                                  |     |  |       |  |
| Mapping                                  |     |  |       |  |
| V2 Pattern                               |     | V3 Replacement                               |       |  |

E02\_15 Vehicle Dispatch GPS Location

#### V2 Element V3 Element

# GPSLocation GPSLocation Null Values No Is Nillable No Recurrence 0: 1 Recurrence 0: 1

#### Comment

#### Mapping

#### V2 Pattern

#### V3 Replacement

concat(xs:decimal(@Lat),',',xs:decimal(@Long))

eResponse.17 Vehicle Dispatch GPS Location

| E02_16 Beginning Odometer Reading of Responding Vehicle |     | eResponse.19 Beginning Odometer Reading of Responding Vehicle |     |
|---|-----|---|-----|
| OdometerReading   |     | EMSMileageOdometer  |     |
| Null Values   | No  | Null Values   | No  |
| Is Nillable   | No  | Is Nillable   | No  |
| Recurrence  | 0:1 | Recurrence  | 0:1 |
| Comment   |     |   |     |
| Mapping   |     |   |     |
| V2 Pattern V3 Replacement                               |     |   |     |

| E02_17 On-Scene Odometer Reading of Responding Vehicle |    | eResponse.20 On-Scene Odometer Reading of Responding Vehicle |     |
|--|----|--|-----|
| OdometerReading  |    | EMSMileageOdometer   |     |
| Null Values  | No | Null Values  | No  |
| Is Nillable  | No | Is Nillable  | No  |
| Recurrence 0:1   |    | Recurrence   | 0:1 |
| Comment  |    |  |     |
| Mapping  |    |  |     |
| V2 Pattern   |    | V3 Replacement   |     |

## E02\_18 Patient Destination Odometer Reading of Responding Vehicle eResponse.21 Patient Destination Odometer Reading of Responding Vehicle

| OdometerReading |     | EMSMileageOdometer |     |
|-----------------|-----|--------------------|-----|
| Null Values     | No  | Null Values        | No  |
| Is Nillable     | No  | Is Nillable        | No  |
| Recurrence      | 0:1 | Recurrence         | 0:1 |

Comment

Mapping

V2 Pattern V3 Replacement

| E02_19 Ending Odometer Reading of Responding Vehicle |     | eResponse.22 Ending Responding Vehicle | eResponse.22 Ending Odometer Reading of Responding Vehicle |  |
|--|-----|--|--|--|
| OdometerReading                                      |     | EMSMileageOdometer                     |  |  |
| Null Values  | No  | Null Values                            | No   |  |
| Is Nillable  | No  | Is Nillable                            | No   |  |
| Recurrence   | 0:1 | Recurrence                             | 0:1  |  |
| Comment  |     |  |  |  |
| Mapping  |     |  |  |  |
|  |     |  |  |  |

V2 Pattern V3 Replacement

E02\_20 Response Mode to Scene

### V2 Element V3 Element

## ResponseModeToScene EMSResponseMode Null Values No Is Nillable No Recurrence 1: 1 Recurrence 1: 1

eResponse.23 Response Mode to Scene

### Comment

Not precise, but eResponse.23 is mandatory in v3.

| Mapping      |  |                |                                     |
|--------------|--|----------------|-------------------------------------|
| V2 Pattern   |  | V3 Replacement |                                     |
| 380          | Initial Lights and Sirens, Downgraded to No Lights or Sirens | 2223003        | Emergent Downgraded to Non-Emergent |
| Not precise. |  |                |                                     |
| 385          | Initial No Lights or Sirens, Upgraded to Lights and Sirens   | 2223007        | Non-Emergent Upgraded to Emergent   |
| Not precise. |  |                |                                     |
| 390          | Lights and Sirens  | 2223001        | Emergent (Immediate Response)       |
| Not precise. |  |                |                                     |
| 395          | No Lights or Sirens  | 2223005        | Non-Emergent                        |
| Not precise. |  |                |                                     |

| E02_20 Response Mode to Scene |  | eResponse.24 Additional Response Mode Descriptors |                |                                |                                     |
|-------------------------------|--|---|----------------|--------------------------------|-------------------------------------|
| ResponseModeTo                | oScene   |   | EMSAdditionalR | esponseMode                    |                                     |
| Null Values                   |  | No  | Null Values    |                                | Yes                                 |
| Is Nillable                   |  | No  | Is Nillable    |                                | Yes                                 |
| Recurrence                    |  | 1:1   | Recurrence     |                                | 1 : M                               |
| Comment                       |  |   |                |                                |                                     |
| Mapping                       |  |   |                |                                |                                     |
| V2 Pattern                    |  |   | V3 Replacemen  | t                              |                                     |
| 380                           | Initial Lig<br>Lights or                                   | hts and Sirens, Downgraded to No<br>Sirens        | 2224023        | Initial Lights<br>Lights or Si | s and Sirens, Downgraded to No rens |
| 385                           | Initial No Lights or Sirens, Upgraded to Lights and Sirens |   | 2224021        | Initial No Li<br>and Sirens    | ghts or Sirens, Upgraded to Lights  |
| 390                           | Lights ar  | nd Sirens   | 2224015        | Lights and                     | Sirens                              |
| 395                           | No Light   | s or Sirens                                       | 2224019        | No Lights o                    | r Sirens                            |

### E03\_01 Complaint Reported by Dispatch eDispatch.01 Complaint Reported by Dispatch ComplaintReportedByDispatch ComplaintReportedByDispatch **Null Values** Yes **Null Values** No Is Nillable No Is Nillable No Recurrence 1:1 Recurrence 1:1 Comment Mapping V2 Pattern V3 Replacement 2301051 No Other Appropriate Choice This mapping is used when the v3 element is mandatory and the v2 element is missing or contains a null value. 400 Abdominal Pain/Problems Abdominal Pain 2301001 405 Allergic Reaction/Stings Allergies 2301003 **Animal Bite Animal Bite** 410 2301005 415 Assult 2301007 Assault Back Pain 2301011 420 Back Pain (Non-Traumatic) 425 **Breathing Problem** 2301013 **Breathing Problem** 430 2301015 Burns/Explosion 435 CO Poisoning/Hazmat 2301017 Carbon Monoxide/Hazmat/Inhalation/CBRN Cardiac Arrest/Death 440 Cardiac Arrest 2301019 445 Chest Pain 2301021 Chest Pain (Non-Traumatic) 450 Choking 2301023 2301025 455 Convulsions/Seizure Convulsions/Seizure 460 Diabetic Problem 2301027 Diabetic Problem 2301081 Drowning/Diving/SCUBA Accident 465 Drowning 470 Electrocution 2301029 Electrocution/Lightning 475 Eye Problem Eye Problem/Injury 2301031 480 Fall Victim 2301033 Falls 485 Headache 2301037 Headache **Heart Problems** Heart Problems/AICD 490 2301041 495 Heat/Cold Exposure 2301043 Heat/Cold Exposure 500 Hemorrage/Laceration 2301045 Hemorrhage/Laceration Industrial Accident/Inaccessible Incident/Other Industrial Accident/Inaccessible Incident/Other 505 2301047 Entrapments (non-vehicle) Entrapments (Non-Vehicle) 510 Ingestion/Poisoning 2301053 Overdose/Poisoning/Ingestion 515 Pregnacy/Childbirth 2301057 Pregnancy/Childbirth/Miscarriage 520 Psychiatric Problem 2301059 Psychiatric Problem/Abnormal Behavior/Suicide Attempt 525 Sick Person 2301061 Sick Person

June 4, 2014 Page 151

2301063

2301067

Stab/Gunshot Wound/Penetrating Trauma

Stroke/CVA

Stab/Gunshot Wound

Stroke/CVA

530 535

| 540 | Traffic Accident                       | 2301069 | Traffic/Transportation Incident        |
|-----|--|---------|--|
| 545 | Traumatic Injury                       | 2301073 | Traumatic Injury                       |
| 550 | Unconscious/Fainting                   | 2301077 | Unconscious/Fainting/Near-Fainting     |
| 555 | Unknown Problem Man Down               | 2301079 | Unknown Problem/Person Down            |
| 560 | Transfer/Interfacility/Palliative Care | 2301071 | Transfer/Interfacility/Palliative Care |
| 565 | MCI                                    | 2301051 | No Other Appropriate Choice            |

Not supported in v3.

575

Yes, Without Pre-Arrival Instructions

## V2 Element V3 Element

Yes, Without Pre-Arrival Instructions

| E03_02 EMD Performed |                                    | eDispatch.02  | eDispatch.02 EMD Performed         |  |
|----------------------|------------------------------------|---------------|------------------------------------|--|
| EMDPerformed         |                                    | EMDPerformed  |                                    |  |
| Null Values          | Yes                                | Null Values   | Yes                                |  |
| Is Nillable          | No                                 | Is Nillable   | Yes                                |  |
| Recurrence           | 1:1                                | Recurrence    | 1:1                                |  |
| Comment              |                                    |               |                                    |  |
| Mapping              |                                    |               |                                    |  |
| V2 Pattern           |                                    | V3 Replacemer | nt                                 |  |
| 0                    | No                                 | 2302001       | No                                 |  |
| 570                  | Yes, With Pre-Arrival Instructions | 2302003       | Yes, With Pre-Arrival Instructions |  |

2302005

| E03_03 EMD Card Number |     | eDispatch.03 EMD Card Number |     |  |
|------------------------|-----|------------------------------|-----|--|
| EMDCardNumber          |     | EMDCardNumber                |     |  |
| Null Values            | Yes | Null Values                  | No  |  |
| Is Nillable            | No  | Is Nillable                  | No  |  |
| Recurrence             | 0:1 | Recurrence                   | 0:1 |  |
| Comment                |     |                              |     |  |
| Mapping                |     |                              |     |  |
| V2 Pattern             |     | V3 Replacement               |     |  |

E03\_03 EMD Card Number

eDispatch.05 Dispatch Priority (Patient Acuity)

### V2 Element V3 Element

## EMDCardNumber DispatchPriority Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 0: 1 Recurrence 0: 1

### Comment

Implements the v3 recommended mapping for EMD systems utilizing Alpha-Echo and Omega levels for determining dispatch priority.

| Mapping   |                |   |
|---|----------------|---|
| V2 Pattern  | V3 Replacement |   |
| $\label{lem:upper-case} upper-case (substring (normalize-space (.), string-length (normalize-space (.)), 1)) = 'A'$ | 2305005        | Priority 3 (Lower Acuity)                                   |
| Alpha   |                |   |
| upper-case(substring(normalize-space(.),string-length(normalize-space(.)),1))='B'                                   | 2305003        | Priority 2 (Emergent)                                       |
| Bravo   |                |   |
| <pre>upper-case(substring(normalize-space(.),string-length(normalize-<br/>space(.)),1))='C'</pre>                   | 2305003        | Priority 2 (Emergent)                                       |
| Charlie   |                |   |
| upper-case(substring(normalize-space(.),string-length(normalize-space(.)),1))='D'                                   | 2305001        | Priority 1 (Critical)                                       |
| Delta   |                |   |
| upper-case(substring(normalize-space(.),string-length(normalize-space(.)),1))='E'                                   | 2305001        | Priority 1 (Critical)                                       |
| Echo  |                |   |
| upper-case(substring(normalize-space(.),string-length(normalize-space(.)),1))='O'                                   | 2305007        | Priority 4 (Non-Acute [e.g. Scheduled Transfer or Standby]) |
| Omega   |                |   |

| E04_01 Crew Member ID     |         | eCrew.01 Crew Member ID |     |  |  |
|---------------------------|---------|-------------------------|-----|--|--|
| CrewMemberID              |         | CrewMemberID            |     |  |  |
| Null Values               | Yes     | Null Values             | Yes |  |  |
| Is Nillable               | No      | Is Nillable             | Yes |  |  |
| Recurrence                | 0:1     | Recurrence              | 0:1 |  |  |
| Comment                   | Comment |                         |     |  |  |
| Mapping                   |         |                         |     |  |  |
| V2 Pattern V3 Replacement |         |                         |     |  |  |

### E04\_02 Crew Member Role eCrew.03 Crew Member Response Role CrewMemberRole CrewMemberRoles **Null Values** Yes **Null Values** Yes Is Nillable Yes No Is Nillable 0: M Recurrence 0:1 Recurrence Comment Mapping V2 Pattern V3 Replacement 2403001 580 Driver Driver/Pilot-Response Not precise. See notes in v2 and v3 data dictionaries. 585 2403011 Primary Patient Caregiver-At Scene **Primary Patient Caregiver** Not precise. See notes in v2 and v3 data dictionaries. 590 Secondary Patient Caregiver 2403007 Other Patient Caregiver-At Scene Not precise. See notes in v2 and v3 data dictionaries. 2403007 595 Third Patient Caregiver Other Patient Caregiver-At Scene Not precise. See notes in v2 and v3 data dictionaries.

2403005

Other (Not Listed)

v3 supports additional specific values.

Other

600

## V2 Element V3 Element

## CrewMemberLevel MemberLevel Null Values Yes Is Nillable No Recurrence 0: 1 Recurrence 0: 1

eCrew.02 Crew Member Level

### Comment

v2 also includes DescriptiveText, which is a string of length 2 to 100.

| Mapping               |                                       |                                     |   |  |
|-----------------------|---------------------------------------|-------------------------------------|---|--|
| V2 Pattern            |                                       | V3 Replacemen                       | V3 Replacement  |  |
| 6090                  | EMT-Basic                             | 9925015                             | EMT-Basic   |  |
| 6100                  | EMT-Intermediate                      | 9925017                             | EMT-Intermediate                                      |  |
| 6110                  | EMT-Paramedic                         | 9925019                             | EMT-Paramedic   |  |
| 6111                  | Nurse                                 | 9925021                             | Nurse   |  |
| v3 value<br>v3 replac | · · · · · · · · · · · · · · · · · · · | 25041 Licensed Practical Nurse (LPN | N), and 9925043 Registered Nurse are also appropriate |  |
| 6112                  | Physician                             | 9925027                             | Physician   |  |
| 6120                  | First Responder                       | 9925013                             | First Responder                                       |  |
| 635                   | Student                               | 9925031                             | Student   |  |
| 640                   | Other Healthcare Professional         | 9925023                             | Other Healthcare Professional                         |  |
| 645                   | Other Non-Healthcare Professional     | 9925025                             | Other Non-Healthcare Professional                     |  |

### V2 Element V3 Element

|                                   |     | Administering Medication |     |  |
|-----------------------------------|-----|--------------------------|-----|--|
| CrewMemberLevel EMSCaregiverLevel |     |                          |     |  |
| Null Values                       | Yes | Null Values              | Yes |  |
| Is Nillable                       | No  | Is Nillable              | Yes |  |
| Recurrence                        | 0:1 | Recurrence               | 1:1 |  |

eMedications.10 Role/Type of Person

### Comment

Mapping is contingent on finding a match between v2 E18\_09 Medication Crew Member ID and E04\_01 Crew Member ID. v2 also includes DescriptiveText, which is a string of length 2 to 100.

### Mapping

| V2 Pattern |  | V3 Replacement                     |  |
|------------|--|------------------------------------|--|
| 6090       | EMT-Basic  | 9905009                            | EMT-Basic  |
| 6100       | EMT-Intermediate   | 9905011                            | EMT-Intermediate                                     |
| 6110       | EMT-Paramedic  | 9905013                            | EMT-Paramedic  |
| 6111       | Nurse  | 9905017                            | Nurse  |
|            | alue is deprecated. 9905035 Nurse Practitioner, 990seplacements. | 5039 Licensed Practical Nurse (LPN | ), and 9905041 Registered Nurse are also appropriate |
| 6112       | Physician  | 9905025                            | Physician  |
| 6120       | First Responder  | 9905015                            | First Responder                                      |
| 635        | Student  | 9905029                            | Student  |
| 640        | Other Healthcare Professional                                    | 9905019                            | Other Healthcare Professional                        |
| 645        | Other Non-Healthcare Professional                                | 9905021                            | Other Non-Healthcare Professional                    |

eProcedures.10 Role/Type of Person Performing

### V2 Element V3 Element

# the Procedure CrewMemberLevel EMSCaregiverLevel Null Values Yes Is Nillable No Recurrence 0: 1 Recurrence 1: 1

### Comment

Mapping is contingent on finding a match between v2 E18\_09 Procedure Crew Members ID and E04\_01 Crew Member ID. v2 also includes DescriptiveText, which is a string of length 2 to 100.

### Mapping

| V2 Pa | nttern                                 |   | V3 Replacement                |   |
|-------|--|---|-------------------------------|---|
| 6090  |  | EMT-Basic   | 9905009                       | EMT-Basic                                     |
| 6100  |  | EMT-Intermediate                                  | 9905011                       | EMT-Intermediate                              |
| 6110  |  | EMT-Paramedic                                     | 9905013                       | EMT-Paramedic                                 |
| 6111  |  | Nurse   | 9905017                       | Nurse   |
|       | v3 value is deprec<br>v3 replacements. | ated. 9905035 Nurse Practitioner, 9905039 License | ed Practical Nurse (LPN), and | 9905041 Registered Nurse are also appropriate |
| 6112  |  | Physician   | 9905025                       | Physician                                     |
| 6120  |  | First Responder                                   | 9905015                       | First Responder                               |
| 635   |  | Student   | 9905029                       | Student                                       |
| 640   |  | Other Healthcare Professional                     | 9905019                       | Other Healthcare Professional                 |
| 645   |  | Other Non-Healthcare Professional                 | 9905021                       | Other Non-Healthcare Professional             |
|       |  |   |                               |   |

### V2 Element V3 Element

## CrewMemberLevel UnitLevelOfCare Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 0: 1 Recurrence 1: 1

eResponse.15 Level of Care of This Unit

### Comment

Not precise, but eResponse.15 is mandatory in v3. The highest value among E04\_03 is used. v2 also includes DescriptiveText, which is a string of length 2 to 100.

## Mapping

| V2 Pattern        |   | V3 Replacement |                         |  |  |
|-------------------|---|----------------|-------------------------|--|--|
| 6090              | EMT-Basic   | 2215003        | BLS-Basic/EMT           |  |  |
| 6100              | EMT-Intermediate  | 2215011        | ALS-Intermediate        |  |  |
| 2215007 BLS-Inter | 2215007 BLS-Intermediate is also an appropriate v3 replacement. |                |                         |  |  |
| 6110              | EMT-Paramedic   | 2215013        | ALS-Paramedic           |  |  |
| 6111              | Nurse   | 2215017        | ALS-Nurse               |  |  |
| 6112              | Physician   | 2215019        | ALS-Physician           |  |  |
| 6120              | First Responder   | 2215001        | BLS-First Responder/EMR |  |  |

E05\_01 Incident or Onset Date/Time

eSituation.01 Date/Time of Symptom Onset/Last

### V2 Element V3 Element

## DateTime DateTimeType Null Values No Null Values Yes Is Nillable Yes Is Nillable Yes Recurrence 0: 1 Recurrence 1: 1

### Comment

v3 uses a pattern to require a timezone offset: (\+|-)[0-9]{2}:[0-9]{2}.

### Mapping

.!="

V2 Pattern

V3 Replacement

adjust-dateTime-to-timezone(.)

E05\_02 PSAP Call Date/Time

### V2 Element V3 Element

## DateTime DateTimeType Null Values No Null Values Yes Is Nillable Yes Is Nillable Yes Recurrence 1: 1 Recurrence 1: 1

### Comment

v3 uses a pattern to require a timezone offset: (\+|-)[0-9]{2}:[0-9]{2}.

## Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

eTimes.01 PSAP Call Date/Time

E05\_03 Dispatch Notified Date/Time

### V2 Element V3 Element

## DateTime DateTimeType Null Values No Is Nillable Yes Recurrence 0: 1 Recurrence 0: 1

### Comment

v3 uses a pattern to require a timezone offset: (\+|-)[0-9]{2}:[0-9]{2}.

## Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

eTimes.02 Dispatch Notified Date/Time

E05\_04 Unit Notified by Dispatch Date/Time

### V2 Element V3 Element

## DateTime DateTimeType Null Values No Is Nillable No Recurrence 1: 1 Recurrence 1: 1

### Comment

v3 uses a pattern to require a timezone offset: (\+|-)[0-9]{2}:[0-9]{2}.

## Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

eTimes.03 Unit Notified by Dispatch Date/Time

E05\_05 Unit En Route Date/Time

### V2 Element V3 Element

## DateTime DateTimeType Null Values No Null Values Yes Is Nillable Yes Is Nillable Yes Recurrence 1: 1 Recurrence 1: 1

### Comment

v3 uses a pattern to require a timezone offset: (\+|-)[0-9]{2}:[0-9]{2}.

## Mapping

V2 Pattern

V3 Replacement

eTimes.05 Unit En Route Date/Time

.!=" adjust-dateTime-to-timezone(.)

E05\_06 Unit Arrived on Scene Date/Time

### V2 Element V3 Element

## DateTime DateTimeType Null Values No Null Values Yes Is Nillable Yes Is Nillable Yes Recurrence 1: 1 Recurrence 1: 1

### Comment

v3 uses a pattern to require a timezone offset: (\+|-)[0-9]{2}:[0-9]{2}.

## Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

eTimes.06 Unit Arrived on Scene Date/Time

E05\_07 Arrived at Patient Date/Time

### V2 Element V3 Element

## DateTime DateTimeType Null Values No Null Values Yes Is Nillable Yes Is Nillable Yes Recurrence 1: 1 Recurrence 1: 1

### Comment

v3 uses a pattern to require a timezone offset: (\+|-)[0-9]{2}:[0-9]{2}.

## Mapping

V2 Pattern

V3 Replacement

eTimes.07 Arrived at Patient Date/Time

.!=" adjust-dateTime-to-timezone(.)

E05\_08 Transfer of Patient Care Date/Time

eTimes.08 Transfer of EMS Patient Care Date/Time

### V2 Element V3 Element

## DateTime DateTimeType Null Values No Null Values Yes Is Nillable Yes Is Nillable Yes Recurrence 0: 1 Recurrence 0: 1

### Comment

v3 uses a pattern to require a timezone offset: (\+|-)[0-9]{2}:[0-9]{2}.

### Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

E05\_09 Unit Left Scene Date/Time

### V2 Element V3 Element

## DateTime DateTimeType Null Values No Null Values Yes Is Nillable Yes Is Nillable Yes Recurrence 1: 1 Recurrence 1: 1

### Comment

v3 uses a pattern to require a timezone offset: (\+|-)[0-9]{2}:[0-9]{2}.

## Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

eTimes.09 Unit Left Scene Date/Time

## E05\_10 Patient Arrived at Destination Date/Time

## eTimes.11 Patient Arrived at Destination Date/Time

| DateTime    |     | DateTimeType |     |
|-------------|-----|--------------|-----|
| Null Values | No  | Null Values  | Yes |
| Is Nillable | Yes | Is Nillable  | Yes |
| Recurrence  | 1:1 | Recurrence   | 1:1 |

### Comment

v3 uses a pattern to require a timezone offset: (\+|-)[0-9]{2}:[0-9]{2}.

## Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

E05\_11 Unit Back in Service Date/Time

### V2 Element V3 Element

## DateTime DateTimeType Null Values No Is Nillable No Recurrence 1: 1 Recurrence 1: 1

### Comment

v3 uses a pattern to require a timezone offset: (\+|-)[0-9]{2}:[0-9]{2}.

## Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

eTimes.13 Unit Back in Service Date/Time

E05\_12 Unit Cancelled Date/Time

### V2 Element V3 Element

## DateTime DateTimeType Null Values No Is Nillable Yes Recurrence 0: 1 Recurrence 0: 1

### Comment

v3 uses a pattern to require a timezone offset: (\+|-)[0-9]{2}:[0-9]{2}.

## Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

eTimes.14 Unit Canceled Date/Time

## E05\_13 Unit Back at Home Location Date/Time

## eTimes.15 Unit Back at Home Location Date/Time

| DateTime    |     | DateTimeType |     |
|-------------|-----|--------------|-----|
| Null Values | No  | Null Values  | No  |
| Is Nillable | Yes | Is Nillable  | No  |
| Recurrence  | 1:1 | Recurrence   | 0:1 |

### Comment

v3 uses a pattern to require a timezone offset: (\+|-)[0-9]{2}:[0-9]{2}.

## Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

| E06_01 Last Name |     | ePatient.02 Last Name |     |
|------------------|-----|-----------------------|-----|
| LastName         |     | PersonLastName        |     |
| Null Values      | Yes | Null Values           | Yes |
| Is Nillable      | No  | Is Nillable           | Yes |
| Recurrence       | 0:1 | Recurrence            | 0:1 |
| Comment          |     |                       |     |
| Mapping          |     |                       |     |
| V2 Pattern       |     | V3 Replacement        |     |

| E06_02 First Name |     | ePatient.03 First Name |     |
|-------------------|-----|------------------------|-----|
| FirstName         |     | PersonFirstName        |     |
| Null Values       | Yes | Null Values            | Yes |
| Is Nillable       | No  | Is Nillable            | Yes |
| Recurrence        | 0:1 | Recurrence             | 0:1 |
| Comment           |     |                        |     |
| Mapping           |     |                        |     |
| V2 Pattern        |     | V3 Replacement         |     |

| E06_03 Middle Initial/Name |     | ePatient.04 Middle Initia | ePatient.04 Middle Initial/Name |  |
|----------------------------|-----|---------------------------|---------------------------------|--|
| MiddleInitialName          |     | PersonMiddleName          |                                 |  |
| Null Values                | Yes | Null Values               | No                              |  |
| Is Nillable                | No  | Is Nillable               | No                              |  |
| Recurrence                 | 0:1 | Recurrence                | 0:1                             |  |
| Comment                    |     |                           |                                 |  |
| Mapping                    |     |                           |                                 |  |
| V2 Pattern V3 Replacement  |     |                           |                                 |  |

| E06_04 Patient's Home Address |     | ePatient.05 Patient's Home Address |     |
|-------------------------------|-----|------------------------------------|-----|
| StreetAddress                 |     | StreetAddress                      |     |
| Null Values                   | Yes | Null Values                        | No  |
| Is Nillable                   | No  | Is Nillable                        | No  |
| Recurrence                    | 0:1 | Recurrence                         | 0:1 |
| Comment                       |     |                                    |     |
| Mapping                       |     |                                    |     |
| V2 Pattern V3 Replacement     |     |                                    |     |

| E06_05 Patient's Home City |     | ePatient.06 Patient's Home City |     |
|----------------------------|-----|---------------------------------|-----|
| City                       |     | CityGnisCode                    |     |
| Null Values                | Yes | Null Values                     | No  |
| Is Nillable                | No  | Is Nillable                     | No  |
| Recurrence                 | 0:1 | Recurrence                      | 0:1 |

### Comment

v2 allows length 2 to 30 and specifies the use of FIPS. v3 allows any Positive Integer and specifies the use of GNIS. To add mappings, add entries to v2v3ValueMappingvCity or load them from files downloaded from the "State Files with Federal Codes" section at http://geonames.usgs.gov/domestic/download\_data.htm. If multiple mappings exist for a FIPS code within a state, priority is given to codes with a census class code that starts with "C", then "P".

### Mapping

V2 Pattern V3 Replacement

51000 City of New York 2395220 City of New York

| E06_06 Patient's Home County |     | ePatient.07 Patient's Home County |     |
|------------------------------|-----|-----------------------------------|-----|
| County                       |     | ANSICountyCode                    |     |
| Null Values                  | Yes | Null Values                       | Yes |
| Is Nillable                  | No  | Is Nillable                       | Yes |
| Recurrence                   | 0:1 | Recurrence                        | 1:1 |

### Comment

Maps from FIPS 6 to ANSI INCITS 31. The transition was an oversight change only. There were no changes in the numeric codes. v2 allows length 2 to 5. v3 requires length 5.

### Mapping

V2 Pattern

### V3 Replacement

 $substring(concat('\_\_\_', normalize\text{-space(.)}), string\text{-length}(normalize\text{-space(.)}) + 1, 5)\\$ 

E06\_07 Patient's Home State

normalize-space(.)='-25'

normalize-space(.)='-5'

Not Applicable

Not Available

## V2 Element V3 Element

| State  |  | ANSIStateCode   | ANSIStateCode                 |  |  |
|--|--|---|-------------------------------|--|--|
| Null Values  | Yes  | Null Values   | Yes                           |  |  |
| Is Nillable  | No   | Is Nillable   | Yes                           |  |  |
| Recurrence   | 0:1  | Recurrence  | 1:1                           |  |  |
| Comment  |  |   |                               |  |  |
| Maps from FIPS 5 to ANSI INCITS 38. The transition was an oversight change only. There were no changes in the numeric codes. v2 allows length 2 to 3. v3 requires length 2.  Mapping |  |   |                               |  |  |
| codes. v2 allows lengt   |  |   | ere no changes in the numeric |  |  |
| codes. v2 allows lengt   |  |   | ere no changes in the numeric |  |  |
| codes. v2 allows lengt   |  |   | ere no changes in the numeric |  |  |
| Mapping  V2 Pattern  normalize-space(.)='-10'  | th 2 to 3. v3 requires length 2.  Not Known                | V3 Replacement  | ere no changes in the numeric |  |  |
| Mapping  V2 Pattern  normalize-space(.)='-10'  | th 2 to 3. v3 requires length 2.  Not Known                | V3 Replacement  | ere no changes in the numeric |  |  |
| Mapping  V2 Pattern  normalize-space(.)='-10'  This mapping is u  normalize-space(.)='-15'   | Not Known sed when the v3 element is mandate Not Reporting | V3 Replacement '' bry and the v2 element contains a null value.     | ere no changes in the numeric |  |  |
| Mapping  V2 Pattern  normalize-space(.)='-10'  This mapping is u  normalize-space(.)='-15'   | Not Known sed when the v3 element is mandate Not Reporting | V3 Replacement ''  bry and the v2 element contains a null value. '' | ere no changes in the numeric |  |  |

ePatient.08 Patient's Home State

This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

otherwise substring(concat('\_\_', .), string-length(.)+1, 2)

If the v3 element is mandatory and the v2 element is missing, this mapping generates the value "\_\_".

E06\_08 Patient's Home Zip Code

## V2 Element V3 Element

# Zip ZIP Null Values Yes Null Values Yes Is Nillable No Is Nillable Yes Recurrence 1: 1 Recurrence 1: 1

### Comment

v2 allows any String, unconstrained. v3 specifies a pattern.

# Mapping

### V2 Pattern

 $matches (normalize-space(.),'^([0-9]{5}|[0-9]{5}-[0-9]{4}|[0-9]{5}-[0-9]{5}|[A-Z][0-9][A-Z][0-9][A-Z][0-9][S]')$ 

## V3 Replacement

ePatient.09 Patient's Home ZIP Code

normalize-space(.)

#### ePatient.10 Patient's Home Country E06 09 Patient's Home Country ANSICountryCode Country **Null Values** Yes **Null Values** No Is Nillable Is Nillable No No Recurrence 0:1 Recurrence 0:1

#### Comment

Maps from FIPS 10 (now GEC) to ISO 3166. FIPS 10 is now maintained by National Geospatial-intelligence Agency (http://earth-info.nga.mil/gns/html/gazetteers2.html) as Geopolitical Entities and Codes (GEC). Data for mapping retrieved from CIA World Factbook, Appendix D (https://www.cia.gov/library/publications/the-world-factbook/appendix/appendix-d.html), August 16, 2013. The CIA source was chosen because it incorporates updates issued by NGA, whereas the NGA source only provides the updates as separate files. v2 allows length 2 to 20. v3 requires length 2.

## Mapping

| V2 Pattern             |   | V3 Replacemen | nt .                   |
|------------------------|---|---------------|------------------------|
| string-length(normaliz | e-space(.))!=2                                      | II.           |                        |
|                        | , return no v3 replacement.                         |               |                        |
| AA                     | Aruba   | AW            | Aruba                  |
| AC                     | Antigua and Barbuda                                 | AG            | Antigua and Barbuda    |
| AG                     | Algeria   | DZ            | Algeria                |
| AJ                     | Azerbaijan  | AZ            | Azerbaijan             |
| AN                     | Andorra   | AD            | Andorra                |
| AQ                     | American Samoa                                      | AS            | American Samoa         |
| AS                     | Australia   | AU            | Australia              |
| AU                     | Austria   | AT            | Austria                |
| AV                     | Anguilla  | Al            | Anguilla               |
| AX                     | Akrotiri  | GB            | United Kingdom         |
| UK Sovereig            | n Base Area on Cyprus                               |               |                        |
| AY                     | Antarctica  | AQ            | Antarctica             |
|                        | as the territory south of 60 degrees south latitude | <b></b>       | - · ·                  |
| BA                     | Bahrain   | ВН            | Bahrain                |
| BC                     | Botswana  | BW            | Botswana               |
| BD                     | Bermuda   | ВМ            | Bermuda                |
| BF                     | Bahamas, The  | BS            | Bahamas, The           |
| BG                     | Bangladesh  | BD            | Bangladesh             |
| BH                     | Belize  | BZ            | Belize                 |
| ВК                     | Bosnia and Herzegovina                              | ВА            | Bosnia and Herzegovina |
| BL                     | Bolivia   | ВО            | Bolivia                |
| ВМ                     | Burma   | MM            | Myanmar                |
| BN                     | Benin   | BJ            | Benin                  |
| ВО                     | Belarus   | BY            | Belarus                |
| BP                     | Solomon Islands                                     | SB            | Solomon Islands        |
|                        |   |               |                        |

| BU |                    | Bulgaria                            | BG | Bulgaria                            |
|----|--------------------|-------------------------------------|----|-------------------------------------|
| BX |                    | Brunei                              | BN | Brunei                              |
| BY |                    | Burundi                             | BI | Burundi                             |
| СВ |                    | Cambodia                            | KH | Cambodia                            |
| CD |                    | Chad                                | TD | Chad                                |
| CE |                    | Sri Lanka                           | LK | Sri Lanka                           |
| CF |                    | Congo, Republic of the              | CG | Congo, Republic of the              |
| CG |                    | Congo, Democratic Republic of the   | CD | Congo, Democratic Republic of the   |
|    | formerly Zaire     |                                     |    | ,                                   |
| СН |                    | China                               | CN | China                               |
|    | see also Taiwan    |                                     |    |                                     |
| CI |                    | Chile                               | CL | Chile                               |
| CJ |                    | Cayman Islands                      | KY | Cayman Islands                      |
| CK |                    | Cocos (Keeling) Islands             | CC | Cocos (Keeling) Islands             |
| CN |                    | Comoros                             | KM | Comoros                             |
| CQ |                    | Northern Mariana Islands            | MP | Northern Mariana Islands            |
| CR |                    | Coral Sea Islands                   | AU | Australia                           |
| CS | ISO includes with  | Australia Costa Rica                | CR | Costa Rica                          |
| CT |                    | Central African Republic            | CF | Central African Republic            |
| CW |                    | Cook Islands                        | CK | Cook Islands                        |
| DA |                    | Denmark                             | DK | Denmark                             |
| DO |                    | Dominica                            | DM | Dominica                            |
| DR |                    | Dominican Republic                  | DO | Dominican Republic                  |
| DX |                    | Dhekelia                            | GB | United Kingdom                      |
| DΛ | UK Sovereign Bas   |                                     | 05 | Chiled Kingdom                      |
| EI | Ort Governight Bac | Ireland                             | IE | Ireland                             |
| EK |                    | Equatorial Guinea                   | GQ | Equatorial Guinea                   |
| EN |                    | Estonia                             | EE | Estonia                             |
| ES |                    | El Salvador                         | SV | El Salvador                         |
| EZ |                    | Czech Republic                      | CZ | Czech Republic                      |
| FG |                    | French Guiana                       | GF | French Guiana                       |
| FP |                    | French Polynesia                    | PF | French Polynesia                    |
| FS |                    | French Southern and Antarctic Lands | TF | French Southern and Antarctic Lands |
| GA |                    | Gambia, The                         | GM | Gambia, The                         |
| GB |                    | Gabon                               | GA | Gabon                               |
| GG |                    | Georgia                             | GE | Georgia                             |
| GJ |                    | Grenada                             | GD | Grenada                             |
| GK |                    | Guernsey                            | GG | Guernsey                            |
| GM |                    | Germany                             | DE | Germany                             |
| GQ |                    | Guam                                | GU | Guam                                |
| GV |                    | Guinea                              | GN | Guinea                              |
| GZ |                    | Gaza Strip                          | PS | Occupied Palestinian Territory      |
| HA |                    | Haiti                               | HT | Haiti                               |
| НО |                    | Honduras                            | HN | Honduras                            |
| IC |                    | Iceland                             | IS | Iceland                             |
|    |                    |                                     |    |                                     |

| IS |                      | Israel  | IL                            | Israel                               |
|----|----------------------|---|-------------------------------|--------------------------------------|
| IV |                      |   | CI                            | Cote d'Ivoire                        |
| IZ |                      |   |                               | Iraq                                 |
|    |                      |   |                               |                                      |
| JA |                      |   | JP                            | Japan<br>Cualkard                    |
| JN | ISO includes with Sv |   | SJ                            | Svalbard                             |
| KN |                      |   | KP                            | Korea, North                         |
| KR |                      |   | KI                            | Kiribati                             |
| KS |                      | Korea, South  | KR                            | Korea, South                         |
| KT |                      | Christmas Island  | CX                            | Christmas Island                     |
| KU |                      | Kuwait  | KW                            | Kuwait                               |
| KV |                      | Kosovo  | RS                            | Serbia                               |
|    | Autonomous province  | ce of Serbia  |                               |                                      |
| LE |                      | Lebanon   | LB                            | Lebanon                              |
| LG |                      | Latvia  | LV                            | Latvia                               |
| LH |                      | Lithuania   | LT                            | Lithuania                            |
| LI |                      | Liberia   | LR                            | Liberia                              |
| LO |                      | Slovakia  | SK                            | Slovakia                             |
| LS |                      | Liechtenstein   | LI                            | Liechtenstein                        |
| LT |                      | Lesotho   | LS                            | Lesotho                              |
| MA |                      | Madagascar  | MG                            | Madagascar                           |
| MB |                      | Martinique  | MQ                            | Martinique                           |
| MC |                      | Macau   | MO                            | Macau                                |
| MF |                      | Mayotte   | YT                            | Mayotte                              |
| MG |                      | Mongolia  | MN                            | Mongolia                             |
| MH |                      | Montserrat  | MS                            | Montserrat                           |
| MI |                      | Malawi  | MW                            | Malawi                               |
| MJ |                      | Montenegro  | ME                            | Montenegro                           |
| MN |                      | Monaco  | MC                            | Monaco                               |
| МО |                      | Morocco   | MA                            | Morocco                              |
| MP |                      | Mauritius   | MU                            | Mauritius                            |
| MQ |                      | Midway Islands  | UM                            | United States Minor Outlying Islands |
|    |                      | e US Minor Outlying Islands                                     | 014                           |                                      |
| MU |                      |   | OM                            | Oman                                 |
| NE |                      |   | NU                            | Niue                                 |
| NG |                      |   | NE                            | Niger                                |
| NH |                      |   | VU                            | Vanuatu                              |
| NI |                      | •   | NG                            | Nigeria                              |
| NN |                      |   | SX                            | Sint Maarten                         |
| NS |                      |   | SR                            | Suriname                             |
| NT |                      |   | AN                            | Netherlands Antilles                 |
| NU |                      | ctober 2010 this entity no longer exists; ISO deleted Nicaragua | the codes in December 2010 NI | Nicaragua                            |
| OD |                      |   | SS                            | South Sudan                          |
| PA |                      |   | PY                            | Paraguay                             |
| PC |                      | · ·   | PN                            | Pitcairn Islands                     |
| FC |                      | i ilcanii isianus   | I IN                          | i iteaiiii isiaiius                  |

| PM | Panama                        | PA | Panama                        |
|----|-------------------------------|----|-------------------------------|
| PO | Portugal                      | PT | Portugal                      |
| PP | Papua New Guinea              | PG | Papua New Guinea              |
| PS | Palau                         | PW | Palau                         |
| PU | Guinea-Bissau                 | GW | Guinea-Bissau                 |
| RI | Serbia                        | RS | Serbia                        |
| RM | Marshall Islands              | MH | Marshall Islands              |
| RN | Saint Martin                  | MF | Saint Martin                  |
| RP | Philippines                   | PH | Philippines                   |
| RQ | Puerto Rico                   | PR | Puerto Rico                   |
| RS | Russia                        | RU | Russia                        |
| SB | Saint Pierre and Miquelon     | PM | Saint Pierre and Miquelon     |
| SC | Saint Kitts and Nevis         | KN | Saint Kitts and Nevis         |
| SE | Seychelles                    | SC | Seychelles                    |
| SF | South Africa                  | ZA | South Africa                  |
| SG | Senegal                       | SN | Senegal                       |
| SN | Singapore                     | SG | Singapore                     |
| SP | Spain                         | ES | Spain                         |
| ST | Saint Lucia                   | LC | Saint Lucia                   |
| SU | Sudan                         | SD | Sudan                         |
| SV | Svalbard                      | SJ | Svalbard                      |
| SW | Sweden                        | SE | Sweden                        |
| SX | South Georgia and the Islands | GS | South Georgia and the Islands |
| SZ | Switzerland                   | CH | Switzerland                   |
| TB | Saint Barthelemy              | BL | Saint Barthelemy              |
| TD | Trinidad and Tobago           | TT | ·                             |
|    | -                             | TJ | Trinidad and Tobago           |
| TI | Tajikistan                    |    | Tajikistan                    |
| TK | Turks and Caicos Islands      | TC | Turks and Caicos Islands      |
| TL | Tokelau                       | TK | Tokelau                       |
| TN | Tonga                         | TO | Tonga                         |
| TO | Togo                          | TG | Togo                          |
| TP | Sao Tome and Principe         | ST | Sao Tome and Principe         |
| TS | Tunisia                       | TN | Tunisia                       |
| TT | Timor-Leste                   | TL | Timor-Leste                   |
| TU | Turkey                        | TR | Turkey                        |
| TX | Turkmenistan                  | TM | Turkmenistan                  |
| UC | Curacao                       | CW | Curacao                       |
| UK | United Kingdom                | GB | United Kingdom                |
| UP | Ukraine                       | UA | Ukraine                       |
| UV | Burkina Faso                  | BF | Burkina Faso                  |
| VI | British Virgin Islands        | VG | British Virgin Islands        |
| VM | Vietnam                       | VN | Vietnam                       |
| VQ | Virgin Islands                | VI | Virgin Islands                |
| VT | Holy See (Vatican City)       | VA | Holy See (Vatican City)       |
| WA | Namibia                       | NA | Namibia                       |

| WE        | West Bank                                 | PS                 | Occupied Palestinian Territory       |
|-----------|---|--------------------|--------------------------------------|
| WI        | Western Sahara                            | EH                 | Western Sahara                       |
| WQ        | Wake Island                               | UM                 | United States Minor Outlying Islands |
| ISO inc   | cludes with the US Minor Outlying Islands |                    |                                      |
| WZ        | Swaziland                                 | SZ                 | Swaziland                            |
| YM        | Yemen                                     | YE                 | Yemen                                |
| ZA        | Zambia                                    | ZM                 | Zambia                               |
| ZI        | Zimbabwe                                  | ZW                 | Zimbabwe                             |
| otherwise |   | normalize-space(.) |                                      |

If the v2 value is not found in the lookup list, the v2 value is used unaltered.

#### E06\_10 Social Security Number ePatient.12 Social Security Number SocialSecurityNumber SocialSecurityNumber **Null Values** Yes **Null Values** No Is Nillable Is Nillable No No Recurrence 0:1 0:1 Recurrence

### Comment

v2 allows any String, unconstrained. v3 requires a Number, 0 to 999999999.

# Mapping

V2 Pattern

number(replace(.,'\D',''))<=999999999

V3 Replacement

replace(.,'\D',")

| E06_11 Gender ePatient.13 Gender |        | Gender |              |        |     |
|----------------------------------|--------|--------|--------------|--------|-----|
| Gender                           |        |        | Gender       |        |     |
| Null Values                      |        | Yes    | Null Values  |        | Yes |
| Is Nillable                      |        | No     | Is Nillable  |        | Yes |
| Recurrence                       |        | 1:1    | Recurrence   |        | 1:1 |
| Comment                          |        |        |              |        |     |
| Mapping                          |        |        |              |        |     |
| V2 Pattern                       |        |        | V3 Replaceme | ent    |     |
| 650                              | Male   |        | 9906003      | Male   |     |
| 655                              | Female |        | 9906001      | Female |     |

Not supported in v3.

# V2 Element V3 Element

| E06_12 Race |   |                         | ePatient.14 Race | :   |                         |
|-------------|---|-------------------------|------------------|---|-------------------------|
| Race        |   |                         | Race             |   |                         |
| Null Values |   | Yes                     | Null Values      |   | Yes                     |
| Is Nillable |   | No                      | Is Nillable      |   | Yes                     |
| Recurrence  |   | 1:1                     | Recurrence       |   | 1 : M                   |
| Comment     |   |                         |                  |   |                         |
| Mapping     |   |                         |                  |   |                         |
| V2 Pattern  |   |                         | V3 Replacement   |   |                         |
| 660         | American                                  | Indian or Alaska Native | 2514001          | American                                  | Indian or Alaska Native |
| 665         | Asian                                     |                         | 2514003          | Asian                                     |                         |
| 670         | Black or African American                 |                         | 2514005          | Black or African American                 |                         |
| 675         | Native Hawaiian or Other Pacific Islander |                         | 2514009          | Native Hawaiian or Other Pacific Islander |                         |
| 680         | White                                     |                         | 2514011          | White                                     |                         |
| 685         | Other Ra                                  | ce                      |                  |   |                         |

| E06_13 Ethnicity |           | ePatient.14    | ePatient.14 Race |             |        |
|------------------|-----------|----------------|------------------|-------------|--------|
| Ethnicity        |           |                | Race             |             |        |
| Null Values      |           | Yes            | Null Values      |             | Yes    |
| Is Nillable      |           | No             | Is Nillable      |             | Yes    |
| Recurrence       |           | 1:1            | Recurrence       |             | 1 : M  |
| Comment          |           |                |                  |             |        |
| Mapping          |           |                |                  |             |        |
| V2 Pattern       |           |                | V3 Replaceme     | ent         |        |
| 690              | Hispanic  | or Latino      | 2514007          | Hispanic or | Latino |
| 695              | Not Hispa | anic or Latino |                  |             |        |
| Not supporte     | ed in v3. |                |                  |             |        |

| E06_14 Age  |     | ePatient.15 Age | ePatient.15 Age |  |
|-------------|-----|-----------------|-----------------|--|
| Age         |     | Age             |                 |  |
| Null Values | No  | Null Values     | Yes             |  |
| Is Nillable | Yes | Is Nillable     | Yes             |  |
| Recurrence  | 1:1 | Recurrence      | 1:1             |  |
| Comment     |     |                 |                 |  |
| Mapping     |     |                 |                 |  |
| V2 Pattern  |     | V3 Replacement  | V3 Replacement  |  |

| E06_15 Age Units |        | ePatient.16 | ePatient.16 Age Units |        |     |
|------------------|--------|-------------|-----------------------|--------|-----|
| AgeUnits         |        |             | AgeUnits              |        |     |
| Null Values      |        | Yes         | Null Values           |        | Yes |
| Is Nillable      |        | No          | Is Nillable           |        | Yes |
| Recurrence       |        | 1:1         | Recurrence            |        | 1:1 |
| Comment          |        |             |                       |        |     |
| Mapping          |        |             |                       |        |     |
| V2 Pattern       |        |             | V3 Replaceme          | ent    |     |
| 700              | Hours  |             | 2516003               | Hours  |     |
| 705              | Days   |             | 2516001               | Days   |     |
| 710              | Months |             | 2516007               | Months |     |
| 715              | Years  |             | 2516009               | Years  |     |

| E06_16 Date of Birth |     | ePatient.17 Date of Bir | ePatient.17 Date of Birth |  |
|----------------------|-----|-------------------------|---------------------------|--|
| DateOfBirth          |     | DateOfBirth             |                           |  |
| Null Values          | No  | Null Values             | Yes                       |  |
| Is Nillable          | No  | Is Nillable             | Yes                       |  |
| Recurrence           | 0:1 | Recurrence 0:1          |                           |  |
| Comment              |     |                         |                           |  |
| Mapping              |     |                         |                           |  |
| V2 Pattern           |     | V3 Replacement          |                           |  |

72 · d.......

# E06\_17 Primary or Home Telephone Number

## ePatient.18 Patient's Phone Number

| TelephoneNumber |     | PhoneNumber |       |
|-----------------|-----|-------------|-------|
| Null Values     | Yes | Null Values | No    |
| Is Nillable     | No  | Is Nillable | No    |
| Recurrence      | 0:1 | Recurrence  | 0 : M |

### Comment

v2 allows any String, unconstrained. v3 specifies a pattern.

## Mapping

#### V2 Pattern

## V3 Replacement

normalize-space(.)

E06\_18 State Issuing Driver's License

ePatient.20 State Issuing Driver's License

## V2 Element V3 Element

#### State **ANSIStateCode Null Values Null Values** Yes No Is Nillable No Is Nillable No Recurrence 0:1 Recurrence 0:1 Comment Maps from FIPS 5 to ANSI INCITS 38. The transition was an oversight change only. There were no changes in the numeric codes. v2 allows length 2 to 3. v3 requires length 2. Mapping V2 Pattern V3 Replacement normalize-space(.)='-10' Not Known This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-15' Not Reporting This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-20' Not Recorded This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-25' Not Applicable This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-5' Not Available

This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

otherwise substring(concat('\_\_', .), string-length(.)+1, 2)

If the v3 element is mandatory and the v2 element is missing, this mapping generates the value "\_\_".

| E06_19 Driver's License Number |     | ePatient.21 Driver's Lic | ePatient.21 Driver's License Number |  |  |
|--------------------------------|-----|--------------------------|-------------------------------------|--|--|
| DriversLicenseNumber           |     | DriversLicenseNumber     |                                     |  |  |
| Null Values                    | Yes | Null Values              | No                                  |  |  |
| Is Nillable                    | No  | Is Nillable No           |                                     |  |  |
| Recurrence                     | 0:1 | Recurrence 0:1           |                                     |  |  |
| Comment                        |     |                          |                                     |  |  |
| Mapping                        |     |                          |                                     |  |  |
| V2 Pattern                     |     | V3 Replacement           |                                     |  |  |

750

# V2 Element V3 Element

Workers Compensation

| E07_01 Primary Method of Payment |                             | ePayment.0    | ePayment.01 Primary Method of Payment |  |  |
|----------------------------------|-----------------------------|---------------|---------------------------------------|--|--|
| PrimaryMethodOfPayment           |                             | PrimaryMethod | dOfPayment                            |  |  |
| Null Values                      | Yes                         | Null Values   | Yes                                   |  |  |
| Is Nillable                      | No                          | Is Nillable   | Yes                                   |  |  |
| Recurrence                       | 1:1                         | Recurrence    | 1:1                                   |  |  |
| Comment                          |                             |               |                                       |  |  |
| Mapping                          |                             |               |                                       |  |  |
| V2 Pattern                       |                             | V3 Replaceme  | ent                                   |  |  |
| 720 Insur                        | ance                        | 2601001       | Insurance                             |  |  |
| 725 Medi                         | caid                        | 2601003       | Medicaid                              |  |  |
| 730 Medi                         | care                        | 2601005       | Medicare                              |  |  |
| 735 Not E                        | Not Billed (for any reason) |               | Not Billed (for any reason)           |  |  |
| 740 Othe                         | Goverment                   | 2601009       | Other Government                      |  |  |
| 745 Self I                       | Pay                         | 2601011       | Self Pay                              |  |  |

2601013

Workers Compensation

| E07_02 Certificate of Medical Necessity |     | ePayment.0 | ePayment.02 Physician Certification Statement |     |     |
|---|-----|------------|---|-----|-----|
| YesNoValues                             |     |            | YesNoUnkValu                                  | les |     |
| Null Values                             |     | Yes        | Null Values                                   |     | No  |
| Is Nillable                             |     | No         | Is Nillable                                   |     | No  |
| Recurrence                              |     | 0:1        | Recurrence                                    |     | 0:1 |
| Comment                                 |     |            |   |     |     |
| Mapping                                 |     |            |   |     |     |
| V2 Pattern                              |     |            | V3 Replaceme                                  | ent |     |
| 0                                       | No  |            | 9922001                                       | No  |     |
| 1                                       | Yes |            | 9922005                                       | Yes |     |

| E07_03 Insurance Company ID/Name |                          | ePayment.09 Insurance Company ID |    |
|----------------------------------|--------------------------|----------------------------------|----|
| InsuranceCompanyID               |                          | InsuranceCompanyID               |    |
| Null Values                      | Yes                      | Null Values No                   |    |
| Is Nillable                      | No                       | Is Nillable                      | No |
| Recurrence                       | 0:1                      | Recurrence 0:1                   |    |
| Comment                          |                          |                                  |    |
| Mapping                          |                          |                                  |    |
| V2 Pattern                       | 2 Pattern V3 Replacement |                                  |    |

E07\_04 Insurance Company Billing Priority

ePayment.11 Insurance Company Billing Priority

# V2 Element V3 Element

#### InsuranceCompanyBillingPriority InsuranceCompanyBillingPriority **Null Values** Yes **Null Values** No Is Nillable No Is Nillable No Recurrence 0:1 0:1 Recurrence Comment Mapping

V2 Pattern V3 Replacement
755 Primary 2611003

 755
 Primary
 2611003
 Primary

 760
 Secondary
 2611005
 Secondary

 765
 Other
 2611001
 Other

v3 supports additional specific values.

| E07_05 Insurance Company Address |     | ePayment.12 Insurance Company Address |    |  |
|----------------------------------|-----|---------------------------------------|----|--|
| StreetAddress                    |     | StreetAddress                         |    |  |
| Null Values                      | Yes | Null Values No                        |    |  |
| Is Nillable                      | No  | Is Nillable                           | No |  |
| Recurrence                       | 0:1 | Recurrence 0:1                        |    |  |
| Comment                          |     |                                       |    |  |
| Mapping                          |     |                                       |    |  |
| V2 Pattern                       |     | V3 Replacement                        |    |  |

#### ePayment.13 Insurance Company City E07\_06 Insurance Company City City CityGnisCode **Null Values** Yes **Null Values** No Is Nillable Is Nillable No No Recurrence 0:1 Recurrence 0:1

#### Comment

v2 allows length 2 to 30 and specifies the use of FIPS. v3 allows any Positive Integer and specifies the use of GNIS. To add mappings, add entries to v2v3ValueMappingvCity or load them from files downloaded from the "State Files with Federal Codes" section at http://geonames.usgs.gov/domestic/download\_data.htm. If multiple mappings exist for a FIPS code within a state, priority is given to codes with a census class code that starts with "C", then "P".

## Mapping

V2 Pattern V3 Replacement

51000 City of New York 2395220 City of New York

E07\_07 Insurance Company State

otherwise

ePayment.14 Insurance Company State

substring(concat('\_\_', .), string-length(.)+1, 2)

# V2 Element V3 Element

| State   |  | ANSIStateCode                       | ANSIStateCode             |  |
|---|--|-------------------------------------|---------------------------|--|
| Null Values   | Yes  | Yes Null Values No                  |                           |  |
| Is Nillable   | No   | Is Nillable                         | No                        |  |
| Recurrence  | 0:1  | Recurrence                          | 0:1                       |  |
| Comment   |  |                                     |                           |  |
|   | ISI INCITS 38. The transition was an 2 to 3. v3 requires length 2. | oversight change only. There were r | no changes in the numeric |  |
| Mapping   |  |                                     |                           |  |
| V2 Pattern  | Pattern V3 Replacement   |                                     |                           |  |
| normalize-space(.)='-10'  | ot Known   |                                     |                           |  |
| This mapping is used when the v3 element is mandatory and the v2 element contains a null value. |  |                                     |                           |  |
| normalize-space(.)='-15'  | ,  |                                     |                           |  |
| This mapping is used  | d when the v3 element is mandatory and the v                       | 2 element contains a null value.    |                           |  |
| normalize-space(.)='-20'  | Not Recorded   | ' <u>'</u>                          |                           |  |
| This mapping is used when the v3 element is mandatory and the v2 element contains a null value. |  |                                     |                           |  |
| normalize-space(.)='-25'  | Not Applicable ''  |                                     |                           |  |
| This mapping is used when the v3 element is mandatory and the v2 element contains a null value. |  |                                     |                           |  |
| normalize-space(.)='-5'   | rmalize-space(.)='-5' Not Available ''                             |                                     |                           |  |
| This mapping is used  | d when the v3 element is mandatory and the v                       | 2 element contains a null value.    |                           |  |

If the v3 element is mandatory and the v2 element is missing, this mapping generates the value "\_\_".

E07\_08 Insurance Company Zip Code

## V2 Element V3 Element

# Zip ZIP Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 0: 1 Recurrence 0: 1

### Comment

v2 allows any String, unconstrained. v3 specifies a pattern.

# Mapping

### V2 Pattern

 $matches (normalize-space(.), '^([0-9]{5}|[0-9]{5}-[0-9]{4}|[0-9]{5}-[0-9]{5}|[A-Z][0-9][A-Z][0-9][A-Z][0-9][S]')$ 

### V3 Replacement

ePayment.15 Insurance Company ZIP Code

normalize-space(.)

| E07_09 Insurance Group ID/Name |     | ePayment.17 Insurance | ePayment.17 Insurance Group ID/Name |  |
|--------------------------------|-----|-----------------------|-------------------------------------|--|
| InsuranceGroupIDName           |     | InsuranceGroupIDName  |                                     |  |
| Null Values                    | Yes | Null Values           | No                                  |  |
| Is Nillable                    | No  | Is Nillable           | No                                  |  |
| Recurrence                     | 0:1 | Recurrence 0:1        |                                     |  |
| Comment                        |     |                       |                                     |  |
| Mapping                        |     |                       |                                     |  |
| V2 Pattern                     |     | V3 Replacement        |                                     |  |

| E07_10 Insurance Policy ID Number |     | ePayment.18 Insurance   | ePayment.18 Insurance Policy ID Number |  |
|-----------------------------------|-----|-------------------------|--|--|
| InsurancePolicyIDNumber           |     | InsurancePolicyIDNumber |  |  |
| Null Values                       | Yes | Null Values             | No                                     |  |
| Is Nillable                       | No  | Is Nillable             | No                                     |  |
| Recurrence                        | 0:1 | Recurrence 0:1          |  |  |
| Comment                           |     |                         |  |  |
| Mapping                           |     |                         |  |  |
| V2 Pattern                        |     | V3 Replacement          |  |  |

| E07_11 Last Name of the Insured |     | ePayment.19 Last Nam | ePayment.19 Last Name of the Insured |  |
|---------------------------------|-----|----------------------|--------------------------------------|--|
| LastName                        |     | PersonLastName       |                                      |  |
| Null Values                     | Yes | Null Values          | No                                   |  |
| Is Nillable                     | No  | Is Nillable          | No                                   |  |
| Recurrence                      | 0:1 | Recurrence 0:1       |                                      |  |
| Comment                         |     |                      |                                      |  |
| Mapping                         |     |                      |                                      |  |
| V2 Pattern                      |     | V3 Replacement       |                                      |  |

| E07_12 First Name of the Insured |     | ePayment.20 First Nan | ePayment.20 First Name of the Insured |  |  |
|----------------------------------|-----|-----------------------|---------------------------------------|--|--|
| FirstName                        |     | PersonFirstName       |                                       |  |  |
| Null Values                      | Yes | Null Values           | No                                    |  |  |
| Is Nillable                      | No  | Is Nillable           | No                                    |  |  |
| Recurrence                       | 0:1 | Recurrence 0:1        |                                       |  |  |
| Comment                          |     |                       |                                       |  |  |
| Mapping                          |     |                       |                                       |  |  |
| V2 Pattern                       |     | V3 Replacement        |                                       |  |  |

#### E07\_13 Middle Initial/Name of the Insured ePayment.21 Middle Initial/Name of the Insured MiddleInitialName PersonMiddleName **Null Values** Yes **Null Values** No Is Nillable Is Nillable No No Recurrence 0:1 Recurrence 0:1 Comment Mapping V2 Pattern V3 Replacement

| E07_14 Relationship to the Insured |                             | ePayment.2 | 2 Relationship to | the Insured     |      |
|------------------------------------|-----------------------------|------------|-------------------|-----------------|------|
| RelationshipTol                    | nsured                      |            | RelationshipTo    | olnsured        |      |
| Null Values                        |                             | Yes        | Null Values       |                 | No   |
| Is Nillable                        |                             | No         | Is Nillable       |                 | No   |
| Recurrence                         |                             | 0:1        | Recurrence        |                 | 0:1  |
| Comment                            |                             |            |                   |                 |      |
| Mapping                            |                             |            |                   |                 |      |
| V2 Pattern                         |                             |            | V3 Replaceme      | ent             |      |
| 770                                | Self                        |            | 2622001           | Self            |      |
| 775                                | Spouse                      |            | 2622003           | Spouse          |      |
| 780                                | Son/Daughter                |            | 2622005           | Child/Depende   | nt   |
| 785                                | Other                       |            | 2622019           | Other Relations | ship |
| v3 support                         | ts additional specific valu | es.        |                   |                 |      |

| E07_15 Work-Related |     | eSituation.14 Work-Related Illness/Injury |                |     |     |  |
|---------------------|-----|---|----------------|-----|-----|--|
| YesNoValues         |     |   | YesNoUnkValues |     |     |  |
| Null Values         |     | Yes                                       | Null Values    |     | Yes |  |
| Is Nillable         |     | No  | Is Nillable    |     | Yes |  |
| Recurrence          | -   | 0:1                                       | Recurrence     |     | 0:1 |  |
| Comment             |     |   |                |     |     |  |
| Mapping             |     |   |                |     |     |  |
| V2 Pattern          |     | V3 Replacement                            |                |     |     |  |
| 0                   | No  |   | 9922001        | No  |     |  |
| 1                   | Yes |   | 9922005        | Yes |     |  |

E07\_16 Patient's Occupational Industry

eSituation.15 Patient's Occupational Industry

## V2 Element V3 Element

# PatientsOccupationalIndustry Null Values Solution S

### Comment

In cases where a single v2 value could map to multiple v3 values, the v3 value with the greatest number of workers was chosen (see http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ECN\_2007\_US\_00A1&prodType=table).

## Mapping

| V2 Pa   | attern   | V3 Replacement |   |  |  |
|---|--|----------------|---|--|--|
| 790   | Construction   | 2815009        | Construction                                  |  |  |
| 795   | Finance, Insurance, and Real Estate                      | 2815013        | Finance and Insurance                         |  |  |
| 2815031 Real Estate and Rental and Leasing is also an appropriate v3 replacement. |  |                |   |  |  |
| 800   | Government   | 2815029        | Public Administration                         |  |  |
| 805   | Manufacturing  | 2815021        | Manufacturing                                 |  |  |
| 810   | Mining   | 2815023        | Mining, Quarrying, and Oil and Gas Extraction |  |  |
| 815   | Retail Trade   | 2815033        | Retail Trade                                  |  |  |
| 820   | Services   | 2815025        | Other Services (except Public Administration) |  |  |
| v3 supports additional specific values.   |  |                |   |  |  |
| 825   | Transportation and Public Utilities                      | 2815035        | Transportation and Warehousing                |  |  |
|   | 2815037 Utilities is also an appropriate v3 replacement. |                |   |  |  |
| 830   | Wholesale Trade  | 2815039        | Wholesale Trade                               |  |  |

E07\_17 Patient's Occupation

# V2 Element V3 Element

# PatientsOccupation PatientsOccupation Null Values No Is Nillable No Recurrence O: 1 PatientsOccupation No No No No Recurrence O: 1

eSituation.16 Patient's Occupation

### Comment

# Mapping

| 11 0       |  |                |  |
|------------|--|----------------|--|
| V2 Pattern |  | V3 Replacement |  |
| 835        | Management Occupations                                       | 2816031        | Management Occupations                                       |
| 840        | Business and Financial Operations Occupations                | 2816007        | Business and Financial Operations<br>Occupations             |
| 845        | Computer and Mathematical Occupations                        | 2816011        | Computer and Mathematical Occupations                        |
| 850        | Architecture and Engineering Occupations                     | 2816001        | Architecture and Engineering Occupations                     |
| 855        | Life, Physical, and Social Science Occupations               | 2816029        | Life, Physical, and Social Science Occupations               |
| 860        | Community and Social Services Occupations                    | 2816009        | Community and Social Services Occupations                    |
| 865        | Legal Occupations  | 2816027        | Legal Occupations  |
| 870        | Education, Training, and Library Occupations                 | 2816015        | Education, Training, and Library Occupations                 |
| 875        | Arts, Design, Entertainment, Sports, and Media Occupations   | 2816003        | Arts, Design, Entertainment, Sports, and Media Occupations   |
| 880        | Healthcare Practitioners and Technical Occupations           | 2816021        | Healthcare Practitioners and Technical Occupations           |
| 885        | Healthcare Support Occupations                               | 2816023        | Healthcare Support Occupations                               |
| 890        | Protective Service Occupations                               | 2816041        | Protective Service Occupations                               |
| 895        | Food Preparation and Serving Related Occupations             | 2816019        | Food Preparation and Serving Related<br>Occupations          |
| 900        | Building and Grounds Cleaning and<br>Maintenance Occupations | 2816005        | Building and Grounds Cleaning and<br>Maintenance Occupations |
| 905        | Personal Care and Service Occupations                        | 2816037        | Personal Care and Service Occupations                        |
| 910        | Sales and Related Occupations                                | 2816043        | Sales and Related Occupations                                |
| 915        | Office and Administrative Support Occupations                | 2816035        | Office and Administrative Support Occupations                |
| 920        | Farming, Fishing and Forestry Occupations                    | 2816017        | Farming, Fishing and Forestry Occupations                    |
| 925        | Construction and Extraction Occupations                      | 2816013        | Construction and Extraction Occupations                      |
| 930        | Installation, Maintenance, and Repair Occupations            | 2816025        | Installation, Maintenance, and Repair Occupations            |
| 935        | Production Occupations                                       | 2816039        | Production Occupations                                       |
| 940        | Transportation and Material Moving Occupations               | 2816045        | Transportation and Material Moving Occupations               |
| 945        | Military Specific Occupations                                | 2816033        | Military Specific Occupations                                |
|            |  |                |  |

#### E07\_18 Closest Relative/Guardian Last Name ePayment.23 Closest Relative/Guardian Last Name LastName PersonLastName **Null Values** Yes **Null Values** No Is Nillable No Is Nillable No Recurrence 0:1 Recurrence 0:1 Comment Mapping V2 Pattern V3 Replacement

| E07_19 First Name of the Closest Relative/<br>Guardian |     | ePayment.24 Closest R<br>Name | ePayment.24 Closest Relative/ Guardian First Name |  |  |
|--|-----|-------------------------------|---|--|--|
| FirstName  |     | PersonFirstName               |   |  |  |
| Null Values  | Yes | Null Values                   | No  |  |  |
| Is Nillable  | No  | Is Nillable                   | No  |  |  |
| Recurrence   | 0:1 | Recurrence                    | 0:1   |  |  |
| Comment  |     |                               |   |  |  |
| Mapping  |     |                               |   |  |  |
| V2 Pattern   |     | V3 Replacement                |   |  |  |

| E07_20 Middle Initial/N<br>Relative/ Guardian | lame of the Closest | ePayment.25 Closest Relative/ Guardian Middle Initial/Name |     |  |
|---|---------------------|--|-----|--|
| MiddleInitialName                             |                     | PersonMiddleName   |     |  |
| Null Values                                   | Yes                 | Null Values  | No  |  |
| Is Nillable                                   | No                  | Is Nillable  | No  |  |
| Recurrence                                    | 0:1                 | Recurrence   | 0:1 |  |
| Comment                                       |                     |  |     |  |
| Mapping                                       |                     |  |     |  |
| V2 Pattern                                    |                     | V3 Replacement   |     |  |

#### E07\_21 Closest Relative/ Guardian Street Address ePayment.26 Closest Relative/ Guardian Street Address StreetAddress StreetAddress **Null Values** Yes **Null Values** No Is Nillable Is Nillable No No Recurrence 0:1 Recurrence 0:1 Comment Mapping

V2 Pattern V3 Replacement

#### E07\_22 Closest Relative/ Guardian City ePayment.27 Closest Relative/ Guardian City City CityGnisCode **Null Values** Yes **Null Values** No Is Nillable Is Nillable No No Recurrence 0:1 Recurrence 0:1

#### Comment

v2 allows length 2 to 30 and specifies the use of FIPS. v3 allows any Positive Integer and specifies the use of GNIS. To add mappings, add entries to v2v3ValueMappingvCity or load them from files downloaded from the "State Files with Federal Codes" section at http://geonames.usgs.gov/domestic/download\_data.htm. If multiple mappings exist for a FIPS code within a state, priority is given to codes with a census class code that starts with "C", then "P".

#### Mapping

V2 Pattern V3 Replacement

51000 City of New York 2395220 City of New York

otherwise

E07\_23 Closest Relative/ Guardian State

ePayment.28 Closest Relative/ Guardian State

substring(concat('\_\_', .), string-length(.)+1, 2)

#### V2 Element V3 Element

#### State **ANSIStateCode Null Values Null Values** Yes No Is Nillable No Is Nillable No Recurrence 0:1 Recurrence 0:1 Comment Maps from FIPS 5 to ANSI INCITS 38. The transition was an oversight change only. There were no changes in the numeric codes. v2 allows length 2 to 3. v3 requires length 2. Mapping V2 Pattern V3 Replacement normalize-space(.)='-10' Not Known This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-15' Not Reporting This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-20' Not Recorded This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-25' Not Applicable This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-5' Not Available

If the v3 element is mandatory and the v2 element is missing, this mapping generates the value "\_\_".

This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

E07\_24 Closest Relative/ Guardian Zip Code

ePayment.29 Closest Relative/ Guardian ZIP Code

#### V2 Element V3 Element

## Zip ZIP Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 0: 1 Recurrence 0: 1

#### Comment

v2 allows any String, unconstrained. v3 specifies a pattern.

#### Mapping

#### V2 Pattern

 $matches (normalize-space(.),'^([0-9]{5}|[0-9]{5}-[0-9]{4}|[0-9]{5}-[0-9]{5}|[A-Z][0-9][A-Z][0-9][A-Z][0-9][S]')$ 

#### V3 Replacement

normalize-space(.)

#### V2 Element

#### V3 Element

### E07\_25 Closest Relative/ Guardian Phone Number

## ePayment.31 Closest Relative/ Guardian Phone Number

| TelephoneNumber |     |  |  |  |
|-----------------|-----|--|--|--|
| Null Values     | Yes |  |  |  |
| Is Nillable     | No  |  |  |  |
| Recurrence      | 0:1 |  |  |  |

| PhoneNumber |       |  |  |  |  |
|-------------|-------|--|--|--|--|
| Null Values | No    |  |  |  |  |
| Is Nillable | No    |  |  |  |  |
| Recurrence  | 0 : M |  |  |  |  |

#### Comment

v2 allows any String, unconstrained. v3 specifies a pattern.

#### Mapping

#### V2 Pattern

#### V3 Replacement

normalize-space(.)

Spouse

975

#### V2 Element V3 Element

#### E07\_26 Closest Relative/ Guardian Relationship ePayment.32 Closest Relative/ Guardian Relationship ClosestRelativeGuardianRelationship ClosestRelativeGuardianRelationship **Null Values** Yes **Null Values** No Is Nillable No Is Nillable No Recurrence 0:1 Recurrence 0:1 Comment Mapping V2 Pattern V3 Replacement 950 Appointed Guardian 2632001 Appointed Guardian Father 955 Father 2632005 960 Mother 2632007 Mother Other 2632011 965 Other (Relative) 2632009 Other (Non-Relative) is also an appropriate v3 replacement. v3 supports additional specific values. Son/Daughter Child/Dependent 970 2632003

2632015

Spouse

| E07_27 Patient's Employer |         | ePayment.33 Patient's Employer |    |  |  |  |
|---------------------------|---------|--------------------------------|----|--|--|--|
|                           |         |                                |    |  |  |  |
| Name                      |         | EmployerName                   |    |  |  |  |
| Null Values               | Yes     | Null Values                    | No |  |  |  |
| Is Nillable               | No      | Is Nillable                    | No |  |  |  |
| Recurrence                | 0:1     | Recurrence 0:1                 |    |  |  |  |
| Comment                   | Comment |                                |    |  |  |  |
| Mapping                   |         |                                |    |  |  |  |
| V2 Pattern V3 Replacement |         |                                |    |  |  |  |

| E07_28 Patient's Employer's Address |     | ePayment.34 Patient's | ePayment.34 Patient's Employer's Address |  |  |
|-------------------------------------|-----|-----------------------|--|--|--|
| StreetAddress                       |     | StreetAddress         |  |  |  |
| Null Values                         | Yes | Null Values           | No                                       |  |  |
| Is Nillable                         | No  | Is Nillable           | No                                       |  |  |
| Recurrence                          | 0:1 | Recurrence            | 0:1                                      |  |  |
| Comment                             |     |                       |  |  |  |
| Mapping                             |     |                       |  |  |  |
| V2 Pattern V3 Replaceme             |     |                       |  |  |  |

#### ePayment.35 Patient's Employer's City E07 29 Patient's Employer's City City CityGnisCode **Null Values** Yes **Null Values** No Is Nillable Is Nillable No No Recurrence 0:1 Recurrence 0:1

#### Comment

v2 allows length 2 to 30 and specifies the use of FIPS. v3 allows any Positive Integer and specifies the use of GNIS. To add mappings, add entries to v2v3ValueMappingvCity or load them from files downloaded from the "State Files with Federal Codes" section at http://geonames.usgs.gov/domestic/download\_data.htm. If multiple mappings exist for a FIPS code within a state, priority is given to codes with a census class code that starts with "C", then "P".

#### Mapping

V2 Pattern V3 Replacement

51000 City of New York 2395220 City of New York

E07\_30 Patient's Employer's State

ePayment.36 Patient's Employer's State

#### V3 Element V2 Element

| State   |   |                                       | ANSIStateCode                             |                           |  |
|---|---|---------------------------------------|---|---------------------------|--|
| Null Values   |   | Yes                                   | Null Values                               | No                        |  |
| Is Nillable   |   | No                                    | Is Nillable                               | No                        |  |
| Recurrence  |   | 0:1                                   | Recurrence                                | 0:1                       |  |
| Comment   |   |                                       |   |                           |  |
| Maps from FIPS 5 to codes. v2 allows leng   |   |                                       | versight change only. There were r        | no changes in the numeric |  |
| Mapping   |   |                                       |   |                           |  |
| V2 Pattern  |   |                                       | V3 Replacement                            |                           |  |
| normalize-space(.)='-10' Not Known  |   | <del></del>                           |   |                           |  |
| This mapping is u   | used when t   | he v3 element is mandatory and the v2 | element contains a null value.            |                           |  |
| normalize-space(.)='-15' Not Reporting  |   |                                       | <u>''</u>                                 |                           |  |
| This mapping is u   | used when t   | he v3 element is mandatory and the v2 | element contains a null value.            |                           |  |
| normalize-space(.)='-20'  | Not Reco  | orded                                 | <u> </u>                                  |                           |  |
| This mapping is u   | used when t   | he v3 element is mandatory and the v2 | element contains a null value.            |                           |  |
| normalize-space(.)='-25'  | Not Appl  | icable                                | <u>'</u>                                  |                           |  |
| This mapping is used when the v3 element is mandatory and the v2 element contains a null value. |   |                                       |   |                           |  |
| normalize-space(.)='-5'   | Not Avai  | lable                                 | <u>'_</u> '                               |                           |  |
| This mapping is u   | This mapping is used when the v3 element is mandatory and the v2 element contains a null value. |                                       |   |                           |  |
| otherwise   |   |                                       | substring(concat('', .), string-length(.) | +1, 2)                    |  |
|   |   |                                       |   |                           |  |

If the v3 element is mandatory and the v2 element is missing, this mapping generates the value "\_\_".

E07\_31 Patient's Employer's Zip Code

#### V2 Element V3 Element

# Zip ZIP Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 0: 1 Recurrence 0: 1

#### Comment

v2 allows any String, unconstrained. v3 specifies a pattern.

#### Mapping

#### V2 Pattern

 $matches (normalize-space(.), '^([0-9]{5}|[0-9]{5}-[0-9]{4}|[0-9]{5}-[0-9]{5}|[A-Z][0-9][A-Z][0-9][A-Z][0-9][S]')$ 

#### V3 Replacement

ePayment.37 Patient's Employer's ZIP Code

normalize-space(.)

E07\_32 Patient's Work Telephone Number

#### V2 Element V3 Element

# TelephoneNumber PhoneNumber Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 0:1 Recurrence 0:1

#### Comment

v2 allows any String, unconstrained. v3 specifies a pattern.

#### Mapping

#### V2 Pattern

#### V3 Replacement

normalize-space(.)

ePayment.39 Patient's Employer's Primary Phone

| E07_33 Response Urgency |               |     | ePayment.40   | ePayment.40 Response Urgency |     |  |
|-------------------------|---------------|-----|---------------|------------------------------|-----|--|
| ResponseUrgend          | СУ            |     | ResponseUrgen | су                           |     |  |
| Null Values             |               | Yes | Null Values   |                              | No  |  |
| Is Nillable             |               | No  | Is Nillable   |                              | No  |  |
| Recurrence              |               | 0:1 | Recurrence    |                              | 0:1 |  |
| Comment                 |               |     |               |                              |     |  |
| Mapping                 |               |     |               |                              |     |  |
| V2 Pattern              |               |     | V3 Replacemen | t                            |     |  |
| 980                     | Immediate     |     | 2640001       | Immediate                    |     |  |
| 985                     | Non-Immediate |     | 2640003       | Non-Immediate                |     |  |

995

#### V2 Element V3 Element

BLS, Emergency

| E07_34 CMS Service Level |           |                   | ePayment.50   | CMS Service | e Level          |  |
|--------------------------|-----------|-------------------|---------------|-------------|------------------|--|
| CMSServiceLevel          |           |                   | CMSServiceLev | /el         |                  |  |
| Null Values              |           | Yes               | Null Values   |             | Yes              |  |
| Is Nillable              |           | No                | Is Nillable   |             | Yes              |  |
| Recurrence               |           | 1:1               | Recurrence    |             | 1:1              |  |
| Comment                  |           |                   |               |             |                  |  |
| Mapping                  |           |                   |               |             |                  |  |
| V2 Pattern               |           |                   | V3 Replacemen | nt          |                  |  |
| 1000                     | ALS, Lev  | vel 1             | 2650001       | ALS, Leve   | el 1             |  |
| 1005                     | ALS, Lev  | el 1 Emergency    | 2650003       | ALS, Leve   | el 1 Emergency   |  |
| 1010                     | ALS, Lev  | vel 2             | 2650005       | ALS, Leve   | el 2             |  |
| 1015                     | Paramed   | lic Intercept     | 2650013       | Paramedi    | c Intercept      |  |
| 1020                     | Specialty | Care Transport    | 2650015       | Specialty   | Care Transport   |  |
| 1025                     | Fixed Wi  | ng (Airplane)     | 2650011       | Fixed Wir   | g (Airplane)     |  |
| 1030                     | Rotary W  | /ing (Helicopter) | 2650017       | Rotary W    | ing (Helicopter) |  |
| 990                      | BLS       |                   | 2650007       | BLS         |                  |  |

2650009

BLS, Emergency

| E07_35 Condition Code Number |     | ePayment.51 EMS Condition Code |       |  |
|------------------------------|-----|--------------------------------|-------|--|
| ConditionCodeNumber          |     | icd10Code                      |       |  |
| Null Values                  | Yes | Null Values                    | No    |  |
| Is Nillable No               |     | Is Nillable                    | No    |  |
| Recurrence                   | 1:1 | Recurrence                     | 0 : M |  |

#### Comment

Some ICD-9 code references are incorrect in v2. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c15.pdf, pg 51-63, for correct codes. In both v2 and CMS, the labels do not match the standard labels for the ICD-9 codes on which they are based. This mapping is done based on generally available ICD-9 to ICD-10 code mapping resources and does not attempt to find the best matching ICD-10 codes for the CMS or v2 labels.

| Марр  | ing  |                        |  |
|-------|--|------------------------|--|
| V2 Pa | attern   | V3 Replacer            | ment   |
| 8001  | Severe Abdominal Pain (ALS-789.00)   | K29.90                 | Gastroduodenitis, unspecified, without bleeding                |
|       | v2 CMS/ICD-9 code should be ALS-535.50.  |                        |  |
| 8002  | Abdominal Pain (ALS-789.00)  | R10.9                  | Unspecified abdominal pain                                     |
|       | v2 CMS/ICD-9 code should be BLS-789.00.  |                        |  |
| 8003  | Abnormal Cardiac Rhythm/Cardiac Dysrhythmia (ALS-427.9)  | 149.9                  | Cardiac arrhythmia, unspecified                                |
| 8004  | Abnormal Skin Signs (ALS-780.8)  | R61                    | Generalized hyperhidrosis                                      |
| 8005  | Abnormal Vital Signs (ALS-796.4)   | R68.89                 | Other general symptoms and signs                               |
| 8006  | Allergic Reaction (ALS-995.0)  | T78.2                  | Anaphylactic shock, unspecified                                |
|       | ICD-9 995.0 maps to ICD-10 T78.2XXA (initial encounter), which is  | a billable code but is | s not allowed in the v3 pattern. T78.2 is a non-billable code. |
| 8007  | Allergic Reaction (BLS-692.9)  | L25.9                  | Unspecified contact dermatitis, unspecified cause              |
| 8008  | Blood Glucose (ALS-790.21)   | R73.01                 | Impaired fasting glucose                                       |
| 8009  | Respiratory Arrest (ALS-799.1)   | R09.2                  | Respiratory arrest   |
| 8010  | Difficulty Breathing (ALS-786.05)  | R06.02                 | Shortness of breath  |
| 8011  | Cardiac Arrest_Resuscitation in Progress (ALS-427.5)   | - 146.9                | Cardiac arrest, cause unspecified                              |
| 8012  | Chest Pain (Non-Traumatic) (ALS-786.50)  | R07.9                  | Chest pain, unspecified  |
| 8013  | Choking Episode (ALS-784.9)  | R06.89                 | Other abnormalities of breathing                               |
|       | v2 CMS/ICD-9 code should be ALS-784.99.  |                        |  |
| 8014  | Cold Exposure (ALS-991.6)  | T68                    | Hypothermia  |
|       | ICD-9 991.6 maps to ICD-10 T68.XXXA (initial encounter), which is  | a billable code but i  | s not allowed in the v3 pattern. T68 is a non-billable code.   |
| 8015  | Cold Exposure (BLS-991.6)  | T69.9                  | Effect of reduced temperature, unspecified, initial encounter  |
|       | v2 CMS/ICD-9 code should be BLS-991.9. ICD-9 991.9 maps to ICE the v3 pattern. T69.9 is a non-billable code. | D-10 T69.9XXA (init    | ial encounter), which is a billable code but is not allowed in |
| 8016  | Altered Level of Consciousness (non-traumatic) (ALS-780.01)  | R41.82                 | Altered mental status, unspecified                             |
| 0017  | v2 CMS/ICD-9 code should be ALS-780.97.  | R56.9                  | Unancified convulsions   |
| 8017  | Convulsions/Seizures (ALS-780.39)  |                        | Unspecified convulsions  |
| 8018  | Eye Symptoms (non-traumatic) (BLS-379.90)  | H57.9                  | Unspecified disorder of eye and adnexa                         |
| 8019  | Non Traumatic Headache (ALS-437.9)   | 167.9                  | Cerebrovascular disease, unspecified                           |

| 8020 |                                  | Cardiac Symptoms other than Chest Pain (palpitations) (ALS-785.1)                                  | R00.2                           | Palpitations   |
|------|----------------------------------|--|---------------------------------|--|
| 8021 |                                  | Cardiac Symptoms othe than Chest Pain (atypical pain) (ALS-536.2)                                  | R07.1                           | Chest pain on breathing  |
|      | Mapping is based of              | n CMS ICD-9 Alternative Specific Code 786.52 Pai   | nful respiration.               |  |
| 8022 |                                  | Heat Exposure (ALS-992.2)  | T67.5                           | Heat exhaustion, unspecified   |
|      |                                  | e should be ALS-992.5. ICD-9 992.5 maps to ICD-1 5 is a non-billable code.                         | 0 T67.5XXA (initial encounter   | ), which is a billable code but is not allowed in  |
| 8023 |                                  | Heat Exposure (BLS-992.2)  | T67.2                           | Heat cramp   |
|      | ICD-9 992.2 maps                 | to ICD-10 T67.2XXA (initial encounter), which is a b   | illable code but is not allowed | in the v3 pattern. T67.2 is a non-billable code.   |
| 8024 |                                  | Hemorrage (ALS-459.0)  | R58                             | Hemorrhage, not elsewhere classified   |
| 8025 |                                  | Infectious Diseases requiring Isolation/Public Health Risk (BLS-038.9)                             | A41.9                           | Sepsis, unspecified organism   |
| 8026 |                                  | Hazmat Exposure (ALS-987.9)  | T59.94                          | Toxic effect of unspecified gases, fumes and vapors, undetermined                                      |
|      | ICD-9 987 9 mans                 | to ICD-10 T59.94XA (initial encounter), which is a b   | illable code but is not allowed | •  |
| 8027 | 100 0 001.0 maps                 | Medical Device Failure (ALS-996.0)   | Y82.9                           | Unspecified medical devices associated with  |
| 0021 | 0.000/100                        | ,  |                                 | adverse incidents  |
|      |                                  | e should be BLS-996.00. ICD-9 996.00 maps to ICI 599 is a non-billable code. However, Y82.9 was ch | osen as more appropriate for    | EMS.   |
| 8028 |                                  | Medical Device Failure (BLS-996.3)   | T83.498                         | Other mechanical complication of other prosthetic devices, implants and grafts of genital tract        |
|      |                                  | e should be BLS-996.30. ICD-9 996.30 maps to ICI<br>498 is a non-billable code.                    | 0-10 T93.498A (initial encount  | er), which is a billable code but is not allowed in  |
| 8029 | ·                                | Neurologic Distress (ALS-436.0)  | 167.89                          | Other cerebrovascular disease  |
|      | v2 CMS/ICD-9 code                | e should be ALS-436.   |                                 |  |
| 8030 | CMC/ICD 0 and                    | Pain (Severe) (ALS-780.99)   | R52                             | Pain, unspecified  |
| 0004 | V2 CIVIS/ICD-9 COUR              | e should be ALS-780.96.  | 145.4.0                         | B 1: 20 1  |
| 8031 |                                  | Back Pain (non-traumatic possible cardiac or vascular) (ALS-724.5)                                 | M54.9                           | Dorsalgia, unspecified   |
| 8032 |                                  | Back Pain (non-traumatic with neurologic symptoms) (ALS-724.9)                                     | M53.9                           | Dorsopathy, unspecified  |
| 8033 | 100 0 077 0 222                  | Posions (all routes) (ALS-977.9)   | T50.904                         | Poisoning by unspecified drugs, medicaments and biological substances, undetermined                    |
|      | 1CD-9 977.9 maps                 | to ICD-10 T50.904A (initial encounter), which is a b   | iliable code but is not allowed | in the v3 pattern. 150.904 is a non-billable code.   |
| 8034 |                                  | Alcohol Intoxication or Drug Overdose (BLS-305.0)  | F10.229                         | Alcohol dependence with intoxication, unspecified  |
|      | ICD-9 305.0 is a no unspecified. | n-billable code. Mapping is based on CMS ICD-9 A   | Iternative Specific Code 303.0  | 00 Acute alcoholic intoxication in alcoholism,   |
| 8035 |                                  | Severe Alcohol Intoxication (ALS-977.3)  | T50.991                         | Poisoning by other drugs, medicaments and biological substances, accidental (unintentional)            |
|      | ICD-9 977.3 maps                 | to ICD-10 T50.991A (initial encounter), which is a b   | illable code but is not allowed | in the v3 pattern. T50.991 is a non-billable code.   |
| 8036 |                                  | Post-Operative Procedure COmplications (BLS-998.9)   | T81.9                           | Unspecified complication of procedure  |
|      | ICD-9 998.9 maps                 | to ICD-10 T81.9XXA (initial encounter), which is a b   | illable code but is not allowed | in the v3 pattern. T81.9 is a non-billable code.   |
| 8037 |                                  | Pregnacy Complication/Chlidbirth/Labor (ALS-650.0)   | O80                             | Encounter for full-term uncomplicated delivery   |
| 8038 | v2 CMS/ICD-9 code                | e should be ALS-650.  Psychiatric/Behavioral (abnormal mental status) (ALS-292.9)                  | F19.99                          | Other psychoactive substance use, unspecified with unspecified psychoactive substance-induced disorder |
| 8039 |                                  | Psychiatric/Behavioral (threat to self or others) (BLS-298.9)                                      | F29                             | Unspecified psychosis not due to a substance or known physiological condition                          |
| 8040 |                                  | SIck Person-Fever (BLS-036.9)  | A39.9                           | Meningococcal infection, unspecified   |
|      |                                  |  |                                 | . ,  |
| 8041 |                                  | Severe Dehydration (ALS-787.01)  | R11.2                           | Nausea with vomiting, unspecified  |
| 8042 |                                  | Unconscious/Syncope/Dizziness (ALS-780.02)   | R40.4                           | Transient alteration of awareness  |
| 8043 |                                  | Major Trauma (ALS-959.8)   | T07                             | Unspecified multiple injuries  |

| 8044 | Other Trauma (need for monitor or airway) (ALS-518.5)   | J96.00                                    | Acute respiratory failure, unspecified whether with hypoxia or hypercapnia  |
|------|---|---|---|
| 8045 | ICD-9 518.5 is a non-billable code. ICD-9 518.51 was used for this ma<br>Other Trauma (major bleeding) (ALS-958.2)                    | 779.2                                     | Traumatic secondary and recurrent hemorrhage and seroma   |
|      | ICD-9 958.2 maps to ICD-10 T79.2XXA (initial encounter), which is a b   | oillable code but is not allowed          | in the v3 pattern. T79.2 is a non-billable code.  |
| 8046 | Other Trauma (fracture/dislocation (BLS-829.0)  | T14.8                                     | Other injury of unspecified body region   |
| 8047 | Other Trauma (penetrating extremity) (BLS-880.0)  | S41.009                                   | Unspecified open wound of unspecified shoulder  |
|      | v2 CMS/ICD-9 code should be BLS-880.00. ICD-9 880.00 maps to ICI the v3 pattern. S41.009 is a non-billable code.                      | D-10 S41.009A (initial encount            |   |
| 8048 | Other Trauma (amputation digits) (BLS-886.0)  | S68.119                                   | Complete traumatic metacarpophalangeal amputation of unspecified finger   |
|      | CMS also allows CMS/ICD-9 code BLS-895.0. ICD-9 886.0 maps to 4 appropriate v3 replacements. ICD-10 S68.119A (initial encounter) is a |   | i.0 maps to 6 ICD-10 codes, which are also  |
| 8049 | Other Trauma (amputation other) (ALS-887.4)   | S48.919                                   | Complete traumatic amputation of unspecified shoulder and upper arm, level unspecified  |
|      | CMS also allows CMS/ICD-9 code ALS-897.4. ICD-9 887.4 maps to 2 appropriate v3 replacements. ICD-10 S48.919A (initial encounter) is a |   | 7.4 maps to 4 ICD-10 codes, which are also  |
| 8050 | Other Trauma (suspected internal injuries) (ALS-869.0)  | S36.90                                    | Unspecified injury of unspecified intra-<br>abdominal organ   |
|      | CMS also allows CMS/ICD-9 code ALS-869.1. ICD-9 869.0 maps to IC in the v3 pattern. S36.90 is a non-billable code.                    | CD-10 S36.90XA (initial encou             | nter), which is a billable code but is not allowed  |
| 8051 | Burns-Major (ALS-949.3)   | T30.0                                     | Burn of unspecified body region, unspecified degree   |
|      | ICD-9 949.2 and 949.3 both map to ICD-10 T30.0.   |   |   |
| 8052 | Burns-Minor (BLS-949.2)   | T30.0                                     | Burn of unspecified body region, unspecified degree   |
|      | ICD-9 949.2 and 949.3 both map to ICD-10 T30.0.   |   |   |
| 8053 | Animal Bites/Sting/Envenomation (ALS-989.5)   | T63.94                                    | Toxic effect of contact with unspecified venomous animal, undetermined  |
| 8054 | ICD-9 989.5 maps to ICD-10 T63.94XA (initial encounter), which is a background Animal Bites/Stings/Envenomation (BLS-879.8)           | sillable code but is not allowed \$31.000 | in the v3 pattern. T63.94 is a non-billable code.  Unspecified open wound of lower back and pelvis without penetration into retroperitoneum |
|      | ICD-9 879.8 maps to ICD-10 S31.000A (initial encounter), which is a b   | oillable code but is not allowed          | in the v3 pattern. S31.000 is a non-billable code.  |
| 8055 | Lightning (ALS-994.0)   | T75.00                                    | Unspecified effects of lightning  |
|      | ICD-9 994.0 maps to ICD-10 T75.00XA (initial encounter), which is a b   | pillable code but is not allowed          | in the v3 pattern. T75.00 is a non-billable code.   |
| 8056 | Electrocution (ALS-994.8)   | T75.4                                     | Electrocution   |
|      | ICD-9 994.8 maps to ICD-10 T75.4XXA (initial encounter), which is a b   | pillable code but is not allowed          | in the v3 pattern. T75.4 is a non-billable code.  |
| 8057 | Near Drowning (ALS-994.1)   |   | •   |
|      | ICD-9 994.1 maps to ICD-10 T75.1XXA (initial encounter), which is a b   | oillable code but is not allowed          | in the v3 pattern. T75.1 is a non-billable code.  |
| 8058 | Eye Injuries (BLS-921.9)  | S05.90                                    | Unspecified injury of unspecified eye and orbit   |
|      | ICD-9 921.9 maps to ICD-10 S05.90XA (initial encounter), which is a b   | pillable code but is not allowed          | in the v3 pattern, S05.90 is a non-hillable code  |
| 8059 | Sexual Assault (major injuries) (ALS-995.83)  | T76.21                                    | Adult sexual abuse, suspected   |
|      | ICD-9 995.83 maps to ICD-10 T76.21XA (initial encounter), which is a  | billable code but is not allowe           | d in the v3 pattern. T76.21 is a non-billable code.   |
| 8060 | Sexual Assault (minor injuries) (BLS-995.8)   | T76.91                                    | Unspecified adult maltreatment, suspected   |
|      | v2 CMS/ICD-9 code should be BLS-995.80. ICD-9 995.80 maps to ICI the v3 pattern. T76.91 is a non-billable code.                       | D-10 T76.91XA (initial encount            | ter), which is a billable code but is not allowed in  |
| 8061 | Cardiac/Hemodynamic Monitoring Required (ALS-428.9)   | 150.9                                     | Heart failure, unspecified  |
| 8062 | Advanced Airway Management (ALS-518.81)   | J96.00                                    | Acute respiratory failure, unspecified whether with hypoxia or hypercapnia  |
|      | CMS also allows CMS/ICD-9 code ALS-518.89.  |   |   |
| 8064 | Chemical Restraint (ALS-293.0)  | F05                                       | Delirium due to known physiological condition   |
| 8065 | Suctioning/Oxygen/IV fluids required (BLS-496.0)  | J44.9                                     | Chronic obstructive pulmonary disease, unspecified  |
|      | v2 CMS/ICD-9 code should be BLS-496.  |   |   |
| 8066 | Airway Control/Positioning Required (BLS-786.09)  | R06.89                                    | Other abnormalities of breathing  |

| 8067 | Third Party Assistance/Attendant Required (BLS-496.0)  | J43.9                       | Emphysema, unspecified   |
|------|--|-----------------------------|--|
|      | v2 CMS/ICD-9 code should be BLS-492.8. Z99.81 Dependence on su   | ipplemental oxygen may also | be an appropriate v3 replacement.  |
| 8068 | Patient Safety (restraints required) (BLS-298.9)   | F29                         | Unspecified psychosis not due to a substance or known physiological condition  |
| 8069 | Patient Safety (monitoring required) (BLS-293.1)   | F05                         | Delirium due to known physiological condition                                  |
| 8070 | Patient Safety (seclusion required) (BLS-298.8)  | F23                         | Brief psychotic disorder   |
| 8071 | Patient Safety (risk of falling off stretcher) (BLS-781.3)   | R27.9                       | Unspecified lack of coordination   |
| 8072 | Special Handling (Isolation) (BLS-041.9)   | B96.89                      | Other specified bacterial agents as the cause of diseases classified elsewhere |
| 8073 | Special Handling (orthopedic device required) (BLS-907.2)  | S24.109                     | Unspecified injury at unspecified level of thoracic spinal cord                |
|      | ICD-9 907.2 maps to 4 ICD-10 codes, which are also appropriate v3 in the v3 pattern. S24.109 is a non-billable code. | replacements. ICD-10 S24.10 | 9S (sequela) is a billable code but is not allowed                             |
| 8074 | Special Handling (positioning required) (BLS-719.45)   | M25.50                      | Pain in unspecified joint  |

CMS also allows CMS/ICD-9 code BLS-719.49. ICD-9 719.49 was used in this mapping.

8063

IV Medications required en route (ALS)

#### V2 Element V3 Element

IV Meds Required (ALS-No ICD code provided)

#### ePayment.52 CMS Transportation Indicator E07\_35 Condition Code Number ConditionCodeNumber CMSTransportationIndicator **Null Values** Yes **Null Values** No Is Nillable Is Nillable No No Recurrence 1:1 0: M Recurrence Comment Mapping V2 Pattern V3 Replacement

C7

E07\_36 ICD-9 Code for the Condition Code

eCustomResults.01 Custom Data Element Result

#### V2 Element V3 Element

# Number ICD9CodeForConditionCode CustomResults Null Values Yes Is Nillable No Recurrence 0: 1 Recurrence 1: M

#### Extends ePayment.51

|  | Comment |  |
|--|---------|--|
|  |         |  |

#### Mapping

V2 Pattern V3 Replacement

.

E07\_37 Condition Code Modifier

1044

ePayment.52 CMS Transportation Indicator

Pick up Point not Accessible by Ground

#### V2 Element V3 Element

Air-D-Pick up Point not Accessible by Ground

#### ConditionCodeModifier CMSTransportationIndicator Yes **Null Values Null Values** No Is Nillable No Is Nillable No Recurrence 0: M Recurrence 0: M Comment Mapping V2 Pattern V3 Replacement 1035 A-Interfacility Transport (Requires Higher level C1 Interfacility Transport (Requires Higher level of of care) 1036 B-Interfacility Transport (service not available) C2 Interfacility Transport (service not available) 1037 C-ALS Response to BLS Patient C6 ALS Response (Based on Dispatch Info) to **BLS Patient (Condition)** 1038 D-Medically Necessary Transport (Not Nearest C4 Medically Necessary Transport (Facility on Facility) Divert or Services Unavailable) E-BLS Transport of ALS PAtient 1039 C5 BLS Transport of ALS Patient (ALS not available) Emergency Trauma Dispatch Condition Code 1040 F-Emergency Trauma Dispatch Condition C3 (Major Incident or Mechanism of Injury) Code (patient is BLS) 1041 Air-A-Long Distance D1 Long Distance-patient's condition requires rapid transportation over a long distance D2 Rare Circumstances, Traffic Patterns 1042 Air-B- Traffic Precludes Ground Transport **Precludes Ground Transport** 1043 Air-C-Time Precludes Ground Transport D3 Time to the closest appropriate hospital due to the patient's condition precludes ground transport; maximize clinical benefits

D4

E08\_01 Other EMS Agencies at Scene

eScene.02 Other EMS or Public Safety Agencies

#### V2 Element V3 Element

## OtherEMSAgenciesAtScene OtherEMSAgenciesAtScene Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 0 : M Recurrence 0 : 1

at Scene

#### Comment

v3 eScene.04 Type of Other Service at Scene is set to 2704013 Other EMS Agency.

#### Mapping

V2 Pattern V3 Replacement

Utilities

1095

#### V2 Element V3 Element

| E08_02 Other Services at Scene |                            |         | eScene.04 T     | ype of Other Service at Scene |  |
|--------------------------------|----------------------------|---------|-----------------|-------------------------------|--|
| OtherServicesAtS               | Scene                      |         | OtherServices A | AtScene                       |  |
| Null Values                    |                            | Yes     | Null Values     | No                            |  |
| Is Nillable                    |                            | No      | Is Nillable     | No                            |  |
| Recurrence                     |                            | 0 : M   | Recurrence      | 0:1                           |  |
| Comment                        |                            |         |                 |                               |  |
| Mapping                        |                            |         |                 |                               |  |
| V2 Pattern                     |                            |         | V3 Replacemer   | nt                            |  |
| 1060                           | EMS Muti                   | ual Aid | 2704001         | EMS Mutual Aid                |  |
| 1065                           | Fire                       |         | 2704003         | Fire                          |  |
| 1070                           | Hazmat                     |         | 2704007         | Hazmat                        |  |
| 1075                           | Law                        |         | 2704009         | Law                           |  |
| 1080                           | Other Health Care Provider |         | 2704015         | Other Health Care Provider    |  |
| 1085                           | Other                      | Other   |                 | Other                         |  |
| 1090                           | Rescue                     | Rescue  |                 | Rescue                        |  |

2704019

Utilities

E08\_03 Estimated Date/Time Initial Responder

eCustomResults.01 Custom Data Element Result

#### V2 Element V3 Element

#### Arrived on Scene EstimatedDateTimeInitialResponderOnScene CustomResults **Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 0:1 Recurrence 1: M Comment

#### Mapping

| V2 Pattern |                         | V3 Replacement |                         |
|------------|-------------------------|----------------|-------------------------|
| 1100       | Greater Than 15 minutes | 1100           | Greater Than 15 minutes |
| 1105       | 5 - 15 Minutes          | 1105           | 5 - 15 Minutes          |
| 1110       | Less Than 5 Minutes     | 1110           | Less Than 5 Minutes     |
| 1115       | After EMS               | 1115           | After EMS               |

## E08\_04 Date/Time Initial Responder Arrived on Scene eScene.05 Date/Time Initial Responder Arrived on Scene

| DateTime    |     |  |  |  |  |
|-------------|-----|--|--|--|--|
| Null Values | No  |  |  |  |  |
| Is Nillable | Yes |  |  |  |  |
| Recurrence  | 0:1 |  |  |  |  |

| DateTimeType |     |  |  |  |  |
|--------------|-----|--|--|--|--|
| Null Values  | No  |  |  |  |  |
| Is Nillable  | No  |  |  |  |  |
| Recurrence   | 0:1 |  |  |  |  |

#### Comment

v3 uses a pattern to require a timezone offset: (\+|-)[0-9]{2}:[0-9]{2}.

#### Mapping

V2 Pattern

V3 Replacement

.!=" adjust-dateTime-to-timezone(.)

| E08_05 Number of Patients at Scene |           | eScene.06 N | eScene.06 Number of Patients at Scene |             |     |
|------------------------------------|-----------|-------------|---------------------------------------|-------------|-----|
| NumberOfPatien                     | tsAtScene |             | NumberOfPatie                         | entsAtScene |     |
| Null Values                        |           | Yes         | Null Values                           |             | Yes |
| Is Nillable                        |           | No          | Is Nillable                           |             | Yes |
| Recurrence                         |           | 1 : 1       | Recurrence                            |             | 1:1 |
| Comment                            |           |             |                                       |             |     |
| Mapping                            |           |             |                                       |             |     |
| V2 Pattern                         |           |             | V3 Replaceme                          | nt          |     |
| 1120                               | None      |             | 2707003                               | None        |     |
| 1125                               | Single    |             | 2707005                               | Single      |     |
| 1130                               | Mulitiple |             | 2707001                               | Multiple    |     |

| E08_06 Mass Casualty Incident |     | eScene.07 | eScene.07 Mass Casualty Incident |     |     |
|-------------------------------|-----|-----------|----------------------------------|-----|-----|
| YesNoValues                   |     |           | YesNoValues                      |     |     |
| Null Values                   |     | Yes       | Null Values                      |     | Yes |
| Is Nillable                   |     | No        | Is Nillable                      |     | Yes |
| Recurrence                    | _   | 1:1       | Recurrence                       |     | 1:1 |
| Comment                       |     |           |                                  |     |     |
| Mapping                       |     |           |                                  |     |     |
| V2 Pattern                    |     |           | V3 Replacem                      | ent |     |
| 0                             | No  |           | 9923001                          | No  |     |
| 1                             | Yes |           | 9923003                          | Yes |     |

v3 supports additional specific values.

#### V3 Element V2 Element

| E08_07 Incident Location Type |                    |                      |   | eScene.09 Inciden    | t Locati            | on Type   |
|-------------------------------|--------------------|----------------------|---|----------------------|---------------------|---|
| Inciden                       | ntLocationType     |                      |   | IncidentLocationType |                     |   |
| Null Va                       | alues              |                      | Yes                                       | Null Values          |                     | Yes   |
| Is Nillal                     | ble                |                      | No  | Is Nillable          |                     | Yes   |
| Recurre                       | ence               |                      | 1:1                                       | Recurrence           |                     | 1:1   |
| Comme                         | ent                | '                    |   |                      |                     |   |
| Mappin                        | ng                 |                      |   |                      |                     |   |
| V2 Pat                        | ttern              |                      |   | V3 Replacement       |                     |   |
| 1135                          |                    | Home/Re              | esidence                                  | Y92.00               |                     | ed non-institutional (private) as the place of occurrence of the ause               |
| 1140                          |                    | Farm                 |   | Y92.7                | Farm as t           | he place of occurrence of the external  |
| 1145                          |                    | Mine or C            | Quarry                                    | Y92.64               |                     | t as the place of occurrence of the ause  |
| 1150                          |                    | Industrial           | Place and Premises                        | Y92.6                |                     | and construction area as the place of   |
| 1155                          |                    | Place of             | Recreation or Sport                       | Y92.83               |                     | n area as the place of occurrence of  |
|                               | Y92.3 Sports and a |                      | ea as the place of occurrence of the exte |                      |                     |   |
| 1160                          |                    | Street or            | Highway                                   | Y92.4                |                     | ghway and other paved roadways as of occurrence of the external cause               |
| 1165                          |                    | Public Bu            | uilding (schools, gov. offices)           | Y92.2                | administra          | ther institution and public<br>ative area as the place of occurrence<br>ernal cause |
| 1170                          |                    | Trade or etc)        | service (business, bars, restaurants,     | Y92.5                |                     | service area as the place of e of the external cause                                |
| 1175                          |                    | home)                | are Facility (clinic, hospital, nursing   | Y92.23               | external c          |   |
|                               | Y92.53 Ambulatory  |                      | rvices establishments as the place of occ |                      |                     |   |
| 1180                          |                    | Resident jail/prisor | ial Institution (Nursing Home,<br>n)      | Y92.10               |                     | ed residential institution as the place<br>ence of the external cause               |
| 1185                          | Not precise.       | Lake, Riv            | ver, Ocean                                | Y92.832              | Beach as external c | the place of occurrence of the ause   |
| 1190                          | rtot provido.      | Other Lo             | cation                                    | Y92.89               | •                   | cified places as the place of e of the external cause                               |

| E08_08 Incident Facility Code |     | eScene.10 Incident Fac | eScene.10 Incident Facility Code |  |  |
|-------------------------------|-----|------------------------|----------------------------------|--|--|
| IncidentFacilityCode          |     | IncidentFacilityCode   |                                  |  |  |
| Null Values                   | Yes | Null Values            | Yes                              |  |  |
| Is Nillable                   | No  | Is Nillable            | Yes                              |  |  |
| Recurrence                    | 0:1 | Recurrence             | 0:1                              |  |  |
| Comment                       |     |                        |                                  |  |  |
| Mapping                       |     |                        |                                  |  |  |
| V2 Pattern                    |     | V3 Replacement         | V3 Replacement                   |  |  |

| E08_09 Scene Zone Number |     | eCustomResults.01 Custom Data Element Result |       |  |  |
|--------------------------|-----|--|-------|--|--|
| ZoneNumber               |     | CustomResults                                |       |  |  |
| Null Values              | Yes | Null Values                                  | Yes   |  |  |
| Is Nillable              | No  | Is Nillable                                  | Yes   |  |  |
| Recurrence               | 0:1 | Recurrence                                   | 1 : M |  |  |
| Comment                  |     |  |       |  |  |
| Mapping                  |     |  |       |  |  |
| V2 Pattern               |     | V3 Replacement                               |       |  |  |

E08\_10 Scene GPS Location

#### V2 Element V3 Element

# GPSLocation GPSLocation Null Values No Is Nillable No Recurrence 0: 1 Recurrence 0: 1

#### Comment

#### Mapping

#### V2 Pattern

 $\label{lem:matches} $$ \mathrm{matches(concat(xs:decimal(@Lat),',',xs:decimal(@Long)),'^(+|-)?(90(\.[0]\{1,6\})?|([1-8][0-9]|[0-9])(\.[0-9]\{1,6\})?),(+|-)?(180(\.[0]\{1,6\})?|(1[0-7][0-9][0-9])(\.[0-9]\{1,6\})?)$') }$ 

#### V3 Replacement

concat(xs:decimal(@Lat),',',xs:decimal(@Long))

eScene.11 Scene GPS Location

| E08_11 Incident Address |     | eScene.15 Incident Str | eScene.15 Incident Street Address |  |  |
|-------------------------|-----|------------------------|-----------------------------------|--|--|
| StreetAddress           |     | StreetAddress          |                                   |  |  |
| Null Values             | Yes | Null Values            | Yes                               |  |  |
| Is Nillable             | No  | Is Nillable            | Yes                               |  |  |
| Recurrence              | 0:1 | Recurrence             | 0:1                               |  |  |
| Comment                 |     |                        |                                   |  |  |
| Mapping                 |     |                        |                                   |  |  |
| V2 Pattern              |     | V3 Replacement         | V3 Replacement                    |  |  |

| E08_12 Incident City  City |     | eScene.17 Incident City  CityGnisCode |     |
|----------------------------|-----|---------------------------------------|-----|
|                            |     |                                       |     |
| Is Nillable                | No  | Is Nillable                           | Yes |
| Recurrence                 | 0:1 | Recurrence                            | 0:1 |

#### Comment

v2 allows length 2 to 30 and specifies the use of FIPS. v3 allows any Positive Integer and specifies the use of GNIS. To add mappings, add entries to v2v3ValueMappingvCity or load them from files downloaded from the "State Files with Federal Codes" section at http://geonames.usgs.gov/domestic/download\_data.htm. If multiple mappings exist for a FIPS code within a state, priority is given to codes with a census class code that starts with "C", then "P".

#### Mapping

V2 Pattern V3 Replacement

51000 City of New York 2395220 City of New York

| E08_13 Incident County |     | eScene.21 Incident County |     |
|------------------------|-----|---------------------------|-----|
| County                 |     | ANSICountyCode            |     |
| Null Values            | Yes | Null Values               | Yes |
| Is Nillable            | No  | Is Nillable               | Yes |
| Recurrence             | 0:1 | Recurrence                | 1:1 |

#### Comment

Maps from FIPS 6 to ANSI INCITS 31. The transition was an oversight change only. There were no changes in the numeric codes. v2 allows length 2 to 5. v3 requires length 5.

#### Mapping

V2 Pattern

#### V3 Replacement

 $substring(concat('\_\_\_', normalize\text{-space(.)}), string\text{-length(normalize-space(.))} + 1, 5)\\$ 

normalize-space(.)='-10'

#### V2 Element V3 Element

| E08_14 Incident State  State                          |     | eScene.18 Incident State           |                               |
|---|-----|------------------------------------|-------------------------------|
|   |     | ANSIStateCode                      | ANSIStateCode                 |
| Null Values   | Yes | Null Values                        | Yes                           |
| Is Nillable   | No  | Is Nillable                        | Yes                           |
| Recurrence  | 0:1 | Recurrence                         | 1:1                           |
| Comment   |     |                                    |                               |
| Maps from FIPS 5 to ANSI codes. v2 allows length 2 to |     | an oversight change only. There we | ere no changes in the numeric |
| Mapping   |     |                                    |                               |

### V2 Pattern V3 Replacement

This mapping is used when the v3 element is mandatory and the v2 element contains a null value. normalize-space(.)='-15' Not Reporting

This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

normalize-space(.)='-20' Not Recorded

Not Known

This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

normalize-space(.)='-25' Not Applicable

This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

normalize-space(.)='-5' Not Available

This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

otherwise substring(concat('\_\_', .), string-length(.)+1, 2)

If the v3 element is mandatory and the v2 element is missing, this mapping generates the value "\_\_".

### eScene.19 Incident ZIP Code E08\_15 Incident ZIP Code Zip ZIP **Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 1:1 1:1 Recurrence

# Comment

v2 allows any String, unconstrained. v3 specifies a pattern.

# Mapping

# V2 Pattern

 $matches (normalize-space(.), '^([0-9]{5}|[0-9]{5}-[0-9]{4}|[0-9]{5}-[0-9]{5}|[A-Z][0-9][A-Z][0-9][A-Z][0-9][S]')$ 

# V3 Replacement

normalize-space(.)

eCustomResults.01 Custom Data Element Result

# V2 Element V3 Element

# PriorAid CustomResults Null Values Yes Null Values Yes Is Nillable No Is Nillable Yes Recurrence 1: M Recurrence 1: M

# Extends eProcedures.03

| Co       | <u></u> | m | _ | n | ۰ |
|----------|---------|---|---|---|---|
| $\sim$ 0 | ш       | ш | e | ш | ι |

E09\_01 Prior Aid

| N/ | 2 | n | n | m | ~ |  |
|----|---|---|---|---|---|--|
| M  | а | ν | P | ш | ч |  |
|    |   |   | • |   | _ |  |

| V2 Pattern |   | V3 Replacement |  |
|------------|---|----------------|--|
| 100.200    | Extrication   | 100.200        | Extrication  |
| 100.300    | Patient Loaded  | 100.300        | Patient Loaded   |
| 100.301    | Patient Loaded-Helicopter Hot-Load                            | 100.301        | Patient Loaded-Helicopter Hot-Load                             |
| 100.302    | Patient Off-Loaded  | 100.302        | Patient Off-Loaded   |
| 100.303    | Patient Off-Loaded Helicopter Hot Off-Load                    | 100.303        | Patient Off-Loaded Helicopter Hot Off-Load                     |
| 101.101    | Specialty Center Activation-Adult Trauma                      | 101.101        | Specialty Center Activation-Adult Trauma                       |
| 101.102    | Specialty Center Activation-Pediatric Trauma                  | 101.102        | Specialty Center Activation-Pediatric Trauma                   |
| 101.103    | Specialty Center Activation-Cardiac Arrest                    | 101.103        | Specialty Center Activation-Cardiac Arrest                     |
| 101.104    | Specialty Center Activation-STEMI                             | 101.104        | Specialty Center Activation-STEMI                              |
| 101.105    | Specialty Center Activation-Stroke                            | 101.105        | Specialty Center Activation-Stroke                             |
| 101.201    | Activation-Advanced Hazmat Specialty<br>Service/Response Team | 101.201        | Activation-Advanced Hazmat Specialty Service/Response Team     |
| 101.203    | Activation-Other Specialty Service/Response Team              | 101.203        | Activation-Other Specialty Service/Response Team               |
| 101.204    | Activation-Rescue Specialty Service/Response Team             | 101.204        | Activation-Rescue Specialty Service/Response Team              |
| 101.206    | Activation-Tactical or SWAT Specialty Service/Response Team   | 101.206        | Activation-Tactical or SWAT Specialty<br>Service/Response Team |
| 89.821     | 12 Lead ECG-Transmitted                                       | 89.821         | 12 Lead ECG-Transmitted  |
| 96.992     | Airway-Intubation Confirm Esophageal Bulb                     | 96.992         | Airway-Intubation Confirm Esophageal Bulb                      |
| 99.615     | CPR-Stop  | 99.615         | CPR-Stop   |

| E09_01 Prior Aid  | eMedications.03 Medication Given      |   |                 |                                   |
|---|---------------------------------------|---|-----------------|-----------------------------------|
| PriorAid  |                                       | Medication                              |                 |                                   |
| Null Values   | Yes                                   | Null Values                             | Null Values Yes |                                   |
| Is Nillable   | No                                    | Is Nillable                             |                 | Yes                               |
| Recurrence  | 1 : M                                 | Recurrence                              |                 | 1:1                               |
| Comment   |                                       |   |                 |                                   |
| Mapping   |                                       |   |                 |                                   |
| V2 Pattern  |                                       | V3 Replacement<br>7806                  | Oxygen          |                                   |
| This mapping is used when the solution of the | ne v3 element is mandatory and the v2 | 2 element is missing or conta<br>237653 |                 | 500 MG/ML Injectable Solution     |
| 9% NSS  | powerts it should be 0.00/ NCC        | 313002                                  | Sodium C        | chloride 0.9% Injectable Solution |
| Acetaminophen   | correct; it should be 0.9% NSS.       | 161                                     | Acetamin        | ophen                             |
| Adenosine   |                                       | 296                                     | Adenosin        | е                                 |
| Albuterol   |                                       | 435                                     | Albuterol       |                                   |
| Albuterol 2.5/ Atrovent 0.5   |                                       | 214199                                  | Albuterol       | / Ipratropium                     |
| TTY=MIN.  |                                       |   |                 |                                   |
| Albuterol Sulfate   |                                       | 435                                     | Albuterol       |                                   |
| Amiodarone  |                                       | 703                                     | Amiodaro        | ne                                |
| Amiodarone (Cordarone)  |                                       | 703                                     | Amiodaro        | ne                                |
| Amiodorone (Cordarone)  |                                       | 703                                     | Amiodaro        | ne                                |
| ASA   |                                       | 1191                                    | Aspirin         |                                   |
| Aspirin   |                                       | 1191                                    | Aspirin         |                                   |
| Aspirin (ASA)   |                                       | 1191                                    | Aspirin         |                                   |
| Aspirin 81-325 mg   |                                       | 1191                                    | Aspirin         |                                   |
| Ativan  |                                       | 6470                                    | Lorazepa        | m                                 |
| Atropine  |                                       | 1223                                    | Atropine        |                                   |
| Atropine Sulfate  |                                       | 1223                                    | Atropine        |                                   |
| Atrovent  |                                       | 7213                                    | Ipratropiu      | m                                 |
| Atrovent (Ipratropium Bromide)  |                                       | 7213                                    | Ipratropiu      | m                                 |
| Atrovent 0.5mg /Albuterol 3.0m  |                                       | 214199                                  | Albuterol       | / Ipratropium                     |
| Atrovent 0.5mg/Albuterol 3.0mg  |                                       | 214199                                  | Albuterol       | / Ipratropium                     |
| Baby Aspirin  |                                       | 1191                                    | Aspirin         |                                   |
| Benadryl  |                                       | 3498                                    | Diphenhy        | dramine                           |
| Calcium Chloride  |                                       | 1901                                    | Calcium (       |                                   |
| Cardizem  |                                       | 3443                                    | Diltiazem       | -                                 |
|   |                                       |   |                 |                                   |

| D50   | 237653       | Dextrose 50 % Injectable Solution                         |
|---|--------------|---|
| TTY=SCD/SY.   |              | ,   |
| D5W (Dextrose 5% in Water)  | 309778       | Dextrose 5 % Injectable Solution                          |
| TTY=SCD/SY.   |              |   |
| D5W w/ 1/2 Normal Saline  | 309806       | Dextrose 5 % / sodium chloride 0.45 % Injectable Solution |
| TTY=SCD/SY.  Dexamethasone (Decadron)                                 | 3264         | Dexamethasone   |
| Dextrose  | 4850         | Glucose   |
|   |              |   |
| DEXTROSE 50 %   | 237653       | Dextrose 50 % Injectable Solution                         |
| TTY=SCD/SY. Dextrose 50%  | 237653       | Dextrose 50 % Injectable Solution                         |
| TTY=SCD/SY.   |              |   |
| Dextrose 50% (D50)  | 237653       | Dextrose 50 % Injectable Solution                         |
| TTY=SCD/SY.   |              | ·   |
| Diazepam  | 3322         | Diazepam  |
| Diazepam (Valium)   | 3322         | Diazepam  |
| Dilaudid  | 3423         | Hydromorphone   |
| Diltiazem   | 3443         | Diltiazem   |
| Diltiazem (Cardizem)  | 3443         | Diltiazem   |
| Diphenhydramine   | 3498         | diphenhydramine   |
| DIPHENHYDRAMINE (BENADRYL)  | 3498         | diphenhydramine   |
| Diphenhydramine (Benedryl)  | 3498         | diphenhydramine   |
| Dopamine  | 3628         | Dopamine  |
| DuoNeb  | 204199       | Albuterol / Ipratropium                                   |
| TTY=MIN.  | 201100       | / libatoror / ipratiopidin                                |
| DuoNeb (0.5 Atrovent/3.0 Albut  | 204199       | Albuterol / Ipratropium                                   |
| TTY=MIN. V2 value is contradictory. DuoNeb is not 3.0 albuterol / 0.5 | ipratropium. |   |
| EPI 1:10,000  | 317361       | Epinephrine 0.1 MG/ML                                     |
| TTY=SCDC.   |              |   |
| EPI 1:10000   | 317361       | Epinephrine 0.1 MG/ML                                     |
| TTY=SCDC.   | 0000         | - · · · ·   |
| Epinephrine   | 3992         | Epinephrine   |
| Epinephrine (1:10,000)  | 317361       | Epinephrine 0.1 MG/ML                                     |
| TTY=SCDC. Epinephrine 1:1,000   | 328316       | Epinephrine 1 MG/ML                                       |
| TTY=SCDC.   | 320310       | сриериние т молис   |
| Epinephrine 1:10  | 317361       | Epinephrine 0.1 MG/ML                                     |
| TTY=SCDC. V2 value is incorrect. It should be 1:10,000.               |              |   |
| Epinephrine 1:10,000  | 317361       | Epinephrine 0.1 MG/ML                                     |
| TTY=SCDC.   |              |   |
| Epinephrine 1:1000  | 328316       | Epinephrine 1 MG/ML                                       |
| TTY=SCDC.   |              |   |
| Epi-Pen Adult   | 328316       | Epinephrine 1 MG/ML                                       |
| TTY=SCDC.  Etomidate  | 4177         | Etomidate   |
|   |              |   |
| Fentanyl  Factoryl (Cythirpera)                                       | 4337         | Fentanyl  |
| Fentanyl (Sublimaze)  | 4337         | Fentanyl  |
| Furosemide  | 4603         | Furosemide  |
| Furosemide (Lasix)  | 4603         | Furosemide  |

| Glucagon                       | 4832   | Glucagon                   |
|--------------------------------|--------|----------------------------|
| Glucose (Oral)                 | 4850   | Glucose                    |
| Haloperidol (Haldol)           | 5093   | Haloperidol                |
| Heparin                        | 5224   | Heparin                    |
| Hydromorphone (Dilaudid)       | 3423   | Hydromorphone              |
| IBUPROFEN                      | 5640   | Ibuprofen                  |
| insulin                        | 5856   | Insulin                    |
| Ipratropium                    | 7213   | Ipratropium                |
| Ipratropium (Atrovent)         | 7213   | Ipratropium                |
| Ketorolac (Toradol)            | 35827  | Ketorolac                  |
| Labetalol                      | 6185   | Labetalol                  |
| Lactated Ringers               | 35629  | Lactated Ringer's Solution |
| Lasix                          | 4603   | Furosemide                 |
| Levalbuterol HCL (Xopenex)     | 237159 | Levalbuterol               |
| Lidocaine                      | 6387   | Lidocaine                  |
| Lopressor                      | 6918   | Metoprolol                 |
| Lorazepam                      | 6470   | Lorazepam                  |
| Lorazepam (Ativan)             | 6470   | Lorazepam                  |
| LOVENOX                        | 67108  | Enoxaparin                 |
| Magnesium Sulfate              | 6585   | Magnesium Sulfate          |
| Meperidine (Demerol)           | 6754   | Meperidine                 |
| Methylprednisolone             | 6902   | Methylprednisolone         |
| Methylprednisolone (Solu-Medro | 6902   | Methylprednisolone         |
| Methylprednisolone/Solu-Medrol | 6902   | Methylprednisolone         |
| Metoprolol (Lopressor)         | 6918   | Metoprolol                 |
| Midazolam                      | 6960   | Midazolam                  |
| Midazolam (Versed)             | 6960   | Midazolam                  |
| Morphine                       | 7052   | Morphine                   |
| Morphine Sulfate               | 7052   | Morphine                   |
| Naloxone                       | 7242   | Naloxone                   |
| Naloxone (Narcan)              | 7242   | Naloxone                   |
| Narcan                         | 7242   | Naloxone                   |
| Nitro Spray                    | 4917   | Nitroglycerin              |
| Nitroglycerin                  | 4917   | Nitroglycerin              |
| Nitroglycerin Infusion         | 4917   | Nitroglycerin              |
| Nitroglycerin Paste            | 4917   | Nitroglycerin              |
| Nitroglycerin SL               | 4917   | Nitroglycerin              |
| Nitroglycerin Spray            | 4917   | Nitroglycerin              |
| Nitroglycerin, (spray or tabs) | 4917   | Nitroglycerin              |
| Nitroglycerine                 | 4917   | Nitroglycerin              |
| Nitroglycerine (0.4 mg)        | 4917   | Nitroglycerin              |
| Nitroglycerine SL              | 4917   | Nitroglycerin              |
| Nitroglycerine Spray           | 4917   | Nitroglycerin              |
| Nitroglycerine Tabs            | 4917   | Nitroglycerin              |
| Nitrostat                      | 4917   | Nitroglycerin              |
|                                |        |                            |

| Norepinephrine   | 7512   | NorEpinephrine                           |
|--|--|--|
| Normal Saline  | 313002                                       | Sodium Chloride 0.9% Injectable Solution |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacemen   | t if it was used for irrigation ins          |  |
| Normal Saline (Respiratory Use TTY=SCDF.   | 379454                                       | Sodium Chloride Inhalant Solution        |
| Normal Saline IV Solution  | 313002                                       | Sodium Chloride 0.9% Injectable Solution |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacemen   | t if it was used for irrigation ins          | stead of injection.                      |
| Normal Saline Solution   | 313002                                       | Sodium Chloride 0.9% Injectable Solution |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacemen<br>Ondansetron  | t if it was used for irrigation ins<br>26225 | stead of injection. Ondansetron          |
| Ondansetron (Zofran)   | 26225  | Ondansetron                              |
| Ondensatron  | 26225  | Ondansetron                              |
| Oral Glucose   | 4850   | Glucose                                  |
|  |  |  |
| Oxygen   | 7806   | Oxygen                                   |
| Oxygen (non-rebreather mask)   | 7806   | Oxygen                                   |
| OXYGEN ADMINISTRATION  | 7806   | Oxygen                                   |
| OXYGEN ADMINISTRATION  | 7806   | Oxygen                                   |
| Oxygen by Blow By  | 7806   | Oxygen                                   |
| Oxygen by BVM  | 7806   | Oxygen                                   |
| Oxygen by Mask   | 7806   | Oxygen                                   |
| Oxygen by Nasal Cannula  | 7806   | Oxygen                                   |
| Oxygen by Nebulizer  | 7806   | Oxygen                                   |
| Oxygen by Non-Rebreather Mask  | 7806   | Oxygen                                   |
| Oxygen by Positive Pressure De   | 7806   | Oxygen                                   |
| PHENERGAN  | 8745   | Promethazine                             |
| plavix   | 32968  | clopidogrel                              |
| PROMETHAZINE   | 8745   | Promethazine                             |
| Promethazine HCI (Phenergan)   | 8745   | Promethazine                             |
| Promethazine HCL (Phenergran)  | 8745   | Promethazine                             |
| PROPOFOL   | 8782   | Propofol                                 |
| Rocephin   | 2193   | Ceftriaxone                              |
| Rocuronium Bromide (Zemuron)   | 68139  | Rocuronium                               |
| Saline   | 313002                                       | Sodium Chloride 0.9% Injectable Solution |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacemen   |  | •  |
| Sodium Bicarbonate   | 36676  | Sodium Bicarbonate                       |
| SODIUM CHLORIDE 0.9%   | 313002                                       | Sodium Chloride 0.9% Injectable Solution |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacemen   |  |  |
| Solu-Medro (Methylprednisone S   | 6902   | Methylprednisolone  Methylprednisolone   |
| Solumedrol Solu Modrol   | 6902   | Methylprednisolone                       |
| Solu-Medrol Supplied by the state of the sta | 6902   | Methylprednisolone                       |
| Succinylcholine  Succinylcholine   | 10154  | Succinylcholine                          |
| Succinylcholine (Anectine)   | 10154  | Succinylcholine                          |
| Thiamine   | 10454  | Thiamine                                 |
| TORADOL  | 35827  | Ketorolac                                |
| Tylenol  | 5640   | Acetaminophen                            |
| VALIUM   | 3322   | Diazepam                                 |
| Vancomycin   | 11124  | Vancomycin                               |

| Vasopressin           | 11149  | Vasopressin (USP) |
|-----------------------|--------|-------------------|
| Vecuronium            | 71535  | Vecuronium        |
| Vecuronium (Norcuron) | 71535  | Vecuronium        |
| Versed                | 6960   | Midazolam         |
| XOPENEX               | 237159 | Levalbuterol      |
| Zofran                | 26225  | Ondansetron       |

| E09_01 Prior Aid |                    |  | eProcedures.03 Procedure     |               |   |
|------------------|--------------------|--|------------------------------|---------------|---|
| PriorAid         |                    |  | snomed                       |               |   |
| Null Values      |                    | Yes  | Null Values                  |               | Yes                                       |
| Is Nillable      |                    | No   | Is Nillable                  |               | Yes                                       |
| Recurrence       |                    | 1 : M  | Recurrence                   |               | 1:1                                       |
| Comment          |                    |  |                              |               |   |
| Mapping          |                    |  |                              |               |   |
| V2 Pattern       |                    |  | V3 Replacement               |               |   |
| 1.181            | CNS Cat            | heter-Epidural Maintenance                       | 424432007                    | Epidural o    | catheter maintenance                      |
| 1.182            |                    | heter-Intraventricular Maintenance               | 230937006                    | •             | e for monitoring intracranial pressure    |
| Not precise.     | 0.10 04.           |  | 2000.000                     |               | o to monitoring initiation and processing |
| 100.100          | Rescue             |  | 83887000                     | Rescue v      | rehicle                                   |
| Rescue vehi      | cle (a device, not | a procedure) should only be used for v           | 2.2.1 to v3.x mapping purpos | es. This desc | cription does not represent rescue        |
| efforts made     | by the responde    | rs to remove the patient from the enviro         | nment.                       |               |   |
| 101.202          |                    | n-Fire Rehabilitation Specialty<br>Response Team | 165189005                    | Medical e     | evaluation for rehabilitation             |
| Not precise.     | 2011100/1          | tooponee ream                                    |                              |               |   |
| 101.205          | Activation         | n-Social Services Notification/Referral          | 306238000                    | Referral t    | o Social Services                         |
| 101.500          | Contact N          | Medical Control                                  | 304562007                    | Informing     | doctor                                    |
| 31.110           | Airway-N           | eedle Cricothyrotomy                             | 232689008                    | Percutan      | eous cricothyroidotomy                    |
| 31.120           | Airway-S           | urgical Cricothyrotomy                           | 232692007                    | Open cric     | cothyroidotomy                            |
| 31.420           | Airway-D           | irect Laryngoscopy                               | 78121007                     | Direct lar    | yngoscopy                                 |
| 31.421           | Airway-V           | ideo Laryngoscopy                                | 673005                       | Indirect la   | aryngoscopy                               |
| 34.041           | Chest De           | ecompression                                     | 182705007                    | Tension p     | oneumothorax relief                       |
| 34.042           | Chest Tu           | be Placement                                     | 264957007                    | Insertion     | of pleural tube drain                     |
| 37.000           | Pericardi          | ocentesis  | 309849004                    | Pericardio    | ocentesis                                 |
| 37.611           | Intra-Aort         | tic Balloon Pump Maintenance                     | 34475007                     | Intraaortio   | c balloon pump maintenance                |
| 37.612           |                    | ricular Assist Device Maintenance                | 386237008                    |               | ry care: mechanical assist device         |
| 38.910           | Arterial A         | ccess-Blood Draw                                 | 55841001                     |               | uncture for withdrawal of blood for       |
| 38.990           | Venous A           | Access-Blood Draw                                | 396540005                    | Phlebotor     |   |
| 38.991           | Venous A           | Access-Existing Catheter                         | 397901004                    | Pre-existi    | ng line accessed                          |
| 38.992           | Venous A           | Access-Extremity                                 | 392230005                    | Catheteri     | zation of vein                            |
| 38.993           | Venous A           | Access-External Jugular Line                     | 405427009                    | Catheteri     | zation of external jugular vein           |
| 38.994           |                    | Access-Femoral Line                              | 405442007                    |               | zation of common femoral vein             |
| 38.995           |                    | ucose Analysis                                   | 33747003                     |               | measurement, blood                        |
| 39.995           |                    | Access-Internal Jugular Line                     | 405425001                    |               | zation of internal jugular vein           |
| 39.996           |                    | Access-Subclavian Line                           | 405430002                    |               | zation of subclavian vein                 |
| 39.997           |                    | Access-Discontinue                               | 103715008                    |               | of catheter                               |
|                  |                    | heral intravenous catheter is also an app        |                              | Removal       | or editions                               |
| 39.998           |                    | Access-Umbilical Vein Cannulation                | 42550007                     | Catheteri     | zation of umbilical vein                  |
|                  |                    |  | •                            |               |   |

| 41.920 |                   | Venous Access-Intraosseous Adult                      | 430824005  | Intraosseous cannulation                                    |
|--------|-------------------|---|------------|---|
| 41.921 |                   | Venous Access-Intraosseous Pediatric                  | 430824005  | Intraosseous cannulation                                    |
| 57.940 |                   | Urinary Catheterization                               | 410024004  | Insertion of catheter into urinary bladder                  |
| 73.590 |                   | Childbirth  | 236973005  | Delivery procedure  |
| 79.700 |                   | Joint Reduction/Relocation                            | 58825001   | Closed reduction of dislocation                             |
| 86.090 |                   | Escharotomy   | 70177008   | Escharotomy   |
| 86.280 |                   | Decontamination                                       | 409530006  | Decontamination   |
| 89.391 |                   | Capnography (CO2 Measurement)                         | 284029005  | Respired carbon dioxide monitoring                          |
| 89.392 |                   | Pulse Oximetry  | 252465000  | Pulse oximetry  |
| 89.510 |                   | Cardiac Monitor                                       | 88140007   | Cardiac monitor surveillance                                |
| 89.590 |                   | Orthostatic Blood Pressure Measurement                | 425058005  | Taking orthostatic vital signs                              |
| 89.599 |                   | "Patient Monitoring of Pre-existing Devices,          | 182777000  | Monitoring of patient                                       |
| 69.599 |                   | Equipment, or Ongoing Medications"                    | 102/1/1000 | Monitoring or patient                                       |
| 89.610 |                   | Arterial Line Maintenance                             | 422744007  | Arterial catheter care                                      |
| 89.620 |                   | Venous Access-Central Line Maintenance                | 226005007  | Care of central line  |
| 89.640 |                   | Venous Access-Swan Ganz Maintenance                   | 42340005   | Pulmonary artery wedge pressure monitoring                  |
| 89.700 |                   | Assessment-Adult                                      | 422440002  | Adult continuous physical assessment                        |
| 89.701 |                   | Assessment-Pediatric                                  | 423850004  | Pediatric continuous physical assessment                    |
|        | 423589000 Newbor  | n continuous physical assessment may also be an       |            |   |
| 89.702 |                   | Pain Measurement                                      | 225399009  | Pain assessment (procedure)                                 |
| 89.703 |                   | Temperature Measurement                               | 56342008   | Temperature taking (procedure)                              |
| 89.704 |                   | Thrombolytic Screen                                   | 20135006   | Screening procedure   |
| 89.820 | Not precise.      | 12 Lead ECG-Obtain                                    | 268400002  | 12 lead ECG   |
| 93.055 |                   | Wound Care-Taser Barb Removal                         | 302421003  | Removal of foreign body from skin                           |
| 93.033 | Not precise.      | Would Cale-Taser Baib Kemovai                         | 302421003  | Removal of foreign body from skin                           |
| 93.056 | Not precise.      | Wound Care-Tourniquet                                 | 20655006   | Application of tourniquet                                   |
| 93.057 |                   | Wound Care-General                                    | 225358003  | Wound care  |
| 93.058 |                   | Wound Care-Irrigation                                 | 225116006  | Irrigation of wound   |
| 93.059 |                   | Wound Care-Hemostatic Agent                           | 372045002  | Application of chemical hemostatic agents                   |
| 93.350 |                   | "Patient Warming (Hot Pack, etc.)"                    | 431949004  | Active external warming of subject                          |
| 93.450 |                   | Splinting-Traction                                    | 302488007  | Application of traction using a traction device             |
|        | 59900003 Manual a | and mechanical traction is also an appropriate v3 re  | placement. |   |
| 93.540 |                   | Splinting-Basic                                       | 79321009   | Application of splint                                       |
| 93.580 |                   | MAST  | 448970001  | Application of pressure trouser (procedure)                 |
| 93.591 |                   | Spinal Immobilization                                 | 426498007  | Stabilization of spine                                      |
|        | 398041008 Cervica | l spine immobilization is also an appropriate v3 repl | acement.   |   |
| 93.900 |                   | Airway-CPAP   | 47545007   | Continuous positive airway pressure ventilation treatment   |
| 93.910 |                   | Airway-Respirator Operation (BLS)                     | 40617009   | Artificial respiration                                      |
| 93.930 |                   | Airway-Bagged (via tube)                              | 243140006  | Lung inflation by intermittent compression of reservoir bag |
| 93.931 |                   | Airway-Bagged (via BVMask)                            | 425447009  | Bag valve mask ventilation                                  |
| 93.940 |                   | Airway-Nebulizer Treatment                            | 56251003   | Nebulizer treatment   |
| 96.010 |                   | Airway-Nasal  | 182692007  | Nasopharyngeal airway insertion                             |
| 96.020 |                   | Airway-Oral   | 7443007    | Insertion of oropharyngeal airway                           |
| 96.030 |                   | Airway-EOA/EGTA                                       | 232673005  | Obturator airway insertion                                  |
| 96.040 |                   | Airway-Orotracheal Intubation                         | 232674004  | Orotracheal intubation                                      |
|        |                   |   |            |   |

| 96.041   | Airway-Nasotracheal Intubation   | 232679009  | Nasotracheal intubation   |
|--|--|--|---|
| 96.042   | Airway-Rapid Sequence Induction  | 241689008  | Rapid sequence induction  |
| 96.051   | Airway-Combitube Blind Insertion A   |  | Insertion of esophageal tracheal combitube  |
| 90.031   | Device   | 429700000  | insertion of esophageal tracheal combitube  |
| 96.052   | Airway-Laryngeal Mask Blind Inser<br>Device  | tion Airway 424979004  | Laryngeal mask airway insertion   |
| 96.053   | Airway-King LT Blind Insertion Airw  | yay Device 427753009   | Insertion of esophageal tracheal double lumen<br>supraglottic airway  |
| 96.070   | Gastric Tube Insertion-Inserted Na   | sally 87750000   | Insertion of nasogastric tube   |
| 96.071   | Gastric Tube Insertion-Inserted Ora  | ally 235425002   | Insertion of orogastric tube  |
| 96.700   | Airway-Ventilator Operation  | 8948006  | Assisted ventilation therapy, pressure or volume preset, initiation and management  |
| 96.701   | Airway-Ventilator with PEEP  | 45851008   | Positive end expiratory pressure ventilation therapy, initiation and management   |
| 96.702   | Airway-BiPAP   | 243142003  | Dual pressure spontaneous ventilation support   |
| 96.703   | Airway-Impedence Threshold Device  | ce 441893003   | Active compression decompression<br>cardiopulmonary resuscitation with use of<br>inspiratory impedance threshold device   |
| 96.790   | Airway-PEEP  | 45851008   | Positive end expiratory pressure ventilation therapy, initiation and management   |
| 96.991   | Airway-Intubation Confirm Colorime   | etric ETCO2 428482009  | Colorimetric respired carbon dioxide monitoring   |
| 96.993   | Airway-Extubation  | 232708009  | Removal of device from airway   |
| 97.230   | Airway-Change Tracheostomy Tub   | e 2267008  | Changing tracheostomy tube  |
| 97.231   | Airway-Intubation of Existing Trach Stoma  | eostomy 232685002  | Insertion of tracheostomy tube  |
| 98.130   | "Airway-Cleared, Opened, or Heim   | lich" 232707004  | Removal of foreign body from airway   |
| 98.131   | v2 value 98.131 Airway-Foreign Body Removal also ma<br>Airway-Foreign Body Removal   | aps to this v3 value. 23690002 Heiml<br>232707004  | ich maneuver is also an appropriate v3 replacement.  Removal of foreign body from airway  |
| 98.150   | Airway-Suctioning  | 230040009  | Airway suction technique  |
| 99.290   | Injections-SQ/IM   | 24456005   | Injection of soft tissue  |
|  |  |  | injustion of soft tissue  |
|  | 76601001 Intramuscular injection and 32282008 Subcu  | staneous injection are among the chi   |   |
| 99.600   |  | ,  |   |
| 99.600<br>99.601   | 76601001 Intramuscular injection and 32282008 Subcu  | tilations 89666000   | ldren of this code.   |
| 99.601   | 76601001 Intramuscular injection and 32282008 Subculor CPR-Start Compressions and Vento CPR by Other External Automated Unable to distinguish from AutoPulse or Mechanical Theorem (1988) (1988 | tilations 89666000  Device 429283006  umper Type Device.   | dren of this code.  Cardiopulmonary resuscitation  Mechanically assisted chest compression  |
|  | 76601001 Intramuscular injection and 32282008 Subcu<br>CPR-Start Compressions and Vent<br>CPR by Other External Automated  | bevice 429283006   | ldren of this code.  Cardiopulmonary resuscitation  |
| 99.601   | 76601001 Intramuscular injection and 32282008 Subculor CPR-Start Compressions and Vento CPR by Other External Automated Unable to distinguish from AutoPulse or Mechanical Theorem (1988) (1988 | bilations 89666000  Device 429283006  umper Type Device. 429283006  er External Automated Device.                | dren of this code.  Cardiopulmonary resuscitation  Mechanically assisted chest compression  |
| 99.601<br>99.602<br>99.603   | 76601001 Intramuscular injection and 32282008 Subcular CPR-Start Compressions and Vento CPR by Other External Automated Unable to distinguish from AutoPulse or Mechanical Theorem CPR-AutoPulse Device Unable to distinguish from Mechanical Thumper or Other CPR-Mechanical Thumper Type Development of the CPR-M | Device 429283006  umper Type Device. 429283006  er External Automated Device. evice 429283006  Automated Device. | Idren of this code. Cardiopulmonary resuscitation Mechanically assisted chest compression Mechanically assisted chest compression Mechanically assisted chest compression   |
| 99.601<br>99.602<br>99.603<br>99.604   | CPR-Start Compressions and Vent CPR by Other External Automated Unable to distinguish from AutoPulse or Mechanical Th CPR-AutoPulse Device Unable to distinguish from Mechanical Thumper or Othe CPR-Mechanical Thumper Type De Unable to distinguish from AutoPulse or Other External CPR-Precordial Thump Only   | ### ##################################   | Idren of this code. Cardiopulmonary resuscitation Mechanically assisted chest compression Mechanically assisted chest compression Mechanically assisted chest compression Precordial thump  |
| 99.601<br>99.602<br>99.603<br>99.604<br>99.611   | CPR-Start Compressions and Vent CPR by Other External Automated Unable to distinguish from AutoPulse or Mechanical Th CPR-AutoPulse Device Unable to distinguish from Mechanical Thumper or Othe CPR-Mechanical Thumper Type De Unable to distinguish from AutoPulse or Other External CPR-Precordial Thump Only CPR-Start Compressions only with Ventilation  | ### ##################################   | Idren of this code. Cardiopulmonary resuscitation Mechanically assisted chest compression Mechanically assisted chest compression Mechanically assisted chest compression Precordial thump Cardiac resuscitation  |
| 99.601<br>99.602<br>99.603<br>99.604   | CPR-Start Compressions and Vent CPR by Other External Automated Unable to distinguish from AutoPulse or Mechanical Th CPR-AutoPulse Device Unable to distinguish from Mechanical Thumper or Othe CPR-Mechanical Thumper Type De Unable to distinguish from AutoPulse or Other External CPR-Precordial Thump Only CPR-Start Compressions only with Ventilation CPR-Start Rescue Breathing witho   | ### ##################################   | Idren of this code. Cardiopulmonary resuscitation Mechanically assisted chest compression Mechanically assisted chest compression Mechanically assisted chest compression Precordial thump  |
| 99.601<br>99.602<br>99.603<br>99.604<br>99.611   | CPR-Start Compressions and Vent CPR by Other External Automated Unable to distinguish from AutoPulse or Mechanical Th CPR-AutoPulse Device Unable to distinguish from Mechanical Thumper or Othe CPR-Mechanical Thumper Type De Unable to distinguish from AutoPulse or Other External CPR-Precordial Thump Only CPR-Start Compressions only with Ventilation  | tilations 89666000  Device 429283006  umper Type Device.   | Idren of this code. Cardiopulmonary resuscitation Mechanically assisted chest compression Mechanically assisted chest compression Mechanically assisted chest compression Precordial thump Cardiac resuscitation  |
| 99.601<br>99.602<br>99.603<br>99.604<br>99.611   | CPR-Start Compressions and Vent CPR by Other External Automated Unable to distinguish from AutoPulse or Mechanical The CPR-AutoPulse Device Unable to distinguish from Mechanical Thumper or Othe CPR-Mechanical Thumper Type Development of CPR-Mechanical Thumper Type Development of CPR-Precordial Thumper Type Development of CPR-Precordial Thumponly CPR-Start Compressions only with Ventilation CPR-Start Rescue Breathing withor Compressions 11140008 Respiratory assist, manual is also an approprint of CPR-Precordial Thumponly Defibrillation-Automated (AED)   | tilations 89666000  Device 429283006  umper Type Device.   | Idren of this code. Cardiopulmonary resuscitation Mechanically assisted chest compression Mechanically assisted chest compression Mechanically assisted chest compression Precordial thump Cardiac resuscitation  |
| 99.601<br>99.602<br>99.603<br>99.604<br>99.611   | CPR-Start Compressions and Vent CPR by Other External Automated Unable to distinguish from AutoPulse or Mechanical The CPR-AutoPulse Device Unable to distinguish from Mechanical Thumper or Othe CPR-Mechanical Thumper Type De Unable to distinguish from AutoPulse or Other External CPR-Precordial Thump Only CPR-Start Compressions only with Ventilation CPR-Start Rescue Breathing witho Compressions 11140008 Respiratory assist, manual is also an appropri   | tilations 89666000  Device 429283006  umper Type Device.   | Cardiopulmonary resuscitation  Mechanically assisted chest compression  Mechanically assisted chest compression  Mechanically assisted chest compression  Precordial thump  Cardiac resuscitation  Mouth-to-mouth resuscitation   |
| 99.601<br>99.602<br>99.603<br>99.604<br>99.611<br>99.612   | CPR-Start Compressions and Vent CPR by Other External Automated Unable to distinguish from AutoPulse or Mechanical The CPR-AutoPulse Device Unable to distinguish from Mechanical Thumper or Othe CPR-Mechanical Thumper Type Development of CPR-Mechanical Thumper Type Development of CPR-Precordial Thumper Type Development of CPR-Start Compressions only with Ventilation CPR-Start Rescue Breathing without Compressions 11140008 Respiratory assist, manual is also an appropriate Defibrillation-Automated (AED) Unable to distinguish from manual defibrillation.  | ### ##################################   | Cardiopulmonary resuscitation  Mechanically assisted chest compression  Mechanically assisted chest compression  Mechanically assisted chest compression  Precordial thump  Cardiac resuscitation  Mouth-to-mouth resuscitation  External ventricular defibrillation  |
| 99.601<br>99.602<br>99.603<br>99.604<br>99.611<br>99.612   | CPR-Start Compressions and Vent CPR by Other External Automated Unable to distinguish from AutoPulse or Mechanical The CPR-AutoPulse Device Unable to distinguish from Mechanical Thumper or Other CPR-Mechanical Thumper Type Development of CPR-Mechanical Thumper Type Development of CPR-Precordial Thumper Type Development of CPR-Precordial Thump Only CPR-Start Compressions only with Ventilation CPR-Start Rescue Breathing withor Compressions 11140008 Respiratory assist, manual is also an approprint Defibrillation-Automated (AED) Unable to distinguish from manual defibrillation. Defibrillation-Manual   | ### ##################################   | Cardiopulmonary resuscitation  Mechanically assisted chest compression  Mechanically assisted chest compression  Mechanically assisted chest compression  Precordial thump  Cardiac resuscitation  Mouth-to-mouth resuscitation  External ventricular defibrillation  |
| 99.601<br>99.602<br>99.603<br>99.604<br>99.611<br>99.612<br>99.621                               | CPR-Start Compressions and Vent CPR by Other External Automated Unable to distinguish from AutoPulse or Mechanical The CPR-AutoPulse Device Unable to distinguish from Mechanical Thumper or Other CPR-Mechanical Thumper Type Development of CPR-Mechanical Thumper Type Development of CPR-Precordial Thumper Type Development of CPR-Precordial Thumponly CPR-Start Compressions only with Ventilation CPR-Start Rescue Breathing withor Compressions 11140008 Respiratory assist, manual is also an appropring Defibrillation-Automated (AED) Unable to distinguish from manual defibrillation. Defibrillation-Manual Unable to distinguish from automated defibrillation.   | tilations 89666000 Device 429283006  umper Type Device.  | Cardiopulmonary resuscitation  Mechanically assisted chest compression  Mechanically assisted chest compression  Mechanically assisted chest compression  Precordial thump  Cardiac resuscitation  Mouth-to-mouth resuscitation  External ventricular defibrillation  External ventricular defibrillation   |
| 99.601<br>99.602<br>99.603<br>99.604<br>99.611<br>99.612<br>99.622<br>99.623                     | CPR-Start Compressions and Vent CPR by Other External Automated Unable to distinguish from AutoPulse or Mechanical The CPR-AutoPulse Device Unable to distinguish from Mechanical Thumper or Othe CPR-Mechanical Thumper Type Deventure Unable to distinguish from AutoPulse or Other External CPR-Precordial Thump Only CPR-Start Compressions only with Ventilation CPR-Start Rescue Breathing withor Compressions 11140008 Respiratory assist, manual is also an approper Defibrillation-Automated (AED) Unable to distinguish from manual defibrillation. Defibrillation-Manual Unable to distinguish from automated defibrillation. Cardioversion   | tilations 89666000 Device 429283006  umper Type Device.  | Cardiopulmonary resuscitation Mechanically assisted chest compression Mechanically assisted chest compression Mechanically assisted chest compression Precordial thump Cardiac resuscitation Mouth-to-mouth resuscitation  External ventricular defibrillation  External ventricular defibrillation  Cardioversion  |
| 99.601<br>99.602<br>99.603<br>99.604<br>99.611<br>99.612<br>99.621<br>99.622<br>99.623<br>99.624 | CPR-Start Compressions and Vent CPR by Other External Automated Unable to distinguish from AutoPulse or Mechanical Th CPR-AutoPulse Device Unable to distinguish from Mechanical Thumper or Other CPR-Mechanical Thumper Type De Unable to distinguish from AutoPulse or Other External CPR-Precordial Thump Only CPR-Start Compressions only with Ventilation CPR-Start Rescue Breathing withor Compressions 11140008 Respiratory assist, manual is also an appropredibilitation-Automated (AED) Unable to distinguish from manual defibrillation. Defibrillation-Manual Unable to distinguish from automated defibrillation. Cardioversion Cardiac Pacing-External   | tilations 89666000 Device 429283006  umper Type Device.  | Cardiopulmonary resuscitation  Mechanically assisted chest compression  Mechanically assisted chest compression  Mechanically assisted chest compression  Precordial thump  Cardiac resuscitation  Mouth-to-mouth resuscitation  External ventricular defibrillation  External ventricular defibrillation  Cardioversion  Temporary transcutaneous pacing  Cardiac monitoring  Insertion of endocardial electrode for temporary |
| 99.601<br>99.602<br>99.603<br>99.604<br>99.611<br>99.612<br>99.622<br>99.623<br>99.624<br>99.625 | CPR-Start Compressions and Vent CPR by Other External Automated Unable to distinguish from AutoPulse or Mechanical The CPR-AutoPulse Device Unable to distinguish from Mechanical Thumper or Other CPR-Mechanical Thumper Type Deventure Unable to distinguish from AutoPulse or Other External CPR-Precordial Thumper Only CPR-Start Compressions only with Ventilation CPR-Start Rescue Breathing withor Compressions 11140008 Respiratory assist, manual is also an approper Defibrillation-Automated (AED) Unable to distinguish from manual defibrillation. Defibrillation-Manual Unable to distinguish from automated defibrillation. Cardioversion Cardiac Pacing-External Defibrillation-Placement for Monitor   | ### ##################################   | Cardiopulmonary resuscitation  Mechanically assisted chest compression  Mechanically assisted chest compression  Mechanically assisted chest compression  Precordial thump  Cardiac resuscitation  Mouth-to-mouth resuscitation  External ventricular defibrillation  External ventricular defibrillation  Cardioversion  Temporary transcutaneous pacing  Cardiac monitoring   |

| 99.641 | Vagal Maneuver-Valsalva or Other Vagal<br>Maneuver (Not Carotid Massage) | 128968000 | Vagal stimulation physiologic challenge |
|--------|--|-----------|---|
| 99.810 | "Patient Cooling (Cold Pack, etc.)"                                      | 431774007 | Active external cooling of subject      |
| 99.811 | Patient Cooling-Post Resuscitation                                       | 430189000 | Hypothermia induction therapy           |
| 99.841 | Restraints-Pharmacological   | 406164000 | Chemical restraint                      |
| 99.842 | Restraints-Physical  | 386423001 | Physical restraint                      |

E09\_02 Prior Aid Performed by

eCustomResults.01 Custom Data Element Result

# V2 Element V3 Element

# PriorAidPerformedBy CustomResults Null Values Yes Null Values Yes Is Nillable No Is Nillable Yes Recurrence 1 : M Recurrence 1 : M

# Comment

This mapping is performed if there are multiple instances of Prior Aid Performed By in v2.

| Mapping    | 9   |               |                                   |
|------------|---|---------------|-----------------------------------|
| V2 Pattern |   | V3 Replacemen | t                                 |
| 1195       | EMS Provider  | 9905019       | Other Healthcare Professional     |
| N          | Not precise.  |               |                                   |
| 1200       | Law Enforcement                                     | 9905021       | Other Non-Healthcare Professional |
| N          | Not precise.  |               |                                   |
| 1205       | Lay Person  | 9905023       | Patient/Lay Person                |
| N          | Not precise.  |               |                                   |
| 1210       | Other Healthcare Provider                           | 9905019       | Other Healthcare Professional     |
| V          | /2 also supports a specific value for EMS Provider. |               |                                   |
| 1215       | Patient   | 9905023       | Patient/Lay Person                |

Not precise.

E09\_02 Prior Aid Performed by

# V2 Element V3 Element

|                     |       | Administering Medication |     |
|---------------------|-------|--------------------------|-----|
| PriorAidPerformedBy |       | EMSCaregiverLevel        |     |
| Null Values         | Yes   | Null Values Yes          |     |
| Is Nillable         | No    | Is Nillable              | Yes |
| Recurrence          | 1 : M | Recurrence               | 1:1 |

eMedications.10 Role/Type of Person

# Comment

This mapping is performed if there is one instance of Prior Aid Performed By in v2.

| Mapping    |   |                |                                   |
|------------|---|----------------|-----------------------------------|
| V2 Pattern |   | V3 Replacement | t .                               |
| 1195       | EMS Provider                                | 9905019        | Other Healthcare Professional     |
| Not pre    | ecise.                                      |                |                                   |
| 1200       | Law Enforcement                             | 9905021        | Other Non-Healthcare Professional |
| Not pre    | ecise.                                      |                |                                   |
| 1205       | Lay Person                                  | 9905023        | Patient/Lay Person                |
| Not pre    | ecise.                                      |                |                                   |
| 1210       | Other Healthcare Provider                   | 9905019        | Other Healthcare Professional     |
| v2 also    | supports a specific value for EMS Provider. |                |                                   |
| 1215       | Patient                                     | 9905023        | Patient/Lay Person                |

Not precise.

E09\_02 Prior Aid Performed by

eProcedures.10 Role/Type of Person Performing

# V2 Element V3 Element

# the Procedure PriorAidPerformedBy EMSCaregiverLevel Null Values Yes Is Nillable No Recurrence 1: M Recurrence 1: 1

# Comment

This mapping is performed if there is one instance of Prior Aid Performed By in v2.

| Mapp  | ping               |                                  |                |                                   |
|-------|--------------------|----------------------------------|----------------|-----------------------------------|
| V2 Pa | attern             |                                  | V3 Replacement |                                   |
| 1195  |                    | EMS Provider                     | 9905019        | Other Healthcare Professional     |
|       | Not precise.       |                                  |                |                                   |
| 1200  |                    | Law Enforcement                  | 9905021        | Other Non-Healthcare Professional |
|       | Not precise.       |                                  |                |                                   |
| 1205  |                    | Lay Person                       | 9905023        | Patient/Lay Person                |
|       | Not precise.       |                                  |                |                                   |
| 1210  |                    | Other Healthcare Provider        | 9905019        | Other Healthcare Professional     |
|       | v2 also supports a | specific value for EMS Provider. |                |                                   |
| 1215  |                    | Patient                          | 9905023        | Patient/Lay Person                |

Not precise.

### E09\_03 Outcome of the Prior Aid eMedications.07 Response to Medication OutcomeOfPriorAid Response **Null Values** Yes **Null Values** Yes Is Nillable No Is Nillable Yes Recurrence 1:1 1:1 Recurrence

# Comment

This mapping is applied to all instances of Prior Aid in v2.

| Mapping    |           |                |           |
|------------|-----------|----------------|-----------|
| V2 Pattern |           | V3 Replacement |           |
| 1220       | Improved  | 9916001        | Improved  |
| 1225       | Unchanged | 9916003        | Unchanged |
| 1230       | Worse     | 9916005        | Worse     |

### eProcedures.08 Response to Procedure E09\_03 Outcome of the Prior Aid OutcomeOfPriorAid Response **Null Values** Yes **Null Values** Yes Is Nillable No Is Nillable Yes Recurrence 1:1 Recurrence 1:1

# Comment

This mapping is applied to all instances of Prior Aid in v2.

| Ν. | a   | - | _ :    |   | -  |
|----|-----|---|--------|---|----|
| W  | 121 | m | m      | m | (1 |
| IV | u   | М | $\sim$ |   | м  |
|    |     |   |        |   |    |

| V2 Pattern |           | V3 Replacement |           |
|------------|-----------|----------------|-----------|
| 1220       | Improved  | 9916001        | Improved  |
| 1225       | Unchanged | 9916003        | Unchanged |
| 1230       | Worse     | 9916005        | Worse     |

| E09_04 Possible Injury |     | eSituation.02 Possible Injury |                |     |     |
|------------------------|-----|-------------------------------|----------------|-----|-----|
| YesNoValues            |     |                               | YesNoUnkValue  | es  |     |
| Null Values            |     | Yes                           | Null Values    |     | Yes |
| Is Nillable            |     | No                            | Is Nillable    |     | Yes |
| Recurrence             |     | 1:1                           | Recurrence     |     | 1:1 |
| Comment                |     |                               |                |     |     |
| Mapping                |     |                               |                |     |     |
| V2 Pattern             |     |                               | V3 Replacement |     |     |
| 0                      | No  |                               | 9922001        | No  |     |
| 1                      | Yes |                               | 9922005        | Yes |     |

| E09_05 Chief Complaint  |     | eSituation.04 Complaint |     |  |
|-------------------------|-----|-------------------------|-----|--|
| ChiefComplaintNarrative |     | Complaint               |     |  |
| Null Values             | Yes | Null Values Yes         |     |  |
| Is Nillable             | No  | Is Nillable             | Yes |  |
| Recurrence              | 0:1 | Recurrence              | 0:1 |  |

# Comment

v3 eSituation.03 Complaint Type is set to 2803001 Chief (Primary).

# Mapping

V2 Pattern V3 Replacement

.

E09\_06 Duration of Chief Complaint

# V2 Element V3 Element

# DurationOfChiefComplaint DurationComplaint Null Values No Null Values Yes Is Nillable No Is Nillable Yes Recurrence 0: 1 Recurrence 0: 1

eSituation.05 Duration of Complaint

# Comment

v3 eSituation.03 Complaint Type is set to 2803001 Chief (Primary).

# Mapping

V2 Pattern V3 Replacement

.

# E09\_07 Time Units of Duration of Chief Complaint

# eSituation.06 Time Units of Duration of Complaint

| TimeUnitsOfChiefComplaint |     | TimeUnitsOfChiefComplaint |     |  |
|---------------------------|-----|---------------------------|-----|--|
| Null Values               | No  | Null Values               | Yes |  |
| Is Nillable               | No  | Is Nillable               | Yes |  |
| Recurrence                | 0:1 | Recurrence                | 0:1 |  |

# Comment

v3 eSituation.03 Complaint Type is set to 2803001 Chief (Primary).

| - 4  |   |   |   | ٠. |   |
|------|---|---|---|----|---|
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| •          |         |                |         |
|------------|---------|----------------|---------|
| V2 Pattern |         | V3 Replacement |         |
| 1235       | Seconds | 2806001        | Seconds |
| 1240       | Minutes | 2806003        | Minutes |
| 1245       | Hours   | 2806005        | Hours   |
| 1250       | Days    | 2806007        | Days    |
| 1255       | Weeks   | 2806009        | Weeks   |
| 1260       | Months  | 2806011        | Months  |
| 1265       | Years   | 2806013        | Years   |
|            |         |                |         |

### E09\_08 Secondary Complaint Narrative eSituation.04 Complaint SecondaryComplaintNarrative Complaint **Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 0:1 0:1 Recurrence

# Comment

v3 eSituation.03 Complaint Type is set to 2803005 Secondary.

| M   | 2 | n | n  | ın | $\alpha$ |
|-----|---|---|----|----|----------|
| IVI | а | v | וע | ш  | ч        |

V2 Pattern V3 Replacement

E09\_09 Duration of Secondary Complaint

# V2 Element V3 Element

# DurationOfSecondaryComplaint DurationComplaint Null Values No Null Values Yes Is Nillable No Is Nillable Yes Recurrence 0: 1 Recurrence 0: 1

eSituation.05 Duration of Complaint

# Comment

v3 eSituation.03 Complaint Type is set to 2803005 Secondary.

# Mapping

V2 Pattern V3 Replacement

# E09\_10 Time Units of Duration of Secondary Complaint

# eSituation.06 Time Units of Duration of Complaint

| imeUnitsOfSecondaryComplaint |     | TimeUnitsOfChiefComplaint |     |  |
|------------------------------|-----|---------------------------|-----|--|
| Null Values                  | No  | Null Values               | Yes |  |
| Is Nillable                  | No  | Is Nillable               | Yes |  |
| Recurrence                   | 0:1 | Recurrence                | 0:1 |  |

# Comment

v3 eSituation.03 Complaint Type is set to 2803005 Secondary.

| Mapping |
|---------|
|---------|

| •          |         |                |         |
|------------|---------|----------------|---------|
| V2 Pattern |         | V3 Replacement |         |
| 1270       | Seconds | 2806001        | Seconds |
| 1275       | Minutes | 2806003        | Minutes |
| 1280       | Hours   | 2806005        | Hours   |
| 1285       | Days    | 2806007        | Days    |
| 1290       | Weeks   | 2806009        | Weeks   |
| 1295       | Months  | 2806011        | Months  |
| 1300       | Years   | 2806013        | Years   |
|            |         |                |         |

Neck

1345

# V2 Element V3 Element

### eSituation.07 Chief Complaint Anatomic Location E09\_11 Chief Complaint Anatomic Location ComplaintAnatomicLocation ComplaintAnatomicLocation Yes Yes **Null Values Null Values** Is Nillable Yes No Is Nillable Recurrence 1:1 1:1 Recurrence Comment Mapping V2 Pattern V3 Replacement 1305 2807001 Abdomen Abdomen Back 1310 Back 2807003 1315 Chest 2807005 Chest 1320 Extremity-Lower 2807007 Extremity-Lower Extremity-Upper 2807009 Extremity-Upper 1325 1330 General/Global 2807011 General/Global 1335 Genitalia 2807013 Genitalia Head Head 1340 2807015

2807017

Neck

E09\_12 Chief Complaint Organ System

Skin

1400

eSituation.08 Chief Complaint Organ System

Musculoskeletal/Skin

# V2 Element V3 Element

### ComplaintOrganSystem ComplaintOrganSystem Yes Yes **Null Values Null Values** Is Nillable Yes No Is Nillable 1:1 1:1 Recurrence Recurrence Comment Mapping V2 Pattern V3 Replacement 1350 2808003 Cardiovascular Cardiovascular CNS/Neuro 2808005 CNS/Neuro 1355 1360 Endocrine/Metabolic 2808007 Endocrine/Metabolic GI GI 1365 2808009 Global 2808011 Global/General 1370 Musculoskeletal 2808015 Musculoskeletal/Skin 1375 1380 OB/Gyn 2808017 Reproductive Psych Behavioral/Psychiatric 1385 2808001 1390 Pulmonary 2808019 Pulmonary 1395 Renal 2808021 Renal

2808015

| E09_13 Primary Symptom |           | eCustomR         | eCustomResults.01 Custom Data Element Result |                          |  |
|------------------------|-----------|------------------|--|--------------------------|--|
| PrimarySymptom         |           |                  | CustomResu                                   | ults                     |  |
| Null Values            |           | Yes              | Null Values                                  | Yes                      |  |
| Is Nillable            |           | No               | Is Nillable                                  | Yes                      |  |
| Recurrence             |           | 1:1              | Recurrence                                   | 1 : M                    |  |
|                        |           |                  | Extends eSit                                 | tuation.09               |  |
| Comment                |           |                  |  |                          |  |
| Mapping                |           |                  |  |                          |  |
| V2 Pattern             |           |                  | V3 Replacen                                  | ment                     |  |
| 1430                   | Device/Ed | quipment Problem | 1430   | Device/Equipment Problem |  |
| 1440                   | Drainage/ | Discharge        | 1440   | Drainage/Discharge       |  |

| E09_13 Primary Symptom |                              | eSituation.09 Primary Symptom            |  |                           |   |
|------------------------|------------------------------|--|--|---------------------------|---|
| PrimarySymp            | tom                          |  | AssociatedSympton  | ms                        |   |
| Null Values            |                              | Yes                                      | Null Values  |                           | Yes   |
| Is Nillable            |                              | No                                       | Is Nillable  |                           | Yes   |
| Recurrence             |                              | 1:1                                      | Recurrence   |                           | 1:1   |
| Comment                |                              |  |  |                           |   |
| Mapping                |                              |  |  |                           |   |
| V2 Pattern             |                              |  | V3 Replacement   |                           |   |
| 1405                   | Bleeding                     |  | R58  | Hemorrha                  | ge, not elsewhere classified                    |
| 1410                   | Breathing                    | g Problem                                | R06.9  | Unspecifie                | ed abnormalities of breathing                   |
| 1415                   | Change i                     | n responsiveness                         | R46.4  | Slowness                  | and poor responsiveness                         |
| 1420                   | Choking                      |  | T17.90   | Unspecific<br>part unspec | ed foreign body in respiratory tract, ecified   |
|                        | Other specified sympacement. | toms and signs involving the circulator  | y and respiratory systems c  | overs choking s           | ensation may also be an appropriate             |
| 1425                   | Death                        |  | R99  | III-defined               | and unknown cause of mortality                  |
| 1435                   | Diarrhea                     |  | R19.7  | Diarrhea,                 | unspecified                                     |
| 1445                   | Fever                        |  | R50.9  | Fever, un                 | specified                                       |
| 1450                   | Malaise                      |  | R53.81   | Other ma                  | aise  |
| 1455                   | Mass/Les                     | sion                                     | R22.9  | Localized                 | swelling, mass and lump, unspecified            |
| 1460                   | Mental/Pa                    | sych                                     | R45.7  | State of e                | motional shock and stress,                      |
| 1465                   | Nausea/\                     | •  | R11.2  | •                         | ith vomiting, unspecified                       |
| R11.0 N<br>1470        | Nausea and R11.10 Vo<br>None | omiting, unspecified are also appropria  | te v3 replacements. <xsl:attribute name="xs name=" nv"="">7701001<!--</td--><td></td><td></td></xsl:attribute> |                           |   |
| The v3                 | elements for symptom         | ns do not allow pertinent negatives, and | d no ICD-10 code is availabl   |                           |   |
| 1475                   | Pain                         |  | R52  | Pain, uns                 | pecified  |
| 1480                   | Palpitatio                   | ons                                      | R00.2  | Palpitation               | ns  |
| 1485                   | Rash/Itch                    | ning                                     | R21  | Rash and                  | other nonspecific skin eruption                 |
|                        | •                            | also an appropriate v3 replacement.      | Doo  | 1                         |   |
| 1490                   | Swelling                     |  | R22  |                           | swelling, mass and lump of skin and eous tissue |
| 1495                   | 95 Transport Only            |  | <xsl:attribute name="xs&lt;br&gt;name=" nv"="">7701001<!--</td--><td></td><td></td></xsl:attribute>            |                           |   |
| No ICD                 | -10 code is available t      | o indicate "transport only."             |  | ι τοι Αρρικ               | JUDIO   |
| 1500                   | Weaknes                      |  | R53.1  | Weaknes                   | S   |
| 1505                   | Wound                        |  | T14.8  | Other inju                | ry of unspecified body region                   |

### eCustomResults.01 Custom Data Element Result E09\_14 Other Associated Symptoms OtherAssociatedSymptoms CustomResults **Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 1: M 1: M Recurrence Extends eSituation.10 Comment Mapping V2 Pattern V3 Replacement 1535 Device/Equipment Problem 1535 Device/Equipment Problem 1545 Drainage/Discharge 1545 Drainage/Discharge

F09 14 Other Associated Symptoms

eSituation 10 Other Associated Symptoms

# V2 Element V3 Element

| EU9_14 Other Associated Symptoms |                             |                                    | eSituation.10 Other Associated Symptoms                              |   |  |  |
|----------------------------------|-----------------------------|------------------------------------|--|---|--|--|
| OtherAssociate                   | edSymptoms                  |                                    | AssociatedSymp   | toms                                    |  |  |
| Null Values                      |                             | Yes                                | Null Values  |   | Yes  |  |
| Is Nillable                      |                             | No                                 | Is Nillable  |   | Yes  |  |
| Recurrence                       |                             | 1 : M                              | Recurrence   |   | 1 : M  |  |
| Comment                          |                             |                                    |  |   |  |  |
| Mapping                          |                             |                                    |  |   |  |  |
| V2 Pattern                       |                             |                                    | V3 Replacement   |   |  |  |
| 1510                             | Bleeding                    |                                    | R58  | Hemorrha                                | ige, not elsewhere classified                      |  |
| 1515                             | Breathing Pro               | blem                               | R06.9  | Unspecific                              | ed abnormalities of breathing                      |  |
| 1520                             | Change in res               | ponsiveness                        | R46.4  | Slowness                                | and poor responsiveness                            |  |
| 1525                             | Choking                     |                                    | T17.90   | Unspecific<br>part unspecific           | ed foreign body in respiratory tract, ecified      |  |
| R09.89 (<br>v3 replace           |                             | and signs involving the circulator | ry and respiratory systems   |   | ensation may also be an appropriate                |  |
| 1530                             | Death                       |                                    | R99  | III-defined                             | and unknown cause of mortality                     |  |
| 1540                             | Diarrhea                    |                                    | R19.7  | Diarrhea,                               | unspecified  |  |
| 1550                             | Fever                       |                                    | R50.9  | Fever, un                               | specified  |  |
| 1555                             | Malaise                     |                                    | R53.81   | Other ma                                | laise  |  |
| 1560                             | Mass/Lesion                 |                                    | R22.9  | Localized                               | swelling, mass and lump, unspecified               |  |
| 1565                             | Mental/Psych                |                                    | R45.7  | State of e unspecifie                   | motional shock and stress,<br>ed                   |  |
| 1570                             | Nausea/Vomit                | ing                                | R11.2  | Nausea w                                | rith vomiting, unspecified                         |  |
|                                  |                             | ng, unspecified are also appropria |  |   |  |  |
| 1575                             | None                        |                                    | <xsl:attribute name="&lt;br&gt;name=" nv"="">770100</xsl:attribute>  |   |  |  |
| The v3 e                         | lements for symptoms do     | not allow pertinent negatives, an  | d no ICD-10 code is availa   | • |  |  |
| 1580                             | Pain                        |                                    | R52  | Pain, uns                               | pecified   |  |
| 1585                             | Palpitations                |                                    | R00.2  | Palpitation                             | ns   |  |
| 1590                             | Rash/Itching                |                                    | R21  | Rash and                                | other nonspecific skin eruption                    |  |
|                                  |                             | an appropriate v3 replacement.     |  |   |  |  |
| 1595                             | Swelling                    |                                    | R22  |   | swelling, mass and lump of skin and eous tissue    |  |
| 1600                             | Transport Only              | у                                  | <xsl:attribute name="&lt;br&gt;name=" nv"="">7701001</xsl:attribute> |   | uttribute> <xsl:attribute< td=""></xsl:attribute<> |  |
|                                  | 10 code is available to ind | icate "transport only."            |  |   |  |  |
| 1605                             | Weakness                    |                                    | R53.1  | Weaknes                                 |  |  |
| 1610                             | Wound                       |                                    | T14.8  | Other inju                              | ry of unspecified body region                      |  |

E09\_15 Providers Primary Impression

eSituation.11 Provider's Primary Impression

# V2 Element V3 Element

# ProvidersPrimaryImpression Null Values Yes Is Nillable No Recurrence ProvidersImpression Null Values Yes Is Nillable Yes Recurrence 1: 1 ProvidersImpression Null Values Yes 1: 1

# Comment

In v3, a NEMSIS white paper recommends limited use of R codes for impressions. However, many v2 impressions are actually signs or symptoms and must be mapped to R codes in v3.

| Mappir   | ng  |                |   |
|----------|---|----------------|---|
| V2 Pat   | ttern   | V3 Replacement |   |
| .=1695 a | and//E06/E06_14_0/E06_15=700  | 'P84'          | Other problems with newborn   |
|          | 659.90- Pregnancy / OB delivery                                     |                |   |
| 1015     | ICD-10 codes beginning with P are to be used on a newborn's reco    |                |   |
| 1615     | 789.00- Abdominal pain / problems                                   | R10.9          | Unspecified abdominal pain  |
| 1620     | 519.80- Airway obstruction  | T17.900        | Unspecified foreign body in respiratory tract,<br>part unspecified causing asphyxiation, initial<br>encounter |
|          | ICD-9 code 519.8 is Other diseases of respiratory system, not elsew |                |   |
| 1625     | 995.30- Allergic reaction   | T78.40         | Allergy, unspecified  |
| 1630     | 780.09- Altered level of consciousness                              | R41.82         | Altered mental status, unspecified  |
| 1625     | 780.09 is Other alteration of consciousness. Mapping based on v2 la |                | Montal disorder, not otherwise execified  |
| 1635     | 312.90- Behavioral / psychiatric disorder                           | F99            | Mental disorder, not otherwise specified  |
| 1640     | 427.50- Cardiac arrest  | 146.9          | Cardiac arrest, cause unspecified   |
| 1645     | 427.90- Cardiac rhythm disturbance                                  | 149.9          | Cardiac arrhythmia, unspecified   |
| 1650     | 786.50- Chest pain / discomfort                                     | R07.9          | Chest pain, unspecified   |
| 1655     | 250.90- Diabetic symptoms (hypoglycemia)                            | E13.64         | Other specified diabetes mellitus with<br>hypoglycemia  |
| 1660     | 994.80- Electrocution   | T75.4          | Electrocution   |
| 1665     | 780.60- Hyperthermia  | R50.9          | Fever, unspecified  |
| 1670     | 780.90- Hypothermia   | T68            | Hypothermia   |
| 1675     | 785.59- Hypovolemia / shock   | R57.1          | Hypovolemic shock   |
| 1680     | 987.90- Inhalation injury (toxic gas)                               | T59.94         | Toxic effect of unspecified gases, fumes and vapors, undetermined   |
| 1685     | 798.99- Obvious death   | R99            | III-defined and unknown cause of mortality  |
| 1690     | 977.90- Poisoning / drug ingestion                                  | T50.904        | Poisoning by unspecified drugs, medicaments and biological substances, undetermined                           |
| 1695     | 659.90- Pregnancy / OB delivery                                     | O26.90         | Pregnancy related conditions, unspecified, unspecified trimester  |
|          | ICD-10 codes beginnning with O are to be used on a mother's record  | 11 0           |   |
| 1700     | 786.09- Respiratory distress  | R06.00         | Dyspnea, unspecified  |
| 1705     | 799.10- Respiratory arrest  | R09.2          | Respiratory arrest  |
| 1710     | 780.30- Seizure   | R56.9          | Unspecified convulsions   |
| 1715     | 959.90- Sexual assault / rape                                       | T76.2          | Sexual abuse, suspected   |
| 1720     | 987.90- Smoke inhalation  | J70.5          | Respiratory conditions due to smoke inhalatio   |

| 1725 | 989.50- Stings / venomous bites | T63.94 | Toxic effect of contact with unspecified venomous animal, undetermined |
|------|---------------------------------|--------|--|
| 1730 | 436.00- Stroke / CVA            | 163.9  | Cerebral infarction, unspecified                                       |
| 1735 | 780.20- Syncope / fainting      | R55    | Syncope and collapse   |
| 1740 | 959.90- Traumatic injury        | T14.90 | Injury, unspecified  |
| 1745 | 623.80- Vaginal hemorrhage      | N93.9  | Abnormal uterine and vaginal bleeding, unspecified                     |

E09\_16 Provider's Secondary Impression

eSituation.12 Provider's Secondary Impressions

# V2 Element V3 Element

| _                     |                        |  |                                       |  |   |
|-----------------------|------------------------|--|---------------------------------------|--|---|
| ProvidersSecondaryIn  | npression              | 1  | ProvidersImpression                   |  |   |
| Null Values           |                        | Yes  | Null Values                           |  | Yes   |
| s Nillable            |                        | No   | Is Nillable                           |  | Yes   |
| Recurrence            |                        | 1:1  | Recurrence                            |  | 1 : M   |
| Comment               |                        |  |                                       |  |   |
| Mapping               |                        |  |                                       |  |   |
| V2 Pattern            |                        |  | V3 Replacement                        |  |   |
| .=1830 and//E06/E06_1 | 4_0/E06_15             | 5=700  | 'P84'                                 | Other pro                                      | blems with newborn  |
| 1750<br>1755          | 789.00- A<br>519.80- A | Pregnancy / OB delivery  n P are to be used on a newborn's record  Abdominal pain / problems  Airway obstruction | R10.9<br>T17.900                      | Unspecific Unspecific part unspecific encounte | ed abdominal pain ed foreign body in respiratory tract, ecified causing asphyxiation, initial r |
| ICD-9 code 519.8      |                        | seases of respiratory system, not elsewho<br>Allergic reaction   | ere classified. Mapping based T78.40  |  |   |
|                       |                        | Altered level of consciousness   |                                       |  | nspecified  |
| 700.00 :- Other al    |                        |  | R41.82                                | Altered m                                      | ental status, unspecified   |
| 760.09 is Other at    |                        | consciousness. Mapping based on v2 lab<br>Behavioral / psychiatric disorder                                      | F99                                   | Mental di                                      | sorder, not otherwise specified   |
| 775                   |                        | Cardiac arrest   | 146.9                                 |  | rrest, cause unspecified  |
| 1780                  | 427.90- 0              | Cardiac rhythm disturbance   | 149.9                                 |  | rrhythmia, unspecified  |
| 1785                  |                        | Chest pain / discomfort  | R07.9                                 |  | n, unspecified  |
| 790                   |                        | Diabetic symptoms (hypoglycemia)   | E13.64                                |  | ecified diabetes mellitus with  |
| 1795                  | 994.80- E              | Electrocution  | T75.4                                 | Electrocu                                      |   |
| 1800                  | 780.60- H              | Hyperthermia   | R50.9                                 | Fever, un                                      | specified   |
| 805                   | 780.90- H              | Hypothermia  | T68                                   | Hypotheri                                      | mia   |
| 810                   | 785.59- H              | Hypovolemia / shock  | R57.1                                 | Hypovole                                       | mic shock   |
| 815                   | 987.90- I              | nhalation injury (toxic gas)   | T59.94                                |  | ect of unspecified gases, fumes and ndetermined   |
| 1820                  | 798.99- 0              | Obvious death  | R99                                   |  | I and unknown cause of mortality  |
| 1825                  | 977.90- F              | Poisoning / drug ingestion   | T50.904                               |  | g by unspecified drugs, medicaments<br>gical substances, undetermined                           |
| 830                   |                        | Pregnancy / OB delivery  | O26.90                                | unspecifie                                     | ey related conditions, unspecified, ed trimester  |
| ICD-10 codes beg      | -                      | n O are to be used on a mother's record. Respiratory distress  | This mapping is used when part R06.00 | -  | unit is not hours.  unspecified   |
| 1840                  |                        | Respiratory distress   | R09.2                                 | Respirato                                      | '   |
| 1845                  | 780.30- S              |  | R56.9                                 |  | ed convulsions  |
|                       |                        |  |                                       |  |   |
| 1850                  |                        | Sexual assault / rape  | T76.2                                 |  | ouse, suspected   |
| 1855                  |                        | Smoke inhalation   | J70.5                                 | •  | ory conditions due to smoke inhalation  |
| 1860                  | 909.50- 8              | Stings / venomous bites  | T63.94                                |  | ect of contact with unspecified s animal, undetermined  |
|                       |                        |  |                                       |  |   |

| 1865 | 436.00- Stroke / CVA       | 163.9  | Cerebral infarction, unspecified                   |
|------|----------------------------|--------|--|
| 1870 | 780.20- Syncope / fainting | R55    | Syncope and collapse                               |
| 1875 | 959.90- Traumatic injury   | T14.90 | Injury, unspecified                                |
| 1880 | 623.80- Vaginal hemorrhage | N93.9  | Abnormal uterine and vaginal bleeding, unspecified |

| E10_01 Cause of Injury           |   | elnjury.01 Caus            | elnjury.01 Cause of Injury  |  |  |  |
|----------------------------------|---|----------------------------|---|--|--|--|
| CauseOfInjury                    |   | icd10CodeInjury            |   |  |  |  |
| Null Values                      | Yes   | Null Values                | Yes   |  |  |  |
| ls Nillable                      | No  | Is Nillable                | Yes   |  |  |  |
| Recurrence                       | 1:1   | Recurrence                 | 1 : M   |  |  |  |
| Comment                          |   |                            |   |  |  |  |
| Mapping                          |   |                            |   |  |  |  |
| V2 Pattern                       |   | V3 Replacement             |   |  |  |  |
| =1885 and/E10_02=2020 Bites (E9  | 906.0)  | 'Y04.1XXA'                 | Assault by human bite, initial encounter  |  |  |  |
| This mapping is used when E      | E10_02 Intent of the Injury is Intent                               | ional, Other (Assaulted).  |   |  |  |  |
| =9500 and/E10_02=2020 Alrcraft F | Related Accident (E84X.0)   | 'Y08.81XA'                 | Assault by crashing of aircraft, initial encount  |  |  |  |
|                                  | E10_02 Intent of the Injury is Intent                               |                            |   |  |  |  |
| =9500 and/E10_02=2025 Alrcraft F | ,   | 'X83.0'                    | Intentional self-harm by crashing of aircraft   |  |  |  |
| , , ,                            | E10_02 Intent of the Injury is Intent                               |                            | Taxia effect of warmarified substance according   |  |  |  |
| =9515 and/E10_02=2020 Chemica    | ii Poisoning (E86X.U)   | 'T65.93XA'                 | Toxic effect of unspecified substance, assaul<br>initial encounter  |  |  |  |
| This mapping is used when E      | E10_02 Intent of the Injury is Intent                               | ional, Other (Assaulted).  |   |  |  |  |
| =9515 and/E10_02=2025 Chemica    |   | 'T65.92XA'                 | Toxic effect of unspecified substance, intentional self-harm, initial encounter   |  |  |  |
|                                  | E10_02 Intent of the Injury is Intent                               | ional, Self.<br>'T65.91XA' | Toxic effect of unspecified substance,  |  |  |  |
| =9515 and/E10_02=2030 Chemica    | ii Poisoriirig (E667.0)   | 105.91AA                   | accidental (unintentional), initial encounter   |  |  |  |
|                                  | E10_02 Intent of the Injury is Uninte                               |                            |   |  |  |  |
| =9525 and/E10_02=2020 Drowning   | g (E910.0)  | 'X92'                      | Assault by drowning and submersion  |  |  |  |
|                                  | E10_02 Intent of the Injury is Intent                               |                            |   |  |  |  |
| =9525 and/E10_02=2025 Drowning   | ,   | 'X71'                      | Intentional self-harm by drowning and submersion  |  |  |  |
|                                  | E10_02 Intent of the Injury is Intent                               |                            | Delianation becomes iffered decreased in a contract   |  |  |  |
| =9530 and/E10_02=2020 Drug Pos   | soning (E85X.0)   | 'T50.903A'                 | Poisoning by unspecified drugs, medicament<br>and biological substances, asssault, initial<br>encounter                   |  |  |  |
|                                  | E10_02 Intent of the Injury is Intent                               |                            |   |  |  |  |
| .=9530 and/E10_02=2025 Drug Pos  | ,<br>,  | 'T50.902A'                 | Poisoning by unspecified drugs, medicament<br>and biological substances, intentional self-<br>harm, initial encounter     |  |  |  |
|                                  | E10_02 Intent of the Injury is Intent                               |                            | Delianalism house and the discourse and in a second   |  |  |  |
| =9530 and/E10_02=2030 Drug Pos   |   | 'T50.901A'                 | Poisoning by unspecified drugs, medicament<br>and biological substances, accidental<br>(unintentional), initial encounter |  |  |  |
| =9535 and/E10_02=2025 Electrocu  | E10_02 Intent of the Injury is Unintention (non-lightning) (E925.0) | 'X83.1XXA'                 | Intentional self-harm by electrocution, initial encounter   |  |  |  |
|                                  | E10_02 Intent of the Injury is Intent                               |                            |   |  |  |  |
| =9540 and/E10_02=2025 Excessiv   | re Cold (E901.0)  | 'X83.2XXA'                 | Intentional self-harm by exposure to extreme of cold, initial encounter   |  |  |  |
|                                  | E10_02 Intent of the Injury is Intent                               |                            |   |  |  |  |
| =9550 and/E10_02=2020 Falls (E8  | ·   | 'Y01.XXXA'                 | Assault by pushing from high place, initial encounter   |  |  |  |
| This mapping is used when E      | E10_02 Intent of the Injury is Intent                               | ional, Other (Assaulted).  |   |  |  |  |

| .=9550 | and/E10_02=2025      | Falls (E88X.0)  | 'X80.XXXA'                        | Intentional self-harm by jumping from a high place, initial encounter  |
|--------|----------------------|---|-----------------------------------|--|
|        | This mapping is us   | ed when E10_02 Intent of the Injury is Intentional                            | , Self.                           |  |
| .=9555 | and/E10_02=2020      | Fire and Flames (E89X.0)  | 'X97.XXXA'                        | Assault by smoke, fire and flames, initial encounter   |
|        | This mapping is us   | ed when E10_02 Intent of the Injury is Intentional                            | , Other (Assaulted).              |  |
| .=9555 | _                    | Fire and Flames (E89X.0)  | 'X76.XXXA'                        | Intentional self-harm by smoke, fire and flames, initial encounter   |
|        | This mapping is us   | ed when E10_02 Intent of the Injury is Intentional                            | , Self.                           |  |
| .=9585 |                      | Mechanical Suffocation (E913.0)   | 'T71.193A'                        | Asphyxiation due to mechanical threat to breathing due to other causes, assault, initial encounter               |
|        | This mapping is us   | ed when E10_02 Intent of the Injury is Intentional                            | , Other (Assaulted). v3 support   | s additional specific values.  |
| .=9585 |                      | Mechanical Suffocation (E913.0)   | 'T71.192A'                        | Asphyxiation due to mechanical threat to breathing due to other causes, intentional self-harm, initial encounter |
|        | This mapping is us   | ed when E10_02 Intent of the Injury is Intentional                            | , Self. v3 supports additional sp | pecific values.  |
| .=9585 | and/E10_02=2030      | Mechanical Suffocation (E913.0)   | 'T71.191A'                        | Asphyxiation due to mechanical threat to breathing due to other causes, accidental, initial encounter            |
|        | This mapping is us   | ed when E10_02 Intent of the Injury is Unintention                            | nal. v3 supports additional spec  | cific values.  |
| .=9590 | _                    | Motor Vehicle non-traffic accident (E82X.0)                                   | 'Y03'                             | Assault by crashing of motor vehicle   |
|        |                      | ed when E10_02 Intent of the Injury is Intentional                            |                                   |  |
| .=9590 |                      | Motor Vehicle non-traffic accident (E82X.0)                                   | 'X82'                             | Intentional self-harm by crashing of motor vehicle   |
|        |                      | ed when E10_02 Intent of the Injury is Intentional                            |                                   |  |
| .=9595 | and/E10_02=2020      | Motor Vehicle traffic accident (E81X.0)                                       | 'Y03'                             | Assault by crashing of motor vehicle   |
|        | This mapping is us   | ed when E10_02 Intent of the Injury is Intentional                            | , Other (Assaulted).              |  |
| .=9595 | 11 0                 | Motor Vehicle traffic accident (E81X.0)                                       | 'X82'                             | Intentional self-harm by crashing of motor vehicle   |
|        | This mapping is us   | ed when E10_02 Intent of the Injury is Intentional                            | , Self.                           |  |
| .=9600 | and/E10_02=2020      | Motorcycle Accident (E81X.0)  | 'Y03'                             | Assault by crashing of motor vehicle   |
|        | This mapping is us   | ed when E10_02 Intent of the Injury is Intentional                            | Other (Assaulted)                 |  |
| .=9600 |                      | Motorcycle Accident (E81X.0)  | 'X82'                             | Intentional self-harm by crashing of motor vehicle   |
|        | This mapping is us   | ed when E10_02 Intent of the Injury is Intentional                            | , Self.                           |  |
| .=9610 |                      | Pedestrian Traffic Accident (E814.0)  | 'Y03.0XXA'                        | Assault by being hit or run over by motor vehicle, initial encounter   |
|        | This mapping is us   | ed when E10_02 Intent of the Injury is Intentional                            | , Other (Assaulted).              |  |
| .=9610 | and/E10_02=2025      | Pedestrian Traffic Accident (E814.0)  | 'X81'                             | Intentional self-harm by jumping or lying in front of moving object  |
|        | This mapping is us   | ed when E10_02 Intent of the Injury is Intentional                            | , Self.                           |  |
| .=9625 |                      | Smoke Inhalation (E89X.2)   | 'T59.813A'                        | Toxic effect of smoke, assault, initial encounter  |
| 0605   |                      | ed when E10_02 Intent of the Injury is Intentional                            |                                   | Tayin effect of amples intentional solf harm   |
| .=9625 | _                    | Smoke Inhalation (E89X.2)   | 'T59.812A'                        | Toxic effect of smoke, intentional self-harm, initial encounter  |
| _0605  |                      | ed when E10_02 Intent of the Injury is Intentional                            |                                   | Toylo offset of smake, cosidental  |
| .=9025 |                      | Smoke Inhalation (E89X.2)  ed when E10_02 Intent of the Injury is Unintention | 'T59.811A'                        | Toxic effect of smoke, accidental (unintentional), initial encounter   |
| .=9640 | 11 0                 | Struck by Blunt/Thrown Object (E968.2)  | 'Y00.XXXA'                        | Assault by blunt object, initial encounter   |
|        | This mapping is us   | ed when E10_02 Intent of the Injury is Intentional                            | , Other (Assaulted).              |  |
| .=9640 |                      | Struck by Blunt/Thrown Object (E968.2)  | 'X79.XXXA'                        | Intentional self-harm by blunt object, initial encounter   |
| 1885   | This mapping is us   | ed when E10_02 Intent of the Injury is Intentional Bites (E906.0)             | , Self.<br>W64                    | Exposure to nonvenomous animal NOS   |
|        | Accidental hite by a | another person is also an appropriate v3 replacen                             | nent, v3 supports additional spe  | ecific values for animal bites   |
| 9500   | ooidonidi bito by t  | Alrcraft Related Accident (E84X.0)  | V95.9                             | Unspecified aircraft accident injuring occupant  |
| 9505   |                      | Bicycle Accident (E826.0)   | V19                               | Pedal cycle rider injured in other and   |
| 0515   |                      | Chamical Poisoning (E96V 0)   | T65.0                             | unspecified transport accidents  Taxis offset of unspecified substance   |
| 9515   |                      | Chemical Poisoning (E86X.0)   | T65.9                             | Toxic effect of unspecified substance  |

| 9645         | Venomus stings (plants, animals) (E905.0)  Water Transport accident (E83X.0)                                     | T63                                     | Toxic effect of contact with venomous animals and plants  Unspecified water transport accident              |
|--------------|--|---|---|
| 0645         | Y29 Contact with blunt object, undetermined intent is also an appropria  |   | Toylo offeet of content with transmission   |
| 9640         | v2 Intent of the Injury is ignored and assumed to be Intentional, Other ( Struck by Blunt/Thrown Object (E968.2) | (Assaulted) unless it is Intention W20  | onal, Self. Struck by thrown, projected or falling object   |
| 9635         | Stabbing/Cutting AssultI (E966.0)  | X99.9                                   | Assault by unspecified sharp object   |
|              | Not precise. v2 Intent of the Injury is ignored and assumed to be Unintended to be Unintended.                   |   | undetermined intent   |
| 9630         | Stabbing/Cutting Accidental (E986.0)   | Y28.9                                   | Contact with unspecified sharp object,  |
| 9625         | v2 Intent of the Injury is ignored and assumed to be Intentional, Other (Smoke Inhalation (E89X.2)               | (Assaulted).<br>T59.81                  | Toxic effect of smoke   |
| 9620         | W90 Exposure to other nonionizing radiation is also an appropriate v3  Rape (E960.1)                             | replacement.<br>T76.2                   | Sexual abuse, suspected   |
| 9615         | Radition Exposure (E926.0)   | W88                                     | Exposure to ionizing radiation  |
| 9610         | V89.3 Person injured in unspecified nonmotor-vehicle accident, traffic in Pedestrian Traffic Accident (E814.0)   | s also an appropriate v3 repla<br>V09.3 | Pedestrian injured in unspecified traffic accident  |
| 9605         | Non-Motorized Vehicle Accident (E848.0)  | V89.1                                   | Person injured in unspecified nonmotor-vehicle accident, nontraffic   |
| 9600         | Motorcycle Accident (E81X.0)   | V29                                     | Motorcycle rider injured in other and unspecified transport accidents                                       |
| 9595         | Motor Vehicle traffic accident (E81X.0)  | V89.2                                   | Person injured in unspecified motor-vehicle accident, traffic   |
| 9590         | Motor Vehicle non-traffic accident (E82X.0)  | V89.0                                   | Person injured in unspecified motor-vehicle accident, nontraffic  |
| 9585         | Mechanical Suffocation (E913.0)  | T71.1                                   | Asphyxiation due to mechanical threat to breathing  |
| 9580         | Machinery Accidents (E919.0)   | W31.9                                   | Contact with unspecified machinery  |
| 9575         | Lightning (E907.0)   | T75.0                                   | Effects of lightning  |
| 9570         | Firearm self inflected (E955.0)  v2 Intent of the Injury is ignored and assumed to be Intentional, Self.         | X74.9                                   | Intentional self-harm by unspecified firearm discharge  |
| 9565         | Firearm Injury (accidental) (E985.0)  v2 Intent of the Injury is ignored and assumed to be Unintentional.        | W34                                     | Accidental discharge and malfunction from other and unspecified firearms and guns                           |
|              | v2 Intent of the Injury is ignored and assumed to be Intentional, Other  |   | ,   |
| 9560         | Fire and Flames (E89X.0)  Firearm Assult (E965.0)  | X95.9                                   | undetermined intent Assault by unspecified firearm discharge  |
| 9550<br>9555 | Falls (E88X.0)   | W19<br>Y26                              | Unspecified fall  Exposure to smoke, fire and flames,   |
| 0550         | W92 Exposure to excessive heat of man-made origin is also an appropriate (F20) (2)                               | ·                                       | 11  |
| 9545         | Excessive Heat (E900.0)  | X30                                     | Exposure to excessive natural heat  |
| 9540         | Excessive Cold (E901.0) W93 Exposure to excessive cold of man-made origin is also an approp                      | X31                                     | Exposure to excessive natural cold  |
| 9535         | Electrocution (non-lightning) (E925.0)   | T75.4                                   | Shock from electric current   |
| 9530         | Drug Posoning (E85X.0)   | T50.90                                  | Poisoning by, adverse effect of and underdosing of unspecified drugs, medicaments and biological substances |
| 9525         | Drowning (E910.0)  | W74                                     | Unspecified cause of accidental drowning and submersion   |
| 9520         | Child Battering (E967.0) v2 Intent of the Injury is ignored and assumed to be Intentional, Other (               | T76.12<br>(Assaulted).                  | Child physical abuse, suspected   |
|              | <b>2.0.1 2.0.1 2.0.1 2.0.1</b>   |   |   |

eCustomResults.01 Custom Data Element Result

Unintentional

### V2 Element V3 Element

### E10\_02 Intent of the Injury IntentOfInjury CustomResults **Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 0:1 1: M Recurrence

### Comment

Mapping

2030

Intent of the Injury is also used in some Cause of Injury mappings.

Unintentional

| 9          |                                |              |                                |
|------------|--------------------------------|--------------|--------------------------------|
| V2 Pattern |                                | V3 Replaceme | nt                             |
| 2020       | Intentional, Other (Assaulted) | 2020         | Intentional, Other (Assaulted) |
| 2025       | Intentional, Self              | 2025         | Intentional, Self              |

2030

| E10_03 Mechanism of Injury |             | elnjury.02 M | eInjury.02 Mechanism of Injury |             |       |
|----------------------------|-------------|--------------|--------------------------------|-------------|-------|
| MechanismOfInjury          |             |              | MechanismOfI                   | njury       |       |
| Null Values                |             | Yes          | Null Values Yes                |             | Yes   |
| Is Nillable                |             | No           | Is Nillable                    |             | Yes   |
| Recurrence                 |             | 0 : M        | Recurrence                     |             | 0 : M |
| Comment                    |             |              |                                |             |       |
| Mapping                    |             |              |                                |             |       |
| V2 Pattern                 |             |              | V3 Replaceme                   | ent         |       |
| 2035                       | Blunt       |              | 2902001                        | Blunt       |       |
| 2040                       | Burn        |              | 2902003                        | Burn        |       |
| 2045                       | Other       |              | 2902005                        | Other       |       |
| 2050                       | Penetrating |              | 2902007                        | Penetrating |       |

2095

Windshield Spider/Star

### V2 Element V3 Element

Windshield Spider/Star

### eCustomResults.01 Custom Data Element Result E10\_04 Vehicular Injury Indicators VehicularInjuryIndicators CustomResults **Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 0: M 1: M Recurrence Extends elnjury.04 Comment Mapping V2 Pattern V3 Replacement 2055 2055 Dash Deformity Dash Deformity 2070 2070 Fire Fire 2090 Steering Wheel Deformity 2090 Steering Wheel Deformity

2095

| E10_04 Vehicular Injury Indicators |          |                  | eInjury.04 Vel<br>Risk Factor | elnjury.04 Vehicular, Pedestrian, or Other Injury<br>Risk Factor |  |  |
|------------------------------------|----------|------------------|-------------------------------|--|--|--|
| VehicularInjuryInd                 | dicators |                  | VehicularInjuryIn             | dicators   |  |  |
| Null Values                        |          | Yes              | Null Values                   |  | Yes  |  |
| Is Nillable                        |          | No               | Is Nillable                   |  | Yes  |  |
| Recurrence                         |          | 0 : M            | Recurrence                    |  | 1 : M  |  |
| Comment                            |          |                  |                               |  |  |  |
| Mapping                            |          |                  |                               |  |  |  |
| V2 Pattern                         |          |                  | V3 Replacement                | t  |  |  |
| 2060                               | DOA Sar  | ne Vehicle       | 2904007                       | Crash Deat   | h in Same Passenger Compartment                          |  |
| 2065                               | Ejection |                  | 2904009                       | Crash Ejec<br>vehicle  | tion (partial or complete) from                          |  |
| 2075<br>Not precise.               |          | Roof Deformity   | 2904011                       |  | sion, including roof: > 12 in.<br>ite; > 18 in. any site |  |
| 2080<br>Not precise.               | Side Pos | t Deformity      | 2904011                       |  | sion, including roof: > 12 in.<br>te; > 18 in. any site  |  |
| 2085                               |          | trusion > 1 foot | 2904011                       |  | sion, including roof: > 12 in.<br>ite; > 18 in. any site |  |

Not precise.

E10\_05 Area of the Vehicle impacted by the

eCustomResults.01 Custom Data Element Result

Roll Over

### V2 Element V3 Element

# Collision CustomResults Null Values Yes Null Values Yes Is Nillable No Is Nillable Yes Recurrence 0: M Recurrence 1: M

Extends elnjury.05

| C            | $\sim$ | m | m | $\Delta$ | ጎተ |
|--------------|--------|---|---|----------|----|
| $\mathbf{C}$ | U      | ш |   | ᄗ        | 11 |
|              |        |   |   |          |    |

### Mapping

V2 Pattern V3 Replacement
2140 Roll Over 2140

E10\_05 Area of the Vehicle impacted by the

elnjury.05 Main Area of the Vehicle Impacted by

### V2 Element V3 Element

### collision the Collision AreaOfVehicleImpact AreaOfVehicleImpact **Null Values** Yes **Null Values** No Is Nillable No Is Nillable No Recurrence 0: M 0:1 Recurrence

### Comment

v2 uses 8 enumerated locations plus "Roll Over". v3 uses a 1-12 "clock" sequence and does not support "Roll Over".

| Mapping    |              |                |
|------------|--------------|----------------|
| V2 Pattern |              | V3 Replacement |
| 2100       | Center Front | 12             |
| 2105       | Center Rear  | 6              |
| 2110       | Left Front   | 10             |
| 2115       | Left Rear    | 8              |
| 2120       | Left Side    | 9              |
| 2125       | Right Front  | 2              |
| 2130       | Right Rear   | 4              |
| 2135       | Right Side   | 3              |

| E10_07 Position of Patient in the Seat of the Vehicle |   | eInjury.06 Location                                    | n of Pati                              | ent in Vehicle       |  |
|---|---|--|--|----------------------|--|
| PositionC   | )fPatientInSeat                         |  | SeatRowLocation                        |                      |  |
| Null Valu   | es                                      | Yes  | Null Values                            |                      | No   |
| ls Nillable   | )                                       | No   | Is Nillable                            |                      | No   |
| Recurren  | се                                      | 0:1  | Recurrence                             |                      | 0:1  |
| Commen  | t                                       |  |  |                      |  |
| Mapping   |   |  |  |                      |  |
| V2 Patter   | 'n                                      |  | V3 Replacement                         |                      |  |
| //E10_01  | =9600 and/E10_06=1                      |  | 2906001                                | Front Sea            | t-Left Side (or motorcycle driver)                               |
|   | 11 0                                    | E10_01 Cause of Injury is Motorcycle Ac                | cident and E10_06 Seat Row I           |                      |  |
| //E10_01  | =9600 and/E10_06=2                      |  | 2906013                                | Second S<br>passenge | eat-Left Side (or motorcycle r)                                  |
| Th  | is mapping is used when                 | E10_01 Cause of Injury is Motorcycle Ac                | cident and E10_06 Seat Row I           | -                    |  |
| //E10_01  | =9600 and/E10_06>=3                     | and/E10_06<=49   | 2906021                                | Third Row            | y-Left Side (or motorcycle passenger)                            |
| Th<br>49  |   | E10_01 Cause of Injury is Motorcycle Ac                | cident and E10_06 Seat Row I           | Location of F        | Patient in Vehicle is between 3 and                              |
| /E10_06=  |   |  | 2906009                                |                      | er in unenclosed passenger or cargo                              |
| 0.0   | 100007 Danasanan in atha                |  | tacilia a cost accela a a la costa ata |                      | -trailing unit such as a pickup, etc.)                           |
|   | _                                       | r enclosed passenger or cargo area (non-<br>on-driver) | 2906001                                |                      | appropriate vs replacement.  it-Left Side (or motorcycle driver) |
|   | _ ,                                     | E10_06 Seat Row Location of Patient in                 |  |                      |  |
|   |   | on-driver)   | 2906013                                | Second S passenge    | eat-Left Side (or motorcycle                                     |
| Th  | is mapping is used when                 | E10_06 Seat Row Location of Patient in                 | Vehicle is 2.                          | passongs             | ',   |
| .=2150 and  | /E10_06=3 Left (no                      | on-driver)   | 2906021                                | Third Row            | v-Left Side (or motorcycle passenger)                            |
|   | 11 0                                    | E10_06 Seat Row Location of Patient in                 |  |                      |  |
|   | /E10_06=1 Middle                        |  | 2906003                                | Front Sea            | t-Middle   |
|   | is mapping is used when/E10 06=2 Middle | E10_06 Seat Row Location of Patient in                 | Vehicle is 1.<br>2906015               | Socond S             | eat-Middle   |
|   | _                                       | E10_06 Seat Row Location of Patient in                 |  | Second S             | ear-iviluale   |
|   | /E10_06=3 Middle                        | L 10_00 Seat Now Location of Fatient in                | 2906023                                | Third Row            | v-Middle   |
| Th  | is mapping is used when                 | E10_06 Seat Row Location of Patient in                 | Vehicle is 3.                          |                      |  |
| .=2160 and  | /E10_06=1 Right                         |  | 2906005                                | Front Sea            | t-Right Side   |
| Th  | is mapping is used when                 | E10_06 Seat Row Location of Patient in                 | Vehicle is 1.                          |                      |  |
|   | /E10_06=2 Right                         |  | 2906017                                | Second S             | eat-Right Side   |
|   | 11 0                                    | E10_06 Seat Row Location of Patient in                 |  | Third Day            | , Dight Cido   |
|   | /E10_06=3 Right                         | E40.06 Coot Dowl and Dating of Dating in               | 2906025                                | mia Kow              | v-Right Side   |
| 1 r<br><b>2145</b>                                    | ns mapping is used when Driver          | E10_06 Seat Row Location of Patient in                 | Vehicle is 3.<br>2906001               | Front Sea            | t-Left Side (or motorcycle driver)                               |
| 2150  |   | on-driver)   | 2906029                                | Unknown              | (  |
|   | •                                       | E10_06 Seat Row Location of Patient in                 |  |                      |  |
| 2155  | Middle                                  |  | 2906029                                | Unknown              |  |
| Th  | is mapping is used when                 | E10_06 Seat Row Location of Patient in                 | Vehicle is not present.                |                      |  |
| 2160  | Other                                   |  | 2906029                                | Unknown              |  |

June 4, 2014 Page 295

This mapping is used when E10\_06 Seat Row Location of Patient in Vehicle is not present. v3 supports additional specific values.

2165 Right 2906029 Unknown

This mapping is used when E10\_06 Seat Row Location of Patient in Vehicle is not present. v3 supports additional specific values.

### E10\_08 Use of Occupant Safety Equipment elnjury.07 Use of Occupant Safety Equipment UseOfOccupantSafetyEquipment UseOfOccupantSafetyEquipment **Null Values** Yes Yes **Null Values** Is Nillable Is Nillable Yes No Recurrence 0: M Recurrence 0: M Comment Mapping V2 Pattern V3 Replacement .=2185 and ../E10\_08=2210 Lap Belt 2907027 Shoulder and Lap Belt Used This mapping is used when both Lap Belt and Shoulder Belt are present. .=2170 and ../../E06/E06\_14\_0[(number(E06\_14)<12 and E06\_15=710) or 2907009 Infant Car Seat Rear Facing E06\_15=705 or E06\_15=700] Child Restraint This mapping is used when patient age is less than 1 year (or 12 months). .=2170 and ../../E06/E06\_14\_0[(number(E06\_14)<2 and E06\_15=715) or 2907007 Infant Car Seat Forward Facing (number(E06\_14)<24 and E06\_15=710)] Child Restraint This mapping is used when patient age is less than 2 years (or 24 months) (but not less than 1 year or 12 months). 2170 Child Restraint 2907001 Child Booster Seat This mapping is used when patient age is not less than 2 years (or 24 months). 2175 Eye Protection Eve Protection 2907003 2180 Helmet Worn 2907005 Helmet Worn Lap Belt Only Used 2185 Lap Belt 2907029 This mapping is used when Shoulder Belt is not also present. 2187 None 2907015 None 2190 Other 2907017 Other Personal Floatation Device 2195 2907019 Personal Floatation Device 2200 Protective Clothing 2907021 Protective Clothing

Shoulder Belt

This mapping is used when Lap Belt is not also present.

Protective Non-Clothing Gear

2205

2210

June 4, 2014 Page 297

2907023

2907031

Protective Non-Clothing Gear

Shoulder Belt Only Used

E10\_09 Airbag Deployment

### V2 Element V3 Element

| AirbagDeployment |                       |                                    | AirbagDeployn | nent                        |                    |
|------------------|-----------------------|------------------------------------|---------------|-----------------------------|--------------------|
| Null Values      |                       | Yes                                | Null Values   |                             | No                 |
| Is Nillable      |                       | No                                 | Is Nillable   |                             | No                 |
| Recurrence       |                       | 0 : M                              | Recurrence    | 0                           | : M                |
| Comment          |                       |                                    |               |                             |                    |
| Mapping          |                       |                                    |               |                             |                    |
| V2 Pattern       |                       |                                    | V3 Replaceme  | nt                          |                    |
| 2215             | No Airba              | g Present                          | 2908009       | No Airbag Present           |                    |
| 2220             | No Airbag Deployed    |                                    | 2908007       | No Airbag Deployed          |                    |
| 2225             | Airbag Deployed Front |                                    | 2908001       | Airbag Deployed Front       |                    |
| 2230             | Airbag Deployed Side  |                                    | 2908003       | Airbag Deployed Side        |                    |
| 2235             | Airbag D              | eployed Other (knee, airbelt,etc.) | 2908005       | Airbag Deployed Other (knee | e, air belt, etc.) |

elnjury.08 Airbag Deployment

| E10_10 Height of Fall           |                 | elnjury.09 Height of Fal | eInjury.09 Height of Fall (feet) |  |  |
|---------------------------------|-----------------|--------------------------|----------------------------------|--|--|
| HeightOfFall                    |                 | HeightOfFall             |                                  |  |  |
| Null Values                     | No              | Null Values              | No                               |  |  |
| Is Nillable                     | No              | Is Nillable              | No                               |  |  |
| Recurrence                      | 0:1             | Recurrence               | 0:1                              |  |  |
| Comment                         |                 |                          |                                  |  |  |
| v2 allows 1 to 50,000. v3 allow | rs 0 to 10,000. |                          |                                  |  |  |
| Mapping                         |                 |                          |                                  |  |  |
| V2 Pattern                      |                 | V3 Replacement           |                                  |  |  |
| .<=10000                        |                 |                          |                                  |  |  |
| otherwise                       |                 | 10000                    | 10000                            |  |  |

2245

### V2 Element V3 Element

Yes, After EMS Arrival

| E11_01 Cardiac Arrest |                    | eArrest.01 Cardiac Arrest |                           |  |
|-----------------------|--------------------|---------------------------|---------------------------|--|
| CardiacArrest         |                    | CardiacArrest             |                           |  |
| Null Values           | Yes                | Null Values               | Yes                       |  |
| Is Nillable           | No                 | Is Nillable               | Yes                       |  |
| Recurrence            | 1:1                | Recurrence                | 1:1                       |  |
| Comment               |                    |                           |                           |  |
| Mapping               |                    |                           |                           |  |
| V2 Pattern            |                    | V3 Replaceme              | ent                       |  |
| 0 No                  |                    | 3001001                   | No                        |  |
| 2240 Yes, Pr          | ior to EMS Arrival | 3001003                   | Yes, Prior to EMS Arrival |  |

3001005

Yes, After EMS Arrival

v3 supports additional specific values.

### V2 Element V3 Element

| E11_02 Cardiac Arrest Etiology |               | eArrest.02 Cardiac Arrest Etiology |                     |     |
|--------------------------------|---------------|------------------------------------|---------------------|-----|
| CardiacArrestEtiology          |               | CardiacArrestEtiology              |                     |     |
| Null Values                    | Yes           | Null Values                        |                     | Yes |
| Is Nillable                    | No            | Is Nillable                        |                     | Yes |
| Recurrence                     | 1:1           | Recurrence                         |                     | 1:1 |
| Comment                        |               |                                    |                     |     |
| Mapping                        |               |                                    |                     |     |
| V2 Pattern                     |               | V3 Replacement                     |                     |     |
| 2250 Pres                      | sumed Cardiac | 3002001                            | Cardiac (Presumed)  | )   |
| 2255 Trac                      | ıma           | 3002015                            | Trauma              |     |
| 2260 Dro                       | vning         | 3002003                            | Drowning/Submersion |     |
| 2265 Res                       | piratory      | 3002013                            | Respiratory/Asphyxi | ia  |
| 2270 Elec                      | trocution     | 3002007                            | Electrocution       |     |
| 2275 Oth                       | er            | 3002011                            | Other (Not Listed)  |     |

| E11_03 Resuscitation Attempted |             |                                 | eArrest.03 Resuscitation Attempted By EMS |                |                        |
|--------------------------------|-------------|---------------------------------|---|----------------|------------------------|
| ResucitationAttem              | pted        |                                 | ResucitationAtt                           | empted         |                        |
| Null Values                    |             | Yes                             | Null Values                               |                | Yes                    |
| Is Nillable                    |             | No                              | Is Nillable                               |                | Yes                    |
| Recurrence                     |             | 1 : M                           | Recurrence                                |                | 1 : M                  |
| Comment                        |             |                                 |   |                |                        |
| Mapping                        |             |                                 |   |                |                        |
| V2 Pattern                     |             |                                 | V3 Replaceme                              | nt             |                        |
| 2280                           | Attemted    | Defibrillation                  | 3003001                                   | Attempted De   | fibrillation           |
| 2285                           | Attempte    | d Ventilation                   | 3003003                                   | Attempted Ve   | ntilation              |
| 2290                           | Initiated ( | Initiated Chest Compressions    |   | Initiated Ches | t Compressions         |
| 2295                           | Not Atten   | Not Attempted-Considered Futile |   | Not Attempted  | d-Considered Futile    |
| 2300                           | Not Atten   | Not Attempted-DNR Orders        |   | Not Attempted  | d-DNR Orders           |
| 2305                           | Not Atten   | npted-Signs of Circulation      | 3003011                                   | Not Attempted  | d-Signs of Circulation |

Not Witnessed

2320

### V2 Element V3 Element

| E11_04 Arrest Witnessed by |                         |                   | eArrest.04 Arrest Witnessed By |                                  |  |
|----------------------------|-------------------------|-------------------|--------------------------------|----------------------------------|--|
| ArrestWitnessedBy          | <i>y</i>                |                   | ArrestWitnesse                 | edBy                             |  |
| Null Values                |                         | Yes               | Null Values                    | Yes                              |  |
| Is Nillable                |                         | No                | Is Nillable                    | Yes                              |  |
| Recurrence                 |                         | 0:1               | Recurrence                     | 1 : M                            |  |
| Comment                    |                         |                   |                                |                                  |  |
| Mapping                    |                         |                   |                                |                                  |  |
| V2 Pattern                 |                         |                   | V3 Replaceme                   | nt                               |  |
| 2310                       | Witnessed by He         | althcare Provider | 3004005                        | Witnessed by Healthcare Provider |  |
| 2315                       | Witnessed by Lay Person |                   | 3004007                        | Witnessed by Lay Person          |  |

3004001

Not Witnessed

Ventricular Tachycardia-Pulseless

### V2 Element V3 Element

Ventricular Tachycardia

2365

| E11_05 First Monitored Rhythm of the Patient |                  |                          | eArrest.11 Fir<br>Patient | eArrest.11 First Monitored Arrest Rhythm of the Patient |  |  |
|--|------------------|--------------------------|---------------------------|---|--|--|
| FirstMonitore                                | dRhythm          |                          | FirstMonitoredR           | hythm   |  |  |
| Null Values                                  |                  | Yes                      | Null Values               | Yes   |  |  |
| Is Nillable                                  |                  | No                       | Is Nillable               | Yes   |  |  |
| Recurrence                                   |                  | 0:1                      | Recurrence                | 1:1   |  |  |
| Comment                                      |                  |                          |                           |   |  |  |
| Mapping                                      |                  |                          |                           |   |  |  |
| V2 Pattern                                   |                  |                          | V3 Replacemen             | t   |  |  |
| 2325   | Asystole         |                          | 3011001                   | Asystole  |  |  |
| 2330   | Bradycard        | dia                      | 3011003                   | Bradycardia   |  |  |
| v3 value                                     | e is deprecated. |                          |                           |   |  |  |
| 2335   | Normal S         | inus Rhythm              |                           |   |  |  |
| 2340   | Other            |                          |                           |   |  |  |
| Not sup                                      | ported in v3.    |                          |                           |   |  |  |
| 2345   | PEA              |                          | 3011005                   | PEA   |  |  |
| 2350   | Unknown          | AED Non-Shockable Rhythm | 3011007                   | Unknown AED Non-Shockable Rhythm                        |  |  |
| 2355   | Unknown          | AED Shockable Rhythm     | 3011009                   | Unknown AED Shockable Rhythm                            |  |  |
| 2360   | Ventricula       | ar Fibrillation          | 3011011                   | Ventricular Fibrillation                                |  |  |

3011013

### E11\_06 Any Return of Spontaneous Circulation eArrest.12 Any Return of Spontaneous Circulation ReturnOfSpontaneousCirculation ReturnOfSpontaneousCirculation **Null Values** Yes Yes **Null Values** Is Nillable Yes No Is Nillable Recurrence 1: M 0:1 Recurrence Comment Mapping V2 Pattern V3 Replacement 2370 3012005 Yes, Prior to ED Arrival Only Yes, Prior to Arrival at the ED Yes, Prior to ED Arrival and at the ED 3012003 2375 Yes, At Arrival at the ED 2375 Yes, Prior to ED Arrival and at the ED 3012005 Yes, Prior to Arrival at the ED No No 2380 3012001

### E11\_07 Neurological Outcome at Hospital eArrest.13 Neurological Outcome at Hospital Discharge Discharge NeurologicalOutcomeAtDischarge NeurologicalOutcomeAtDischarge **Null Values** Yes **Null Values** No Is Nillable No Is Nillable No 0:1 Recurrence 0:1 Recurrence Comment Mapping V2 Pattern V3 Replacement CPC 1 Good Cerebral Performance 2380 CPC 1 or 2 3013001 3013003 CPC 2 Moderate Cerebral Disability is also an appropriate v3 replacement. 2385 CPC 3 or 4 3013005 CPC 3 Severe Cerebral Disability 3013007 CPC 4 Coma or Vegetative State is also an appropriate v3 replacement.

2-4 Minutes

0-2 Minutes

2420

2425

### V2 Element V3 Element

### E11\_08 Estimated Time of Arrest Prior to EMS eCustomResults.01 Custom Data Element Result Arrival EstimatedTimeOfArrestPriorToEMS CustomResults **Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 0:1 Recurrence 1: M Comment Mapping V2 Pattern V3 Replacement 2390 Greater Than 20 Minutes 2390 Greater Than 20 Minutes 2395 2395 15-20 Minutes 15-20 Minutes 2400 10-15 Minutes 2400 10-15 Minutes 2405 8-10 Minutes 2405 8-10 Minutes 6-8 Minutes 2410 6-8 Minutes 2410 2415 4-6 Minutes 2415 4-6 Minutes

2420

2425

2-4 Minutes

0-2 Minutes

E11\_09 Date/Time Resuscitation Discontinued

eArrest.15 Date/Time Resuscitation Discontinued

### V2 Element V3 Element

### DateTime DateTimeType Null Values No Null Values Yes Is Nillable Yes Is Nillable Yes Recurrence 0: 1 Recurrence 0: 1

### Comment

v3 uses a pattern to require a timezone offset: (\+|-)[0-9]{2}:[0-9]{2}.

### Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

F11 10 Reason CPR Discontinued

### V2 Element V3 Element

| ETI_10 Reason of R    | Discontinued                                      | Discontinued        | TOT TO TO TOO SUBSTITUTE                              |
|-----------------------|---|---------------------|---|
| ReasonCPRDiscontinued |   | ReasonCPRDiscontinu | ued   |
| Null Values           | Yes   | Null Values         | Yes   |
| Is Nillable           | No  | Is Nillable         | Yes   |
| Recurrence            | 0:1   | Recurrence          | 1:1   |
| Comment               |   |                     |   |
| Mapping               |   |                     |   |
| V2 Pattern            |   | V3 Replacement      |   |
| 2430 DI               | NR  | 3016001             | DNR   |
| 2435 M                | edical Control Order                              | 3016003             | Medical Control Order                                 |
| 2440 OI               | ovious Signs of Death                             | 3016005             | Obvious Signs of Death                                |
| 2445 Pr               | otocol/Policy Requirements Completed              | 3016009             | Protocol/Policy Requirements Completed                |
|                       | eturn of Spontaneous Circulation (pulse or onted) | 3016011             | Return of Spontaneous Circulation (pulse or BP noted) |

eArrest 16 Reason CPR/Resuscitation

2580

2585

### V2 Element V3 Element

### E11\_11 Cardiac Rhythm on Arrival at Destination eArrest.17 Cardiac Rhythm on Arrival at Destination CardiacRythmAtDestination CardiacRhythm Yes **Null Values Null Values** Yes Is Nillable Yes No Is Nillable Recurrence 0: M Recurrence 1: M Comment Mapping V2 Pattern V3 Replacement STEMI Anterior Ischemia 2455 12 Lead ECG-Anterior Ischemia 9901051 9901023 Non-STEMI Anterior Ischemia is also an appropriate v3 replacement. 2460 12 Lead ECG-Inferior Ischemia STEMI Inferior Ischemia 9901053 9901025 Non-STEMI Inferior Ischemia is also an appropriate v3 replacement. STEMI Lateral Ischemia 2465 12 Lead ECG-Lateral Ischemia 9901055 9901027 Non-STEMI Lateral Ischemia is also an appropriate v3 replacement Agonal/Idioventricular 2470 Agonal/Idioventricular 9901001 2475 Artifact 9901005 Artifact 9901003 Asystole 2480 Asystole 9901007 Atrial Fibrillation 2485 Atrial Fibrillation/Flutter 9901009 Atrial Flutter is also an appropriate v3 replacement. 2490 AV Block-1st Degree 9901011 AV Block-1st Degree 2495 AV Block-2nd Degree-Type 1 9901013 AV Block-2nd Degree-Type 1 9901015 2500 AV Block-2nd Degree-Type 2 AV Block-2nd Degree-Type 2 2505 AV Block-3rd Degree 9901017 AV Block-3rd Degree 2510 Junctional 9901019 Junctional 2515 Left Bundle Branch Block 9901021 Left Bundle Branch Block 2520 Normal Sinus Rhythm 9901047 Sinus Rhythm 2525 Other 9901031 Other (Not Listed) v3 supports additional specific values. 2530 Paced Rhythm 9901033 Paced Rhythm 2535 PEA 9901035 PEA 2540 Premature Atrial Contractions 9901037 Premature Atrial Contractions 2545 Premature Ventricular Contractions 9901039 Premature Ventricular Contractions 2550 Right Bundle Branch Block 9901041 Right Bundle Branch Block Sinus Arrhythmia 2555 Sinus Arrhythmia 9901043 2560 Sinus Bradycardia 9901045 Sinus Bradycardia 2565 Sinus Tachycardia 9901049 Sinus Tachycardia Supraventricular Tachycardia 9901059 Supraventricular Tachycardia 2570 2575 Torsades De Points 9901061 Torsades De Points

June 4, 2014 Page 310

9901063

9901065

Unknown AED Non-Shockable Rhythm

Unknown AED Shockable Rhythm

Unknown AED Non-Shockable Rhythm

Unknown AED Shockable Rhythm

| 2590 | Ventricular Fibrillation | 9901067 | Ventricular Fibrillation             |
|------|--------------------------|---------|--------------------------------------|
| 2595 | Ventricular Tachycardia  | 9901069 | Ventricular Tachycardia (With Pulse) |

9901071 Ventricular Tachycardia (Pulseless) is also an appropriate v3 replacement.

E12\_01 Barriers to Patient Care

Unconscious

2640

### V2 Element V3 Element

| BarriersToPatient | Care      |  | BarriersToPatier | ntCare     |                                       |
|-------------------|-----------|--|------------------|------------|---------------------------------------|
| Null Values       |           | Yes                                    | Null Values      |            | Yes                                   |
| Is Nillable       |           | No                                     | Is Nillable      |            | Yes                                   |
| Recurrence        |           | 1 : M                                  | Recurrence       |            | 1 : M                                 |
| Comment           |           |  |                  |            |                                       |
| Mapping           |           |  |                  |            |                                       |
| V2 Pattern        |           |  | V3 Replacement   | t          |                                       |
| 2600              | Developr  | mentally Impaired                      | 3101003          | Developm   | entally Impaired                      |
| 2605              | Hearing I | mpaired                                | 3101005          | Hearing Ir | npaired                               |
| 2610              | Language  | e                                      | 3101007          | Language   |                                       |
| 2615              | None      |  | 3101009          | None Note  | ed                                    |
| 2620              | Physicall | y Impaired                             | 3101015          | Physically | Impaired                              |
| 2625              | Physicall | y Restrained                           | 3101017          | Physically | Restrained                            |
| 2630              | Speech I  | mpaired                                | 3101023          | Speech In  | npaired                               |
| 2635              | Unattend  | led or Unsupervised (including minors) | 3101025          | Unattende  | ed or Unsupervised (including minors) |

3101027

eHistory.01 Barriers to Patient Care

Unconscious

### E12\_02 Sending Facility Medical Record Number eOutcome.04 External Report ID/Number

| SendingFacilityRecordNumber |     | ExternalReportID |     |
|-----------------------------|-----|------------------|-----|
| Null Values                 | Yes | Null Values      | No  |
| Is Nillable                 | No  | Is Nillable      | No  |
| Recurrence                  | 0:1 | Recurrence       | 0:1 |

### Comment

v3 eOutcome.03 External Report ID/Number Type is set to 4303007 Hospital-Transferring.

### Mapping

V2 Pattern V3 Replacement

.

E12\_03 Destination Medical Record Number

### V2 Element V3 Element

## DestinationMedicalRecordNumber ExternalReportID Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 0: 1 Recurrence 0: 1

eOutcome.04 External Report ID/Number

### Comment

v3 eOutcome.03 External Report ID/Number Type is set to 4303005 Hospital-Receiving.

### Mapping

V2 Pattern V3 Replacement

.

eHistory.03 First Name of Patient's Practitioner

### V2 Element V3 Element

E12\_04 First Name of Patient's Primary Practitioner

### FirstName PersonFirstName **Null Values** Yes **Null Values** No Is Nillable No Is Nillable No Recurrence 0:1 Recurrence 0:1

Comment

Mapping

V2 Pattern V3 Replacement

| E12_05 Middle Name of Patient's Primary Practitioner |     | eHistory.04 Middle Nan<br>Practitioner | eHistory.04 Middle Name/Initial of Patient's Practitioner |  |  |
|--|-----|--|---|--|--|
| MiddleInitialName                                    |     | PersonMiddleName                       |   |  |  |
| Null Values  | Yes | Null Values                            | No  |  |  |
| Is Nillable  | No  | Is Nillable                            | No  |  |  |
| Recurrence   | 0:1 | Recurrence                             | 0:1   |  |  |
| Comment  |     |  |   |  |  |
| Mapping  |     |  |   |  |  |
| V2 Pattern   |     | V3 Replacement                         |   |  |  |

### E12\_06 Last Name of Patient's Primary Practitioner eHistory.02 Last Name of Patient's Practitioner LastName PersonLastName **Null Values** Yes **Null Values** No Is Nillable No Is Nillable No Recurrence 0:1 Recurrence 0:1 Comment

Mapping

165.

V2 Pattern V3 Replacement

.

| E12_07 Advanced Di | irectives  | eHistory.05 Adva  | ance Direc  | ctives                             |
|--------------------|--|-------------------|-------------|------------------------------------|
| AdvanceDirectives  |  | AdvanceDirectives |             |                                    |
| Null Values        | Yes  | Null Values       |             | Yes                                |
| Is Nillable        | No   | Is Nillable       | Is Nillable |                                    |
| Recurrence         | 0 : M  | Recurrence        |             | 0 : M                              |
| Comment            |  |                   |             |                                    |
| Mapping            |  |                   |             |                                    |
| V2 Pattern         |  | V3 Replacement    |             |                                    |
| 2645 St            | tate/EMS DNR Form                                  | 3105011           | State EMS   | S DNR or Medical Order Form        |
| 2650 O             | ther Healthcare DNR Form                           | 3105009           | Other Hea   | althcare Advanced Directive Form   |
| 2655 Li            | 55 Living Will                                     |                   | Living Wil  | I                                  |
|                    | Family/Guardian request DNR (but no documentation) |                   | Family/Gu   | uardian request DNR (but no ation) |
| 2665 O             | ther   | 3105007           | Other (No   | t Listed)                          |
| 2670 N             | one  | 3105005           | None        |                                    |

### E12\_08 Medication Allergies eHistory.06 Medication Allergies MedicationAllergies MedicationAllergies **Null Values** Yes **Null Values** Yes Is Nillable Yes No Is Nillable 0: M 0: M Recurrence Recurrence

### Comment

v3 contains an optional CodeType attribute (9924001=ICD-10; 9924003=RxNorm).

v2 allows length 2 to 30. v3 specifies a pattern and specifies the use of ICD-10 Z88.\* or RxNorm. To add mappings, add entries to v2v3ValueMappingMedicationAllergy.

| Mapping     |                |                                       |
|-------------|----------------|---------------------------------------|
| V2 Pattern  | V3 Replacement |                                       |
| Codeine     | 2670           | Codeine                               |
| Sulfa drugs | Z88.2          | Allergy status to sulfonamides status |

E12\_09 Environmental/Food Allergies

### V2 Element V3 Element

### EnvironmentalFoodAllergies snomed **Null Values** Yes **Null Values** No Is Nillable Is Nillable No No Recurrence 0: M 0: M Recurrence Comment

eHistory.07 Environmental/Food Allergies

In v3, a NEMSIS white paper advises to only use codes from the SNOMED "clinical findings" or "disorder" hierarchies.

| Mapping         |  |   |  |
|-----------------|--|---|--|
| V2 Pattern      |  | V3 Replacement                                  |  |
| 2675            | Insect Sting                                     | 419199007                                       | Allergy to substance                                     |
| Not p<br>allerg | 9  | venom was considered, but it represents an a    | actual reaction rather than a disposition of being       |
| 2680            | Food Allergy                                     | 414285001                                       | Food allergy   |
| 2685            | Latex  | 300916003                                       | Latex allergy  |
| 2690            | Chemical   | 419199007                                       | Allergy to substance                                     |
| Not p           | precise. 419838000 Allergic reaction to chem     | ical was considered, but it represents an actua | al reaction rather than a disposition of being allergic. |
| 2695            | Other  | 609328004                                       | Allergic disposition                                     |
| v3 va           | alue is the parent of all other allergies in SNO | MED, essentially meaning "unspecified allergy   | /."  |
| 2700            | None   | 160244002                                       | No known allergies                                       |
| v3 va           | alue is from the SNOMED "situation" hierarch     | y, but it is on the suggested list.             |  |

### E12\_10 Medical/Surgical History eHistory.08 Medical/Surgical History MedicalSurgicalHistory icd10MedSurge **Null Values** Yes **Null Values** Yes Is Nillable Yes No Is Nillable 0: M 0: M Recurrence Recurrence

### Comment

v2 allows length 2 to 30 and specifies the use of ICD-9. v3 specifies a pattern and specifies the use of ICD-10. To add mappings, add entries to v2v3ValueMappingMedicalSurgicalHistory.

| Mapping    |                                    |               |                                  |
|------------|------------------------------------|---------------|----------------------------------|
| V2 Pattern |                                    | V3 Replacemen | nt                               |
| 401.9      | Unspecified essential hypertension | I10           | Essential (primary) hypertension |

Patient

2725

### V2 Element V3 Element

| E12_11 Medical     | History Obta  | ined From | eHistory.09 N  | Medical History Ob | otained From |
|--------------------|---------------|-----------|----------------|--------------------|--------------|
| MedicalHistoryObta | inedFrom      |           | MedicalHistory | ObtainedFrom       |              |
| Null Values        |               | Yes       | Null Values    |                    | No           |
| Is Nillable        |               | No        | Is Nillable    |                    | No           |
| Recurrence         |               | 0:1       | Recurrence     |                    | 0 : M        |
| Comment            |               |           |                |                    |              |
| Mapping            |               |           |                |                    |              |
| V2 Pattern         |               |           | V3 Replaceme   | nt                 |              |
| 2705               | Bystander/Oth | ner       | 3109001        | Bystander/Other    | r            |
| 2710               | Family        |           | 3109003        | Family             |              |
| 2715               | Health Care P | ersonnel  | 3109005        | Health Care Per    | rsonnel      |
| 2720               | None          |           |                |                    |              |
| Not supported      | in v3.        |           |                |                    |              |

3109007

Patient

E12\_12 Immunization History

2780

Varicella

eHistory.10 The Patient's Type of Immunization

Varicella (Chickenpox)

### V2 Element V3 Element

### **ImmunizationType ImmunizationType Null Values Null Values** No No Is Nillable Is Nillable No No Recurrence 0:1 Recurrence 0:1 Comment Mapping V2 Pattern V3 Replacement 2730 Anthrax 9910001 Anthrax 2735 DPT (Diphtheria, Tetanus, Pertussis) 9910005 DPT (Diphtheria, Pertussis, Tetanus) 2740 Hemophilus Influenza B 9910007 Hemophilus Influenza B Hepatitis A 9910009 Hepatitis A 2745 Hepatitis B 9910011 Hepatitis B 2750 9910019 2755 Influenza (Flu) Influenza-Seasonal (In past 12 months) 9910015 Influenza-H1N1 and 9910017 Influenza-Other are also appropriate v3 replacements. 2760 MMR (Measles, Mumps, Rubella) 9910025 MMR (Measles, Mumps, Rubella) 2765 Polio = 8, Pneumococcal (pneumonia) 9910033 v2 combines two unrelated immunizations. Polio was chosen because it appears first within the v2 label and most of the other v2 immunization choices are related to childhood immunizations. 9910031 Pneumococcal (Pneumonia) is also an appropriate v3 replace Small Pox 9910041 Small Pox 2770 Tetanus 9910043 2775 **Tetanus**

9910049

| E12_13 Immunization Date |         | eHistory.11 Immunization | eHistory.11 Immunization Date |  |  |  |
|--------------------------|---------|--------------------------|-------------------------------|--|--|--|
| ImmunizationDate         |         | Year                     |                               |  |  |  |
| Null Values              | Yes     | Null Values No           |                               |  |  |  |
| Is Nillable              | No      | Is Nillable              | No                            |  |  |  |
| Recurrence               | 0:1     | Recurrence 0:1           |                               |  |  |  |
| Comment                  | Comment |                          |                               |  |  |  |
| Mapping                  |         |                          |                               |  |  |  |
| V2 Pattern               |         | V3 Replacement           |                               |  |  |  |

#### E12\_14 Current Medications eHistory.12 Current Medications CurrentMedicationName Medication **Null Values** Yes **Null Values** Yes Is Nillable Yes No Is Nillable Recurrence 0:1 0:1 Recurrence

#### Comment

v2 allows length 2 to 30. v3 allows length 2 to 7 and specifies the use of RxNorm. To add mappings, add entries to v2v3ValueMappingCurrentMedication.

| Mapping    |                |        |
|------------|----------------|--------|
| V2 Pattern | V3 Replacement |        |
| Oxygen     | 7806           | Oxygen |

| E12_15 Current Medication Dose |     | eHistory.13 Current Me | eHistory.13 Current Medication Dose |  |  |
|--------------------------------|-----|------------------------|-------------------------------------|--|--|
| CurrentMedicationDose          |     | CurrentMedicationDose  |                                     |  |  |
| Null Values                    | No  | Null Values No         |                                     |  |  |
| Is Nillable                    | No  | Is Nillable            | No                                  |  |  |
| Recurrence                     | 0:1 | Recurrence 0:1         |                                     |  |  |
| Comment                        |     |                        |                                     |  |  |
| Mapping                        |     |                        |                                     |  |  |
| V2 Pattern                     |     | V3 Replacement         |                                     |  |  |

2860

Puffs

#### V2 Element V3 Element

| E12_16 Current I    | Medicatio | on Dosage Unit | eHistory.14 Curre   | nt Medic     | ation Dosage Unit |
|---------------------|-----------|----------------|---------------------|--------------|-------------------|
| CurrentMedicationDo | osageUnit |                | CurrentMedicationDo | sageUnit     |                   |
| Null Values         |           | Yes            | Null Values         |              | No                |
| Is Nillable         |           | No             | Is Nillable         |              | No                |
| Recurrence          |           | 0:1            | Recurrence          |              | 0:1               |
| Comment             |           |                |                     |              |                   |
| Mapping             |           |                |                     |              |                   |
| V2 Pattern          |           |                | V3 Replacement      |              |                   |
| 2785                | GMS       |                | 3114003             | gms          |                   |
| 2790                | Inches    |                | 3114007             | inches       |                   |
| 2795                | IU        |                | 3114009             | iu           |                   |
| 2800                | KVO (TK   | O)             | 3114011             | kvo (keep    | vein open)        |
| 2805                | L/MIN     |                | 3114013             | l/min (fluic | d administration) |
| 2810                | LITERS    |                | 3114015             | liters       |                   |
| 2815                | LPM       |                | 3114017             | LPM (gas     | administration)   |
| 2820                | MCG       |                | 3114019             | mcg          |                   |
| 2825                | MCG/KG    | /MIN           | 3114021             | mcg/kg/m     | in                |
| 2830                | MEQ       |                | 3114025             | meq          |                   |
| 2835                | MG        |                | 3114029             | mg           |                   |
| 2840                | MG/KG/N   | MIN            | 3114033             | mg/kg/mir    | 1                 |
| 2845                | ML        |                | 3114037             | ml           |                   |
| 2850                | ML/HR     |                | 3114039             | ml/hr        |                   |
| 2855                | Other     |                | 3114041             | other (Not   | : Listed)         |

3114043

puffs

E12\_17 Current Medication Administration Route

eHistory.15 Current Medication Administration

#### V2 Element V3 Element

# CurrentMedicationAdministrationRoute CurrentMedicationAdministrationRoute Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 0: 1 Recurrence 0: 1

Route

#### Comment

#### Mapping

| V2 Pattern |                     | V3 Replacement |                        |
|------------|---------------------|----------------|------------------------|
| 2865       | Endotracheal tube   | 9927005        | Endotracheal Tube (ET) |
| 2870       | Gastronomy tube     | 9927007        | Gastrostomy Tube       |
| 2875       | Inhalation          | 9927009        | Inhalation             |
| 2880       | Intramuscular       | 9927015        | Intramuscular (IM)     |
| 2885       | Intranasal          | 9927017        | Intranasal             |
| 2890       | Intraocular         | 9927019        | Intraocular            |
| 2891       | Intraosseous        | 9927021        | Intraosseous (IO)      |
| 2895       | Intravenous         | 9927023        | Intravenous (IV)       |
| 2900       | Nasal               | 9927017        | Intranasal             |
| 2905       | Nasal prongs        | 9927025        | Nasal Cannula          |
| 2910       | Nasogastric         | 9927027        | Nasogastric            |
| 2915       | Ophthalmic          | 9927033        | Ophthalmic             |
| 2920       | Oral                | 9927035        | Oral                   |
| 2925       | Other/miscellaneous | 9927037        | Other/miscellaneous    |
| 2930       | Otic                | 9927039        | Otic                   |
| 2935       | Re-breather mask    | 9927041        | Re-breather mask       |
| 2940       | Rectal              | 9927043        | Rectal                 |
| 2945       | Subcutaneous        | 9927045        | Subcutaneous           |
| 2950       | Sublingual          | 9927047        | Sublingual             |
| 2955       | Topical             | 9927049        | Topical                |
| 2960       | Tracheostomy        | 9927051        | Tracheostomy           |
| 2965       | Transdermal         | 9927053        | Transdermal            |
| 2970       | Urethral            | 9927055        | Urethral               |
| 2975       | Ventimask           | 9927057        | Ventimask              |
| 2980       | Wound               | 9927059        | Wound                  |
|            |                     |                |                        |

| E12_18 Presence of Emergency Information Form |     | eHistory.16 Presence of Emergency Information Form |             |          |     |
|---|-----|--|-------------|----------|-----|
| YesNoValues                                   |     |  | YesNoValues | <b>)</b> |     |
| Null Values                                   |     | Yes  | Null Values |          | No  |
| Is Nillable                                   |     | No   | Is Nillable |          | No  |
| Recurrence                                    |     | 0:1  | Recurrence  |          | 0:1 |
| Comment                                       |     |  |             |          |     |
| Mapping                                       |     |  |             |          |     |
| V2 Pattern                                    |     |  | V3 Replacem | nent     |     |
| 0   | No  |  | 9923001     | No       |     |
| 1   | Yes |  | 9923003     | Yes      |     |

| E12_19 Alcohol/Drug Use Indicators |   | eHistory.17 Alco  | phol/Drug Use Indicators                  |
|------------------------------------|---|---|---|
| AlcoholDrugUseInc                  | licators  | AlcoholDrugUseInc   | licators                                  |
| Null Values                        | Yes   | Null Values   | Yes                                       |
| Is Nillable                        | No  | Is Nillable   | Yes                                       |
| Recurrence                         | 1 : M   | Recurrence  | 1 : M                                     |
| Comment                            |   |   |   |
| Mapping                            |   |   |   |
| V2 Pattern                         |   | V3 Replacement  |   |
| .=3000 and/E12_19=2                | 2995 and not(/E12_19=2985 or/E12_19=2990)   | 3117003   | Drug Paraphernalia at Scene               |
|                                    | Alcohol and/or Drug Paraphernalia at Scene  |   |   |
|                                    | is used when other indicators suggest the use of drugs                                |   |   |
| .=3000 and not(/E12_               | 19=2995)  | 3117001   | Alcohol Containers/Paraphernalia at Scene |
|                                    | Alcohol and/or Drug Paraphernalia at Scene  |   |   |
|                                    | is used when other indicators do not suggest the use of<br>Smell of Alcohol on Breath | -   | Smell of Alcohol on Breath                |
| 2985                               |   | 3117011   |   |
| 2990                               | Patient Admits to Alcohol Use   | 3117005   | Patient Admits to Alcohol Use             |
| 2995                               | Patient Admits to Drug Use  | 3117007   | Patient Admits to Drug Use                |
| 3000                               | Alcohol and/or Drug Paraphernalia at Scene  | 3117001   | Alcohol Containers/Paraphernalia at Scene |
| This mapping                       | is used when other indicators suggest the use of both                                 | alcohol and other drugs.  |   |
| 3000                               | Alcohol and/or Drug Paraphernalia at Scene  | 3117003   | Drug Paraphernalia at Scene               |
| This mapping                       | is used when other indicators suggest the use of both                                 | alcohol and other drugs.  |   |
| 3001                               | None  | <pre><xsl:attribute name="xsi:nil">true</xsl:attribute><xsl:attribute name="PN">8801015</xsl:attribute></pre> |   |

None Reported

v3 supports additional specific values.

# V2 Element V3 Element

| E12_20 Pregnancy |     | eHistory.18 Pregnancy |                    |  |
|------------------|-----|-----------------------|--------------------|--|
| YesNoValues      |     | Pregnancy             |                    |  |
| Null Values      | Yes | Null Values           | No                 |  |
| Is Nillable      | No  | Is Nillable           | Yes                |  |
| Recurrence       | 0:1 | Recurrence            | 0:1                |  |
| Comment          |     |                       |                    |  |
| Mapping          |     |                       |                    |  |
| V2 Pattern       |     | V3 Replaceme          | nt                 |  |
| 0 No             |     | 3118001               | No                 |  |
| 1 Yes            |     | 3118011               | Yes, Weeks Unknown |  |

| E13_01 Run Report Narrative |     | eNarrative.01 Patient Care Report Narrative |     |
|-----------------------------|-----|---|-----|
| RunReportNarrative          |     | PCRNarrative                                |     |
| Null Values                 | Yes | Null Values Yes                             |     |
| Is Nillable                 | No  | Is Nillable                                 | Yes |
| Recurrence                  | 1:1 | Recurrence 0:1                              |     |
| Comment                     |     |   |     |
| Mapping                     |     |   |     |
| V2 Pattern V3 Replacement   |     |   |     |

E14\_01 Date/Time Vital Signs Taken

#### V2 Element V3 Element

# DateTime DateTimeType Null Values No Null Values Yes Is Nillable No Is Nillable Yes Recurrence 0: 1 Recurrence 1: 1

#### Comment

v3 uses a pattern to require a timezone offset: (\+|-)[0-9]{2}:[0-9]{2}.

#### Mapping

.!="

V2 Pattern

V3 Replacement

adjust-dateTime-to-timezone(.)

eVitals.01 Date/Time Vital Signs Taken

| E14_02 Obtained Prior to this Units EMS Care |     | eVitals.02 Obtained Prior to this Unit's EMS Care |              |     |     |
|--|-----|---|--------------|-----|-----|
| YesNoValues                                  |     |   | YesNoValues  |     |     |
| Null Values                                  |     | Yes   | Null Values  |     | Yes |
| Is Nillable                                  |     | No  | Is Nillable  |     | Yes |
| Recurrence                                   |     | 0:1   | Recurrence   |     | 1:1 |
| Comment                                      |     |   |              |     |     |
| Mapping                                      |     |   |              |     |     |
| V2 Pattern                                   |     |   | V3 Replaceme | nt  |     |
| 0  | No  |   | 9923001      | No  |     |
| 1  | Yes |   | 9923003      | Yes |     |

#### V3 Element V2 Element

| E14_03 Ca    | ardiac Rhythm             |   | eVitals.03 Car<br>(ECG) | rdiac Rhythm | n / Electrocardiography     |
|--------------|---------------------------|---|-------------------------|--------------|-----------------------------|
| CardiacRythr | m                         |   | CardiacRhythm           |              |                             |
| Null Values  |                           | Yes   | Null Values             |              | Yes                         |
| Is Nillable  |                           | No  | Is Nillable             |              | Yes                         |
| Recurrence   |                           | 0 : M   | Recurrence              |              | 1 : M                       |
| Comment      |                           |   |                         |              |                             |
| Mapping      |                           |   |                         |              |                             |
| V2 Pattern   |                           |   | V3 Replacement          | <u> </u>     |                             |
| 3005         | 12 Lead                   | ECG-Anterior Ischemia                               | 9901051                 |              | nterior Ischemia            |
| 990102       | 23 Non-STEMI Anterio      | r Ischemia is also an appropriate v3 re             | eplacement.             |              |                             |
| 3010         | 12 Lead                   | ECG-Inferior Ischemia                               | 9901053                 | STEMI In     | ferior Ischemia             |
|              |                           | Ischemia is also an appropriate v3 re               |                         | OTENAL       |                             |
| 3015         |                           | ECG-Lateral Ischemia                                | 9901055                 | STEMILA      | ateral Ischemia             |
| 3020         |                           | Ischemia is also an appropriate v3 redioventricular | 9901001                 | Agonal/Id    | lioventricular              |
| 3025         | Artifact                  |   | 9901005                 | Artifact     |                             |
| 3030         | Asystole                  |   | 9901003                 | Asystole     |                             |
| 3035         | •                         | orillation/Flutter                                  | 9901007                 | Atrial Fibr  | rillation                   |
| 990100       | 09 Atrial Flutter is also | an appropriate v3 replacement.                      |                         |              |                             |
| 3040         |                           | c-1st Degree  | 9901011                 | AV Block     | -1st Degree                 |
| 3045         | AV Block                  | c-2nd Degree-Type 1                                 | 9901013                 | AV Block     | -2nd Degree-Type 1          |
| 3050         | AV Block                  | k-2nd Degree-Type 2                                 | 9901015                 | AV Block     | -2nd Degree-Type 2          |
| 3055         | AV Block                  | c-3rd Degree  | 9901017                 | AV Block     | -3rd Degree                 |
| 3060         | Junction                  | al  | 9901019                 | Junctiona    | al                          |
| 3065         | Left Bun                  | dle Branch Block                                    | 9901021                 | Left Bund    | lle Branch Block            |
| 3070         | Normal S                  | Sinus Rhythm  | 9901047                 | Sinus Rh     | ythm                        |
| 3075         | Other                     |   | 9901031                 | Other (No    | ot Listed)                  |
|              | ports additional specifi  |   | 0004000                 | 5 151        |                             |
| 3080         | Paced R                   | nythm   | 9901033                 | Paced Rh     | nythm                       |
| 3085         | PEA                       | no Atrial Contractions                              | 9901035                 | PEA          | Abrial Cantus III           |
| 3090         |                           | re Atrial Contractions                              | 9901037                 |              | e Atrial Contractions       |
| 3095         |                           | re Ventricular Contractions                         | 9901039                 |              | re Ventricular Contractions |
| 3100         | _                         | ndle Branch Block                                   | 9901041                 |              | ndle Branch Block           |
| 3105         | Sinus Ar                  | •   | 9901043                 | Sinus Arr    |                             |
| 3110         |                           | adycardia   | 9901045                 | Sinus Bra    |                             |
| 3115         |                           | nchycardia  | 9901049                 | Sinus Tad    | •                           |
| 3120         | ·                         | ntricular Tachycardia                               | 9901059                 | ·            | ntricular Tachycardia       |
| 3125         |                           | s De Points   | 9901061                 |              | De Points                   |
| 3130         |                           | A ED Shockable Rhythm                               | 9901063                 |              | AED Non-Shockable Rhythm    |
| 3135         | Unknow                    | n AED Shockable Rhythm                              | 9901065                 | Unknown      | AED Shockable Rhythm        |

| 3140 | Ventricular Fibrillation | 9901067 | Ventricular Fibrillation             |
|------|--------------------------|---------|--------------------------------------|
| 3145 | Ventricular Tachycardia  | 9901069 | Ventricular Tachycardia (With Pulse) |

9901071 Ventricular Tachycardia (Pulseless) is also an appropriate v3 replacement.

number(.)<90

Systolic Blood Pressure <90 mmHg

# V2 Element V3 Element

| E14_04 SBP (Systolic Blood Pressure) |     | elnjury.03 Trauma Center Criteria |     |  |
|--------------------------------------|-----|-----------------------------------|-----|--|
| SBP                                  |     | TraumaCenterCriteria              |     |  |
| Null Values                          | No  | Null Values                       | Yes |  |
| Is Nillable                          | Yes | Is Nillable                       | Yes |  |
| Recurrence                           | 0:1 | Recurrence 1: M                   |     |  |
| Comment                              |     |                                   |     |  |
| Mapping                              |     |                                   |     |  |
| V2 Pattern                           |     | V3 Replacement                    |     |  |

2903019

| E14_04 SBP (Systolic Blood Pressure) |     | eVitals.06 SBP (Systolic Blood Pressure) |     |
|--------------------------------------|-----|--|-----|
| SBP                                  |     | SBP                                      |     |
| Null Values                          | No  | Null Values                              | Yes |
| Is Nillable                          | Yes | Is Nillable                              | Yes |
| Recurrence                           | 0:1 | Recurrence 1:1                           |     |
| Comment                              |     |  |     |
| Mapping                              |     |  |     |
| V2 Pattern                           |     | V3 Replacement                           |     |

#### eVitals.07 DBP (Diastolic Blood Pressure) E14\_05 DBP (Diastolic Blood Pressure) DBP DBP **Null Values Null Values** Yes No Is Nillable Yes Is Nillable Yes Recurrence 0:1 0:1 Recurrence Comment v2 allows 0 to 300. v3 allows 0 or 10-500 but not 1-9. Mapping V2 Pattern V3 Replacement number(.)>0 and number(.)<10 10 number(.) xs:integer(.)

E14\_06 Method of Blood Pressure Measurement

Venous Line

eVitals.08 Method of Blood Pressure Measurement

Venous Line

# V2 Element V3 Element

# MethodOfBloodPressure BloodPressureMethod Null Values No Null Values Yes Is Nillable No Is Nillable Yes Recurrence 0 : 1 Recurrence 1 : 1 Comment

# Mapping

3170

| V2 Pattern |                | V3 Replacement |                           |
|------------|----------------|----------------|---------------------------|
| 3150       | Aterial Line   | 3308001        | Arterial Line             |
| 3155       | Automated Cuff | 3308005        | Cuff-Automated            |
| 3160       | Manual Cuff    | 3308007        | Cuff-Manual Auscultated   |
| 3165       | Palpated Cuff  | 3308009        | Cuff-Manual Palpated Only |

3308011

| E14_07 Pulse Rate |     | eVitals.10 Heart Rate | eVitals.10 Heart Rate |  |
|-------------------|-----|-----------------------|-----------------------|--|
| PulseRate         |     | HeartRate             | HeartRate             |  |
| Null Values       | No  | Null Values           | Yes                   |  |
| Is Nillable       | Yes | Is Nillable           | Yes                   |  |
| Recurrence        | 0:1 | Recurrence            | 1:1                   |  |
| Comment           |     |                       |                       |  |
| Mapping           |     |                       |                       |  |
| V2 Pattern        |     | V3 Replacement        |                       |  |

E14\_08 Electronic Monitor Rate

#### V2 Element V3 Element

# ElectricMonitorRate HeartRate Null Values No Null Values Yes Is Nillable Yes Is Nillable Yes Recurrence 0: 1 Recurrence 1: 1

eVitals.10 Heart Rate

Comment

When E14\_07 is nil or missing.

Mapping

V2 Pattern V3 Replacement

.

| E14_09 Pulse Oximetry |     | eVitals.12 Pulse Oximetry |     |
|-----------------------|-----|---------------------------|-----|
| PulseOximetry         |     | PulseOximetry             |     |
| Null Values           | No  | Null Values               | Yes |
| Is Nillable           | Yes | Is Nillable               | Yes |
| Recurrence 0 : 1      |     | Recurrence                | 1:1 |
| Comment               |     |                           |     |
| Mapping               |     |                           |     |
| V2 Pattern            |     | V3 Replacement            |     |

3313005 Regularly Irregular is also an appropriate v3 replacement.

| E14_10 Pulse Rhythm |        | eVitals.13 Pulse Rhythm |                       |
|---------------------|--------|-------------------------|-----------------------|
| PulseRhythm         |        | PulseRhythm             |                       |
| Null Values         | Yes    | Null Values             | No                    |
| Is Nillable         | No     | Is Nillable             | No                    |
| Recurrence          | 0:1    | Recurrence              | 0:1                   |
| Comment             |        |                         |                       |
| Mapping             |        |                         |                       |
| V2 Pattern          |        | V3 Replacement          |                       |
| 3175 Re             | egular | 3313003                 | Regular               |
| 3180 Irr            | egular | 3313001                 | Irregularly Irregular |

| E14_11 Respiratory Rate   |     | eInjury.03 Trauma Center Criteria |           |   |
|---|-----|-----------------------------------|-----------|---|
| RespiratoryRate   |     | TraumaCenterCriteria              | a         |   |
| Null Values   | No  | Null Values                       |           | Yes   |
| Is Nillable   | Yes | Is Nillable                       |           | Yes   |
| Recurrence  | 0:1 | Recurrence                        |           | 1 : M   |
| Comment   |     |                                   |           |   |
| Mapping   |     |                                   |           |   |
| V2 Pattern  |     | V3 Replacement                    |           |   |
| number(.)<10  |     | 2903017                           | minute (< | ry Rate <10 or >29 breaths per<br>20 in infants aged <1 year) or need<br>tory support |
| number(.)<20 and//E06/E06_14_0[(number(E06_14)<2 and E06_15=715) or (number(E06_14)<24 and E06_15=710)] |     | 2903017                           | minute (< | ry Rate <10 or >29 breaths per<br>20 in infants aged <1 year) or need<br>tory support |
| This mapping is used when patient age is less than 1 year (or 12 mon number(.)>29                       |     | 2903017                           | minute (< | ry Rate <10 or >29 breaths per<br>20 in infants aged <1 year) or need<br>tory support |

| E14_11 Respiratory Rate   |     | eVitals.14 Respiratory | eVitals.14 Respiratory Rate |  |
|---------------------------|-----|------------------------|-----------------------------|--|
| RespiratoryRate           |     | RespiratoryRate        |                             |  |
| Null Values               | No  | Null Values            | Yes                         |  |
| Is Nillable               | Yes | Is Nillable            | Yes                         |  |
| Recurrence                | 0:1 | Recurrence             | 1:1                         |  |
| Comment                   |     |                        |                             |  |
| Mapping                   |     |                        |                             |  |
| V2 Pattern V3 Replacement |     |                        |                             |  |

#### E14\_12 Respiratory Effort eVitals.15 Respiratory Effort RespiratoryEffort RespiratoryEffort **Null Values** Yes **Null Values** No Is Nillable No Is Nillable No Recurrence 0:1 0:1 Recurrence Comment Mapping V2 Pattern V3 Replacement 3185 Normal 3315007 Normal 3190 Labored 3315003 Labored 3195 Fatigued 3315013 Weak/Agonal Not precise. 3200 Absent 3315001 Apneic Not Assessed 3205

Not supported in v3.

| E14_13 Carbon Dioxide     |         | eVitals.16 Carbon Dioxide (CO2) |     |  |  |  |
|---------------------------|---------|---------------------------------|-----|--|--|--|
| CO2                       |         | CO2                             |     |  |  |  |
| Null Values               | No      | Null Values                     | Yes |  |  |  |
| Is Nillable               | Yes     | Is Nillable                     | Yes |  |  |  |
| Recurrence                | 0:1     | Recurrence                      | 1:1 |  |  |  |
| Comment                   | Comment |                                 |     |  |  |  |
| Mapping                   |         |                                 |     |  |  |  |
| V2 Pattern V3 Replacement |         | V3 Replacement                  |     |  |  |  |

| E14_14 Blood Glucose Level |     | eVitals.18 Blood Glucos | eVitals.18 Blood Glucose Level |  |
|----------------------------|-----|-------------------------|--------------------------------|--|
| BloodGlucoseLevel          |     | BloodGlucoseLevel       |                                |  |
| Null Values                | No  | Null Values             | Yes                            |  |
| Is Nillable                | Yes | Is Nillable             | Yes                            |  |
| Recurrence                 | 0:1 | Recurrence              | 1:1                            |  |
| Comment                    |     |                         |                                |  |
| Mapping                    |     |                         |                                |  |
| V2 Pattern V3 Replacement  |     |                         |                                |  |

| E14_15 Glasgow Coma Score-Eye |     | eVitals.19 Glasgow Coma Score-Eye |     |  |
|-------------------------------|-----|-----------------------------------|-----|--|
| GCSEye                        |     | GlasgowComaScoreEyes              |     |  |
| Null Values                   | No  | Null Values                       | Yes |  |
| Is Nillable                   | Yes | Is Nillable                       | Yes |  |
| Recurrence                    | 0:1 | Recurrence                        | 1:1 |  |
| Comment                       |     |                                   |     |  |
| Mapping                       |     |                                   |     |  |
| V2 Pattern                    |     | V3 Replacement                    |     |  |
| number(.)                     |     | xs:integer(.)                     |     |  |

| E14_16 Glasgow Coma Score-Verbal |     | eVitals.20 Glasgow Coma Score-Verbal |     |
|----------------------------------|-----|--------------------------------------|-----|
| GCSVerbal                        |     | GlasgowComaScoreVerbal               |     |
| Null Values                      | No  | Null Values                          | Yes |
| Is Nillable                      | Yes | Is Nillable                          | Yes |
| Recurrence                       | 0:1 | Recurrence                           | 1:1 |
| Comment                          |     |                                      |     |
| Mapping                          |     |                                      |     |
| V2 Pattern                       |     | V3 Replacement                       |     |
| number(.)                        |     | xs:integer(.)                        |     |

| E14_17 Glasgow Coma Score-Motor |     | eVitals.21 Glasgow Coma Score-Motor |               |  |
|---------------------------------|-----|-------------------------------------|---------------|--|
| GCSMotor                        |     | GlasgowComaScoreMotor               |               |  |
| Null Values                     | No  | Null Values                         | Yes           |  |
| Is Nillable                     | Yes | Is Nillable                         | Yes           |  |
| Recurrence                      | 0:1 | Recurrence                          | 1:1           |  |
| Comment                         |     |                                     |               |  |
| Mapping                         |     |                                     |               |  |
| V2 Pattern                      |     | V3 Replacement                      |               |  |
| number(.)                       |     | xs:integer(.)                       | xs:integer(.) |  |

E14\_18 Glasgow Coma Score-Qualifier

3225

eVitals.22 Glasgow Coma Score-Qualifier

Patient Intubated

#### V2 Element V3 Element

Patient Intubated and Chemically Paralyzed

#### **GCSQualifier GCSScoreQualifier Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 0:1 Recurrence 1: M Comment Mapping V2 Pattern V3 Replacement 3210 Initial GCS has legitimate values without 3322003 Initial GCS has legitimate values without interventions such as intubation and sedation interventions such as intubation and sedation 3215 Patient Chemically Sedated 3322007 Patient Chemically Sedated 3322005 Patient Chemically Paralyzed may also be an appropriate v3 replacement. 3220 Patient Intubated 3322009 Patient Intubated 3225 Patient Intubated and Chemically Paralyzed 3322005 Patient Chemically Paralyzed

3322009

number(.)>=3 and number(.)<14

Glasgow Coma Score < 14

#### V2 Element V3 Element

#### E14\_19 Total Glasgow Coma Score elnjury.03 Trauma Center Criteria **TotalGCS** TraumaCenterCriteria **Null Values** No **Null Values** Yes Is Nillable Yes Is Nillable Yes Recurrence 0:1 Recurrence 1: M Comment Mapping V2 Pattern V3 Replacement

2903007

E14\_19 Total Glasgow Coma Score

#### V2 Element V3 Element

# TotalGCS TotalGCS Null Values No Null Values Yes Is Nillable Yes Is Nillable Yes Recurrence 0: 1 Recurrence 0: 1

eVitals.23 Total Glasgow Coma Score

#### Comment

v2 allows 1 to 15. v3 allows 3 to 15. External standard allows 3 to 15, so 1 and 2 are meaningless values.

#### Mapping

V2 Pattern V3 Replacement

number(.)>=3

E14\_20 Temperature

#### V2 Element V3 Element

# BodyTemperature BodyTemperature Null Values No Null Values Yes Is Nillable Yes Is Nillable Yes Recurrence 0: 1 Recurrence 0: 1

#### Comment

v2 allows 2 digits after the decimal point. v3 allows 1 digit after the decimal point.

| N/ | 2 | n |   | ın |   |
|----|---|---|---|----|---|
| Μ  | а | u | U | ш  | u |

V2 Pattern number(.)

V3 Replacement

eVitals.24 Temperature

round(.\*10) div 10

| E14_21 Temperature Method |           | eVitals.25 To | eVitals.25 Temperature Method |           |         |  |
|---------------------------|-----------|---------------|-------------------------------|-----------|---------|--|
| TemperatureMethod         |           |               | MethodBodyTe                  | emp       |         |  |
| Null Values               |           | No            | Null Values                   |           | No      |  |
| Is Nillable               |           | No            | Is Nillable                   |           | No      |  |
| Recurrence                |           | 0:1           | Recurrence                    |           | 0:1     |  |
| Comment                   |           |               |                               |           |         |  |
| Mapping                   |           |               |                               |           |         |  |
| V2 Pattern                |           |               | V3 Replaceme                  | ent       |         |  |
| 3230                      | Axillary  |               | 3325001                       | Axillary  |         |  |
| 3235                      | Oral      |               | 3325007                       | Oral      |         |  |
| 3240                      | Rectal    |               | 3325009                       | Rectal    |         |  |
| 3245                      | Tympanio  |               | 3325013                       | Tympanio  |         |  |
| 3250                      | Urinary C | atheter       | 3325015                       | Urinary C | atheter |  |

| E14_22 Level of Responsiveness |              | eVitals.26 Level of Responsiveness (AVPU) |                |                      |  |
|--------------------------------|--------------|---|----------------|----------------------|--|
| LevelOfRespons                 | siveness     |   | PatientsHighes | tLevelResponsiveness |  |
| Null Values                    |              | Yes                                       | Null Values    | Yes                  |  |
| Is Nillable                    |              | No  | Is Nillable    | Yes                  |  |
| Recurrence                     |              | 0:1                                       | Recurrence     | 1:1                  |  |
| Comment                        |              |   |                |                      |  |
| Mapping                        |              |   |                |                      |  |
| V2 Pattern                     |              |   | V3 Replaceme   | nt                   |  |
| 3255                           | Alert        |   | 3326001        | Alert                |  |
| 3260                           | Verbal       |   | 3326003        | Verbal               |  |
| 3265                           | Painful      |   | 3326005        | Painful              |  |
| 3270                           | Unresponsive |   | 3326007        | Unresponsive         |  |

| E14_23 Pain Scale |     | eVitals.27 Pain Scale Score |     |  |
|-------------------|-----|-----------------------------|-----|--|
| PainScale         |     | PainScale                   |     |  |
| Null Values       | No  | Null Values                 | Yes |  |
| Is Nillable       | Yes | Is Nillable                 | Yes |  |
| Recurrence        | 0:1 | Recurrence                  | 1:1 |  |
| Comment           |     |                             |     |  |
| Mapping           |     |                             |     |  |
| V2 Pattern        |     | V3 Replacement              |     |  |

| E14_24 Stroke Scale |  | eVitals.29 Stroke | eVitals.29 Stroke Scale Score |     |  |  |
|---------------------|--|-------------------|-------------------------------|-----|--|--|
| StrokeScale         |  | StrokeScale       |                               |     |  |  |
| Null Values         | Yes                                    | Null Values       |                               | Yes |  |  |
| Is Nillable         | No                                     | Is Nillable       |                               | Yes |  |  |
| Recurrence          | 0:1                                    | Recurrence        |                               | 1:1 |  |  |
| Comment             |  |                   |                               |     |  |  |
| Mapping             |  |                   |                               |     |  |  |
| V2 Pattern          |  | V3 Replacement    |                               |     |  |  |
| 3275 C              | Cincinnati Stroke Scale Negative       | 3329001           | Negative                      |     |  |  |
| 3280 C              | Cincinnati Stroke Scale Non-conclusive | 3329003           | Non-Conclusiv                 | ve  |  |  |
| 3285 C              | Cincinnati Stroke Scale Positive       | 3329005           | Positive                      |     |  |  |
| 3290 L              | LA Stroke Scale Negative               | 3329001           | Negative                      |     |  |  |
| 3295 L              | LA Stroke Scale Non-conclusive         | 3329003           | Non-Conclusion                | ve  |  |  |
| 3300 L              | LA Stroke Scale Positive               | 3329005           | Positive                      |     |  |  |

| E14_24 Stroke Scale |            |                             | eVitals.30 Stroke Scale Type |            |     |
|---------------------|------------|-----------------------------|------------------------------|------------|-----|
| StrokeScale         |            |                             | TypeOfStrokeS                | cale       |     |
| Null Values         |            | Yes                         | Null Values                  |            | Yes |
| Is Nillable         |            | No                          | Is Nillable                  |            | Yes |
| Recurrence          |            | 0:1                         | Recurrence                   |            | 1:1 |
| Comment             |            |                             |                              |            |     |
| Mapping             |            |                             |                              |            |     |
| V2 Pattern          |            |                             | V3 Replacemer                | nt         |     |
| 3275                | Cincinnati | Stroke Scale Negative       | 3330001                      | Cincinnati |     |
| 3280                | Cincinnati | Stroke Scale Non-conclusive | 3330001                      | Cincinnati |     |
| 3285                | Cincinnati | Stroke Scale Positive       | 3330001                      | Cincinnati |     |
| 3290 L              | LA Stroke  | Scale Negative              | 3330003                      | Los Angel  | es  |
| 3295 L              | LA Stroke  | Scale Non-conclusive        | 3330003                      | Los Angel  | es  |
| 3300 L              | LA Stroke  | Scale Positive              | 3330003                      | Los Angel  | es  |

E14 25 Thrombolytic Screen

### V2 Element V3 Element

| 211_20 1111011150  | 017110 00100 | ''                                  | ovitaio.or repor    | 1401011 011 | Octube                                |
|--------------------|--------------|-------------------------------------|---------------------|-------------|---------------------------------------|
| ThrombolyticScreen | 1            |                                     | ReperfusionChecklis | st          |                                       |
| Null Values        |              | Yes                                 | Null Values         |             | Yes                                   |
| Is Nillable        |              | No                                  | Is Nillable         |             | Yes                                   |
| Recurrence         |              | 0:1                                 | Recurrence          |             | 1:1                                   |
| Comment            |              |                                     |                     |             |                                       |
| Mapping            |              |                                     |                     |             |                                       |
| V2 Pattern         |              |                                     | V3 Replacement      |             |                                       |
| 3305               | Definite Con | traindications to Thrombolytic use  | 3331001             | Definite C  | contraindications to Thrombolytic Use |
| 3310               | No Contrain  | dications to Thrombolytic Use       | 3331003             | No Contra   | aindications to Thrombolytic Use      |
| 3315               | Possible Co  | ntraindications to Thrombolytic Use | 3331005             | Possible (  | Contraindications to Thrombolytic Use |

eVitals.31 Reperfusion Checklist

June 4, 2014

Page 363

## V2 Element V3 Element

| E14_26 APGAR |     | eVitals.32 APGAR | eVitals.32 APGAR |  |  |
|--------------|-----|------------------|------------------|--|--|
| APGAR        |     | APGAR            |                  |  |  |
| Null Values  | No  | Null Values      | No               |  |  |
| Is Nillable  | Yes | Is Nillable      | Yes              |  |  |
| Recurrence   | 0:1 | Recurrence       | 0:1              |  |  |
| Comment      |     |                  |                  |  |  |
| Mapping      |     |                  |                  |  |  |
| V2 Pattern   |     | V3 Replacement   |                  |  |  |

| E14_27 Revised Trauma Score |     | eVitals.33 Revised Trad | eVitals.33 Revised Trauma Score |  |  |
|-----------------------------|-----|-------------------------|---------------------------------|--|--|
| RTS                         |     | RTS                     |                                 |  |  |
| Null Values                 | No  | Null Values             | No                              |  |  |
| Is Nillable                 | Yes | Is Nillable             | Yes                             |  |  |
| Recurrence                  | 0:1 | Recurrence              | 0:1                             |  |  |
| Comment                     |     |                         |                                 |  |  |
| Mapping                     |     |                         |                                 |  |  |
| V2 Pattern                  |     | V3 Replacement          |                                 |  |  |

| E14_28 Pediatric Trauma Score |     | eCustomResults.01 Custom Data Element Result |       |  |
|-------------------------------|-----|--|-------|--|
| PediatricTraumaScore          |     | CustomResults                                |       |  |
| Null Values                   | No  | Null Values                                  | Yes   |  |
| Is Nillable                   | Yes | Is Nillable                                  | Yes   |  |
| Recurrence                    | 0:1 | Recurrence                                   | 1 : M |  |
| Comment                       |     |  |       |  |
| Mapping                       |     |  |       |  |
| V2 Pattern                    |     | V3 Replacement                               |       |  |

E15\_01 NHTSA Injury Matrix External/Skin

eCustomResults.01 Custom Data Element Result

### V2 Element V3 Element

## NHTSAInjuryMatrix CustomResults Null Values Yes Is Nillable No Recurrence 0 : M Recurrence 1 : M

#### Extends eExam.04

| $\sim$              | n  | 200 | 00 | 4 |
|---------------------|----|-----|----|---|
| $\mathcal{C}^{(i)}$ | JH | ш   | er | ш |

### Mapping

| V2 Pattern |                                | V3 Replacement |                                |
|------------|--------------------------------|----------------|--------------------------------|
| 3320       | Amputation                     | 3320           | Amputation                     |
| 3325       | Bleeding Controlled            | 3325           | Bleeding Controlled            |
| 3330       | Bleeding Uncontrolled          | 3330           | Bleeding Uncontrolled          |
| 3335       | Burn                           | 3335           | Burn                           |
| 3340       | Crush                          | 3340           | Crush                          |
| 3345       | Dislocation Fracture           | 3345           | Dislocation Fracture           |
| 3350       | Gunshot                        | 3350           | Gunshot                        |
| 3355       | Laceration                     | 3355           | Laceration                     |
| 3360       | Pain without swelling/bruising | 3360           | Pain without swelling/bruising |
| 3365       | Puncture/stab                  | 3365           | Puncture/stab                  |
| 3370       | Soft Tissue Swelling/bruising  | 3370           | Soft Tissue Swelling/bruising  |

E15\_02 NHTSA Injury Matrix Head

3370

## V2 Element V3 Element

Soft Tissue Swelling/bruising

| NHTSAInju                   | ıryMatrix                  | HeadAssessment                       |                              |                       |                                |
|-----------------------------|----------------------------|--------------------------------------|------------------------------|-----------------------|--------------------------------|
| Null Values Yes Null Values |                            | No                                   |                              |                       |                                |
| Is Nillable                 |                            | No                                   | Is Nillable                  |                       | No                             |
| Recurrence                  | e                          | 0 : M                                | Recurrence                   |                       | 0 : M                          |
| Comment                     |                            |                                      |                              |                       |                                |
| Mapping                     |                            |                                      |                              |                       |                                |
| V2 Pattern                  |                            |                                      | V3 Replacement               |                       |                                |
| 3320                        | Amputati                   | ion                                  | 3505017                      | Decapitat             | ion                            |
| 3325                        | Bleeding                   | Controlled                           | 3505005                      | Bleeding Controlled   |                                |
| 3330                        | Bleeding                   | Uncontrolled                         | 3505007                      | Bleeding Uncontrolled |                                |
| 3335                        | Burn                       |                                      | 3505013                      | Burn-Red              | Iness                          |
| 3505                        | 5009 Burn-Blistering, 350  | 5011 Burn-Charring, and 3505015 Burn | -White/Waxy are also appropr | riate v3 repla        | acements.                      |
| 3340                        | Crush                      |                                      | 3505047                      | Crush Inju            | ury                            |
| 3345                        | Dislocation                | on Fracture                          |                              |                       |                                |
|                             | supported in v3.           |                                      |                              |                       |                                |
| 3350                        | Gunshot                    |                                      | 3505045                      | Gunshot \             | Wound-Unknown if Entry or Exit |
|                             | upports additional specifi |                                      | 2505000                      | 1                     | _                              |
| 3355                        | Laceration                 |                                      | 3505029                      | Laceration            | n                              |
| 3360                        |                            | nout swelling/bruising               |                              |                       |                                |
| 3365                        | Puncture                   | e/stab                               | 3505039                      | Puncture/             | Stab Wound                     |
| 3370                        | Soft Tiss                  | ue Swelling/bruising                 | 3505049                      | Swelling              |                                |

3505051

Contusion

eExam.05 Head Assessment

E15\_03 NHTSA Injury Matrix Face

3370

## V2 Element V3 Element

Soft Tissue Swelling/bruising

| NHTSA    | AlnjuryMatrix                  | FaceAssessmen                         | t                       |                     |                                |
|----------|--------------------------------|---------------------------------------|-------------------------|---------------------|--------------------------------|
| Null Va  | alues                          | Yes                                   | Null Values             |                     | No                             |
| Is Nilla | ble                            | No                                    | Is Nillable             |                     | No                             |
| Recurr   | ence                           | 0 : M                                 | Recurrence              |                     | 0 : M                          |
| Comment  |                                |                                       |                         |                     |                                |
| Mappir   | ng                             |                                       |                         |                     |                                |
| V2 Pat   | tern                           |                                       | V3 Replacement          | •                   |                                |
| 3320     | Amputati                       | ion                                   | 3506019                 | Decapitati          | on                             |
| 3325     | Bleeding                       | Controlled                            | 3506007                 | Bleeding (          | Controlled                     |
| 3330     | Bleeding                       | Uncontrolled                          | 3506009                 | Bleeding I          | Jncontrolled                   |
| 3335     | Burn                           |                                       | 3506015                 | Burn-Red            | ness                           |
|          | 3506011 Burn-Blistering, 350   | 06013 Burn-Charring, and 3506017 Burn | n-White/Waxy are also a | ppropriate v3 repla | cements.                       |
| 3340     | Crush                          |                                       | 3506049                 | Crush Inju          | ıry                            |
| 3345     | Dislocation                    | on Fracture                           |                         |                     |                                |
|          | Not supported in v3.           |                                       |                         |                     |                                |
| 3350     | Gunshot                        |                                       | 3506047                 | Gunshot \           | Nound-Unknown if Entry or Exit |
| 2255     | v3 supports additional specifi |                                       | 0500004                 | l accusticu         |                                |
| 3355     | Laceration                     |                                       | 3506031                 | Laceration          | 1                              |
| 3360     |                                | nout swelling/bruising                | 3506039                 | Pain                |                                |
| 3365     | Puncture                       |                                       | 3506041                 |                     | Stab Wound                     |
| 3370     | Soft Tiss                      | ue Swelling/bruising                  | 3506053                 | Swelling            |                                |

3506055

Contusion

eExam.06 Face Assessment

E15\_04 NHTSA Injury Matrix Neck

3370

## V2 Element V3 Element

Soft Tissue Swelling/bruising

| NHTSAlı    | njuryMatrix                                | NeckAssessment                       |                          |                   |                                |
|------------|--|--------------------------------------|--------------------------|-------------------|--------------------------------|
| Null Valu  | Null Values Yes Null Values No             |                                      | No                       |                   |                                |
| Is Nillabl | е  | No                                   | Is Nillable              |                   | No                             |
| Recurrer   | nce  | 0 : M                                | Recurrence               |                   | 0 : M                          |
| Comment    |  |                                      |                          |                   |                                |
| Mapping    |  |                                      |                          |                   |                                |
| V2 Patte   | rn   |                                      | V3 Replacement           |                   |                                |
| 3320       | Amputati                                   | ion                                  | 3507017                  | Decapitat         | ion                            |
| 3325       | Bleeding                                   | Controlled                           | 3507005                  | Bleeding          | Controlled                     |
| 3330       | Bleeding                                   | Uncontrolled                         | 3507007                  | Bleeding          | Uncontrolled                   |
| 3335       | Burn                                       |                                      | 3507013                  | Burn-Red          | ness                           |
| 3          | 507009 Burn-Blistering, 350                | 7011 Burn-Charring, and 3507015 Burn | -White/Waxy are also app | ropriate v3 repla | acements.                      |
| 3340       | Crush                                      |                                      | 3507051                  | Crush Inju        | ury                            |
| 3345       | Dislocation                                | on Fracture                          |                          |                   |                                |
|            | lot supported in v3.                       |                                      |                          |                   |                                |
| 3350       | Gunshot                                    |                                      | 3507049                  | Gunshot \         | Wound-Unknown if Entry or Exit |
| 3355       | 3 supports additional specifi<br>Laceratio |                                      | 3507027                  | Laceratio         | 2                              |
|            |  |                                      |                          | Pain              |                                |
| 3360       |  | nout swelling/bruising               | 3507033                  |                   | (Clab Marrad                   |
| 3365       | Puncture                                   |                                      | 3507035                  |                   | Stab Wound                     |
| 3370       | Soft Tiss                                  | ue Swelling/bruising                 | 3507053                  | Swelling          |                                |

3507055

Contusion

eExam.07 Neck Assessment

E15\_05 NHTSA Injury Matrix Thorax

## V2 Element V3 Element

| NHTS                 | SAInjuryMatrix              |   | ChestLungsAssessme            | nt           |                                |
|----------------------|-----------------------------|---|-------------------------------|--------------|--------------------------------|
| Null V               | alues                       | Yes                                     | Null Values                   |              | No                             |
| Is Nilla             | able                        | No                                      | Is Nillable                   |              | No                             |
| Recur                | rence                       | 0 : M                                   | Recurrence                    |              | 0 : M                          |
| Comn                 | nent                        |   |                               |              |                                |
| Марр                 | ing                         |   |                               |              |                                |
| V2 Pa                | nttern                      |   | V3 Replacement                |              |                                |
| 3320                 | Amputa                      | ation                                   |                               |              |                                |
| Not supported in v3. |                             |   |                               |              |                                |
| 3325                 | Bleedin                     | g Controlled                            | 3508007                       | Bleeding     | Controlled                     |
| 3330                 | Bleedin                     | g Uncontrolled                          | 3508009                       | Bleeding     | Uncontrolled                   |
| 3335                 | Burn                        |   | 3508029                       | Burn-Red     | ness                           |
|                      | 3508025 Burn-Blistering, 35 | 508027 Burn-Charring, and 3508031 Burn- | White/Waxy are also appropria | ate v3 repla | cements.                       |
| 3340                 | Crush                       |   | 3508033                       | Crush Inju   | ıry                            |
| 3345                 | Disloca                     | tion Fracture                           |                               |              |                                |
|                      | Not supported in v3.        |   |                               |              |                                |
| 3350                 | Gunsho                      | ot                                      | 3508097                       | Gunshot \    | Nound-Unknown if Entry or Exit |
|                      | v3 supports additional spec |   |                               |              |                                |
| 3355                 | Lacera                      | tion                                    | 3508051                       | Laceration   | ו                              |
| 3360                 | Pain wi                     | thout swelling/bruising                 | 3508057                       | Pain         |                                |
|                      | v3 supports additional spec |   |                               |              |                                |
| 3365                 | Punctu                      |   | 3508063                       |              | Stab Wound                     |
| 3370                 | Soft Tis                    | ssue Swelling/bruising                  | 3508099                       | Swelling     |                                |
| 3370                 | Soft Tis                    | ssue Swelling/bruising                  | 3508101                       | Contusion    | 1                              |

eExam.08 Chest/Lungs Assessment

3370

## V2 Element V3 Element

Soft Tissue Swelling/bruising

| E15_06 NHTSA Injury Matrix Abdomen |                                      |                                | eExam.11 A                             | bdomen Assessment                            |  |
|------------------------------------|--------------------------------------|--------------------------------|--|--|--|
| NHTSAIn                            | ijuryMatrix                          |                                | AbdomenAsses                           | ssment                                       |  |
| Null Value                         | es                                   | Yes                            | Null Values                            | No   |  |
| Is Nillable                        | 9                                    | No                             | Is Nillable                            | No   |  |
| Recurren                           | ce                                   | 0 : M                          | Recurrence                             | 0 : M  |  |
| Comment                            |                                      |                                |  |  |  |
| Mapping                            |                                      |                                |  |  |  |
| V2 Patter                          | 'n                                   |                                | V3 Replaceme                           | nt   |  |
| 3320                               | Amputati                             | on                             |  |  |  |
|                                    | ot supported in v3.                  | Cantuallad                     | 2544005                                | Disadia a Controllad                         |  |
| 3325                               | _                                    | Controlled                     | 3511005                                | Bleeding Controlled                          |  |
| 3330                               | _                                    | Uncontrolled                   | 3511007                                | Bleeding Uncontrolled                        |  |
| 3335                               | Burn                                 |                                | 3511017                                | Burn-Redness                                 |  |
| 35<br>3340                         | 511013 Burn-Blistering, 351<br>Crush | 1015 Burn-Charring, and 351101 | 19 Burn-White/Waxy are also<br>3511055 | o appropriate v3 replacements.  Crush Injury |  |
| 3345                               |                                      | on Fracture                    | 3311033                                | Ordon injury                                 |  |
|                                    |                                      | on riacture                    |  |  |  |
| 3350                               | ot supported in v3.  Gunshot         |                                | 3511053                                | Gunshot Wound-Unknown if Entry or Exit       |  |
|                                    | supports additional specifi          | c values.                      |  | ,  |  |
| 3355                               | Laceration                           |                                | 3511031                                | Laceration                                   |  |
| 3360                               | Pain with                            | out swelling/bruising          | 3511041                                | Pain   |  |
| 3365                               | Puncture                             | /stab                          | 3511045                                | Puncture/Stab Wound                          |  |
| 3370                               | Soft Tiss                            | ue Swelling/bruising           | 3511057                                | Swelling                                     |  |
|                                    |                                      |                                |  |  |  |

3511059

Contusion

F15\_07 NHTSA Injury Matrix Spine

eExam 14 Back and Spine Assessment

## V2 Element V3 Element

| NHTSAInjuryMatrix     BackAndSpineAssessment       Null Values     Yes       Is Nillable     No       Is Nillable     Is Nillable |                       |
|---|-----------------------|
|   |                       |
| Is Nillable No Is Nillable  | No                    |
|   | No                    |
| Recurrence 0 : M Recurrence   | 0 : M                 |
| Comment   |                       |
| Mapping   |                       |
| V2 Pattern V3 Replacement   |                       |
| 3320 Amputation   |                       |
| Not supported in v3.  |                       |
| Bleeding Controlled 3514005 Bleeding Controlled   |                       |
| Bleeding Uncontrolled 3514007 Bleeding Uncontrolled   | d                     |
| 3335 Burn 3514013 Burn-Redness  |                       |
| 3514009 Burn-Blistering, 3514011 Burn-Charring, and 3514015 Burn-White/Waxy are also appropriate v3 replacements.                 |                       |
| 3340 Crush 3514049 Crush Injury   |                       |
| 3345 Dislocation Fracture   |                       |
| Not supported in v3.  |                       |
| 3350 Gunshot 3514047 Gunshot Wound-Unk  | nown if Entry or Exit |
| v3 supports additional specific values.   |                       |
| 3355 Laceration 3514025 Laceration  |                       |
| Pain without swelling/bruising 3514031 Pain   |                       |
| v3 supports additional specific values.   |                       |
| Puncture/stab 3514035 Puncture/Stab Wound   | d                     |
| 3370 Soft Tissue Swelling/bruising 3514051 Swelling   |                       |
| 3370 Soft Tissue Swelling/bruising 3514053 Contusion  |                       |

## NHTSAInjuryMatrix ExtremitiesAssessment Null Values Is Nillable No Is Nillable No Recurrence O: M Recurrence O: M

eExam.16 Extremities Assessment

#### Comment

v3 eExam.15 Extremity Assessment Finding Location is not set.

E15\_08 NHTSA Injury Matrix Upper Extremities

| IVI | а | р | рı | ın | a |
|-----|---|---|----|----|---|
|     |   |   |    |    | _ |

| V2 Pa | attern  | V3 Replaceme               | nt                                     |
|-------|---|----------------------------|--|
| 3320  | Amputation  | 3516003                    | Amputation-Acute                       |
|       | 3516005 Amputation-Previous is also an appropriate v3 replace | ement.                     |  |
| 3325  | Bleeding Controlled   | 3516009                    | Bleeding Controlled                    |
| 3330  | Bleeding Uncontrolled   | 3516011                    | Bleeding Uncontrolled                  |
| 3335  | Burn  | 3516017                    | Burn-Redness                           |
|       | 3516013 Burn-Blistering, 3516015 Burn-Charring, and 3516019   | 9 Burn-White/Waxy are also | appropriate v3 replacements.           |
| 3340  | Crush   | 3516023                    | Crush Injury                           |
| 3345  | Dislocation Fracture  | 3516027                    | Dislocation                            |
|       | 3516033 Fracture-Closed and 3516035 Fracture-Open are also    | appropriate v3 replacemen  | its.                                   |
| 3350  | Gunshot   | 3516077                    | Gunshot Wound-Unknown if Entry or Exit |
|       | v3 supports additional specific values.                       |                            |  |
| 3355  | Laceration  | 3516041                    | Laceration                             |
| 3360  | Pain without swelling/bruising                                | 3516053                    | Pain                                   |
| 3365  | Puncture/stab   | 3516063                    | Puncture/Stab Wound                    |
| 3370  | Soft Tissue Swelling/bruising                                 | 3516079                    | Swelling                               |
| 3370  | Soft Tissue Swelling/bruising                                 | 3516081                    | Contusion                              |
|       |   |                            |  |

E15\_09 NHTSA Injury Matrix Pelvis

eExam.12 Pelvis/Genitourinary Assessment

## V2 Element V3 Element

| NHTSAInjuryMatrix GUAssessment |                          |                                      |                              |               |                                |
|--------------------------------|--------------------------|--------------------------------------|------------------------------|---------------|--------------------------------|
| Null Values                    |                          | Yes                                  | Null Values                  |               | No                             |
| Is Nillable                    |                          | No                                   | Is Nillable                  |               | No                             |
| Recurrence                     |                          | 0 : M                                | Recurrence                   |               | 0 : M                          |
| Comment                        |                          |                                      |                              |               |                                |
| Mapping                        |                          |                                      |                              |               |                                |
| V2 Pattern V3 Replacement      |                          |                                      |                              |               |                                |
| 3320                           | Amputati                 | on                                   |                              |               |                                |
| Not suppor                     | rted in v3.              |                                      |                              |               |                                |
| 3325                           | Bleeding                 | Controlled                           | 3512005                      | Bleeding (    | Controlled                     |
| 3330                           | Bleeding                 | Uncontrolled                         | 3512007                      | Bleeding l    | Jncontrolled                   |
| 3335                           | Burn                     |                                      | 3512019                      | Burn-Redr     | ness                           |
| 3512017 B                      | urn-Blistering, 351      | 2017 Burn-Charring, and 3512021 Burn | -White/Waxy are also appropr | iate v3 repla | cements.                       |
| 3340                           | Crush                    |                                      | 3512061                      | Crush Inju    | ıry                            |
| 3345                           | Dislocation              | on Fracture                          | 3512043                      | Pelvic Fra    | cture                          |
| 3350                           | Gunshot                  |                                      | 3512059                      | Gunshot V     | Nound-Unknown if Entry or Exit |
| v3 support                     | s additional specifi     | c values.                            |                              |               |                                |
| 3355                           | Laceration               | on                                   | 3512033                      | Laceration    | n                              |
| 3360                           | Pain with                | out swelling/bruising                | 3512041                      | Pain          |                                |
| 3365                           | Puncture/stab 3512051 Pu |                                      | Puncture/S                   | Stab Wound    |                                |
| 3370                           | Soft Tiss                | ue Swelling/bruising                 | 3512063                      | Swelling      |                                |
| 3370                           |                          |                                      |                              | Contusion     |                                |

| E15_09 NHTS    | E15_09 NHTSA Injury Matrix Pelvis |       | elnjury.03 Trad          | uma Center Criteria |          |
|----------------|-----------------------------------|-------|--------------------------|---------------------|----------|
| NHTSAInjuryMat | rix                               |       | TraumaCenterCri          | iteria              | <u> </u> |
| Null Values    |                                   | Yes   | Null Values Yes          |                     | Yes      |
| Is Nillable    |                                   | No    | Is Nillable              |                     | Yes      |
| Recurrence     |                                   | 0 : M | Recurrence 1:            |                     | 1 : M    |
| Comment        |                                   |       |                          |                     |          |
| Mapping        |                                   |       |                          |                     |          |
| V2 Pattern     |                                   |       | V3 Replacement           |                     |          |
| 3345           | Dislocation Fracture              |       | 2903013 Pelvic fractures |                     |          |

## NHTSAInjuryMatrix ExtremitiesAssessment Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 0 : M Recurrence 0 : M

eExam.16 Extremities Assessment

**Burn-Redness** 

#### Comment

Manning

3335

v3 eExam.15 Extremity Assessment Finding Location is not set.

Burn

E15\_10 NHTSA Injury Matrix Lower Extremities

| Ινιαρρί | ilig   |                |                       |
|---------|--|----------------|-----------------------|
| V2 Pa   | attern   | V3 Replacement |                       |
| 3320    | Amputation   | 3516003        | Amputation-Acute      |
|         | 3516005 Amputation-Previous is also an appropriate v3 replacement. |                |                       |
| 3325    | Bleeding Controlled  | 3516009        | Bleeding Controlled   |
| 3330    | Bleeding Uncontrolled  | 3516011        | Bleeding Uncontrolled |

3516017

3516013 Burn-Blistering, 3516015 Burn-Charring, and 3516019 Burn-White/Waxy are also appropriate v3 replacements.

3340 Crush 3516023 Crush Injury

3345 Dislocation Fracture 3516027 Dislocation

|      | 3516033 Fracture-Closed and 3516035 Fracture-Open are also appropriate v3 replacements. |         |  |  |  |  |  |
|------|---|---------|--|--|--|--|--|
| 3350 | Gunshot   | 3516077 | Gunshot Wound-Unknown if Entry or Exit |  |  |  |  |
|      | v3 supports additional specific values.   |         |  |  |  |  |  |
| 3355 | Laceration  | 3516041 | Laceration                             |  |  |  |  |
| 3360 | Pain without swelling/bruising  | 3516053 | Pain                                   |  |  |  |  |
| 3365 | Puncture/stab   | 3516063 | Puncture/Stab Wound                    |  |  |  |  |
| 3370 | Soft Tissue Swelling/bruising   | 3516079 | Swelling                               |  |  |  |  |
| 3370 | Soft Tissue Swelling/bruising   | 3516081 | Contusion                              |  |  |  |  |
|      |   |         |  |  |  |  |  |

3370

Soft Tissue Swelling/bruising

#### V2 Element V3 Element

Soft Tissue Swelling/bruising

#### E15\_11 NHTSA Injury Matrix Unspecified eCustomResults.01 Custom Data Element Result NHTSAlnjuryMatrix CustomResults **Null Values** Yes **Null Values** Yes Is Nillable Yes No Is Nillable 1: M Recurrence 0: M Recurrence Comment Mapping V2 Pattern V3 Replacement 3320 3320 Amputation Amputation 3325 3325 **Bleeding Controlled Bleeding Controlled** 3330 **Bleeding Uncontrolled** 3330 **Bleeding Uncontrolled** Burn 3335 Burn 3335 Crush 3340 Crush 3340 3345 Dislocation Fracture 3345 Dislocation Fracture Gunshot 3350 Gunshot 3350 3355 3355 Laceration Laceration 3360 Pain without swelling/bruising 3360 Pain without swelling/bruising 3365 Puncture/stab 3365 Puncture/stab

3370

| E16_01 Estimated Body Weight |     | eExam.01 Estimated B | eExam.01 Estimated Body Weight in Kilograms |  |  |
|------------------------------|-----|----------------------|---|--|--|
| EstimatedBodyWeight          |     | EstimatedBodyWeight  |   |  |  |
| Null Values                  | No  | Null Values          | Yes   |  |  |
| Is Nillable                  | No  | Is Nillable          | Yes   |  |  |
| Recurrence                   | 0:1 | Recurrence 0:1       |   |  |  |
| Comment                      |     |                      |   |  |  |
| Mapping                      |     |                      |   |  |  |
| V2 Pattern                   |     | V3 Replacement       |   |  |  |

Yellow

3415

## V2 Element V3 Element

| E16_02 Broselow/Luten Color |                | eExam.02 Length Based Tape Measure |                    |  |
|-----------------------------|----------------|------------------------------------|--------------------|--|
|                             | BroselowLuten( | Color                              |                    |  |
| Yes                         | Null Values    |                                    | Yes                |  |
| No                          | Is Nillable    |                                    | Yes                |  |
| 0:1                         | Recurrence     |                                    | 0:1                |  |
| Comment                     |                |                                    |                    |  |
|                             |                |                                    |                    |  |
|                             | V3 Replacemer  | nt                                 |                    |  |
|                             | 3502001        | Blue                               |                    |  |
|                             | 3502003        | Green                              |                    |  |
|                             | 3502005        | Grey                               |                    |  |
|                             | 3502007        | Orange                             |                    |  |
|                             | 3502009        | Pink                               |                    |  |
|                             | 3502011        | Purple                             |                    |  |
|                             | 3502013        | Red                                |                    |  |
|                             | 3502015        | White                              |                    |  |
|                             | Yes<br>No      | Yes   Null Values     No           | BroselowLutenColor |  |

3502017

Yellow

E16\_03 Date/Time of Assessment

#### V2 Element V3 Element

## DateTime DateTimeType Null Values No Is Nillable Yes Recurrence 0: 1 Recurrence 0: 1

#### Comment

v3 uses a pattern to require a timezone offset: (\+|-)[0-9]{2}:[0-9]{2}.

### Mapping

V2 Pattern

V3 Replacement

eExam.03 Date/Time of Assessment

.!=" adjust-dateTime-to-timezone(.)

| E16_04 Skin Assessment |          | eExam.04 SI | kin Assessment |           |       |
|------------------------|----------|-------------|----------------|-----------|-------|
| SkinAssessmer          | nt       |             | SkinAssessmei  | nt        |       |
| Null Values            |          | Yes         | Null Values    |           | No    |
| Is Nillable            |          | No          | Is Nillable    |           | No    |
| Recurrence             |          | 0 : M       | Recurrence     |           | 0 : M |
| Comment                |          |             |                |           |       |
| Mapping                |          |             |                |           |       |
| V2 Pattern             |          |             | V3 Replaceme   | nt        |       |
| 3420                   | Normal   |             | 3504021        | Normal    |       |
| 3425                   | Not Done | :           | 3504023        | Not Done  |       |
| 3430                   | Clammy   |             | 3504001        | Clammy    |       |
| 3435                   | Cold     |             | 3504003        | Cold      |       |
| 3440                   | Cyanotic |             | 3504005        | Cyanotic  |       |
| 3445                   | Jaundice | d           | 3504015        | Jaundiced |       |
| 3450                   | Lividity |             | 3504017        | Lividity  |       |
| 3455                   | Mottled  | Mottled     |                | Mottled   |       |
| 3460                   | Pale     |             | 3504025        | Pale      |       |
| 3465                   | Warm     |             | 3504033        | Warm      |       |

| E16_05 Head/Face Assessment |             | eExam.05 H | eExam.05 Head Assessment |             |       |
|-----------------------------|-------------|------------|--------------------------|-------------|-------|
| HeadFaceAssessr             | ment        |            | HeadAssessm              | ent         |       |
| Null Values                 |             | Yes        | Null Values              |             | No    |
| Is Nillable                 |             | No         | Is Nillable              |             | No    |
| Recurrence                  |             | 0 : M      | Recurrence               |             | 0 : M |
| Comment                     |             |            |                          |             |       |
| Mapping                     |             |            |                          |             |       |
| V2 Pattern                  |             |            | V3 Replaceme             | ent         |       |
| 3470                        | Normal      |            | 3505033                  | Normal      |       |
| 3475                        | Not Done    |            | 3505035                  | Not Done    |       |
| 3485                        | Drainage    |            | 3505021                  | Drainage    |       |
| 3490                        | Mass/Lesion |            | 3505031                  | Mass/Lesion |       |
| 3495                        | Swelling    |            | 3505049                  | Swelling    |       |

3480

Asymmetric Smile or Droop

## V2 Element V3 Element

Asymmetric Smile or Droop

| E16_05 Head/Face Assessment |       | eExam.06 Face Assess | eExam.06 Face Assessment |  |  |
|-----------------------------|-------|----------------------|--------------------------|--|--|
| HeadFaceAssessment          |       | FaceAssessment       |                          |  |  |
| Null Values                 | Yes   | Null Values No       |                          |  |  |
| Is Nillable                 | No    | Is Nillable          | No                       |  |  |
| Recurrence                  | 0 : M | Recurrence 0 : M     |                          |  |  |
| Comment                     |       |                      |                          |  |  |
| Mapping                     |       |                      |                          |  |  |
| V2 Pattern V3 Replacement   |       |                      |                          |  |  |

3506003

| E16_06 Neck Assess | sment       |       | eExam.07 Neck As | ssessment                |     |
|--------------------|-------------|-------|------------------|--------------------------|-----|
| NeckAssessment     |             |       | NeckAssessment   |                          |     |
| Null Values        |             | Yes   | Null Values      |                          | No  |
| Is Nillable        |             | No    | Is Nillable      |                          | No  |
| Recurrence         |             | 0 : M | Recurrence       | 0                        | : M |
| Comment            |             |       |                  |                          |     |
| Mapping            |             |       |                  |                          |     |
| V2 Pattern         |             |       | V3 Replacement   |                          |     |
| 3500 N             | ormal       |       | 3507029          | Normal                   |     |
| 3505 N             | ot Done     |       | 3507031          | Not Done                 |     |
| 3510 J\            | VD          |       | 3507025          | JVD                      |     |
| 3515 S             | trider      |       | 3507037          | Stridor                  |     |
| 3520 S             | ubQ Air     |       | 3507039          | Subcutaneous Air         |     |
| 3525 Ti            | racheal Dev |       | 3507045          | Tracheal Deviation-Left  |     |
| 3525 Ti            | racheal Dev |       | 3507047          | Tracheal Deviation-Right |     |

3590

#### V2 Element V3 Element

Tenderness-Right

#### E16\_07 Chest/Lungs Assessment eExam.08 Chest/Lungs Assessment ChestLungsAssessment ChestLungsAssessment **Null Values** Yes **Null Values** No Is Nillable No Is Nillable No Recurrence 0: M Recurrence 0: M Comment Mapping V2 Pattern V3 Replacement 3530 Normal 3508053 Normal 3535 Not Done 3508055 Not Done 3540 Accessory Muscles 3508005 Accessory Muscles Used with Breathing Decreased BS-Left 3508015 **Breath Sounds-Decreased Left** 3545 3550 Decreased BS-Right 3508017 **Breath Sounds-Decreased Right** 3508037 3555 Flail Segment-Left Flail Segment-Left 3560 Flail Segment-Right 3508039 Flail Segment-Right 3565 Increased Effort 3508047 Increased Respiratory Effort Normal BS 3508021 Breath Sounds-Normal-Left 3570 3508019 Breath Sounds-Equal is also an appropriate v3 replacement. Normal BS 3508023 Breath Sounds-Normal-Right 3570 3508019 Breath Sounds-Equal is also an appropriate v3 replacement. 3575 Rales 3508065 Rales-Left 3575 Rales 3508067 Rales-Right 3580 Rhonchi/Wheezing 3508075 Rhonchi/Wheezing 3508085 Tenderness-Left 3585 Tenderness-Left

3508087

Tenderness-Right

| E16_07 Chest    | /Lungs Assessn      | nent  | elnjury.03 Tra | auma Center Criteria                                    |
|-----------------|---------------------|-------|----------------|---|
| ChestLungsAsses | ssment              |       | TraumaCenterC  | Criteria  |
| Null Values     |                     | Yes   | Null Values    | Yes   |
| Is Nillable     |                     | No    | Is Nillable    | Yes   |
| Recurrence      |                     | 0 : M | Recurrence     | 1 : M   |
| Comment         |                     |       |                |   |
| Mapping         |                     |       |                |   |
| V2 Pattern      |                     |       | V3 Replacemer  | nt  |
| 3555            | Flail Segment-L     | eft   | 2903005        | Chest wall instability or deformity (e.g., flail chest) |
| 3560            | Flail Segment-Right |       | 2903005        | Chest wall instability or deformity (e.g., flail chest) |

| E16_08 Hear   | t Assessment          |                                   | eExam.09 h   | Heart Assessme | ent           |
|---------------|-----------------------|-----------------------------------|--------------|----------------|---------------|
| HeartAssessme | nt                    |                                   | HeartAssessm | nent           |               |
| Null Values   |                       | Yes                               | Null Values  |                | No            |
| Is Nillable   |                       | No                                | Is Nillable  |                | No            |
| Recurrence    |                       | 0 : M                             | Recurrence   |                | 0 : M         |
| Comment       |                       |                                   |              |                |               |
| Mapping       |                       |                                   |              |                |               |
| V2 Pattern    |                       |                                   | V3 Replaceme | ent            |               |
| 3595          | Normal                |                                   | 3509009      | Normal         |               |
| 3600          | Not Done              |                                   | 3509011      | Not Done       |               |
| 3605          | Decreased             | Sounds                            | 3509003      | Heart Sour     | nds Decreased |
| 3610          | Murmur                |                                   | 3509007      | Murmur-Sy      | vstolic       |
| 3509005 N     | lurmur-Diastolic is a | lso an appropriate v3 replacement |              |                |               |

#### E16\_09 Abdomen Left Upper Assessment AbdomenLeftUpperAssessment AbdomenAssessment **Null Values** Yes **Null Values** No Is Nillable Is Nillable No No Recurrence 0: M 0: M Recurrence

eExam.11 Abdomen Assessment

#### Comment

v3 eExam.10 Abdominal Assessment Finding Location is set to 3510005 Left Upper Quadrant.

| Mapping    |  |                |                |  |
|------------|--|----------------|----------------|--|
| V2 Pattern |  | V3 Replacement | V3 Replacement |  |
| 3615       | Normal                                     | 3511037        | Normal         |  |
| 3620       | Not Done                                   | 3511039        | Not Done       |  |
| 3625       | Distention                                 | 3511021        | Distention     |  |
| 3630       | Guarding                                   | 3511025        | Guarding       |  |
| 3635       | Mass                                       | 3511033        | Mass/Lesion    |  |
| 351103     | 35 Mass-Pulsating is also an appropriate v | 3 replacement. |                |  |
| 3640       | Tenderness                                 | 3511051        | Tenderness     |  |

E16\_10 Abdomen Left Lower Assessment

#### V2 Element V3 Element

# AbdomenLowerLeftAssessment AbdomenAssessment Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 0 : M Recurrence 0 : M

eExam.11 Abdomen Assessment

#### Comment

v3 eExam.10 Abdominal Assessment Finding Location is set to 3510003 Left Lower Quadrant.

| Mapping    |            |                |             |
|------------|------------|----------------|-------------|
| V2 Pattern |            | V3 Replacement |             |
| 3645       | Normal     | 3511037        | Normal      |
| 3650       | Not Done   | 3511039        | Not Done    |
| 3655       | Distention | 3511021        | Distention  |
| 3660       | Guarding   | 3511025        | Guarding    |
| 3665       | Mass       | 3511033        | Mass/Lesion |
| 3670       | Tenderness | 3511051        | Tenderness  |

E16\_11 Abdomen Right Upper Assessment

#### V2 Element V3 Element

## AbdomenRightUpperAssessment AbdomenAssessment Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 0: M Recurrence 0: M

eExam.11 Abdomen Assessment

#### Comment

v3 eExam.10 Abdominal Assessment Finding Location is set to 3510011 Right Upper Quadrant.

| Mapping    |            |                |             |
|------------|------------|----------------|-------------|
| V2 Pattern |            | V3 Replacement |             |
| 3675       | Normal     | 3511037        | Normal      |
| 3680       | Not Done   | 3511039        | Not Done    |
| 3685       | Distention | 3511021        | Distention  |
| 3690       | Guarding   | 3511025        | Guarding    |
| 3695       | Mass       | 3511033        | Mass/Lesion |
| 3700       | Tenderness | 3511051        | Tenderness  |

E16\_12 Abdomen Right Lower Assessment

#### V2 Element V3 Element

## AbdomenRightLowerAssessment AbdomenAssessment Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 0: M Recurrence 0: M

eExam.11 Abdomen Assessment

#### Comment

v3 eExam.10 Abdominal Assessment Finding Location is set to 3510009 Right Lower Quadrant.

| Mapping                   |            |         |             |  |
|---------------------------|------------|---------|-------------|--|
| V2 Pattern V3 Replacement |            |         |             |  |
| 3705                      | Normal     | 3511037 | Normal      |  |
| 3710                      | Not Done   | 3511039 | Not Done    |  |
| 3715                      | Distention | 3511021 | Distention  |  |
| 3720                      | Guarding   | 3511025 | Guarding    |  |
| 3725                      | Mass       | 3511033 | Mass/Lesion |  |
| 3730                      | Tenderness | 3511051 | Tenderness  |  |

| E16_13 GU Assessm | ent           | eExam     | n.12 Pelvis/Genitour | inary Assessment |
|-------------------|---------------|-----------|----------------------|------------------|
| GUAssessment      |               | GUAsse    | essment              |                  |
| Null Values       | Yes           | Null Val  | ues                  | No               |
| Is Nillable       | No            | Is Nillab | le                   | No               |
| Recurrence        | 0 : N         | Recurre   | nce                  | 0 : M            |
| Comment           |               |           |                      |                  |
| Mapping           |               |           |                      |                  |
| V2 Pattern        |               | V3 Rep    | lacement             |                  |
| 3735 No           | ormal         | 3512037   | Normal               |                  |
| 3740 No           | ot Done       | 3512039   | Not Done             |                  |
| 3745 Cr           | owning        | 3512049   | Pregnant-            | Crowning         |
| 3750 Ge           | enital Injury | 3512027   | Genital In           | jury             |
| 3755 Te           | enderness     | 3512057   | Tenderne             | ss               |
| 3760 Ur           | nstable       | 3512045   | Pelvic Ins           | tability         |

E16\_14 Back Cervical Assessment

#### V2 Element V3 Element

## BackCervicalAssessment BackAndSpineAssessment Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 0 : M Recurrence 0 : M

eExam.14 Back and Spine Assessment

#### Comment

Manning

v3 eExam.13 Back and Spine Assessment Finding Location is set to 3513005 Cervical-Midline.

| Mapping    |                        |               |                                    |  |
|------------|------------------------|---------------|------------------------------------|--|
| V2 Pattern |                        | V3 Replacemen | V3 Replacement                     |  |
| 3765       | Normal                 | 3514027       | Normal                             |  |
| 3770       | Not Done               | 3514029       | Not Done                           |  |
| 3775       | Pain to ROM            | 3514033       | Pain with Range of Motion          |  |
| 3780       | Tender Para-spinous    | 3514045       | Tenderness Paraspinous             |  |
| 3785       | Tender Spinous Process | 3514043       | Tenderness Midline Spinous Process |  |

E16\_15 Back Thoracic Assessment

### V2 Element V3 Element

## BackThoracicAssessment Null Values Yes Null Values No Is Nillable No Recurrence 0: M BackAndSpineAssessment Null Values No No Is Nillable No Recurrence 0: M

eExam.14 Back and Spine Assessment

Tenderness Midline Spinous Process

#### Comment

Manning

3810

v3 eExam.13 Back and Spine Assessment Finding Location is set to 3513011 Lumbar-Midline.

**Tender Spinous Process** 

| Mapping    |                     |                |                           |
|------------|---------------------|----------------|---------------------------|
| V2 Pattern |                     | V3 Replacement |                           |
| 3790       | Normal              | 3514027        | Normal                    |
| 3795       | Not Done            | 3514029        | Not Done                  |
| 3800       | Pain to ROM         | 3514033        | Pain with Range of Motion |
| 3805       | Tender Para-spinous | 3514045        | Tenderness Paraspinous    |

3514043

#### E16\_16 Back Lumbar/Sacral Assessment eExam.14 Back and Spine Assessment BackLumbarSacralAssessment BackAndSpineAssessment **Null Values** Yes **Null Values** No Is Nillable No Is Nillable No Recurrence 0: M 0: M Recurrence

#### Comment

v3 eExam.13 Back and Spine Assessment Finding Location is set to 3513017 Thoracic-Midline. 3513023 Sacral-Midline is also an appropriate v3 value.

| Mapping                   |                        |         |                                    |  |
|---------------------------|------------------------|---------|------------------------------------|--|
| V2 Pattern V3 Replacement |                        |         |                                    |  |
| 3815                      | Normal                 | 3514027 | Normal                             |  |
| 3820                      | Not Done               | 3514029 | Not Done                           |  |
| 3825                      | Pain to ROM            | 3514033 | Pain with Range of Motion          |  |
| 3830                      | Tender Para-spinous    | 3514045 | Tenderness Paraspinous             |  |
| 3835                      | Tender Spinous Process | 3514043 | Tenderness Midline Spinous Process |  |

Motor Function-Abnormal/Weakness

### V2 Element V3 Element

## E16\_17 Extremities-Right Upper Assessment eExam.16 Extremities Assessment

| ExtremitiesRightUpperAssessment |       | ExtremitiesAssessment |       |
|---------------------------------|-------|-----------------------|-------|
| Null Values                     | Yes   | Null Values           | No    |
| Is Nillable                     | No    | Is Nillable           | No    |
| Recurrence                      | 0 : M | Recurrence            | 0 : M |

#### Comment

3870

v3 eExam.15 Extremity Assessment Finding Location is not set.

Weakness

| Mapping    |                |                |                |
|------------|----------------|----------------|----------------|
| V2 Pattern |                | V3 Replacement |                |
| 3840       | Normal         | 3516049        | Normal         |
| 3845       | Not Done       | 3516051        | Not Done       |
| 3850       | Abnormal Pulse | 3516057        | Pulse-Abnormal |

3855Abnormal Sensation3516065Sensation-Abnormal3860Edema3516029Edema3865Tenderness3516075Tenderness

3516043

E16\_18 Extremities-Right Lower Assessment

#### V2 Element V3 Element

#### ExtremitiesRightLowerAssessment ExtremitiesAssessment **Null Values** Yes **Null Values** No Is Nillable Is Nillable No No Recurrence 0: M 0: M

Recurrence

eExam.16 Extremities Assessment

#### Comment

v3 eExam.15 Extremity Assessment Finding Location is not set.

| Mapping    |                    |                |                                  |
|------------|--------------------|----------------|----------------------------------|
| V2 Pattern |                    | V3 Replacement |                                  |
| 3875       | Normal             | 3516049        | Normal                           |
| 3880       | Not Done           | 3516051        | Not Done                         |
| 3885       | Abnormal Pulse     | 3516057        | Pulse-Abnormal                   |
| 3890       | Abnormal Sensation | 3516065        | Sensation-Abnormal               |
| 3895       | Edema              | 3516029        | Edema                            |
| 3900       | Tenderness         | 3516075        | Tenderness                       |
| 3905       | Weakness           | 3516043        | Motor Function-Abnormal/Weakness |

E16\_19 Extremities-Left Upper Assessment

# V2 Element V3 Element

# ExtremitiesLeftUpperAssessment Null Values Yes Null Values No Is Nillable No Recurrence 0: M ExtremitiesAssessment Null Values No No Is Nillable No Recurrence 0: M

eExam.16 Extremities Assessment

#### Comment

v3 eExam.15 Extremity Assessment Finding Location is not set.

| Mapping    |                    |                |                                  |
|------------|--------------------|----------------|----------------------------------|
| V2 Pattern |                    | V3 Replacement |                                  |
| 3910       | Normal             | 3516049        | Normal                           |
| 3915       | Not Done           | 3516051        | Not Done                         |
| 3920       | Abnormal Pulse     | 3516057        | Pulse-Abnormal                   |
| 3925       | Abnormal Sensation | 3516065        | Sensation-Abnormal               |
| 3930       | Edema              | 3516029        | Edema                            |
| 3935       | Tenderness         | 3516075        | Tenderness                       |
| 3940       | Weakness           | 3516043        | Motor Function-Abnormal/Weakness |

E16\_20 Extremities-Left Lower Assessment

# V2 Element V3 Element

#### 

eExam.16 Extremities Assessment

#### Comment

v3 eExam.15 Extremity Assessment Finding Location is not set.

| Mapping    |                    |                |                                  |
|------------|--------------------|----------------|----------------------------------|
| V2 Pattern |                    | V3 Replacement |                                  |
| 3945       | Normal             | 3516049        | Normal                           |
| 3950       | Not Done           | 3516051        | Not Done                         |
| 3955       | Abnormal Pulse     | 3516057        | Pulse-Abnormal                   |
| 3960       | Abnormal Sensation | 3516065        | Sensation-Abnormal               |
| 3965       | Edema              | 3516029        | Edema                            |
| 3970       | Tenderness         | 3516075        | Tenderness                       |
| 3975       | Weakness           | 3516043        | Motor Function-Abnormal/Weakness |

E16\_21 Eyes-Left Assessment

### V2 Element V3 Element

#### 

eExam.18 Eye Assessment

#### Comment

v3 eExam.17 Eye Assessment Finding Location is set to 3517003 Left.

| Mapping    |              |                |              |  |
|------------|--------------|----------------|--------------|--|
| V2 Pattern |              | V3 Replacement |              |  |
| 3980       | Not Done     | 3518039        | Not Done     |  |
| 3985       | 2-mm         | 3518003        | 2-mm         |  |
| 3990       | 3-mm         | 3518005        | 3-mm         |  |
| 3995       | 4-mm         | 3518007        | 4-mm         |  |
| 4000       | 5-mm         | 3518009        | 5-mm         |  |
| 4005       | 6-mm         | 3518011        | 6-mm         |  |
| 4010       | 7-mm         | 3518013        | 7-mm         |  |
| 4015       | Blind        | 3518017        | Blind        |  |
| 4020       | Reactive     | 3518051        | Reactive     |  |
| 4025       | Non-Reactive | 3518037        | Non-Reactive |  |

E16\_22 Eyes-Right Assessment

### V2 Element V3 Element

# EyesRightAssessment EyesAssessment Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 0: M Recurrence 0: M

eExam.18 Eye Assessment

#### Comment

v3 eExam.17 Eye Assessment Finding Location is set to 3517005 Right.

| Mapping    |              |                |              |  |
|------------|--------------|----------------|--------------|--|
| V2 Pattern |              | V3 Replacement |              |  |
| 4030       | Not Done     | 3518039        | Not Done     |  |
| 4035       | 2-mm         | 3518003        | 2-mm         |  |
| 4040       | 3-mm         | 3518005        | 3-mm         |  |
| 4045       | 4-mm         | 3518007        | 4-mm         |  |
| 4050       | 5-mm         | 3518009        | 5-mm         |  |
| 4055       | 6-mm         | 3518011        | 6-mm         |  |
| 4060       | 7-mm         | 3518013        | 7-mm         |  |
| 4065       | Blind        | 3518017        | Blind        |  |
| 4070       | Reactive     | 3518051        | Reactive     |  |
| 4075       | Non-Reactive | 3518037        | Non-Reactive |  |
|            |              |                |              |  |

Unresponsive

4120

# V2 Element V3 Element

| E16_23 Mental Status Assessment |                 | eExam.19 M | eExam.19 Mental Status Assessment |                |                |
|---------------------------------|-----------------|------------|-----------------------------------|----------------|----------------|
| MentalStatusAssessi             | ment            |            | MentalStatusAs                    | ssessment      |                |
| Null Values                     |                 | Yes        | Null Values                       |                | No             |
| Is Nillable                     |                 | No         | Is Nillable                       |                | No             |
| Recurrence                      |                 | 0 : M      | Recurrence                        |                | 0 : M          |
| Comment                         |                 |            |                                   |                |                |
| Mapping                         |                 |            |                                   |                |                |
| V2 Pattern                      |                 |            | V3 Replacemer                     | nt             |                |
| 4080                            | Normal          |            | 3519007                           | Normal Baselin | ne for Patient |
| 4085                            | Not Done        |            | 3519009                           | Not Done       |                |
| 4090                            | Combative       |            | 3519001                           | Combative      |                |
| 4095                            | Confused        |            | 3519003                           | Confused       |                |
| 4100                            | Hallucinations  |            | 3519005                           | Hallucinations |                |
| 4105                            | Oriented-Person |            | 3519011                           | Oriented-Perso | on             |
| 4110                            | Oriented-Place  |            | 3519013                           | Oriented-Place | 9              |
| 4115                            | Oriented-Time   |            | 3519017                           | Oriented-Time  |                |

3519021

Unresponsive

| E16_24 Neurological A  | ssessment | eExam.06 Face  | Assessment     |             |
|------------------------|-----------|----------------|----------------|-------------|
| NeurologicalAssessment |           | FaceAssessment |                |             |
| Null Values            | Yes       | Null Values    |                | No          |
| Is Nillable            | No        | Is Nillable    |                | No          |
| Recurrence             | 0 : M     | Recurrence     |                | 0 : M       |
| Comment                |           |                |                |             |
| Mapping                |           |                |                |             |
| V2 Pattern             |           | V3 Replacement |                |             |
| 4140 Faci              | al Droop  | 3506003        | Asymmetric Smi | le or Droop |

4170

Weakness-Right Sided

# V2 Element V3 Element

Weakness-Right Sided

| E16_24 Neuro    | ological Assess | sment           | eExam.20 No    | eurological Ass | essment           |
|-----------------|-----------------|-----------------|----------------|-----------------|-------------------|
| NeurologicalAss | essment         |                 | NeurologicalAs | sessment        |                   |
| Null Values     |                 | Yes             | Null Values    |                 | No                |
| Is Nillable     |                 | No              | Is Nillable    |                 | No                |
| Recurrence      |                 | 0 : M           | Recurrence     |                 | 0 : M             |
| Comment         |                 |                 |                |                 |                   |
| Mapping         |                 |                 |                |                 |                   |
| V2 Pattern      |                 |                 | V3 Replaceme   | nt              |                   |
| 4125            | Normal          |                 | 3520021        | Normal Base     | eline for Patient |
| 4130            | Not Done        |                 | 3520023        | Not Done        |                   |
| 4135            | Abnormal Ga     | ait             | 3520013        | Gait-Abnorm     | nal               |
| 4145            | Seizures        |                 | 3520025        | Seizures        |                   |
| 4150            | Speech Normal   |                 | 3520027        | Speech Nor      | mal               |
| 4155            | Speech Sluri    | Speech Slurring |                | Speech Slur     | ring              |
| 4160            | Tremors         |                 | 3520037        | Tremors         |                   |
| 4165            | Weakness-L      | eft Sided       | 3520043        | Weakness-L      | eft Sided         |

3520045

E17\_01 Protocols Used

# V2 Element V3 Element

# ProtocolsUsed ProtocolsUsed Null Values Yes Is Nillable No Recurrence 1: 1 Recurrence 1: 1

eProtocols.01 Protocols Used

#### Comment

v2 also includes DescriptiveText, which is a string of length 2 to 100.

| Mapping    |  |                             |   |
|------------|--|-----------------------------|---|
| V2 Pattern |  | V3 Replacemen               | t   |
| 6720       | Abdominal Pain                                     | 9914109                     | Medical-Abdominal Pain                          |
| 6730       | Airway   | 9914001                     | Airway  |
| 6740       | Airway-Failed                                      | 9914003                     | Airway-Failed                                   |
| 6760       | Airway-RSI   | 9914007                     | Airway-Rapid Sequence Induction (RSI-Paralytic) |
| 6770       | Allergic Reaction/Anaphylaxis                      | 9914111                     | Medical-Allergic Reaction/Anaphylaxis           |
| 6780       | Altered Mental Status                              | 9914113                     | Medical-Altered Mental Status                   |
| 6790       | Asystole   | 9914011                     | Cardiac Arrest-Asystole                         |
| 6800       | Back Pain  | 9914051                     | General-Back Pain                               |
| 6810       | Behavorial   | 9914053                     | General-Behavioral/Patient Restraint            |
| 6820       | Bites and Envenomations                            | 9914079                     | Injury-Bites and Envenomations-Land             |
| 9914081    | Injury-Bites and Envenomations-Marine is also an a | appropriate v3 replacement. |   |
| 6830       | Bradycardia  | 9914115                     | Medical-Bradycardia                             |
| 6840       | Burns  | 9914085                     | Injury-Burns-Thermal                            |
| 6850       | Cardiac Arrest                                     | 9914055                     | General-Cardiac Arrest                          |
| 6860       | Cardiac Chest Pain                                 | 9914117                     | Medical-Cardiac Chest Pain                      |
| 6870       | Childbirth/Labor                                   | 9914155                     | OB/GYN-Childbirth/Labor/Delivery                |
| 6875       | Cold Exposure                                      | 9914023                     | Environmental-Cold Exposure                     |
| 6880       | Dental Problems                                    | 9914057                     | General-Dental Problems                         |
| 6881       | Device Malfunction                                 | 9914069                     | General-Medical Device Malfunction              |
| 6885       | Diarrhea   | 9914119                     | Medical-Diarrhea                                |
| 6890       | Drowning/Near Drowning                             | 9914093                     | Injury-Drowning/Near Drowning                   |
| 6892       | Diving Emergencies                                 | 9914091                     | Injury-Diving Emergencies                       |
| 6900       | Electrical Injuries                                | 9914095                     | Injury-Electrical Injuries                      |
| 6910       | Epistaxis  | 9914059                     | General-Epistaxis                               |
| 6911       | Exposure-Airway Irritants                          | 9914033                     | Exposure-Airway/Inhalation Irritants            |
| 6912       | Exposure-Biological/Infectious                     | 9914035                     | Exposure-Biological/Infectious                  |
| 6913       | Exposure-Blistering Agents                         | 9914037                     | Exposure-Blistering Agents                      |
| 6914       | Exposure-Cyanide                                   | 9914043                     | Exposure-Cyanide                                |
| 6915       | Exposure-Nerve Agents                              | 9914047                     | Exposure-Nerve Agents                           |
|            |  |                             |   |

| 6916   |                  | Exposure-Radiologic Agents  | 9914049  | Exposure-Radiologic Agents  |
|--|------------------|---|--|---|
| 6917   |                  | Exposure-Riot Control Agents  | 9914033  | Exposure-Airway/Inhalation Irritants  |
|  | Not precise.     | ·   |  | •   |
| 6920   |                  | Extremity Trauma  | 9914097  | Injury-Extremity  |
| 6925   |                  | Eye Trauma  | 9914099  | Injury-Eye  |
| 6930   |                  | Fever   | 9914061  | General-Fever   |
| 6935   |                  | Gynecologic Emergencies   | 9914159  | OB/GYN-Gynecologic Emergencies  |
| 6940   |                  | Head Trauma   | 9914101  | Injury-Head   |
| 6945   |                  | Hyperglycemia   | 9914121  | Medical-Hyperglycemia   |
| 6950   |                  | Hypertenshion   | 9914123  | Medical-Hypertension  |
| 6960   |                  | Hyperthermia  | 9914029  | Environmental-Heat Stroke/Hyperthermia  |
| 6965   |                  | Hypoglycemia  | 9914125  | Medical-Hypoglycemia/Diabetic Emergency   |
| 6970   |                  | Hypotension/Shock (Non-Trauma)  | 9914127  | Medical-Hypotension/Shock (Non-Trauma)  |
| 6980   |                  | Hypothermia   | 9914031  | Environmental-Hypothermia   |
| 6990   |                  | IV Access   | 9914067  | General-IV Access   |
| 7000   |                  | Trauma-Multisystem  | 9914105  | Injury-Multisystem  |
| 7010   |                  | Newly Born  | 9914155  | OB/GYN-Childbirth/Labor/Delivery  |
|  | 9914075 General- | Universal Patient Care/ Initial Patient Contact is als  | so an appropriate v3 replaceme   | ent.  |
| 7020   |                  | Obstetrical Emergencies   | 9914161  | OB/GYN-Pregnancy Related Emergencies  |
| 7030   |                  | Over Dose/Toxic Ingestion   | 9914135  | Medical-Overdose/Poisoning/Toxic Ingestion  |
| 7040   |                  | Pain Control  | 9914071  | General-Pain Control  |
| 7130   |                  | Post Resuscitation  | 9914019  | Cardiac Arrest-Post Resuscitation Care  |
| 7140   |                  | Pulmonary Edema   | 9914137  | Medical-Pulmonary Edema/CHF   |
| 7150   |                  | Pulseless Electrical Activity (PEA)   | 9914015  | Cardiac Arrest-Pulseless Electrical Activity  |
| 7 100  |                  |   |  |   |
| 7160   |                  | Respiratory Distress  | 9914139  | Medical-Respiratory Distress/Asthma/COPD/Croup/Reactive Airway  |
|  |                  | Respiratory Distress Seizure  | 9914139<br>9914141   |   |
| 7160   |                  |   |  | Distress/Asthma/COPD/Croup/Reactive Airway  |
| 7160<br>7170   |                  | Seizure   | 9914141  | Distress/Asthma/COPD/Croup/Reactive Airway<br>Medical-Seizure   |
| 7160<br>7170<br>7180   |                  | Seizure Spinal Immobilzation  | 9914141<br>9914073   | Distress/Asthma/COPD/Croup/Reactive Airway Medical-Seizure General-Spinal Immobilization/Clearance Medical-Supraventricular Tachycardia   |
| 7160<br>7170<br>7180<br>7190   |                  | Seizure Spinal Immobilzation Supraventricular Tachycardia   | 9914141<br>9914073<br>9914147  | Distress/Asthma/COPD/Croup/Reactive Airway Medical-Seizure General-Spinal Immobilization/Clearance Medical-Supraventricular Tachycardia (Including Atrial Fibrillation)   |
| 7160<br>7170<br>7180<br>7190<br>7200   |                  | Seizure Spinal Immobilzation Supraventricular Tachycardia Stroke/TIA  | 9914141<br>9914073<br>9914147<br>9914145   | Distress/Asthma/COPD/Croup/Reactive Airway Medical-Seizure General-Spinal Immobilization/Clearance Medical-Supraventricular Tachycardia (Including Atrial Fibrillation) Medical-Stroke/TIA  |
| 7160<br>7170<br>7180<br>7190<br>7200<br>7210   |                  | Seizure Spinal Immobilzation Supraventricular Tachycardia Stroke/TIA Syncope  | 9914141<br>9914073<br>9914147<br>9914145<br>9914149  | Distress/Asthma/COPD/Croup/Reactive Airway Medical-Seizure General-Spinal Immobilization/Clearance Medical-Supraventricular Tachycardia (Including Atrial Fibrillation) Medical-Stroke/TIA Medical-Syncope  |
| 7160<br>7170<br>7180<br>7190<br>7200<br>7210<br>7214                                 |                  | Seizure Spinal Immobilzation Supraventricular Tachycardia Stroke/TIA Syncope Trauma-Arrest  | 9914141<br>9914073<br>9914147<br>9914145<br>9914149<br>9914087   | Distress/Asthma/COPD/Croup/Reactive Airway Medical-Seizure General-Spinal Immobilization/Clearance Medical-Supraventricular Tachycardia (Including Atrial Fibrillation) Medical-Stroke/TIA Medical-Syncope Injury-Cardiac Arrest  |
| 7160<br>7170<br>7180<br>7190<br>7200<br>7210<br>7214<br>7215                         |                  | Seizure Spinal Immobilzation Supraventricular Tachycardia Stroke/TIA Syncope Trauma-Arrest Trauma-Amputation  | 9914141<br>9914073<br>9914147<br>9914145<br>9914149<br>9914087   | Distress/Asthma/COPD/Croup/Reactive Airway Medical-Seizure General-Spinal Immobilization/Clearance Medical-Supraventricular Tachycardia (Including Atrial Fibrillation) Medical-Stroke/TIA Medical-Syncope Injury-Cardiac Arrest Injury-Amputation General-Universal Patient Care/ Initial Patient  |
| 7160<br>7170<br>7180<br>7190<br>7200<br>7210<br>7214<br>7215<br>7220                 | Not precise      | Seizure Spinal Immobilzation Supraventricular Tachycardia Stroke/TIA Syncope Trauma-Arrest Trauma-Amputation Universal Patient Care   | 9914141<br>9914073<br>9914147<br>9914145<br>9914149<br>9914087<br>9914077                                  | Distress/Asthma/COPD/Croup/Reactive Airway Medical-Seizure General-Spinal Immobilization/Clearance Medical-Supraventricular Tachycardia (Including Atrial Fibrillation) Medical-Stroke/TIA Medical-Syncope Injury-Cardiac Arrest Injury-Amputation General-Universal Patient Care/ Initial Patient Contact Cardiac Arrest-Ventricular Fibrillation/   |
| 7160<br>7170<br>7180<br>7190<br>7200<br>7210<br>7214<br>7215<br>7220<br>7230         | Not precise.     | Seizure Spinal Immobilzation Supraventricular Tachycardia Stroke/TIA Syncope Trauma-Arrest Trauma-Amputation Universal Patient Care Ventricular Fibrillation                    | 9914141<br>9914073<br>9914147<br>9914145<br>9914149<br>9914087<br>9914077<br>9914075                       | Distress/Asthma/COPD/Croup/Reactive Airway Medical-Seizure General-Spinal Immobilization/Clearance Medical-Supraventricular Tachycardia (Including Atrial Fibrillation) Medical-Stroke/TIA Medical-Syncope Injury-Cardiac Arrest Injury-Amputation General-Universal Patient Care/ Initial Patient Contact Cardiac Arrest-Ventricular Fibrillation/ Pulseless Ventricular Tachycardia   |
| 7160<br>7170<br>7180<br>7190<br>7200<br>7210<br>7214<br>7215<br>7220<br>7230<br>7232 | ·                | Seizure Spinal Immobilzation Supraventricular Tachycardia Stroke/TIA Syncope Trauma-Arrest Trauma-Amputation Universal Patient Care Ventricular Fibrillation Ventricular Ectopy | 9914141<br>9914073<br>9914147<br>9914145<br>9914149<br>9914087<br>9914077<br>9914075<br>9914017<br>9914151 | Distress/Asthma/COPD/Croup/Reactive Airway Medical-Seizure General-Spinal Immobilization/Clearance Medical-Supraventricular Tachycardia (Including Atrial Fibrillation) Medical-Stroke/TIA Medical-Syncope Injury-Cardiac Arrest Injury-Amputation General-Universal Patient Care/ Initial Patient Contact Cardiac Arrest-Ventricular Fibrillation/ Pulseless Ventricular Tachycardia Medical-Ventricular Tachycardia (With Pulse) Medical-Ventricular Tachycardia (With Pulse) |

E18\_01 Date/Time Medication Administered

### V2 Element V3 Element

# DateTime DateTimeType Null Values No Null Values Yes Is Nillable Yes Is Nillable Yes Recurrence 0: 1 Recurrence 1: 1

#### Comment

v3 uses a pattern to require a timezone offset: (\+|-)[0-9]{2}:[0-9]{2}.

### Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

eMedications.01 Date/Time Medication

| E18_02 Medication Administered Prior to this Units EMS Care |     | eMedications.02 Medication Administered Prior to this Unit's EMS Care |     |     |
|---|-----|---|-----|-----|
| YesNoValues   |     | YesNoValues   |     |     |
| Null Values   | Yes | Null Values   |     | Yes |
| Is Nillable   | No  | Is Nillable   |     | Yes |
| Recurrence  | 0:1 | Recurrence  |     | 1:1 |
| Comment   |     |   |     |     |
| Mapping   |     |   |     |     |
| V2 Pattern  |     | V3 Replaceme  | ent |     |
| 0 No  |     | 9923001   | No  |     |
| 1 Yes   |     | 9923003   | Yes |     |

| E18_03 Medication Given |     | eMedications.03 Medication | on Given |
|-------------------------|-----|----------------------------|----------|
| MedicationsGiven        |     | Medication                 |          |
| Null Values             | Yes | Null Values                | Yes      |
| Is Nillable             | No  | Is Nillable                | Yes      |
| Recurrence              | 1:1 | Recurrence                 | 1:1      |

#### Comment

v2 allows length 2 to 30. v3 allows length 2 to 7 and specifies the use of RxNorm. To add mappings, add entries to v2v3ValueMappingMedication. It is pre-filled with 150 mappings representing 96% of medication administrations with mappable medication names in the National EMS Database.

| Mapping  |                                |  |
|--|--------------------------------|--|
| V2 Pattern   | V3 Replacement                 |  |
|  | 7806                           | Oxygen                                   |
| This mapping is used when the v3 element is mandatory and the v2 | element is missing or contains |  |
| 50% Dextrose   | 237653                         | Glucose 500 MG/ML Injectable Solution    |
| TTY=SCD.   |                                |  |
| 9% NSS   | 313002                         | Sodium Chloride 0.9% Injectable Solution |
| TTY=SCD/SY. V2 value is incorrect; it should be 0.9% NSS.        | 161                            | Acatominanhan                            |
| Acetaminophen  | 161                            | Acetaminophen                            |
| Adenosine  | 296                            | Adenosine                                |
| Albuterol  | 435                            | Albuterol                                |
| Albuterol 2.5/ Atrovent 0.5                                      | 214199                         | Albuterol / Ipratropium                  |
| TTY=MIN.   | 405                            | AU                                       |
| Albuterol Sulfate  | 435                            | Albuterol                                |
| Amiodarone   | 703                            | Amiodarone                               |
| Amiodarone (Cordarone)   | 703                            | Amiodarone                               |
| Amiodorone (Cordarone)   | 703                            | Amiodarone                               |
| ASA  | 1191                           | Aspirin                                  |
| Aspirin  | 1191                           | Aspirin                                  |
| Aspirin (ASA)  | 1191                           | Aspirin                                  |
| Aspirin 81-325 mg  | 1191                           | Aspirin                                  |
| Ativan   | 6470                           | Lorazepam                                |
| Atropine   | 1223                           | Atropine                                 |
| Atropine Sulfate   | 1223                           | Atropine                                 |
| Atrovent   | 7213                           | Ipratropium                              |
| Atrovent (Ipratropium Bromide)                                   | 7213                           | Ipratropium                              |
| Atrovent 0.5mg /Albuterol 3.0m                                   | 214199                         | Albuterol / Ipratropium                  |
| TTY=MIN.   |                                |  |
| Atrovent 0.5mg/Albuterol 3.0mg                                   | 214199                         | Albuterol / Ipratropium                  |
| TTY=MIN.   |                                |  |
| Baby Aspirin   | 1191                           | Aspirin                                  |
| Benadryl   | 3498                           | Diphenhydramine                          |

| Calcium Chloride   | 1901         | Calcium Chloride  |
|--|--------------|---|
| Cardizem   | 3443         | Diltiazem   |
| D50  |              |   |
| TTY=SCD/SY.  | 237653       | Dextrose 50 % Injectable Solution                         |
| D5W (Dextrose 5% in Water)   | 309778       | Dextrose 5 % Injectable Solution                          |
| TTY=SCD/SY.  |              | ,   |
| D5W w/ 1/2 Normal Saline   | 309806       | Dextrose 5 % / sodium chloride 0.45 % Injectable Solution |
| TTY=SCD/SY.  Dexamethasone (Decadron)  | 3264         | Dexamethasone   |
| Dextrose   | 4850         | Glucose   |
| DEXTROSE 50 %  | 237653       | Dextrose 50 % Injectable Solution                         |
| TTY=SCD/SY.  | 237033       | Dexirose 30 78 injectable Solution                        |
| Dextrose 50%   | 237653       | Dextrose 50 % Injectable Solution                         |
| TTY=SCD/SY.  |              | <b>,</b>  |
| Dextrose 50% (D50)   | 237653       | Dextrose 50 % Injectable Solution                         |
| TTY=SCD/SY.  |              |   |
| Diazepam   | 3322         | Diazepam  |
| Diazepam (Valium)  | 3322         | Diazepam  |
| Dilaudid   | 3423         | Hydromorphone   |
| Diltiazem  | 3443         | Diltiazem   |
| Diltiazem (Cardizem)   | 3443         | Diltiazem   |
| Diphenhydramine  | 3498         | diphenhydramine   |
| DIPHENHYDRAMINE (BENADRYL)   | 3498         | diphenhydramine   |
| Diphenhydramine (Benedryl)   | 3498         | diphenhydramine   |
| Dopamine   | 3628         | Dopamine  |
| DuoNeb   | 204199       | Albuterol / Ipratropium                                   |
| TTY=MIN.   | 201.00       | ,   |
| DuoNeb (0.5 Atrovent/3.0 Albut   | 204199       | Albuterol / Ipratropium                                   |
| TTY=MIN. V2 value is contradictory. DuoNeb is not 3.0 albuterol / 0.5        | ipratropium. |   |
| EPI 1:10,000   | 317361       | Epinephrine 0.1 MG/ML                                     |
| TTY=SCDC.  |              |   |
| EPI 1:10000  | 317361       | Epinephrine 0.1 MG/ML                                     |
| TTY=SCDC.  |              |   |
| Epinephrine  | 3992         | Epinephrine   |
| Epinephrine (1:10,000)   | 317361       | Epinephrine 0.1 MG/ML                                     |
| TTY=SCDC.  | 000040       | Friedrice 4 MO/M  |
| Epinephrine 1:1,000  | 328316       | Epinephrine 1 MG/ML                                       |
| TTY=SCDC. Epinephrine 1:10   | 317361       | Epinephrine 0.1 MG/ML                                     |
|  | 317301       | Epinophinic 6.1 Works                                     |
| TTY=SCDC. V2 value is incorrect. It should be 1:10,000. Epinephrine 1:10,000 | 317361       | Epinephrine 0.1 MG/ML                                     |
| TTY=SCDC.  |              |   |
| Epinephrine 1:1000   | 328316       | Epinephrine 1 MG/ML                                       |
| TTY=SCDC.  |              |   |
| Epi-Pen Adult  | 328316       | Epinephrine 1 MG/ML                                       |
| TTY=SCDC.  |              |   |
| Etomidate  | 4177         | Etomidate   |
|  |              |   |
| Fentanyl Fentanyl (Sublimaze)  | 4337<br>4337 | Fentanyl Fentanyl   |

| Furosemide                     | 4603   | Furosemide                 |
|--------------------------------|--------|----------------------------|
| Furosemide (Lasix)             | 4603   | Furosemide                 |
| Glucagon                       | 4832   | Glucagon                   |
| Glucose (Oral)                 | 4850   | Glucose                    |
| Haloperidol (Haldol)           | 5093   | Haloperidol                |
| Heparin                        | 5224   | Heparin                    |
| Hydromorphone (Dilaudid)       | 3423   | Hydromorphone              |
| IBUPROFEN                      | 5640   | Ibuprofen                  |
| insulin                        | 5856   | Insulin                    |
| Ipratropium                    | 7213   | Ipratropium                |
| Ipratropium (Atrovent)         | 7213   | Ipratropium                |
| Ketorolac (Toradol)            | 35827  | Ketorolac                  |
| Labetalol                      | 6185   | Labetalol                  |
| Lactated Ringers               | 35629  | Lactated Ringer's Solution |
| Lasix                          | 4603   | Furosemide                 |
| Levalbuterol HCL (Xopenex)     | 237159 | Levalbuterol               |
| Lidocaine                      | 6387   | Lidocaine                  |
| Lopressor                      | 6918   | Metoprolol                 |
| Lorazepam                      | 6470   | Lorazepam                  |
| Lorazepam (Ativan)             | 6470   | Lorazepam                  |
| LOVENOX                        | 67108  | Enoxaparin                 |
| Magnesium Sulfate              | 6585   | Magnesium Sulfate          |
| Meperidine (Demerol)           | 6754   | Meperidine                 |
| Methylprednisolone             | 6902   | Methylprednisolone         |
| Methylprednisolone (Solu-Medro | 6902   | Methylprednisolone         |
| Methylprednisolone/Solu-Medrol | 6902   | Methylprednisolone         |
| Metoprolol (Lopressor)         | 6918   | Metoprolol                 |
| Midazolam                      | 6960   | Midazolam                  |
| Midazolam (Versed)             | 6960   | Midazolam                  |
| Morphine                       | 7052   | Morphine                   |
| Morphine Sulfate               | 7052   | Morphine                   |
| Naloxone                       | 7242   | Naloxone                   |
| Naloxone (Narcan)              | 7242   | Naloxone                   |
| Narcan                         | 7242   | Naloxone                   |
| Nitro Spray                    | 4917   | Nitroglycerin              |
| Nitroglycerin                  | 4917   | Nitroglycerin              |
| Nitroglycerin Infusion         | 4917   | Nitroglycerin              |
| Nitroglycerin Paste            | 4917   | Nitroglycerin              |
| Nitroglycerin SL               | 4917   | Nitroglycerin              |
| Nitroglycerin Spray            | 4917   | Nitroglycerin              |
| Nitroglycerin, (spray or tabs) | 4917   | Nitroglycerin              |
| Nitroglycerine                 | 4917   | Nitroglycerin              |
| Nitroglycerine (0.4 mg)        | 4917   | Nitroglycerin              |
| Nitroglycerine SL              | 4917   | Nitroglycerin              |
| Nitroglycerine Spray           | 4917   | Nitroglycerin              |
|                                |        |                            |

| Nitroglycerine Tabs  | 4917   | Nitroglycerin   |
|--|--|---|
| Nitrostat  | 4917   | Nitroglycerin   |
| Norepinephrine   | 7512   | NorEpinephrine  |
| Normal Saline  | 313002                                       | Sodium Chloride 0.9% Injectable Solution                        |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacem   | nent if it was used for irrigation           |   |
| Normal Saline (Respiratory Use   | 379454                                       | Sodium Chloride Inhalant Solution                               |
| TTY=SCDF.  |  |   |
| Normal Saline IV Solution  | 313002                                       | Sodium Chloride 0.9% Injectable Solution                        |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacer<br>Normal Saline Solution   | nent if it was used for irrigation<br>313002 | instead of injection.  Sodium Chloride 0.9% Injectable Solution |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacem   |  |   |
| Ondansetron  | 26225  | Ondansetron   |
| Ondansetron (Zofran)   | 26225  | Ondansetron   |
| Ondensatron  | 26225  | Ondansetron   |
| Oral Glucose   | 4850   | Glucose   |
| Oxygen   | 7806   | Oxygen  |
| Oxygen (non-rebreather mask)   | 7806   | Oxygen  |
| OXYGEN (O2)  | 7806   | Oxygen  |
| OXYGEN ADMINISTRATION  | 7806   | Oxygen  |
| Oxygen by Blow By  | 7806   | Oxygen  |
| Oxygen by BVM  | 7806   | Oxygen  |
| Oxygen by Mask   | 7806   | Oxygen  |
| Oxygen by Nasal Cannula  | 7806   | Oxygen  |
| Oxygen by Nebulizer  | 7806   | Oxygen  |
| Oxygen by Non-Rebreather Mask  | 7806   | Oxygen  |
| Oxygen by Positive Pressure De   | 7806   | Oxygen  |
| PHENERGAN  | 8745   | Promethazine  |
| plavix   | 32968  | clopidogrel   |
| PROMETHAZINE   | 8745   | Promethazine  |
| Promethazine HCI (Phenergan)   | 8745   | Promethazine  |
| Promethazine HCL (Phenergran)  | 8745   | Promethazine  |
| PROPOFOL   | 8782   | Propofol  |
| Rocephin   | 2193   | Ceftriaxone   |
| Rocuronium Bromide (Zemuron)   | 68139  | Rocuronium  |
| Saline   | 313002                                       | Sodium Chloride 0.9% Injectable Solution                        |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacem   | nent if it was used for irrigation           | instead of injection.   |
| Sodium Bicarbonate   | 36676  | Sodium Bicarbonate  |
| SODIUM CHLORIDE 0.9%   | 313002                                       | Sodium Chloride 0.9% Injectable Solution                        |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacem   |  |   |
| Solu-Medro (Methylprednisone S   | 6902   | Methylprednisolone  |
| Solu Modrol  | 6902   | Methylprednisolone  Methylprednisolone                          |
| Solu-Medrol Supplied by Supplied Broad Solution Supplied Broad Solution Sol | 6902   | Methylprednisolone  |
| Succinylcholine Succinylcholine (Appeting)   | 10154  | Succinylcholine   |
| Succinylcholine (Anectine)   | 10154  | Succinylcholine   |
| Topapol  | 10454  | Thiamine  |
| TORADOL  | 35827  | Ketorolac   |
| Tylenol  | 5640   | Acetaminophen   |

| VALIUM                | 3322   | Diazepam          |
|-----------------------|--------|-------------------|
| Vancomycin            | 11124  | Vancomycin        |
| Vasopressin           | 11149  | Vasopressin (USP) |
| Vecuronium            | 71535  | Vecuronium        |
| Vecuronium (Norcuron) | 71535  | Vecuronium        |
| Versed                | 6960   | Midazolam         |
| XOPENEX               | 237159 | Levalbuterol      |
| Zofran                | 26225  | Ondansetron       |

E18\_04 Medication Administered Route

Wound

4290

eMedications.04 Medication Administered Route

Wound

#### V2 Element V3 Element

#### MedicationAdministeredRoute CurrentMedicationAdministrationRoute **Null Values** Yes **Null Values** No Is Nillable No Is Nillable No Recurrence 0:1 Recurrence 0:1 Comment Mapping V2 Pattern V3 Replacement 4175 9927005 Edotracheal tube Endotracheal Tube (ET) 4180 9927007 Gastrostomy Tube Gastrostomy tube 4185 Inhalation 9927009 Inhalation 9927015 4190 Intramuscular Intramuscular (IM) 9927021 4191 Intraosseous Intraosseous (IO) 9927017 4195 Intranasal Intranasal 4200 Intraocular 9927019 Intraocular 4205 Intravenous 9927023 Intravenous (IV) Intranasal 4210 Nasal 9927017 4215 Nasal prongs 9927025 Nasal Cannula 4220 Nasogastric 9927027 Nasogastric 4225 Ophthalmic 9927033 Ophthalmic 4230 Oral 9927035 Oral 4235 Other/miscellaneous 9927037 Other/miscellaneous v3 supports additional specific values. 4240 9927039 Otic Re-breather mask Re-breather mask 4245 9927041 4250 Rectal 9927043 Rectal 4255 Subutaneous 9927045 Subcutaneous 4260 Sublingual 9927047 Sublingual 9927049 **Topical** 4265 **Topical** 4270 Tracheostomy 9927051 Tracheostomy 4275 Transdermal 9927053 Transdermal Urethral Urethral 4280 9927055 4285 Ventimask Ventimask 9927057

June 4, 2014 Page 414

9927059

| E18_05 Medication Dosage |     | eMedications.05 Medic | eMedications.05 Medication Dosage |  |  |
|--------------------------|-----|-----------------------|-----------------------------------|--|--|
| MedicationDosage         |     | MedicationDosage      |                                   |  |  |
| Null Values No           |     | Null Values           | Yes                               |  |  |
| Is Nillable              | No  | Is Nillable           | Yes                               |  |  |
| Recurrence               | 0:1 | Recurrence            | 1:1                               |  |  |
| Comment                  |     |                       |                                   |  |  |
| Mapping                  |     |                       |                                   |  |  |
| V2 Pattern               |     | V3 Replacement        |                                   |  |  |

4370

Puffs

# V2 Element V3 Element

| E18_06 Medication Dosage Units |                           | eMedications | .06 Medication Dosage Uni | ts                                   |        |
|--------------------------------|---------------------------|--------------|---------------------------|--------------------------------------|--------|
| MedicationDosa                 | ageUnits                  |              | MedicationDosa            | geUnits                              |        |
| Null Values                    |                           | No           | Null Values               | Yes                                  | S      |
| Is Nillable                    |                           | No           | Is Nillable               | Yes                                  | S      |
| Recurrence                     |                           | 0:1          | Recurrence                | 1:                                   | 1      |
| Comment                        |                           |              |                           |                                      |        |
| Mapping                        |                           |              |                           |                                      |        |
| V2 Pattern                     |                           |              | V3 Replacemen             | t                                    |        |
| 4295                           | GMS                       |              | 3706001                   | Grams                                |        |
| 4300                           | Inches                    |              | 3706003                   | Inches                               |        |
| 4305                           | IU                        | 3706005      |                           | International Units                  |        |
| 4310                           | KVO (TKO)                 |              | 3706007                   | 3706007 Keep Vein Open (To Keep Oper |        |
| 4315                           | L/MIN                     |              | 3706011                   | 3706011 Liters Per Minute            |        |
| 4320                           | LITERS                    |              | 3706009                   | Liters                               |        |
| 4325                           | LPM                       |              | 3706011                   | Liters Per Minute                    |        |
| 4330                           | MCG                       |              | 3706015                   | Micrograms                           |        |
| 4335                           | MCG/KG/MIN                | N .          | 3706017                   | Micrograms per Kilogram per M        | linute |
| 4340                           | MEQ                       |              | 3706019                   | Milliequivalents                     |        |
| 4345                           | MG                        |              | 3706021                   | Milligrams                           |        |
| 4350                           | MG/KG/MIN                 | MG/KG/MIN    |                           | Milligrams Per Kilogram Per Mi       | nute   |
| 4355                           | ML                        |              | 3706025                   | Milliliters                          |        |
| 4360                           | ML/HR                     |              | 3706027                   | Milliliters Per Hour                 |        |
| 4365                           | Other                     |              | 3706029 Other             |                                      |        |
| v3 suppor                      | ts additional specific va | lues.        |                           |                                      |        |

3706013

MDI Puffs

| E18_07 Response to Medication |           | eMedication | eMedications.07 Response to Medication |           |     |
|-------------------------------|-----------|-------------|--|-----------|-----|
| ResponseToMed                 | ication   |             | Response                               |           |     |
| Null Values                   |           | Yes         | Null Values                            |           | Yes |
| Is Nillable                   |           | No          | Is Nillable                            |           | Yes |
| Recurrence                    |           | 0:1         | Recurrence                             |           | 1:1 |
| Comment                       |           |             |  |           |     |
| Mapping                       |           |             |  |           |     |
| V2 Pattern                    |           |             | V3 Replaceme                           | ent       |     |
| 4375                          | Improved  |             | 9916001                                | Improved  |     |
| 4380                          | Unchanged |             | 9916003                                | Unchanged |     |
| 4385                          | Worse     |             | 9916005                                | Worse     |     |

4475

Vomiting

# V2 Element V3 Element

| E18_08 Medication Complication |                                | eMedications                     | s.08 Medication Comp                     | olication                 |       |
|--------------------------------|--------------------------------|----------------------------------|--|---------------------------|-------|
| MedicationCom                  | plication                      |                                  | MedicationCom                            | plication                 |       |
| Null Values                    |                                | Yes                              | Null Values                              |                           | Yes   |
| Is Nillable                    |                                | No                               | Is Nillable                              |                           | Yes   |
| Recurrence                     |                                | 1 : M                            | Recurrence                               |                           | 1 : M |
| Comment                        |                                |                                  |  |                           |       |
| Mapping                        |                                |                                  |  |                           |       |
| V2 Pattern                     |                                |                                  | V3 Replacemen                            | nt                        |       |
| 4390                           | None                           |                                  | 3708031                                  | None                      |       |
| 4395                           | Altered Me                     | ental Status                     | 3708001                                  | Altered Mental Status     | •     |
| 4400                           | Apnea                          |                                  | 3708003                                  | Apnea                     |       |
| 4405                           | Bleeding                       | Bleeding                         |  | Bleeding                  |       |
| 4410                           | Bradycard                      | Bradycardia                      |  | Bradycardia               |       |
| 4415                           | Diarrhea                       |                                  | 3708011                                  | Diarrhea                  |       |
| 4420                           | Extravasio                     | Extravasion 3                    |  | Extravasation             |       |
| 4425                           | Hypertens                      | ion                              | 3708015                                  | Hypertension              |       |
| 4430                           | Hypertheri                     | mia                              | 3708017                                  | Hyperthermia              |       |
| 4435                           | Hypotensi                      | on                               | 3708019                                  | Hypotension               |       |
| 4440                           | Hypoxia                        |                                  | 3708023                                  | Hypoxia                   |       |
| 4445                           | Injury                         | Injury                           |  | Injury                    |       |
| 4450                           | Itching/Urt                    |                                  |  | 3708027 Itching/Urticaria |       |
| v3 value is                    | s deprecated. 370804<br>Nausea | 43 Itching and 3708045 Urticaria | are also appropriate v3 repla<br>3708029 | acements.  Nausea         |       |
| 4460                           | Other                          |                                  | 3708033                                  | Other (Not Listed)        |       |
|                                | ts additional specific         | values                           | 3/00033                                  | Other (Not Listed)        |       |
| 4465                           | Respirator                     |                                  | 3708035                                  | Respiratory Distress      |       |
| 4470                           |                                | Tachycardia                      |  | Tachycardia               |       |

June 4, 2014 Page 418

3708041

Vomiting

| E18_09 Medication Crew Member ID |                 | eMedications.09 Medic<br>Professionals) ID | eMedications.09 Medication Crew (Healthcare Professionals) ID |  |  |
|----------------------------------|-----------------|--|---|--|--|
| CrewMemberID                     |                 | CrewMemberID                               |   |  |  |
| Null Values                      | Il Values Yes N |  | Yes   |  |  |
| Is Nillable                      | No              | Is Nillable                                | Yes   |  |  |
| Recurrence                       | 0:1             | Recurrence 0:1                             |   |  |  |
| Comment                          |                 |  |   |  |  |
| Mapping                          |                 |  |   |  |  |
| V2 Pattern                       |                 | V3 Replacement                             |   |  |  |

| E18_10 Med     | lication Autho | rization                          | eMedications    | s.11 Medication Authorization     |  |
|----------------|----------------|-----------------------------------|-----------------|-----------------------------------|--|
| MedicationAuth | orization      |                                   | TxAuthorization |                                   |  |
| Null Values    |                | Yes                               | Null Values     | No                                |  |
| Is Nillable    |                | No                                | Is Nillable     | No                                |  |
| Recurrence     |                | 0:1                               | Recurrence      | 0:1                               |  |
| Comment        |                |                                   |                 |                                   |  |
| Mapping        |                |                                   |                 |                                   |  |
| V2 Pattern     |                |                                   | V3 Replacemer   | nt                                |  |
| 4480           | On-Line        | On-Line                           |                 | On-Line (Remote Verbal Order)     |  |
| 4485           | On-Scen        | On-Scene                          |                 | On-Scene                          |  |
| 4490           | Protocol       | Protocol (Standing Order)         |                 | Protocol (Standing Order)         |  |
| 4495           | Written C      | Written Orders (Patient Specific) |                 | Written Orders (Patient Specific) |  |

E18\_11 Medication Authorizing Physician

eMedications.12 Medication Authorizing Physician

### V2 Element V3 Element

# LastName PersonName Null Values Yes Is Nillable No Recurrence 0: 1 Recurrence 0: 1

#### Comment

v2 defines as the last name. v3 defines as the name.

# Mapping

V2 Pattern V3 Replacement

.

E19\_01 Date/Time Procedure Performed

eAirway.02 Date/Time Airway Device Placement

#### V2 Element V3 Element

#### Successfully Confirmation DateTime DateTimeType **Null Values** No **Null Values** Yes Is Nillable Yes Is Nillable Yes 0:1 Recurrence 0:1 Recurrence

#### Comment

This mapping is correlated with the mapping of E19\_03 Procedure to eAirway.04 Airway Device Placement Confirmed Method. v3 uses a pattern to require a timezone offset: (\+|-)[0-9]{2}:[0-9]{2}.

### Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

E19\_01 Date/Time Procedure Performed

eDisposition.25 Date/Time of Destination Prearrival

#### V2 Element V3 Element

#### Successfully Alert or Activation DateTime DateTimeType **Null Values** No **Null Values** Yes Is Nillable Yes Is Nillable Yes 1:1 Recurrence 0:1 Recurrence

### Comment

This mapping is correlated with the mapping of E19\_03 Procedure to eDisposition.24 Destination Team Pre-Arrival Activation. v3 uses a pattern to require a timezone offset: (\+|-)[0-9]{2}:[0-9]{2}.

#### Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

# E19\_01 Date/Time Procedure Performed Successfully

# eProcedures.01 Date/Time Procedure Performed

| DateTime    |     | DateTimeType |     |
|-------------|-----|--------------|-----|
| Null Values | No  | Null Values  | Yes |
| Is Nillable | Yes | Is Nillable  | Yes |
| Recurrence  | 0:1 | Recurrence   | 1:1 |

#### Comment

v3 uses a pattern to require a timezone offset: (\+|-)[0-9]{2}:[0-9]{2}.

# Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

| E19_02 Procedure Performed Prior to this Units EMS Care |     | eProcedures.02 Procedure Performed Prior to this Unit's EMS Care |     |     |  |
|---|-----|--|-----|-----|--|
| YesNoValues   |     | YesNoValues  |     |     |  |
| Null Values   | Yes | Null Values Yes  |     | Yes |  |
| Is Nillable   | No  | Is Nillable  |     | Yes |  |
| Recurrence  | 0:1 | Recurrence   |     | 1:1 |  |
| Comment   |     |  |     |     |  |
| Mapping   |     |  |     |     |  |
| V2 Pattern  |     | V3 Replacement   | t   |     |  |
| 0 No  |     | 9923001  | No  |     |  |
| 1 Yes   |     | 9923003  | Yes |     |  |

| E19_03 Procedure |                     | eAirway.03 Airway Device Being Confirmed |                             |                       |  |
|------------------|---------------------|--|-----------------------------|-----------------------|--|
| Procedure        |                     | DeviceBeingConfirmed                     |                             |                       |  |
| Null Values      |                     | Yes                                      | Null Values                 | Yes                   |  |
| Is Nillable      |                     | No                                       | Is Nillable                 | Yes                   |  |
| Recurrence       |                     | 1:1                                      | Recurrence                  | 0:1                   |  |
| Comment          |                     |  |                             |                       |  |
| Mapping          |                     |  |                             |                       |  |
| V2 Pattern       |                     |  | V3 Replacemen               | t                     |  |
| 31.110           | Airway-Ne           | edle Cricothyrotomy                      | 4003001 Cricothyrotomy Tube |                       |  |
| 31.120           | Airway-Su           | Airway-Surgical Cricothyrotomy           |                             | Cricothyrotomy Tube   |  |
| 96.030           | Airway-EC           | )A/EGTA                                  | 4003005                     | Other-Invasive Airway |  |
| 96.040           | Airway-Or           | ay-Orotracheal Intubation 4003003        |                             | Endotracheal Tube     |  |
| 96.041           | Airway-Na           | sotracheal Intubation                    | 4003003 Endotracheal Tube   |                       |  |
| 96.042           | Airway-Ra           | pid Sequence Induction                   | 4003003 Endotracheal Tube   |                       |  |
| 96.051           | Airway-Co<br>Device | mbitube Blind Insertion Airway           | 4003007 SAD-Combitube       |                       |  |
| 96.052           | Airway-La<br>Device | ryngeal Mask Blind Insertion Airway      | 4003011 SAD-LMA             |                       |  |
| 96.053           | Airway-Kir          | ng LT Blind Insertion Airway Device      | 4003009 SAD-King            |                       |  |
| 97.231           | Airway-Int<br>Stoma | ubation of Existing Tracheostomy         | 4003015 Tracheostomy Tube   |                       |  |
|                  |                     |  |                             |                       |  |

| E19_03 Procedure |   | eAirway.04 Airway Device Placement Confirmed Method |  |  |  |
|------------------|---|---|--|--|--|
| Procedure        |   | DeviceConfirmedMethods                              |  |  |  |
| Null Values      | Yes                                       | Null Values Yes                                     |  |  |  |
| Is Nillable      | No  | Is Nillable Yes                                     |  |  |  |
| Recurrence       | 1:1                                       | Recurrence 0: M                                     |  |  |  |
| Comment          |   |   |  |  |  |
| Mapping          |   |   |  |  |  |
| V2 Pattern       |   | V3 Replacement                                      |  |  |  |
| 96.991           | Airway-Intubation Confirm Colorimetric ET | CO2 4004005 Colorimetric ETCO2                      |  |  |  |
| 96.992           | Airway-Intubation Confirm Esophageal Bul  | b 4004003 Bulb/Syringe Aspiration                   |  |  |  |

3009019 Ventilation-Pocket Mask is also an appropriate v3 replacement.

| E19_03 Procedure    |  | eArrest.09 Type of CPR Provided                |  |                                     |  |
|---------------------|--|--|--|-------------------------------------|--|
| Procedure           |  | СРЯТуре  |  |                                     |  |
| Null Values         | Yes  | Null Values                                    |  | Yes                                 |  |
| Is Nillable         | No   | Is Nillable                                    |  | Yes                                 |  |
| Recurrence          | 1:1  | Recurrence                                     |  | 1 : M                               |  |
| Comment             |  |  |  |                                     |  |
| Mapping             |  |  |  |                                     |  |
| V2 Pattern          |  | V3 Replacement                                 |  |                                     |  |
| 93.931 Air          | way-Bagged (via BVMask)                      | 3009013 Ventilation-Bag Valve Mask             |  | n-Bag Valve Mask                    |  |
| 96.703 Air          | way-Impedance Threshold Device               | 3009015 Ventilation-Impedance Threshold Device |  | n-Impedance Threshold Device        |  |
| 99.600 CF           | R-Start Compressions and Ventilations        | 3009009 Compressions-Intermittent with Ventila |  | sions-Intermittent with Ventilation |  |
| 99.601 CF           | R by Other External Automated Device         | 3009011 Compressio                             |  | sions-Other Device (Not Listed)     |  |
| 3009005 Compression | s-External Plunger Type Device is also an ap | propriate v3 replacement.                      |  |                                     |  |
| 99.602 CF           | R-AutoPulse Device                           | 3009003  | Compressions-External Band Type Device |                                     |  |
| 99.603 CF           | R-Mechanical Thumper Type Device             | 3009007 Compressions-External Thumper T        |  | sions-External Thumper Type Device  |  |
|                     | R-Start Compressions only without ntilation  | 3009001 Compressions-Continuous                |  | sions-Continuous                    |  |
|                     | R-Start Rescue Breathing without mpressions  | 3009017  | Ventilation                            | n-Mouth to Mouth                    |  |

| E19_03 Procedure | eArrest.10 Therap                  | eArrest.10 Therapeutic Hypothermia Initiated |     |     |  |
|------------------|------------------------------------|--|-----|-----|--|
| Procedure        |                                    | YesNoValues                                  |     |     |  |
| Null Values      | Yes                                | Null Values                                  |     | Yes |  |
| Is Nillable      | No                                 | Is Nillable                                  |     | Yes |  |
| Recurrence       | 1:1                                | Recurrence                                   |     | 1:1 |  |
| Comment          |                                    |  |     |     |  |
| Mapping          |                                    |  |     |     |  |
| V2 Pattern       | Deticat Cooling Doot Doorseitation | V3 Replacement                               | Vas |     |  |
| 99.811 F         | Patient Cooling-Post Resuscitation | 9923003                                      | Yes |     |  |

eCustomResults.01 Custom Data Element Result

# V2 Element V3 Element

# Procedure CustomResults Null Values Yes Null Values Yes Is Nillable No Is Nillable Yes Recurrence 1: 1 Recurrence 1: M

#### Extends eProcedures.03

#### Comment

E19\_03 Procedure

# Mapping

| V2 Pattern |   | V3 Replacement |  |
|------------|---|----------------|--|
| 100.200    | Extrication   | 100.200        | Extrication  |
| 100.300    | Patient Loaded  | 100.300        | Patient Loaded   |
| 100.301    | Patient Loaded-Helicopter Hot-Load                            | 100.301        | Patient Loaded-Helicopter Hot-Load                             |
| 100.302    | Patient Off-Loaded  | 100.302        | Patient Off-Loaded   |
| 100.303    | Patient Off-Loaded Helicopter Hot Off-Load                    | 100.303        | Patient Off-Loaded Helicopter Hot Off-Load                     |
| 101.101    | Specialty Center Activation-Adult Trauma                      | 101.101        | Specialty Center Activation-Adult Trauma                       |
| 101.102    | Specialty Center Activation-Pediatric Trauma                  | 101.102        | Specialty Center Activation-Pediatric Trauma                   |
| 101.103    | Specialty Center Activation-Cardiac Arrest                    | 101.103        | Specialty Center Activation-Cardiac Arrest                     |
| 101.104    | Specialty Center Activation-STEMI                             | 101.104        | Specialty Center Activation-STEMI                              |
| 101.105    | Specialty Center Activation-Stroke                            | 101.105        | Specialty Center Activation-Stroke                             |
| 101.201    | Activation-Advanced Hazmat Specialty<br>Service/Response Team | 101.201        | Activation-Advanced Hazmat Specialty Service/Response Team     |
| 101.203    | Activation-Other Specialty Service/Response Team              | 101.203        | Activation-Other Specialty Service/Response Team               |
| 101.204    | Activation-Rescue Specialty Service/Response Team             | 101.204        | Activation-Rescue Specialty Service/Response Team              |
| 101.206    | Activation-Tactical or SWAT Specialty Service/Response Team   | 101.206        | Activation-Tactical or SWAT Specialty<br>Service/Response Team |
| 89.821     | 12 Lead ECG-Transmitted                                       | 89.821         | 12 Lead ECG-Transmitted  |
| 96.992     | Airway-Intubation Confirm Esophageal Bulb                     | 96.992         | Airway-Intubation Confirm Esophageal Bulb                      |
| 99.615     | CPR-Stop  | 99.615         | CPR-Stop   |

E19\_03 Procedure

101.105

eDisposition.24 Destination Team Pre-Arrival Alert

Yes-Stroke

# V2 Element V3 Element

Specialty Center Activation-Stroke

|             |           |                                    | Of Activation   |           |              |
|-------------|-----------|------------------------------------|-----------------|-----------|--------------|
| Procedure   |           | DestinationPrearrivalActivation    |                 |           |              |
| Null Values |           | Yes                                | Null Values Yes |           | Yes          |
| Is Nillable |           | No                                 | Is Nillable     |           | Yes          |
| Recurrence  |           | 1:1                                | Recurrence      |           | 1:1          |
| Comment     |           |                                    |                 |           |              |
| Mapping     |           |                                    |                 |           |              |
| V2 Pattern  |           |                                    | V3 Replacement  |           |              |
| 101.101     | Specialty | Center Activation-Adult Trauma     | 4224003         | Yes-Adult | Trauma       |
| 101.102     | Specialty | Center Activation-Pediatric Trauma | 4224011         | Yes-Pedia | atric Trauma |
| 101.103     | Specialty | Center Activation-Cardiac Arrest   | 4224005         | Yes-Card  | iac Arrest   |
| 101.104     | Specialty | Center Activation-STEMI            | 4224013         | Yes-STE   | MI           |
|             |           |                                    |                 |           |              |

4224015

| E19_03 Procedure |                         | eProcedures.03 Procedure                         |                           |                |  |
|------------------|-------------------------|--|---------------------------|----------------|--|
| Procedure        |                         |  | snomed                    |                |  |
| Null Values      |                         | Yes  | Null Values               |                | Yes                                    |
| s Nillable       |                         | No   | Is Nillable               |                | Yes                                    |
| Recurrence       |                         | 1:1  | Recurrence                |                | 1:1                                    |
| Comment          |                         |  |                           |                |  |
| Mapping          |                         |  |                           |                |  |
| V2 Pattern       |                         |  | V3 Replacement            |                |  |
| 1.181            | CNS Cat                 | heter-Epidural Maintenance                       | 424432007                 | Epidural o     | catheter maintenance                   |
| 1.182            | CNS Cat                 | heter-Intraventricular Maintenance               | 230937006                 | Procedure      | e for monitoring intracranial pressure |
| Not precise.     |                         |  |                           |                | 0                                      |
| 100.100          | Rescue                  |  | 83887000                  | Rescue v       | rehicle                                |
|                  |                         | t a procedure) should only be used for v2        |                           | ses. This desc | cription does not represent rescue     |
|                  |                         | ers to remove the patient from the environ       |                           | Madianta       | wall and an family all all and         |
| 01.202           |                         | n-Fire Rehabilitation Specialty<br>Response Team | 165189005                 | iviedicai e    | evaluation for rehabilitation          |
| Not precise.     |                         |  |                           |                |  |
| 101.205          |                         | n-Social Services Notification/Referral          | 306238000                 |                | o Social Services                      |
| 101.500          | Contact Medical Control |  | 304562007                 | Informing      | doctor                                 |
| 31.110           | Airway-N                | leedle Cricothyrotomy                            | 232689008                 | Percutane      | eous cricothyroidotomy                 |
| 31.120           | Airway-S                | surgical Cricothyrotomy                          | 232692007                 | Open cric      | cothyroidotomy                         |
| 31.420           | Airway-D                | irect Laryngoscopy                               | 78121007                  | Direct lary    | yngoscopy                              |
| 31.421           | Airway-V                | ideo Laryngoscopy                                | 673005                    | Indirect la    | aryngoscopy                            |
| 34.041           | Chest De                | ecompression                                     | 182705007                 | Tension p      | oneumothorax relief                    |
| 34.042           | Chest Tu                | be Placement                                     | 264957007                 | Insertion      | of pleural tube drain                  |
| 37.000           | Pericardi               | ocentesis  | 309849004                 | Pericardio     | ocentesis                              |
| 37.611           | Intra-Aor               | tic Balloon Pump Maintenance                     | 34475007                  | Intraaortio    | c balloon pump maintenance             |
| 37.612           | Left Vent               | tricular Assist Device Maintenance               | 386237008                 | Circulator     | ry care: mechanical assist device      |
| 38.910           | Arterial A              | Access-Blood Draw                                | 55841001                  | Arterial po    | uncture for withdrawal of blood for    |
| 38.990           | Venous /                | Access-Blood Draw                                | 396540005                 | Phlebotor      | my                                     |
| 38.991           | Venous A                | Access-Existing Catheter                         | 397901004                 | Pre-existi     | ng line accessed                       |
| 38.992           | Venous /                | Access-Extremity                                 | 392230005                 | Catheteriz     | zation of vein                         |
| 38.993           | Venous /                | Access-External Jugular Line                     | 405427009                 | Catheteriz     | zation of external jugular vein        |
| 88.994           | Venous /                | Access-Femoral Line                              | 405442007                 | Catheteriz     | zation of common femoral vein          |
| 88.995           | Blood GI                | ucose Analysis                                   | 33747003                  | Glucose r      | measurement, blood                     |
| 39.995           | Venous /                | Access-Internal Jugular Line                     | 405425001                 | Catheteriz     | zation of internal jugular vein        |
| 39.996           | Venous /                | Access-Subclavian Line                           | 405430002                 | Catheteriz     | zation of subclavian vein              |
| 39.997           | Venous /                | Access-Discontinue                               | 103715008                 | Removal        | of catheter                            |
| 424287005 Remo   | oval of perip           | heral intravenous catheter is also an app        | propriate v3 replacement. |                |  |
| 39.998           |                         | Access-Umbilical Vein Cannulation                | 42550007                  | Catheteriz     | zation of umbilical vein               |

| 41.920 |                   | Venous Access-Intraosseous Adult   | 430824005                              | Intraosseous cannulation                                    |
|--------|-------------------|--|--|---|
| 41.921 |                   | Venous Access-Intraosseous Pediatric   | 430824005                              | Intraosseous cannulation                                    |
| 57.940 |                   | Urinary Catheterization  | 410024004                              | Insertion of catheter into urinary bladder                  |
| 73.590 |                   | Childbirth   | 236973005                              | Delivery procedure  |
| 79.700 |                   | Joint Reduction/Relocation   | 58825001                               | Closed reduction of dislocation                             |
| 86.090 |                   | Escharotomy  | 70177008                               | Escharotomy   |
| 86.280 |                   | Decontamination  | 409530006                              | Decontamination   |
| 89.391 |                   | Capnography (CO2 Measurement)  | 284029005                              | Respired carbon dioxide monitoring                          |
| 89.392 |                   | Pulse Oximetry   | 252465000                              | Pulse oximetry  |
| 89.510 |                   | Cardiac Monitor  | 88140007                               | Cardiac monitor surveillance                                |
| 89.590 |                   | Orthostatic Blood Pressure Measurement   | 425058005                              | Taking orthostatic vital signs                              |
| 89.599 |                   | "Patient Monitoring of Pre-existing Devices,<br>Equipment, or Ongoing Medications" | 182777000                              | Monitoring of patient                                       |
| 89.610 |                   | Arterial Line Maintenance  | 422744007                              | Arterial catheter care                                      |
| 89.620 |                   | Venous Access-Central Line Maintenance   | 226005007                              | Care of central line  |
| 89.640 |                   | Venous Access-Swan Ganz Maintenance  | 42340005                               | Pulmonary artery wedge pressure monitoring                  |
| 89.700 |                   | Assessment-Adult   | 422440002                              | Adult continuous physical assessment                        |
| 89.701 |                   | Assessment-Pediatric   | 423850004                              | Pediatric continuous physical assessment                    |
| 89.702 | 423589000 Newbor  | n continuous physical assessment may also be an<br>Pain Measurement                | appropriate v3 replacement.  225399009 | Pain assessment (procedure)                                 |
| 89.703 |                   | Temperature Measurement  | 56342008                               | Temperature taking (procedure)                              |
| 89.704 |                   | Thrombolytic Screen  | 20135006                               | Screening procedure   |
| 00.701 | Not precise.      | Thrombolyno coloci.  | 20100000                               | Colodining procedure  |
| 89.820 |                   | 12 Lead ECG-Obtain   | 268400002                              | 12 lead ECG   |
| 93.055 | Not precise.      | Wound Care-Taser Barb Removal  | 302421003                              | Removal of foreign body from skin                           |
| 93.056 | Not produc.       | Wound Care-Tourniquet  | 20655006                               | Application of tourniquet                                   |
| 93.057 |                   | Wound Care-General   | 225358003                              | Wound care  |
| 93.058 |                   | Wound Care-Irrigation  | 225116006                              | Irrigation of wound   |
| 93.059 |                   | Wound Care-Hemostatic Agent  | 372045002                              | Application of chemical hemostatic agents                   |
| 93.350 |                   | "Patient Warming (Hot Pack, etc.)"   | 431949004                              | Active external warming of subject                          |
| 93.450 |                   | Splinting-Traction   | 302488007                              | Application of traction using a traction device             |
|        | 59900003 Manual a | and mechanical traction is also an appropriate v3 rep                              | placement.                             |   |
| 93.540 |                   | Splinting-Basic  | 79321009                               | Application of splint                                       |
| 93.580 |                   | MAST   | 448970001                              | Application of pressure trouser (procedure)                 |
| 93.591 |                   | Spinal Immobilization  | 426498007                              | Stabilization of spine                                      |
|        | 398041008 Cervica | I spine immobilization is also an appropriate v3 repl                              |  |   |
| 93.900 |                   | Airway-CPAP  | 47545007                               | Continuous positive airway pressure ventilation treatment   |
| 93.910 |                   | Airway-Respirator Operation (BLS)  | 40617009                               | Artificial respiration                                      |
| 93.930 |                   | Airway-Bagged (via tube)   | 243140006                              | Lung inflation by intermittent compression of reservoir bag |
| 93.931 |                   | Airway-Bagged (via BVMask)   | 425447009                              | Bag valve mask ventilation                                  |
| 93.940 |                   | Airway-Nebulizer Treatment   | 56251003                               | Nebulizer treatment   |
| 96.010 |                   | Airway-Nasal   | 182692007                              | Nasopharyngeal airway insertion                             |
| 96.020 |                   | Airway-Oral  | 7443007                                | Insertion of oropharyngeal airway                           |
| 96.030 |                   | Airway-EOA/EGTA  | 232673005                              | Obturator airway insertion                                  |
| 96.040 |                   | Airway-Orotracheal Intubation  | 232674004                              | Orotracheal intubation                                      |

| 96.041           | Airway-Nasotracheal Intubation   | 232679009                                       | Nasotracheal intubation   |
|------------------|--|---|---|
| 96.042           | Airway-Rapid Sequence Induction  | 241689008                                       | Rapid sequence induction  |
| 96.051           | Airway-Combitube Blind Insertion Airw<br>Device  |   | Insertion of esophageal tracheal combitube  |
| 96.052           | Airway-Laryngeal Mask Blind Insertion Device   | Airway 424979004                                | Laryngeal mask airway insertion   |
| 96.053           | Airway-King LT Blind Insertion Airway  | Device 427753009                                | Insertion of esophageal tracheal double lumen supraglottic airway   |
| 96.070           | Gastric Tube Insertion-Inserted Nasally  | y 87750000                                      | Insertion of nasogastric tube   |
| 96.071           | Gastric Tube Insertion-Inserted Orally   | 235425002                                       | Insertion of orogastric tube  |
| 96.700           | Airway-Ventilator Operation  | 8948006   | Assisted ventilation therapy, pressure or volume preset, initiation and management                                      |
| 96.701           | Airway-Ventilator with PEEP  | 45851008  | Positive end expiratory pressure ventilation therapy, initiation and management   |
| 96.702           | Airway-BiPAP   | 243142003                                       | Dual pressure spontaneous ventilation support   |
| 96.703           | Airway-Impedence Threshold Device  | 441893003                                       | Active compression decompression<br>cardiopulmonary resuscitation with use of<br>inspiratory impedance threshold device |
| 96.790           | Airway-PEEP  | 45851008  | Positive end expiratory pressure ventilation therapy, initiation and management   |
| 96.991           | Airway-Intubation Confirm Colorimetric   | ETCO2 428482009                                 | Colorimetric respired carbon dioxide monitoring   |
| 96.993           | Airway-Extubation  | 232708009                                       | Removal of device from airway   |
| 97.230           | Airway-Change Tracheostomy Tube  | 2267008   | Changing tracheostomy tube  |
| 97.231           | Airway-Intubation of Existing Tracheos Stoma   | stomy 232685002                                 | Insertion of tracheostomy tube  |
| 98.130           | "Airway-Cleared, Opened, or Heimlich'  | " 232707004                                     | Removal of foreign body from airway   |
| 98.131           | v2 value 98.131 Airway-Foreign Body Removal also maps Airway-Foreign Body Removal  | to this v3 value. 23690002 Heimlio<br>232707004 | ch maneuver is also an appropriate v3 replacement.  Removal of foreign body from airway                                 |
| 98.150           | Airway-Suctioning  | 230040009                                       | Airway suction technique  |
| 99.290           | Injections-SQ/IM   | 24456005  | Injection of soft tissue  |
|                  | 76601001 Intramuscular injection and 32282008 Subcutan   |   |   |
| 99.600           | CPR-Start Compressions and Ventilati   |   | Cardiopulmonary resuscitation   |
| 99.601           | CPR by Other External Automated Dev  |   | Mechanically assisted chest compression   |
| 99.602           | Unable to distinguish from AutoPulse or Mechanical Thump  CPR-AutoPulse Device   | per Type Device.<br>429283006                   | Mechanically assisted chest compression   |
| 99.002           | Unable to distinguish from Mechanical Thumper or Other E   |   | Mechanically assisted thest compression   |
| 99.603           | CPR-Mechanical Thumper Type Device   | e 429283006                                     | Mechanically assisted chest compression   |
| 00.604           | Unable to distinguish from AutoPulse or Other External Aut | tomated Device.<br>225708008                    | Precordial thump  |
| 99.604           | CPR-Start Compressions only without  | 69779005  | Cardiac resuscitation   |
| 99.011           | Ventilation  | 09119003  | Cardiac resuscitation   |
| 99.612           | CPR-Start Rescue Breathing without Compressions  | 37113006  | Mouth-to-mouth resuscitation  |
| 99.621           | 11140008 Respiratory assist, manual is also an appropriate Defibrillation-Automated (AED)  | e v3 replacement.<br>426220008                  | External ventricular defibrillation   |
|                  | Unable to distinguish from manual defibrillation.  |   |   |
| 99.622           | Defibrillation-Manual  | 426220008                                       | External ventricular defibrillation   |
|                  | Unable to distinguish from automated defibrillation.  Cardioversion  | 05000000  | Condinueraion   |
| 00.000           |  | 250980009                                       | Cardioversion   |
| 99.623           |  | E0040000  | Tarana anama tarana antara antara a   |
| 99.624           | Cardiac Pacing-External  | 59218006  | Temporary transcutaneous pacing   |
| 99.624<br>99.625 | Cardiac Pacing-External  Defibrillation-Placement for Monitoring   | /Analysis 23852006                              | Cardiac monitoring  |
| 99.624           | Cardiac Pacing-External  |   |   |

| 99.641 | Vagal Maneuver-Valsalva or Other Vagal<br>Maneuver (Not Carotid Massage) | 128968000 | Vagal stimulation physiologic challenge |
|--------|--|-----------|---|
| 99.810 | "Patient Cooling (Cold Pack, etc.)"                                      | 431774007 | Active external cooling of subject      |
| 99.811 | Patient Cooling-Post Resuscitation                                       | 430189000 | Hypothermia induction therapy           |
| 99.841 | Restraints-Pharmacological   | 406164000 | Chemical restraint                      |
| 99.842 | Restraints-Physical  | 386423001 | Physical restraint                      |

| E19_04 Size of Procedure Equipment |     | eProcedures.04 Size of   | eProcedures.04 Size of Procedure Equipment |  |  |
|------------------------------------|-----|--------------------------|--|--|--|
| SizeOfProcedureEquipment           |     | SizeOfProcedureEquipment |  |  |  |
| Null Values                        | Yes | Null Values              | No   |  |  |
| Is Nillable                        | No  | Is Nillable              | No   |  |  |
| Recurrence                         | 0:1 | Recurrence               | 0:1  |  |  |
| Comment                            |     |                          |  |  |  |
| Mapping                            |     |                          |  |  |  |
| V2 Pattern                         |     | V3 Replacement           | V3 Replacement                             |  |  |

E19\_05 Number of Procedure Attempts

eProcedures.05 Number of Procedure Attempts

### V2 Element V3 Element

## NumberOfProcedureAttempts NumberOfProcedureAttempts Null Values Yes Is Nillable No Recurrence 1: 1 Recurrence 1: 1

### Comment

v2 allows -25 to 100. v3 allows 1 to 10.

### Mapping

V2 Pattern

V3 Replacement

.>=1 and .<=10

| E19_06 Procedure Successful |     | eProcedures | eProcedures.06 Procedure Successful |     |     |  |
|-----------------------------|-----|-------------|-------------------------------------|-----|-----|--|
| YesNoValues                 |     |             | YesNoValues                         |     |     |  |
| Null Values                 |     | Yes         | Null Values                         |     | Yes |  |
| Is Nillable                 |     | No          | Is Nillable                         |     | Yes |  |
| Recurrence                  |     | 1:1         | Recurrence                          |     | 1:1 |  |
| Comment                     |     |             |                                     |     |     |  |
| Mapping                     |     |             |                                     |     |     |  |
| V2 Pattern                  |     |             | V3 Replacemen                       | nt  |     |  |
| 0                           | No  |             | 9923001                             | No  |     |  |
| 1                           | Yes |             | 9923003                             | Yes |     |  |

E19\_07 Procedure Complication

eAirway.08 Airway Complications Encountered

### V2 Element V3 Element

# ProcedureComplication ComplicationsEncountered Null Values Yes Is Nillable No Recurrence 1: M Recurrence 0: M

### Comment

This mapping is correlated with the mapping of E19\_03 Procedure to eAirway.03 Airway Device Being Confirmed.

| IV | la | p | pı | n | g |  |
|----|----|---|----|---|---|--|
|    |    |   |    |   |   |  |

| V2 Pattern | ,                           | V3 Replacement | V3 Replacement   |  |  |
|------------|-----------------------------|----------------|--|--|--|
| 4520       | Bradycardia                 | 4008003        | Bradycardia (<50)  |  |  |
| Not        | precise.                    |                |  |  |  |
| 4535       | Esophageal Intubation-other | 4008007        | Esophageal Intubation-Delayed Detection (After Tube Secured) |  |  |
| Not        | precise.                    |                |  |  |  |
| 4560       | Hypoxia                     | 4008017        | Oxygen Desaturation (<90%)                                   |  |  |
| Not        | precise.                    |                |  |  |  |
| 4565       | Injury                      | 4008013        | Injury or Trauma to Patient from Airway<br>Management Effort |  |  |
| Not        | precise.                    |                |  |  |  |
| 4595       | Vomiting                    | 4008019        | Patient Vomiting/Aspiration                                  |  |  |

Vomiting

4595

### V2 Element V3 Element

| E19_07 Procedure Complication |                                 |                            | eProcedures  | :.07 Procedure        | e Complication             |  |
|-------------------------------|---------------------------------|----------------------------|--------------|-----------------------|----------------------------|--|
| ProcedureComplication         |                                 |                            | ProcedureCom | ProcedureComplication |                            |  |
| Null Values                   |                                 | Yes                        | Null Values  |                       | Yes                        |  |
| Is Nillable                   |                                 | No                         | Is Nillable  |                       | Yes                        |  |
| Recurrence                    |                                 | 1 : M                      | Recurrence   |                       | 1 : M                      |  |
| Comment                       |                                 |                            |              |                       |                            |  |
| Mapping                       |                                 |                            |              |                       |                            |  |
| V2 Pattern                    |                                 |                            | V3 Replaceme | nt                    |                            |  |
| 4500                          | None                            |                            | 3907033      | None                  |                            |  |
| 4505                          | Altered N                       | Mental Status              | 3907001      | Altered M             | ental Status               |  |
| 4510                          | Apnea                           |                            | 3907003      | Apnea                 |                            |  |
| 4515                          | Bleeding                        |                            | 3907005      | Bleeding              |                            |  |
| 4520                          | Bradycar                        | dia                        | 3907047      | Bradycard             | lia                        |  |
| 4525                          | Diarrhea                        |                            | 3907009      | Diarrhea              |                            |  |
| 4530                          | Esophag                         | eal Intubation-immediately | 3907011      | Esophage              | eal Intubation-immediately |  |
| 4535                          | Esophag                         | eal Intubation-other       | 3907013      | Esophage              | eal Intubation-other       |  |
| 4540                          | Extravas                        | ion                        | 3907015      | Extravasa             | tion                       |  |
| 4545                          | Hyperten                        | sion                       | 3907017      | Hypertens             | sion                       |  |
| 4550                          | Hyperthe                        | rmia                       | 3907019      | Hyperther             | mia                        |  |
| 4555                          | Hypotens                        | sion                       | 3907021      | Hypotensi             | on                         |  |
| 4560                          | Hypoxia                         |                            | 3907025      | Hypoxia               |                            |  |
| 4565                          | Injury                          |                            | 3907027      | Injury                |                            |  |
| 4570                          | Itching/U                       | rticaria                   | 3907029      | Itching/Ur            | ticaria                    |  |
| 4575                          | Nausea                          |                            | 3907031      | Nausea                |                            |  |
| 4580                          | Other                           |                            | 3907035      | Other (No             | t Listed)                  |  |
| v3 supports a                 | additional specifi<br>Respirato | c values.<br>ory Distress  | 3907039      | Resnirato             | ry Distress                |  |
| 4590                          | Tachyca                         |                            | 3907041      | Tachycard             |                            |  |
| 4090 Tachycardia              |                                 | WIW.                       | 0007041      | racinycan             | 41M                        |  |

June 4, 2014 Page 440

3907045

Vomiting

| E19_08 Response to Procedure |          | eProcedure | eProcedures.08 Response to Procedure |           |     |
|------------------------------|----------|------------|--------------------------------------|-----------|-----|
| ResponseToProd               | cedure   |            | Response                             |           |     |
| Null Values                  |          | Yes        | Null Values                          |           | Yes |
| Is Nillable                  |          | No         | Is Nillable                          |           | Yes |
| Recurrence                   |          | 0:1        | Recurrence                           |           | 1:1 |
| Comment                      |          |            |                                      |           |     |
| Mapping                      |          |            |                                      |           |     |
| V2 Pattern                   |          |            | V3 Replaceme                         | ent       |     |
| 4600                         | Improved |            | 9916001                              | Improved  |     |
| 4605                         | Unchange | d          | 9916003                              | Unchanged |     |
| 4610                         | Worse    |            | 9916005                              | Worse     |     |

### E19\_09 Procedure Crew Members ID eAirway.07 Crew Member ID CrewMemberID CrewMemberID **Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 0:1 0:1 Recurrence

### Comment

This mapping is correlated with the mapping of E19\_03 Procedure to eAirway.04 Airway Device Placement Confirmed Method.

### Mapping

V2 Pattern V3 Replacement

| E19_09 Procedure Crew Members ID |     | eProcedures.09 Proced | eProcedures.09 Procedure Crew Members ID |  |  |
|----------------------------------|-----|-----------------------|--|--|--|
| CrewMemberID                     |     | CrewMemberID          |  |  |  |
| Null Values                      | Yes | Null Values           | Yes                                      |  |  |
| Is Nillable                      | No  | Is Nillable           | Yes                                      |  |  |
| Recurrence                       | 0:1 | Recurrence            | 0:1                                      |  |  |
| Comment                          |     |                       |  |  |  |
| Mapping                          |     |                       |  |  |  |
| V2 Pattern                       |     | V3 Replacement        | V3 Replacement                           |  |  |

| E19_10 Procedure Authorization |               |                           | eProcedures.    | 11 Procedure Aut  | horization        |
|--------------------------------|---------------|---------------------------|-----------------|-------------------|-------------------|
| ProcedureAutho                 | orization     |                           | TxAuthorization |                   |                   |
| Null Values                    |               | Yes                       | Null Values     |                   | No                |
| Is Nillable                    |               | No                        | Is Nillable     |                   | No                |
| Recurrence                     |               | 0:1                       | Recurrence      |                   | 0:1               |
| Comment                        |               |                           |                 |                   |                   |
| Mapping                        |               |                           |                 |                   |                   |
| V2 Pattern                     |               |                           | V3 Replacemen   | t                 |                   |
| 4615                           | On-Line       | On-Line                   |                 | On-Line (Remote   | Verbal Order)     |
| 4620                           | On-Scene      | On-Scene                  |                 | On-Scene          |                   |
| 4625                           | Protocol (Sta | Protocol (Standing Order) |                 | Protocol (Standin | g Order)          |
| 4630                           | Written Orde  | ers (Patient Specific)    | 9918007         | Written Orders (F | Patient Specific) |

E19\_11 Procedure Authorizing Physician

eProcedures.12 Procedure Authorizing Physician

### V2 Element V3 Element

## ProcedureAuthorzingPhysician PersonName Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 0 : 1 Recurrence 0 : 1

### Comment

v2 defines as the last name. v3 defines as the name.

### Mapping

V2 Pattern V3 Replacement

.

E19 12 Successful IV Site

4730

Umbilical

eCustomResults.01 Custom Data Element Result

Umbilical

### V2 Element V3 Element

### SuccessfullVSite CustomResults **Null Values** Yes **Null Values** Yes Is Nillable No Is Nillable Yes Recurrence 0: M Recurrence 1: M Comment Mapping V2 Pattern V3 Replacement 4635 Antecubital-Left 4635 Antecubital-Left 4640 Antecubital-Right 4640 Antecubital-Right 4645 External Jugular-Left 4645 External Jugular-Left 4650 External Jugular-Right 4650 External Jugular-Right Femoral-Left IV 4655 4655 Femoral-Left IV Femoral-Left Distal IO 4660 Femoral-Left Distal IO 4660 4665 Femoral-Right IV 4665 Femoral-Right IV 4670 Femoral-Right IO 4670 Femoral-Right IO Forearm-Left 4675 Forearm-Left 4675 4680 Forearm-Right 4680 Forearm-Right 4685 Hand-Left 4685 Hand-Left 4690 4690 Hand-Right Hand-Right 4695 4695 Lower Extremity-Left Lower Extremity-Left 4700 Lower Extremity-Right 4700 Lower Extremity-Right Other 4705 Other 4705 4710 Scalp 4710 Scalp 4715 Sternal IO 4715 Sternal IO 4720 Tibia IO-Left 4720 Tibia IO-Left Tibia IO-Right 4725 Tibia IO-Right 4725

June 4, 2014 Page 446

4730

4770

## V2 Element V3 Element

Waveform CO2 Confirmation

| E19_13 Tube Confirmation |                      |  | eAirway.04 Airway Device Placement Confirmed Method |                            |                    |  |
|--------------------------|----------------------|--|---|----------------------------|--------------------|--|
| TubeConfirmation         |                      |  | DeviceConfirmedMeth                                 | ods                        |                    |  |
| Null Va                  | alues                | Yes  | Null Values   |                            | Yes                |  |
| Is Nillal                | ble                  | No   | Is Nillable   |                            | Yes                |  |
| Recurr                   | ence                 | 0 : M                                      | Recurrence  |                            | 0 : M              |  |
| Comment                  |                      |  |   |                            |                    |  |
| Mappin                   | ng                   |  |   |                            |                    |  |
| V2 Pat                   | tern                 |  | V3 Replacement                                      |                            |                    |  |
| 4735                     | Ausculta             | ation of Bilateral Breath Sounds           | 4004001   | Auscultati                 | on                 |  |
| 4740                     | Colorme              | etric CO2 Detector Confirmation            | 4004005   | Colorimetric ETCO2         |                    |  |
| 4745                     | Digital C            | O2 Confirmation                            | 4004009   | Digital (Numeric) ETCO2    |                    |  |
| 4750                     | Esopha               | geal Bulb Aspiration confirmation          | 4004003   | Bulb/Syringe Aspiration    |                    |  |
| 4755                     | Negative             | e Auscultation of the Epigastrium          | 4004015   | 4004015 Other (Not Listed) |                    |  |
|                          | Not supported in v3. |  |   |                            |                    |  |
| 4760                     | Visualiza            | ation of the Chest Rising with ventilation | 4004015   | Other (No                  | t Listed)          |  |
|                          | Not supported in v3. |  |   |                            |                    |  |
| 4765                     | Visualiza<br>Cords   | ation of Tube Passing Through the          | 4004017   | Visualizat                 | ion of Vocal Cords |  |

4004019

Waveform ETCO2

E19 14 Destination Confirmation of Tube

eAirway.04 Airway Device Placement Confirmed

### V2 Element V3 Element

## DestinationConfirmationOfTubePlacement DeviceConfirmedMethods Null Values Yes Is Nillable No Recurrence 0 : M DeviceConfirmedMethods Null Values Yes Is Nillable Yes Recurrence 0 : M

Method

### Comment

**Placement** 

v3 eAirway.06 Type of Individual Confirming Airway Device Placement is set to 4006009 Receiving Hospital Team. 4006007 Receiving Air Medical/EMS Crew may also be an appropriate v3 value.

| Mapping              |  |                |                              |  |  |  |
|----------------------|--|----------------|------------------------------|--|--|--|
| V2 Pattern           |  | V3 Replacement |                              |  |  |  |
| 4775                 | Auscultation of Bilateral Breath Sounds            | 4004001        | Auscultation                 |  |  |  |
| 4780                 | Colormetric CO2 Detector Confirmation              | 4004005        | Colorimetric ETCO2           |  |  |  |
| 4785                 | Digital CO2 Confirmation                           | 4004009        | Digital (Numeric) ETCO2      |  |  |  |
| 4790                 | Esophageal Bulb Aspiration confirmation            | 4004003        | Bulb/Syringe Aspiration      |  |  |  |
| 4795                 | Negative Auscultation of the Epigastrium           | 4004015        | Other (Not Listed)           |  |  |  |
| Not supported in v   | 3.   |                |                              |  |  |  |
| 4800                 | Visualization of the Chest Rising with ventilation | 4004015        | Other (Not Listed)           |  |  |  |
| Not supported in v3. |  |                |                              |  |  |  |
| 4805                 | Visualization of Tube Passing Through the Cords    | 4004017        | Visualization of Vocal Cords |  |  |  |
| 4810                 | Waveform CO2 Confirmation                          | 4004019        | Waveform ETCO2               |  |  |  |

### E20\_01 Destination/Transferred To, Name eDisposition.01 Destination/Transferred To, Name DestinationTransferredToID DestinationTransferredToName **Null Values** Yes **Null Values** Yes Is Nillable No Is Nillable Yes Recurrence 0:1 Recurrence 0:1 Comment Mapping V2 Pattern V3 Replacement

### E20\_02 Destination/Transferred To, Code eDisposition.02 Destination/Transferred To, Code DestinationTransferredToCode DestinationTransferredToCode **Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 0:1 Recurrence 0:1 Comment Mapping V2 Pattern V3 Replacement

| E20_03 Destination St | reet Address | eDisposition.03 Destination Street Address |     |  |
|-----------------------|--------------|--|-----|--|
| StreetAddress         |              | StreetAddress                              |     |  |
| Null Values Yes       |              | Null Values                                | No  |  |
| Is Nillable           | No           | Is Nillable                                | No  |  |
| Recurrence            | 0:1          | Recurrence                                 | 0:1 |  |
| Comment               |              |  |     |  |
| Mapping               |              |  |     |  |
| V2 Pattern            |              | V3 Replacement                             |     |  |

| E20_04 Destination City |     | eDisposition.04 Destination City |     |  |
|-------------------------|-----|----------------------------------|-----|--|
| City                    |     | CityGnisCode                     |     |  |
| Null Values             | Yes | Null Values                      | No  |  |
| Is Nillable             | No  | Is Nillable                      | No  |  |
| Recurrence              | 0:1 | Recurrence                       | 0:1 |  |

### Comment

v2 allows length 2 to 30 and specifies the use of FIPS. v3 allows any Positive Integer and specifies the use of GNIS. To add mappings, add entries to v2v3ValueMappingvCity or load them from files downloaded from the "State Files with Federal Codes" section at http://geonames.usgs.gov/domestic/download\_data.htm. If multiple mappings exist for a FIPS code within a state, priority is given to codes with a census class code that starts with "C", then "P".

### Mapping

V2 Pattern V3 Replacement

51000 City of New York 2395220 City of New York

E20\_05 Destination State

normalize-space(.)='-25'

### V3 Element V2 Element

| State  |               |                              | ANSIStateCode                                       |                           |
|--|---------------|------------------------------|---|---------------------------|
| Null Values  |               | Yes                          | Null Values   | Yes                       |
| Is Nillable  |               | No                           | Is Nillable   | Yes                       |
| Recurrence   |               | 0:1                          | Recurrence  | 1:1                       |
| Comment  |               |                              |   |                           |
| Maps from FIPS 5 to  | ANSLINCI      | FC 20. The transition was an |   |                           |
|  |               |                              | n oversight change only. There were                 | no changes in the numeric |
| codes. v2 allows leng  |               |                              | n oversight change only. There were                 | no changes in the numeric |
| codes. v2 allows leng  |               |                              | v3 Replacement                                      | no changes in the numeric |
| codes. v2 allows leng Mapping  V2 Pattern  |               | 3 requires length 2.         |   | no changes in the numeric |
| Mapping  V2 Pattern  normalize-space(.)='-10'  | th 2 to 3. v3 | 3 requires length 2.         | V3 Replacement                                      | no changes in the numeric |
| Mapping  V2 Pattern  normalize-space(.)='-10'  | th 2 to 3. v3 | 3 requires length 2.         | V3 Replacement                                      | no changes in the numeric |
| Mapping  V2 Pattern  normalize-space(.)='-10'  This mapping is unormalize-space(.)='-15' | Not Known     | 3 requires length 2.         | V3 Replacement '' v2 element contains a null value. | no changes in the numeric |

eDisposition.05 Destination State

normalize-space(.)='-5' This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

Not Applicable

Not Available

otherwise substring(concat('\_\_', .), string-length(.)+1, 2)

If the v3 element is mandatory and the v2 element is missing, this mapping generates the value "\_\_".

| E20_06 Destination Coun | ту | eDisposition.06 Destination County |     |  |
|-------------------------|----|------------------------------------|-----|--|
| County                  |    | ANSICountyCode                     |     |  |
| Null Values Yes         |    | Null Values                        | Yes |  |
| Is Nillable No          |    | Is Nillable                        | Yes |  |
| Recurrence 0:1          |    | Recurrence                         | 1:1 |  |

### Comment

Maps from FIPS 6 to ANSI INCITS 31. The transition was an oversight change only. There were no changes in the numeric codes. v2 allows length 2 to 5. v3 requires length 5.

### Mapping

V2 Pattern

### V3 Replacement

 $substring(concat('\_\_\_', normalize\text{-space(.)}), string\text{-length}(normalize\text{-space(.)}) + 1, 5)\\$ 

### eDisposition.07 Destination ZIP Code E20\_07 Destination Zip Code Zip ZIP **Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 1:1 1:1 Recurrence

### Comment

v2 allows any String, unconstrained. v3 specifies a pattern.

### Mapping

### V2 Pattern

 $matches (normalize-space(.), '^{[0-9]{5}|[0-9]{5}-[0-9]{4}|[0-9]{5}-[0-9]{5}|[A-Z][0-9][A-Z][0-9][A-Z][0-9][S]')$ 

### V3 Replacement

normalize-space(.)

E20\_08 Destination GPS Location

### V2 Element V3 Element

# GPSLocation GPSLocation Null Values No Is Nillable No Recurrence 0: 1 Recurrence 0: 1

### Comment

### Mapping

### V2 Pattern

 $\label{lem:matches} $$ \mathrm{matches(concat(xs:decimal(@Lat),',',xs:decimal(@Long)),'^(+|-)?(90(\.[0]\{1,6\})?|([1-8][0-9]|[0-9])(\.[0-9]\{1,6\})?),(+|-)?(180(\.[0]\{1,6\})?|(1[0-7][0-9][0-9])(\.[0-9]\{1,6\})?)$') }$ 

### V3 Replacement

concat(xs:decimal(@Lat),',',xs:decimal(@Long))

eDisposition.09 Destination GPS Location

| E20_09 Destination Zone Number |    | eCustomResults.01 Cu | eCustomResults.01 Custom Data Element Result |  |
|--------------------------------|----|----------------------|--|--|
| ZoneNumber                     |    | CustomResults        |  |  |
| Null Values Yes                |    | Null Values          | Yes  |  |
| Is Nillable                    | No | Is Nillable          | Yes  |  |
| Recurrence 0:1                 |    | Recurrence           | 1 : M  |  |
| Comment                        |    |                      |  |  |
| Mapping                        |    |                      |  |  |
| V2 Pattern                     |    | V3 Replacement       | V3 Replacement                               |  |

E20\_10 Incident/Patient Disposition

IncidentPatientDisposition

**Null Values** 

No

eDisposition.12 Incident/Patient Disposition

IncidentPatientDisposition

**Null Values** 

### V2 Element V3 Element

No

### Is Nillable No Is Nillable No Recurrence 1:1 Recurrence 1:1 Comment Mapping V2 Pattern V3 Replacement .=4835 and ../../E05/E05\_10!=" 4212023 Patient Refused Evaluation/Care (With Transport) Patient Refused Care This mapping is used when destination arrival date/time is present. .=4820 and ../../E11/E11\_03[.=2280 or .=2285 or .=2290] and Patient Dead at Scene-Resuscitation 4212017 Attempted (With Transport) ../../E05/E05\_10!=" Dead at Scene This mapping is used when E11\_03 indicates resuscitation was attempted and destination arrival date/time is present. .=4820 and ../../E05/E05 10!=" Patient Dead at Scene-No Resuscitation 4212013 Attempted (With Transport) Dead at Scene This mapping is used when E11\_03 does not indicate resuscitation was attempted and destination arrival date/time is present. .=4820 and ../../E11/E11\_03[.=2280 or .=2285 or .=2290] Patient Dead at Scene-Resuscitation 4212019 Attempted (Without Transport) Dead at Scene This mapping is used when E11\_03 indicates resuscitation was attempted and destination arrival date/time is not present. Canceled (Prior to Arrival At Scene) 4815 4212007 Patient Dead at Scene-No Resuscitation 4820 Dead at Scene 4212015 Attempted (Without Transport) No Patient Found Canceled on Scene (No Patient Found) 4825 4212011 4830 No Treatment Required 4212021 Patient Evaluated, No Treatment/Transport Required 4835 Patient Refused Care 4212025 Patient Refused Evaluation/Care (Without Transport) This mapping is used when destination arrival date/time is not present. 4840 Treated and Released 4212029 Patient Treated, Released (per protocol) 4212027 Patient Treated, Released (AMA) is also an appropriate v3 replacement 4845 Treated, Transferred Care 4212031 Patient Treated, Transferred Care to Another **FMS Unit** 4850 Treated, Transported by EMS 4212033 Patient Treated, Transported by this EMS Unit 4855 Treated, Transported by Law Enforcement 4212035 Patient Treated, Transported by Law Enforcement 4860 Treated, Transported by Private Vehicle 4212037 Patient Treated, Transported by Private Vehicle

E20\_11 How Patient Was Moved to Ambulance

eDisposition.13 How Patient Was Moved to

### V2 Element V3 Element

## HowPatientWasMovedToAmbulance Null Values Yes Null Values No Is Nillable No Recurrence No Recurrence HowPatientWasMovedToFromAmbulance No No No Recurrence O: 1 Recurrence O: M

**Ambulance** 

### Comment

### Mapping

| V2 Pattern |               | V3 Replacement |                    |
|------------|---------------|----------------|--------------------|
| 4865       | Assisted/Walk | 9909001        | Assisted/Walk      |
| 4870       | Carry         | 9909007        | Carried            |
| 4875       | Stairchair    | 9909011        | Stairchair         |
| 4880       | Stretcher     | 9909013        | Stretcher          |
| 4885       | Other         | 9909009        | Other (Not Listed) |

v3 supports additional specific values.

v3 supports additional specific values.

### V2 Element V3 Element

### E20\_12 Position of Patient During Transport eDisposition.14 Position of Patient During Transport PositionOfPatientDuringTransport PositionOfPatientDuringTransport **Null Values** Yes **Null Values** No Is Nillable No Is Nillable No 0: M Recurrence 0:1 Recurrence Comment Mapping V2 Pattern V3 Replacement 4890 Car Seat 4214001 Car Seat 4895 Fowlers 4214003 Fowlers (Semi-Upright Sitting) 4900 Lateral 4214005 Lateral Left 4214007 Lateral Right is also an appropriate v3 replacement. 4905 Prone 4214011 Prone Semi-Fowlers 4214013 Semi-Fowlers 4910 4214015 Sitting 4915 Sitting 4920 Supine 4214017 Supine Other (Not Listed) 4925 Other 4214009

E20\_13 How Patient Was Transported From

eDisposition.15 How Patient Was Transported

### V2 Element V3 Element

## HowPatientWasTransportedFromAmbulance HowPatientWasMovedToFromAmbulance Null Values No Is Nillable No Recurrence 0: 1 Recurrence 0: 1

From Ambulance

### Comment

Ambulance

### Mapping

| V2 Pattern |               | V3 Replacement |                    |
|------------|---------------|----------------|--------------------|
| 4930       | Assisted/Walk | 9909001        | Assisted/Walk      |
| 4935       | Carry         | 9909007        | Carried            |
| 4940       | Stairchair    | 9909011        | Stairchair         |
| 4945       | Stretcher     | 9909013        | Stretcher          |
| 4950       | Other         | 9909009        | Other (Not Listed) |

v3 supports additional specific values.

E20\_14 Transport Mode from Scene

eDisposition.17 Transport Mode from Scene

### V2 Element V3 Element

## TransportModeFromScene TransportModeFromScene Null Values Yes Is Nillable No Recurrence 1: 1 Recurrence 1: 1

### Comment

Not precise, but eDisposition.17 is mandatory in v3.

| Mapping      |  |                |                                     |
|--------------|--|----------------|-------------------------------------|
| V2 Pattern   | _  | V3 Replacement |                                     |
| 4955         | Initial Lights and Sirens, Downgraded to No Lights or Sirens | 4217003        | Emergent Downgraded to Non-Emergent |
| Not precise. |  |                |                                     |
| 4960         | Initial No Lights or Sirens, Upgraded to Lights and Sirens   | 4217007        | Non-Emergent Upgraded to Emergent   |
| Not precise. |  |                |                                     |
| 4965         | Lights and Sirens  | 4217001        | Emergent (Immediate Response)       |
| Not precise. |  |                |                                     |
| 4970         | No Lights or Sirens  | 4217005        | Non-Emergent                        |
| Not precise. |  |                |                                     |

F20 14 Transport Mode from Scene

eDisposition 18 Additional Transport Mode

### V2 Element V3 Element

| L20_14 Hallsport Mode from Ocene |                          |   | Descriptors          |                         |  |
|----------------------------------|--------------------------|---|----------------------|-------------------------|--|
| TransportModeFro                 | omScene                  |   | AdditionalTransportI | ModeDescri              | ptors                                      |
| Null Values                      |                          | Yes                                     | Null Values          |                         | Yes  |
| Is Nillable                      |                          | No                                      | Is Nillable          |                         | Yes  |
| Recurrence                       |                          | 1:1                                     | Recurrence           |                         | 1 : M                                      |
| Comment                          |                          |   |                      |                         |  |
| Mapping                          |                          |   |                      |                         |  |
| V2 Pattern                       |                          |   | V3 Replacement       |                         |  |
| 4955                             | Initial Lig<br>Lights or | hts and Sirens, Downgraded to No Sirens | 4218019              | Initial Light           | nts and Sirens, Downgraded to No<br>Sirens |
| 4960                             | Initial No<br>and Sire   | Lights or Sirens, Upgraded to Lights ns | 4218017              | Initial No<br>and Siren | Lights or Sirens, Upgraded to Lights s     |
| 4965                             | Lights an                | nd Sirens                               | 4218011              | Lights and              | d Sirens                                   |
| 4970                             | No Lights                | s or Sirens                             | 4218015              | No Lights               | or Sirens                                  |

| E20_15 Condition of Patient at Destination |               |              | eDispositior | n.19 Condition of Pa | tient at Destination |
|--|---------------|--------------|--------------|----------------------|----------------------|
| ConditionOfPatientA                        | AtDestination |              | Response     |                      |                      |
| Null Values                                |               | Yes          | Null Values  |                      | Yes                  |
| Is Nillable                                |               | No           | Is Nillable  |                      | Yes                  |
| Recurrence                                 |               | 0:1          | Recurrence   |                      | 1:1                  |
| Comment                                    |               |              |              |                      |                      |
| Mapping                                    |               |              |              |                      |                      |
| V2 Pattern                                 |               | V3 Replaceme | ent          |                      |                      |
| 4975                                       | Improved      | nproved      |              | Improved             |                      |
| 4980                                       | Unchanged     | hanged       |              | Unchanged            |                      |
| 4985                                       | Worse         | Worse        |              | Worse                |                      |

E20\_16 Reason for Choosing Destination

eDisposition.20 Reason for Choosing Destination

Patient's Physician's Choice

Regional Specialty Center

Protocol

### V2 Element V3 Element

Patient's Physicians Choice

Specialty Resource Center

Protocol

5030 5035

5040

### ReasonForChoosingDestination ReasonForChoosingDestination **Null Values** Yes **Null Values** Yes Is Nillable Yes No Is Nillable Recurrence 1:1 Recurrence 1: M Comment Mapping V2 Pattern V3 Replacement 4990 Closest Facility (none below) 4220001 Closest Facility 4995 Diversion 4220003 Diversion 5000 Family Choice 4220005 Family Choice 5005 Insurance Status 4220007 Insurance Status/Requirement Law Enforcement Choice 4220009 Law Enforcement Choice 5010 On-Line Medical Direction 4220011 5015 On-Line/On-Scene Medical Direction 5020 Other 4220013 Other (Not Listed) 5025 Patient Choice 4220015 Patient's Choice

4220017

4220019

4220021

E20\_17 Type of Destination

## V2 Element V3 Element

# TypeOfDestination Null Values Yes Null Values Yes Is Nillable No Recurrence 1: 1 Recurrence TypeOfDestination Yes Null Values Yes Recurrence 1: 1

eDisposition.21 Type of Destination

### Comment

### Mapping

| V2 Pattern V3 Replacement |   |                                |  |
|---------------------------|---|--------------------------------|--|
| 7270                      | Home  | 4221001                        | Home   |
| 7280                      | Hospital  | 4221003                        | Hospital-Emergency Department                    |
|                           | 4221005 Hospital-Non-Emergency Department Bed and 422     | 21023 Freestanding Emergency I | Department are also appropriate v3 replacements. |
| 7290                      | Medical Office/Clinic                                     | 4221007                        | Medical Office/Clinic                            |
|                           | 4221021 Urgent Care is also an appropriate v3 replacement |                                |  |
| 7300                      | Morgue  | 4221009                        | Morgue/Mortuary                                  |
| 7320                      | Nursing Home  | 4221011                        | Nursing Home/Assisted Living Facility            |
| 7330                      | Other   | 4221013                        | Other (Not Listed)                               |
| 7340                      | Other EMS Responder (air)                                 | 4221015                        | Other EMS Responder (air)                        |
| 7350                      | Other EMS Responder (ground)                              | 4221017                        | Other EMS Responder (ground)                     |
| 7360                      | Police/Jail   | 4221019                        | Police/Jail                                      |
|                           |   |                                |  |

E21\_01 Event Date/Time

### V2 Element V3 Element

# DateTime DateTimeType Null Values No Is Nillable Yes Recurrence 0: 1 Recurrence 0: 1

### Comment

v3 uses a pattern to require a timezone offset: (\+|-)[0-9]{2}:[0-9]{2}.

### Mapping

V2 Pattern

V3 Replacement

eDevice.02 Date/Time of Event (per Medical

.!=" adjust-dateTime-to-timezone(.)

E21\_01 Event Date/Time

### V2 Element V3 Element

# DateTime Null Values No Null Values Yes Is Nillable Yes Is Nillable Yes Recurrence 0: 1 Recurrence 1: 1

### Comment

v3 uses a pattern to require a timezone offset: (\+|-)[0-9]{2}:[0-9]{2}.

### Mapping

V2 Pattern

V3 Replacement

eVitals.01 Date/Time Vital Signs Taken

.!=" adjust-dateTime-to-timezone(.)

5190

5195

Sync Off

Sync On

#### V2 Element V3 Element

#### eDevice.03 Medical Device Event Type E21\_02 Medical Device Event Name MedicalDeviceEventID MedicalDeviceEventType **Null Values** Yes **Null Values** No Is Nillable Is Nillable No No Recurrence 0:1 Recurrence 0: M Comment Mapping V2 Pattern V3 Replacement 5090 12-Lead ECG 4103001 12-Lead ECG 5095 Analysis (Button Pressed) 4103003 Analysis (Button Pressed) 5100 4103005 **Date Transmitted** 4103007 **Date Transmitted** 5105 Defibrillation 4103009 Defibrillation 5110 **ECG-Monitor** 4103011 **ECG-Monitor** 5115 5120 **Heart Rate** 4103013 Heart Rate 5125 Invasive Pressure 1 4103015 Invasive Pressure 1 Invasive Pressure 2 4103017 Invasive Pressure 2 5130 5135 No Shock Advised 4103019 No Shock Advised Non-Invasive BP 5140 4103021 Non-Invasive BP 5145 Pacing Electrical Capture 4103025 Pacing Electrical Capture 5150 Pacing Started 4103027 Pacing Started 5155 Pacing Stopped 4103029 Pacing Stopped Patient Connected 4103031 Patient Connected 5160 5165 Power On 4103033 Power On 5170 Pulse Oximetry 4103035 Pulse Oximetry 5175 Pulse Rate 4103037 Pulse Rate 4103039 Respiratory Rate 5180 Respiratory Rate 5185 Shock Advised 4103041 Shock Advised

June 4, 2014 Page 469

4103043

4103045

Sync Off

Sync On

| Туре        |     |             | eDevice.04 Medical Device Waveform Graphic Type |     |  |
|-------------|-----|-------------|---|-----|--|
|             |     | GraphicType |   |     |  |
| Null Values |     | No          | Null Values                                     | No  |  |
| Is Nillable |     | No          | Is Nillable                                     | No  |  |
| Recurrence  |     | 0:1         | Recurrence                                      | 0:1 |  |
| Comment     |     |             |   |     |  |
| Mapping     |     |             |   |     |  |
| V2 Pattern  |     |             | V3 Replacement                                  |     |  |
| 5200        | JPG |             | jpeg  |     |  |
| 5205 PDF    |     | pdf         | pdf   |     |  |

| E21_04 Waveform Graphic   |     | eDevice.05 Medical De | eDevice.05 Medical Device Waveform Graphic |  |
|---------------------------|-----|-----------------------|--|--|
| WaveformGraphic           |     | WaveformGraphic       |  |  |
| Null Values               | No  | No Null Values        |  |  |
| Is Nillable               | No  | Is Nillable           | No   |  |
| Recurrence                | 0:1 | Recurrence            | 0:1  |  |
| Comment                   |     |                       |  |  |
| Mapping                   |     |                       |  |  |
| V2 Pattern V3 Replacement |     |                       |  |  |

Side-Stream

5240

# V2 Element V3 Element

| E21_05 AED, Pacin  | g, or C0   | D2 Mode | eDevice.06 N<br>Pacing, CO2 | Medical Device Mod<br>, O2, etc) | de (Manual, AED, |
|--------------------|------------|---------|-----------------------------|----------------------------------|------------------|
| AEDPacingOrCO2Mode | )          |         | AEDPacingOrC                | O2Mode                           |                  |
| Null Values        |            | No      | Null Values                 |                                  | No               |
| Is Nillable        |            | No      | Is Nillable                 |                                  | No               |
| Recurrence         |            | 0:1     | Recurrence                  |                                  | 0:1              |
| Comment            |            |         |                             |                                  |                  |
| Mapping            |            |         |                             |                                  |                  |
| V2 Pattern         |            |         | V3 Replacemer               | nt                               |                  |
| 5210               | Automated  |         | 4106003                     | Automated                        |                  |
| 5215               | Manual     |         | 4106007                     | Manual                           |                  |
| 5220               | Advisory   |         | 4106001                     | Advisory                         |                  |
| 5225               | Demand     |         | 4106005                     | Demand                           |                  |
| 5230               | Sensing    |         | 4106011                     | Sensing                          |                  |
| 5235               | Mid-Stream |         | 4106009                     | Mid-Stream                       |                  |
|                    |            |         |                             |                                  |                  |

4106013

Side-Stream

5305

Paddle

# V2 Element V3 Element

| E21_06 ECG Lead |     | eDevice.07 Medical Device ECG Lead |       |
|-----------------|-----|------------------------------------|-------|
| ECGLead         |     | ECGLead                            |       |
| Null Values     | No  | Null Values                        | No    |
| Is Nillable     | No  | Is Nillable                        | No    |
| Recurrence      | 0:1 | Recurrence                         | 0 : M |
| Comment         |     |                                    |       |
| Mapping         |     |                                    |       |
| V2 Pattern      |     | V3 Replacement                     |       |
| 5245 I          |     | 4107001                            | 1     |
| 5250 II         |     | 4107003                            | II    |
| 5255 III        |     | 4107005                            | III   |
| 5260 AVR        |     | 4107007                            | AVR   |
| 5265 AVL        |     | 4107009                            | AVL   |
| 5270 AVF        |     | 4107011                            | AVF   |
| 5275 V1         |     | 4107017                            | V1    |
| 5280 V2         |     | 4107019                            | V2    |
| 5285 V3         |     | 4107021                            | V3    |
| 5290 V4         |     | 4107025                            | V4    |
| 5295 V5         |     | 4107029                            | V5    |
| 5300 V6         |     | 4107033                            | V6    |

4107013

Paddle

| E21_07 ECG Interpretation |     | eDevice.08 Medical De | eDevice.08 Medical Device ECG Interpretation |  |
|---------------------------|-----|-----------------------|--|--|
| ECGInterpretation         |     | ECGInterpretation     |  |  |
| Null Values               | No  | Null Values           | No   |  |
| Is Nillable               | No  | Is Nillable           | No   |  |
| Recurrence                | 0:1 | Recurrence            | 0:1  |  |
| Comment                   |     |                       |  |  |
| Mapping                   |     |                       |  |  |
| V2 Pattern V3 Replacement |     |                       |  |  |

| E21_08 Type of Shock |            | eDevice.09 T | eDevice.09 Type of Shock |            |     |
|----------------------|------------|--------------|--------------------------|------------|-----|
| TypeOfShock          |            |              | TypeOfShock              |            |     |
| Null Values          |            | No           | Null Values              |            | No  |
| Is Nillable          |            | No           | Is Nillable              |            | No  |
| Recurrence           |            | 0:1          | Recurrence               |            | 0:1 |
| Comment              |            |              |                          |            |     |
| Mapping              |            |              |                          |            |     |
| V2 Pattern           |            |              | V3 Replacemer            | nt         |     |
| 5310                 | Biphasic   |              | 4109001                  | Biphasic   |     |
| 5315                 | Monophasic |              | 4109003                  | Monophasic |     |

| E21_09 Shock or Pacing Energy |         | eDevice.10 Shock or Pacing Energy |    |  |  |
|-------------------------------|---------|-----------------------------------|----|--|--|
| ShockOrPacingEnergy           |         | ShockOrPacingEnergy               |    |  |  |
| Null Values                   | No      | Null Values No                    |    |  |  |
| Is Nillable                   | No      | Is Nillable                       | No |  |  |
| Recurrence                    | 0:1     | Recurrence 0:1                    |    |  |  |
| Comment                       | Comment |                                   |    |  |  |
| Mapping                       |         |                                   |    |  |  |
| V2 Pattern V3 Rep             |         | V3 Replacement                    |    |  |  |

#### E21\_10 Total Number of Shocks Delivered eDevice.11 Total Number of Shocks Delivered TotalNumberOfShocks TotalNumberOfShocks **Null Values** No **Null Values** No Is Nillable No Is Nillable No Recurrence 0:1 Recurrence 0:1 Comment Mapping V2 Pattern V3 Replacement

| E21_11 Pacing Rate |         | eDevice.12 Pacing Rate |                |  |  |
|--------------------|---------|------------------------|----------------|--|--|
| PacingRate         |         | PacingRate             |                |  |  |
| Null Values        | No      | Null Values No         |                |  |  |
| Is Nillable        | No      | Is Nillable            | No             |  |  |
| Recurrence         | 0:1     | Recurrence             | 0:1            |  |  |
| Comment            | Comment |                        |                |  |  |
| Mapping            |         |                        |                |  |  |
| V2 Pattern         |         | V3 Replacement         | V3 Replacement |  |  |

| E21_12 Device Heart Rate  |     | eVitals.10 Heart Rate | eVitals.10 Heart Rate |  |
|---------------------------|-----|-----------------------|-----------------------|--|
| PulseRate                 |     | HeartRate             |                       |  |
| Null Values               | No  | Null Values           | Yes                   |  |
| Is Nillable               | No  | Is Nillable           | Yes                   |  |
| Recurrence                | 0:1 | Recurrence            | 1:1                   |  |
| Comment                   |     |                       |                       |  |
| Mapping                   |     |                       |                       |  |
| V2 Pattern V3 Replacement |     |                       |                       |  |

| E21_13 Device Pulse Rate |         | eVitals.10 Heart Rate | eVitals.10 Heart Rate |  |  |
|--------------------------|---------|-----------------------|-----------------------|--|--|
| PulseRate                |         | HeartRate             |                       |  |  |
| Null Values              | No      | Null Values Yes       |                       |  |  |
| Is Nillable              | No      | Is Nillable           | Yes                   |  |  |
| Recurrence               | 0:1     | Recurrence 1:1        |                       |  |  |
| Comment                  | Comment |                       |                       |  |  |
| Mapping                  |         |                       |                       |  |  |
| V2 Pattern               |         | V3 Replacement        | V3 Replacement        |  |  |

| E21_14 Device Systolic Blood Pressure |                | eVitals.06 SBP (Systoli | eVitals.06 SBP (Systolic Blood Pressure) |  |
|---------------------------------------|----------------|-------------------------|--|--|
| SBP                                   |                | SBP                     |  |  |
| Null Values                           | No             | Null Values             | Yes                                      |  |
| Is Nillable                           | No             | Is Nillable             | Yes                                      |  |
| Recurrence                            | 0:1            | Recurrence 1:1          |  |  |
| Comment                               |                |                         |  |  |
| Mapping                               |                |                         |  |  |
| V2 Pattern                            | V3 Replacement |                         |  |  |

#### eVitals.07 DBP (Diastolic Blood Pressure) E21\_15 Device Diastolic Blood Pressure DBP DBP **Null Values Null Values** Yes No Is Nillable Is Nillable Yes No Recurrence 0:1 0:1 Recurrence Comment v2 allows 0 to 300. v3 allows 0 or 10-500 but not 1-9. Mapping V2 Pattern V3 Replacement number(.)>0 and number(.)<10 10 number(.) xs:integer(.)

| E21_16 Device Respiratory Rate |     | eVitals.14 Respiratory Rate |     |
|--------------------------------|-----|-----------------------------|-----|
| RespiratoryRate                |     | RespiratoryRate             |     |
| Null Values                    | No  | Null Values                 | Yes |
| Is Nillable                    | No  | Is Nillable                 | Yes |
| Recurrence                     | 0:1 | Recurrence                  | 1:1 |
| Comment                        |     |                             |     |
| Mapping                        |     |                             |     |
| V2 Pattern V3 Replacement      |     |                             |     |

| E21_17 Device Pulse Oximetry |     | eVitals.12 Pulse Oxime | eVitals.12 Pulse Oximetry |  |  |
|------------------------------|-----|------------------------|---------------------------|--|--|
| CO2                          |     | PulseOximetry          |                           |  |  |
| Null Values                  | No  | Null Values            | Yes                       |  |  |
| Is Nillable                  | No  | Is Nillable            | Yes                       |  |  |
| Recurrence                   | 0:1 | Recurrence 1:1         |                           |  |  |
| Comment                      |     |                        |                           |  |  |
| Mapping                      |     |                        |                           |  |  |
| V2 Pattern V3 Replacement    |     |                        |                           |  |  |

| E21_18 Device CO2 or etCO2 |     | eVitals.16 Carbon Diox | eVitals.16 Carbon Dioxide (CO2) |  |  |
|----------------------------|-----|------------------------|---------------------------------|--|--|
| CO2                        |     | CO2                    |                                 |  |  |
| Null Values                | No  | Null Values            | Yes                             |  |  |
| Is Nillable                | No  | Is Nillable            | Yes                             |  |  |
| Recurrence                 | 0:1 | Recurrence 1:1         |                                 |  |  |
| Comment                    |     |                        |                                 |  |  |
| Mapping                    |     |                        |                                 |  |  |
| V2 Pattern V3 Replacement  |     |                        |                                 |  |  |

E21\_20 Device Invasive Pressure Mean

Mapping

## V2 Element V3 Element

#### DeviceInvasivePressureMean MAP **Null Values Null Values** No No Is Nillable Is Nillable No No Recurrence 0:1 Recurrence 0:1 Comment v2 allows 1 to 1,000. v3 allows 1 to 500.

eVitals.09 Mean Arterial Pressure

| V2 Pattern                   | V3 Replacement |
|------------------------------|----------------|
| ./E21_19=5320 and .*7.5<=500 | .*7.5          |
| not(/E21_19=5320) and .<=500 | •              |
| otherwise                    | 500            |

Not precise.

eOutcome.01 Emergency Department Disposition

#### V2 Element V3 Element

#### E22\_01 Emergency Department Disposition EmergencyDepartmentDisposition **EmergencyDepartmentDisposition Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 1:1 Recurrence 1:1 Comment Mapping V2 Pattern V3 Replacement 5335 Admitted to Hospital Floor 09 Admitted as an inpatient to this hospital. 5340 Admitted to Hospital ICU 09 Admitted as an inpatient to this hospital. 5345 Death 20 Deceased/Expired (or did not recover -Religious Non Medical Health Care Patient) 5350 Not Applicable (Not Transported to ED) <xsl:attribute name="xsi:nil">true</xsl:attribute><xsl:attribute</pre> name="NV">7701001</xsl:attribute> Not Applicable 5355 Released 01 Discharged to home or self care (routine discharge) Not precise. 5360 Transferred 02 Discharged/transferred to another short term general hospital for inpatient care

Not precise.

# V2 Element V3 Element

| E22_02 Hos         | pital Disposition                   | eOutcome.0     | 02 Hospital Disposition  |
|--------------------|-------------------------------------|----------------|--|
| HospitalDispos     | ition                               | HospitalDispos | sition   |
| Null Values        | Yes                                 | Null Values    | Yes  |
| Is Nillable        | No                                  | Is Nillable    | Yes  |
| Recurrence         | 1:1                                 | Recurrence     | 1:1  |
| Comment            |                                     |                |  |
| Mapping            |                                     |                |  |
| V2 Pattern         |                                     | V3 Replaceme   | ent  |
| 5365               | Death                               | 20             | Deceased/Expired (or did not recover -<br>Religious Non Medical Health Care Patient)                       |
| 5370               | Discharged                          | 01             | Discharged to home or self care (routine discharge)  |
| 5375<br>Not precis | Transfer to Hospital                | 02             | Discharged/transferred to another short term general hospital for inpatient care                           |
| 5380<br>Not precis | Transfer to Nursing Home            | 03             | Discharged/transferred to a skilled nursing facility (SNF)   |
| 5385               | Transfer to Other                   | 05             | Discharged/transferred to another type of institution not defined elsewhere in this code list              |
| v3 suppor          | rts additional specific values.     |                |  |
| 5390               | Transfer to Rehabilitation Facility | 62             | Discharged/transferred to a inpatient rehabilitation facility including distinct part units of a hospital. |

# E22\_03 Law Enforcement/Crash Report Number

# eOutcome.04 External Report ID/Number

| LawEnforcementCrashReportNumber |     | ExternalReportID |     |
|---------------------------------|-----|------------------|-----|
| Null Values                     | Yes | Null Values      | No  |
| Is Nillable                     | No  | Is Nillable      | No  |
| Recurrence                      | 0:1 | Recurrence       | 0:1 |

#### Comment

v3 eOutcome.03 External Report ID/Number Type is set to 4303009 Law Enforcement Report.

## Mapping

V2 Pattern V3 Replacement

.

E22\_04 Trauma Registry ID

#### V2 Element V3 Element

# TraumaRegistryID ExternalReportID Null Values No Is Nillable No Recurrence 0: 1 Recurrence 0: 1

eOutcome.04 External Report ID/Number

#### Comment

v3 eOutcome.03 External Report ID/Number Type is set to 4303025 Trauma Registry.

## Mapping

V2 Pattern V3 Replacement

E22\_05 Fire Incident Report Number

#### V2 Element V3 Element

# FireIncidentReportNumber ExternalReportID Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 0: 1 Recurrence 0: 1

eOutcome.04 External Report ID/Number

#### Comment

v3 eOutcome.03 External Report ID/Number Type is set to 4303003 Fire Incident Report.

### Mapping

V2 Pattern V3 Replacement

.

E22\_06 Patient ID Band/Tag Number

#### V2 Element V3 Element

# PatientIDBandTagNumber ExternalReportID Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 0 : 1 Recurrence 0 : 1

eOutcome.04 External Report ID/Number

#### Comment

v3 eOutcome.03 External Report ID/Number Type is set to 4303017 Patient ID.

### Mapping

V2 Pattern V3 Replacement

.

| E23_01 Review Requested |     | eOther.01 Review Requested |               |     |     |
|-------------------------|-----|----------------------------|---------------|-----|-----|
| YesNoValues             |     |                            | YesNoValues   |     |     |
| Null Values             |     | Yes                        | Null Values   |     | No  |
| Is Nillable             |     | No                         | Is Nillable   |     | No  |
| Recurrence              |     | 0:1                        | Recurrence    |     | 0:1 |
| Comment                 |     |                            |               |     |     |
| Mapping                 |     |                            |               |     |     |
| V2 Pattern              |     |                            | V3 Replacemer | nt  |     |
| 0                       | No  |                            | 9923001       | No  |     |
| 1                       | Yes |                            | 9923003       | Yes |     |

v3 supports additional specific values.

# V2 Element V3 Element

| E23_02 Potential Registry Candidate |                    |                        | Care/Specialty/Registry Patient |                 |           |
|-------------------------------------|--------------------|------------------------|---------------------------------|-----------------|-----------|
| PotentialRegistry                   | /Candidate         |                        | PotentialRegist                 | ryCandidate     |           |
| Null Values                         |                    | Yes                    | Null Values                     |                 | No        |
| Is Nillable                         |                    | No                     | Is Nillable                     |                 | No        |
| Recurrence                          |                    | 0 : M                  | Recurrence                      |                 | 0 : M     |
| Comment                             |                    |                        |                                 |                 |           |
| Mapping                             |                    |                        |                                 |                 |           |
| V2 Pattern                          |                    |                        | V3 Replaceme                    | nt              |           |
| 5395                                | Burn               |                        | 4502003                         | Burn            |           |
| 5400                                | Cardiac/MI         |                        | 4502005                         | Cardiac/MI      |           |
| 5405                                | CVA/Stroke         |                        | 4502007                         | CVA/Stroke      |           |
| 5410 Drowning                       |                    | 4502009                | Drowning                        |                 |           |
| 5415                                | Spinal Cord Injury |                        | 4502013                         | Spinal Cord Inj | jury      |
| 5420                                | Trauma             | Trauma                 |                                 | Trauma          |           |
| 5425                                | Traumatic B        | Traumatic Brain Injury |                                 | Traumatic Brai  | in Injury |
| 5430                                | Other              | Other                  |                                 | Other (Not List | red)      |

E23\_03 Personal Protective Equipment Used

eOther.03 Personal Protective Equipment Used

#### V2 Element V3 Element

# PersonalProtectiveEquipmentUsed PersonalProtectiveEquipmentUsed Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 0 : M Recurrence 0 : M

#### Comment

## Mapping

| V2 Pattern  |                | V3 Replacement |                    |  |
|---|----------------|----------------|--------------------|--|
| 5435  | Eye Protection | 4503001        | Eye Protection     |  |
| 5440  | Gloves         | 4503003        | Gloves             |  |
| 5445  | Level A Suit   | 4503007        | Level A Suit       |  |
| 5450  | Level B Suit   | 4503009        | Level B Suit       |  |
| 5455  | Level C Suit   | 4503011        | Level C Suit       |  |
| 5460  | Mask           | 4503015        | Mask-N95           |  |
| 4503017 Mask-Surgical (Non-Fitted) is also an appropriate v3 replacement. |                |                |                    |  |
| 5465  | Other          | 4503019        | Other (Not Listed) |  |

v3 supports additional specific values.

Vehicular

Weather

5525

5530

#### V2 Element V3 Element

#### eOther.07 Natural, Suspected, Intentional, or E23\_04 Suspected Intentional, or Unintentional Disaster **Unintentional Disaster** SuspectedIntentionalOrUnintentionalDisaster SuspectedIntentionalOrUnintentionalDisaster **Null Values** Yes **Null Values** No Is Nillable Is Nillable No No Recurrence 0: M Recurrence 0: M Comment Mapping V2 Pattern V3 Replacement 5470 4507001 Biologic Agent Biologic Agent 5475 **Building Failure** 4507003 **Building Failure** 5480 Chemical Agent 4507005 Chemical Agent **Explosive Device** 4507007 **Explosive Device** 5485 4507009 Fire 5490 Fire 4507011 5495 Hostage Event Hostage Event 5500 Mass Gathering 4507013 Mass Gathering 5505 **Nuclear Agent** 4507017 **Nuclear Agent** Radioactive Device 4507019 Radioactive Device 5510 5515 Secondary Destructive Device 4507021 Secondary Destructive Device 5520 Shooting/Sniper 4507023 Shooting/Sniper

4507025

4507027

Vehicular

Weather

#### E23\_05 Suspected Contact with Blood/Body Fluids eOther.05 Suspected EMS Work Related of EMS Injury or Death Exposure, Injury, or Death YesNoValues YesNoValues **Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 0:1 1:1 Recurrence Comment Mapping V2 Pattern V3 Replacement 0 9923001 No No Yes 9923003 Yes

E23\_06 Type of Suspected Blood/Body Fluid

eOther.06 The Type of Work-Related Injury, Death

Injury-Other (Not Listed)

Death-Other (Not Listed)

#### V2 Element V3 Element

#### Exposure, Injury, or Death or Suspected Exposure TypeOfSuspectedExposureToBodilyFluids TypeOfSuspectedExposureToBodilyFluids **Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 0: M Recurrence 0: M Comment Mapping V2 Pattern V3 Replacement 5540 4506009 Contact to Broken Skin Exposure-Body Fluid Contact to Broken Skin Contact to Intact Skin 4506013 Exposure-Body Fluid Contact with Intact Skin 5545 5550 Contact with Eye 4506011 Exposure-Body Fluid Contact with Eye Contact with Mucosal Surface 4506015 Exposure-Body Fluid Contact with Mucosal 5555 Surface Exposure-Airborne 5560 Inhalation Exposure 4506007 Respiratory/Biological/Aerosolized Secretions 5565 Needle Stick with Fluid Injection 4506017 Exposure-Needle Stick with Body Fluid Injection 5570 Needle Stick without Fluid Injection 4506019 Exposure-Needle Stick without Body Fluid

4506025

4506001 Death-Cardiac Arrest and 4506003 Death-Injury Related are also appropriate v3 replacements.

5585 None 4506027 None

4506023 Injury-Lifting/Back/Musculoskeletal is also an appropriate v3 replacement.

Other Physical injury

5575

5580

| E23_07 Personnel Exposed |                     | eCustomR           | eCustomResults.01 Custom Data Element Result |                     |  |
|--------------------------|---------------------|--------------------|--|---------------------|--|
| PersonnelExpose          | d                   |                    | CustomResu                                   | ults                |  |
| Null Values              |                     | Yes                | Null Values                                  | Yes                 |  |
| Is Nillable              |                     | No                 | Is Nillable                                  | Yes                 |  |
| Recurrence               |                     | 0 : M              | Recurrence                                   | 1 : M               |  |
| Comment                  |                     |                    |  |                     |  |
| Mapping                  |                     |                    |  |                     |  |
| V2 Pattern               |                     | V3 Replacen        | ment   |                     |  |
| 5590                     | This EMS            | This EMS Crew      |  | This EMS Crew       |  |
| 5595                     | Non-EMS             | Non-EMS individual |  | Non-EMS individual  |  |
| 5600                     | Other EMS Personnel |                    | 5600   | Other EMS Personnel |  |

| E23_08 Required Reportable Conditions |     | eCustomRe | eCustomResults.01 Custom Data Element Result |     |       |
|---------------------------------------|-----|-----------|--|-----|-------|
| YesNoValues                           |     |           | CustomResult                                 | :S  |       |
| Null Values                           |     | Yes       | Null Values                                  |     | Yes   |
| Is Nillable                           |     | No        | Is Nillable                                  |     | Yes   |
| Recurrence                            |     | 0:1       | Recurrence                                   |     | 1 : M |
| Comment                               |     |           |  |     |       |
| Mapping                               |     |           |  |     |       |
| V2 Pattern                            |     |           | V3 Replaceme                                 | ent |       |
| 0                                     | No  |           | 9923001                                      | No  |       |
| 1                                     | Yes |           | 9923003                                      | Yes |       |

| E23_09 Research Survey Field |     | eCustomResults.01 Custom Data Element Result |       |  |
|------------------------------|-----|--|-------|--|
| ResearchField                |     | CustomResults                                |       |  |
| Null Values                  | Yes | Null Values Yes                              |       |  |
| Is Nillable                  | No  | Is Nillable                                  | Yes   |  |
| Recurrence                   | 0:1 | Recurrence                                   | 1 : M |  |
| Comment                      |     |  |       |  |
| Mapping                      |     |  |       |  |
| V2 Pattern                   |     | V3 Replacement                               |       |  |

#### eOther.08 Crew Member Completing this Report E23\_10 Who Generated this Report? CrewMemberID CrewMemberID **Null Values** Yes **Null Values** Yes Is Nillable No Is Nillable Yes Recurrence 0:1 Recurrence 0:1 Comment Mapping V2 Pattern V3 Replacement

E23\_11 Research Survey Field Title

eCustomConfiguration.01 Custom Data Element

#### V2 Element V3 Element

# ResearchTitle CustomTitle Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 0: 1 Recurrence 1: 1

Title

#### Comment

#### Mapping

V2 Pattern V3 Replacement

normalize-space(.)='-10' Not Known 'Not Known'

This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

normalize-space(.)='-15' Not Reporting 'Not Reporting'

This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

normalize-space(.)='-20' Not Recorded 'Not Recorded'

This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

normalize-space(.)='-25' Not Applicable 'Not Applicable'

This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

normalize-space(.)='-5' Not Available 'Not Available'

This mapping is used when the v3 element is mandatory and the v2 element contains a null value.

Missing

This mapping is used when the v3 element is mandatory and the v2 element is missing.

otherwise