

NEMESIS

Data Dictionary

NHTSA v3.5.0
Build 190522 Candidate Release 1

EMS Data Standard

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

www.NEMESIS.org

NEMSIS Data Dictionary Version 3.5.0

Overview

The NEMSIS data dictionary was developed through a collaborative effort with the EMS industry including: web-based reviews, public comment periods, focus groups, industry dialogue, topic focused projects, and consensus. The National EMS Information System Version 3 represents a major revision from Version 2 released in 2005. Adopting a broad perspective, the initiative to move to a 3rd version of the NEMSIS data dictionary was fueled by the need to improve data quality, enhance our ability to assess EMS performance, augment the flexibility of the standard for state adoption and, to move the NEMSIS standard into the Health Level 7 (HL7) organization for approval as an American National Standards Institute (ANSI) standard.

The charts below outline the composition of the NEMSIS data standard into three data sets, EMS (ePCR), Demographic (Agency), and StateDataSet (SDS). They also show how the standard has changed from the previous version (v3.4.0) to the current version (v3.5.0).

Composition of the NEMSIS Version 3.5.0 Standard

| | |
|------------------------------|------------|
| <i>Total Elements</i> | 643 |
| <i>EMS Elements</i> | 444 |
| Mandatory | 21 |
| Required | 129 |
| Recommended | 56 |
| Optional | 237 |
| <i>DEM Elements</i> | 152 |
| Mandatory | 25 |
| Required | 4 |
| Recommended | 41 |
| Optional | 82 |
| <i>StateDataSet Elements</i> | 47 |
| Mandatory | 11 |
| Required | 10 |
| Recommended | 10 |
| Optional | 16 |

Changes from v3.4.0 to v3.5.0

| | | | |
|------------------------------|------------|----------------|----------------|
| <i>Overall Changes</i> | <i>New</i> | <i>Updated</i> | <i>Removed</i> |
| <i>Total</i> | 73 | 100 | 58 |
| <i>EMS Elements</i> | 26 | 80 | 10 |
| <i>DEM Elements</i> | 0 | 20 | 4 |
| <i>StateDataSet Elements</i> | 47 | 0 | 44 |

| | | |
|----------------------------------------|---------------|---------------|
| <i>Changes in National Elements</i> | <i>v3.4.0</i> | <i>v3.5.0</i> |
| <i>Total (excluding SDS, eOutcome)</i> | 165 | 155 |
| <i>Mandatory</i> | 37 | 32 |
| <i>Required</i> | 128 | 123 |

NEMSIS Version 3.5.0 Data Dictionary Content

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

Data Element Number (1)

- The NEMSIS Version 3 element numbering system has been revised to improve the information that can be derived from just the data element number. An example of a data element number is dAgency.01.
 - The data element number begins with either a "d" representing the demographic (agency) section or an "e" representing the EMS PCR section.
 - A one word descriptor for each section is now included in the data element number.
 - A period separates the section (e.g. dAgency) from the data element number (e.g. 01).

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

- National = Yes, is an indication that the data element is required to be collected at the local EMS agency level and submitted to the state
- State = Yes, is an indication that the data element is recommended to be collected at the State level.

Data Element Name (3)

- The name for the data element.

Data Element Definition (4)

- The definition for the data element.

Version 2 Number (7)

- The NEMSIS Version 2.2.1 Data Element Number.
- If the Data Element is new to Version 3.5.0, the Version 2 Number will be blank.

Data Structure Information

- Recurrence (12)
 - Indication that the data element can have more than one value.
 - Represented by two characters separated by a colon. The configuration includes:
 - **0:1** = element is not required and can occur only once
 - **0:M** = element is not required and can repeat multiple times
 - **1:1** = element is required and can occur only once
 - **1:M** = element is required and can repeat multiple times
- Usage (8)
 - Indication of when the data element is expected to be collected.
 - **Mandatory** = Must be completed and does not allow for NOT values
 - **Required** = Must be completed and allows NOT values
 - **Recommended** = Does not need to be completed and allows NOT values
 - **Optional** = Does not need to be completed and does not allow for NOT values
- NOT Value Characteristics (10)
 - Indication that the data element can have NOT values.
 - NOT Values are used (where permitted) to document that a data element was not applicable, not completed, or not collected by the state.
 - NOT Values are documented as an attribute of an element. It allows the documentation of NOT value when a real value is not documented.
 - *Please reference the NEMSIS White Paper describing the use of NOT Values, Pertinent Negatives, and Null:*
https://nemsis.org/media/nemsis_v3/master/UsageGuides/NEMSIS_V3_1_EMSSDataSet_Pertin
- NOT Values Accepted (14)
 - Indication of which of the following three NOT values is acceptable.
 - Not all data elements accept NOT values.
 - NOT Values have been condensed in Version 3.
 - **Not Applicable** = The data element is not applicable or pertinent.

- **Not Recorded** = The data element is considered applicable, but was left blank. The software should auto-populate it with "Not Recorded".
 - **Not Reporting** = The data element is not collected by the EMS agency or state. This NOT value does not apply to National elements where Usage is specified as "Required".
- **Pertinent Negative Values (PN) (9) (14)**
 - A list of Pertinent Negative Values which can be associated with a data element.
 - Not all data elements accept Pertinent Negative Values.
 - Pertinent Negative Values are documented as "an attribute" of an element. It allows the documentation of pertinent negative value in addition to the documentation of a "real" value.
 - *Please reference the NEMSIS White Paper describing the use of NOT Values, Pertinent Negatives, and Null:*
https://nemsis.org/media/nemsis_v3/master/UsageGuides/NEMSIS_V3_1_EMSSet_Pertinent_Negatives_and_Null.pdf
 - Example of use:
 - Example #1 - Aspirin Administration:
 - If the medication Aspirin is part of the agency protocol for Chest Pain but was not administered by the responding crew, the reason why should be documented. This is done through the use of Pertinent Negative Values. If the patient took the Aspirin prior to the EMS arrival on scene, the value "Medication Already Taken" should be documented in addition to "Aspirin".
- **Is Nillable (11)**
 - Indication that the element can accept a "blank" value.
 - If the element is left "blank" the software must submit an appropriate value of one of the two attributes: Pertinent Negative or NOT Values.

Associated Performance Measure Initiatives (13)

- Indication that the data element has value in describing, defining, or measuring EMS from a performance perspective. Performance Measures can be associated with EMS service delivery, patient care, or both. The following service delivery or time dependent illness/injury performance measure topics have been included in NEMSIS Version 3:
 - Airway - Airway Management
 - Cardiac Arrest - Out of Hospital Cardiac Arrest
 - Pediatric - Acute Pediatric Care
 - Response - EMS Response Time
 - STEMI - ST Elevation Myocardial Infarction (STEMI)
 - Stroke - Acute Stroke Care
 - Trauma - Acute Injury/Trauma Care

Attributes (14)

- An attribute provides extra information within an element.
 For information related to the first three attributes please see the NEMSIS document 'How to Utilize NEMSIS V3 "NOT values/pertinent negatives/nillable':
https://nemsis.org/media/nemsis_v3/master/UsageGuides/NEMSIS_V3_1_EMSSet_Pertinent_Negatives_and_Null.pdf

The following are possible attributes:

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

- 8801025 - Not Immunized
 - 8801027 - Order Criteria Not Met
 - 8801029 - Approximate
 - 8801031 - Symptom Not Present
- NV (Not Value)
 - 7701001 - Not Applicable
 - 7701003 - Not Recorded
 - 7701005 - Not Reporting
- Nillable xsi:nil="true"
- Code Type
 - 9924001 = ICD-10
 - 9924003 = RxNorm
 - 9924005 = SNOMED-CT
- CorrelationID
 - Data Type = String
 - minLength = 0
 - maxLength = 255
- DistanceUnit
 - 9921001 - Kilometers
 - 9921003 - Miles
- EmailAddressType
 - 9904001 - Personal
 - 9904003 - Work
- nemsisCode
 - Data Type = String
- nemsisElement
 - Data Type = String
- nemsisValueDescription
 - Data Type = String
- PhoneNumberType
 - 9913001 - Fax
 - 9913003 - Home
 - 9913005 - Mobile
 - 9913007 - Pager
 - 9913009 - Work
- ProcedureGroupCorrelationID
 - Data Type = CorrelationID
- StreetAddress2
 - Data Type = String
 - minLength = 1
 - maxLength = 255
- TimeStamp
 - Data Type = DateTime
 - minValue = 1950-01-01T00:00:00-00:00
 - maxValue = 2050-01-01T00:00:00-00:00

- **UUID**
 - UUIDs must be generated using the IETF RFC 4122 standard.
 - RFC 4122 defines 4 algorithms for UUID generation, any of these four can be used.
 - UUIDs must be represented in canonical form, matching the following regular expression:
[a-fA-F0-9]{8}[a-fA-F0-9]{4}[1-5][a-fA-F0-9]{3}[89abAB][a-fA-F0-9]{3}[a-fA-F0-9]{12}
- **VelocityUnit**
 - 9921001 - Kilometers per Hour
 - 9921003 - Miles per Hour

Code List (16)

- A list of values associated with the data element. Not all data elements have predefined value sets.
- Codes for each value:
 - The codes are based on a 7-digit number, in a 2-2-3 pattern (without dashes).
 - The first set of two numbers represent the data section
 - The second set of two numbers represent the element number
 - The last set is a 3-digit number for each value beginning at 001; The codes increase in increments of two (2).
 - Codes are typically sequential (by two) and alphabetical. Some ordering is provided in an effort to present information based on workflow.
 - Several values and codes reference external standards such as ICD-10, RxNorm, SNOMED, etc. NEMSIS will assist in providing a recommended list of EMS specific values and codes from these larger standards for most elements using these external standards.

Data Element Editorial Comments (17)

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

Version 3 Changes Implemented (18)

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

Element Deprecated (19)

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

Associated Validation Rules (20)

- A list of national Schematron validation rules associated with the element. Additional validation rules may be implemented at the state or local level.

3 **eExample.01 - Example Element Name**

4 **Definition**

The definition of the element.

| | | | | | |
|---|-------------------|----------|--------------------------|-------|----|
| 5 | National Element | Yes | Pertinent Negatives (PN) | Yes | 9 |
| 6 | State Element | Yes | NOT Values | Yes | 10 |
| 7 | Version 2 Element | E00_01 | Is Nillable | Yes | 11 |
| 8 | Usage | Required | Recurrence | 1 : 1 | 12 |

13 **Associated Performance Measure Initiatives**

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

14 **Attributes**

NOT Values (NV)

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

Pertinent Negatives (PN)

8801001 - Contraindication Noted 8801003 - Denied By Order 8801005 - Exam Finding Not Present
 8801007 - Medication Allergy 8801009 - Medication Already Taken 8801013 - No Known Drug Allergy
 8801015 - None Reported 8801017 - Not Performed by EMS 8801019 - Refused
 8801021 - Unresponsive 8801023 - Unable to Complete 8801025 - Not Immunized
 8801027 - Order Criteria Not Met 8801029 - Approximate 8801031 - Symptom Not Present

Code Type

9924001 - ICD-10 9924003 - RxNorm 9924005 - SNOMED-CT

CorrelationID

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

nemsisCode

Data Type: String **whiteSpace:** preserve

nemsisElement

Data Type: String **whiteSpace:** preserve

customValueDescription

Data Type: String **whiteSpace:** preserve

StreetAddress2

Data Type: String **minLength:** 1 **maxLength:** 255

DistanceUnit

9929001 - Kilometers 9929003 - Miles

EmailAddressType

9904001 - Personal 9904003 - Work

PhoneNumberType

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

VelocityUnit

9921001 - Kilometers per Hour 9921003 - Miles per Hour

15 **Constraints**

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

Pattern

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

16 **Code List**

Code **Description**

SSEE001 Value A
 SSEE003 Value B
 SSEE005 Value C
 SSEE007 Value D
 SSEE009 Value E

SSEE009 Value E

SSEE011 Value F

- ⑪ Data Element Comment
The data element comment.
- ⑫ Version 3 Changes Implemented
Any V3 change comments
- ⑬ Deprecated Comments
Any deprecation comments
- ⑭ Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Example Element Name is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e136 | Warning | Example Element Name should be recorded, unless Other Element Name is "Yes". |

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| sSoftware.03 - Software Version | 768 |

| | |
|--------------------------------------------------------------------------------------|------------|
| sElement | 769 |
| sElement Grouping | 770 |
| sElement.01 - State Collected Element | 771 |
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| sFacility.06 - Facility Room, Suite, or Apartment | 794 |
| sFacility.07 - Facility Street Address | 795 |
| sFacility.08 - Facility City | 796 |
| sFacility.09 - Facility State | 797 |
| sFacility.10 - Facility ZIP Code | 798 |
| sFacility.11 - Facility County | 799 |
| sFacility.12 - Facility Country | 800 |
| sFacility.13 - Facility GPS Location | 801 |
| sFacility.14 - Facility US National Grid Coordinates | 802 |
| sFacility.15 - Facility Phone Number | 803 |

EMSDataset

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

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

DEMDataSet

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

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

DEMDataset

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------------------------------------------------------------------------------------------------|
| nemSch_d004 | Error | The timestamp of the DemographicReport should not be in the future (the current time according to this system is (value)). |
| nemSch_d005 | Error | UUID must be universally unique. |

StateDataSet

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

| StateDataSet | |
|--------------|-----------------------|
| 1 : 1 | sState |
| 0 : 1 | seCustomConfiguration |
| 0 : 1 | sdCustomConfiguration |
| 1 : 1 | sSoftware |
| 1 : 1 | sElement |
| 1 : 1 | sConfiguration |
| 0 : 1 | sAgency |
| 0 : 1 | sFacility |

StateDataSet

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------|
| nemSch_s004 | Error | The timestamp of the StateDataSet should not be in the future (the current time according to this system is (value)). |

State

National

dAgency.01 - EMS Agency Unique State ID

Definition

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

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

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

Data Element Comment

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

State

National

dAgency.02 - EMS Agency Number

Definition

The state-assigned provider number of the responding agency

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

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

Data Element Comment

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

State

National

dAgency.04 - EMS Agency State

Definition

The state/territory which assigned the EMS agency number.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

Pattern

[0-9]{2}

Data Element Comment

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

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d010 | Warning | There should be a configuration group where State Associated with this Configuration is the state recorded in EMS Agency State. |
| nemSch_d012 | Warning | EMS Certification Levels Permitted to Perform Each Procedure, within the configuration group for the state recorded in EMS Agency State, should include the level recorded in Level of Service. |
| nemSch_d013 | Warning | EMS Certification Levels Permitted to Administer Each Medication, within the configuration group for the state recorded in EMS Agency State, should include the level recorded in Level of Service. |

eCustomConfiguration

Legend

Dataset Level: N National S State D Deprecated

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

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

eCustomConfiguration

| | | |
|-------|----------------------------------------------------------------------------------------|---|
| 0 : M | eCustomConfiguration.CustomGroup | |
| 1 : 1 | eCustomConfiguration.01 - Custom Data Element Title | M |
| 1 : 1 | eCustomConfiguration.02 - Custom Definition | M |
| 1 : 1 | eCustomConfiguration.03 - Custom Data Type | M |
| 1 : 1 | eCustomConfiguration.04 - Custom Data Element Recurrence | M |
| 1 : 1 | eCustomConfiguration.05 - Custom Data Element Usage | M |
| 0 : M | eCustomConfiguration.06 - Custom Data Element Potential Values | O |
| 0 : M | eCustomConfiguration.07 - Custom Data Element Potential NOT Values (NV) | O |
| 0 : M | eCustomConfiguration.08 - Custom Data Element Potential Pertinent Negative Values (PN) | O |
| 0 : 1 | eCustomConfiguration.09 - Custom Data Element Grouping ID | O |

eCustomConfiguration

eCustomConfiguration.01 - Custom Data Element Title

Definition

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

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

Attributes

nemsisElement

Data Type: anySimpleType **whiteSpace:** preserve

Constraints

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

Data Element Comment

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

Version 3 Changes Implemented

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

eCustomConfiguration.02 - Custom Definition

Definition

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

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

Constraints

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

Data Element Comment

eCustomConfiguration.03 - Custom Data Type

Definition

The data type of the custom element.

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

Code List

| Code | Description |
|---------|----------------|
| 9902001 | Binary |
| 9902003 | Date/Time |
| 9902005 | Integer/Number |
| 9902007 | Other |
| 9902009 | Text/String |
| 9902011 | Boolean |

Data Element Comment

eCustomConfiguration.04 - Custom Data Element Recurrence

Definition

Indication if the data element will accept multiple values.

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

Code List

Code Description

9923001 No
9923003 Yes

Data Element Comment

Version 3 Changes Implemented

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

eCustomConfiguration.05 - Custom Data Element Usage

Definition

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

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

Code List

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

Data Element Comment

Mandatory = Must be completed and will not accept null values

Required = Must be completed but will accept null values

Recommended = Not required but if collected will accept null values

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

Version 3 Changes Implemented

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

eCustomConfiguration.06 - Custom Data Element Potential Values

Definition

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

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

Attributes

nemsisCode

Data Type: anySimpleType **whiteSpace:** preserve

customValueDescription

Data Type: anySimpleType **whiteSpace:** preserve

Constraints

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

Data Element Comment

Version 3 Changes Implemented

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

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

Definition

NOT Values (NV) associated with the custom element.

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

Code List

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

Data Element Comment

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

Definition

Pertinent Negative Values (PN) associated with the custom element.

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

Code List

| Code | Description |
|---------|--------------------------|
| 8801001 | Contraindication Noted |
| 8801003 | Denied By Order |
| 8801005 | Exam Finding Not Present |
| 8801007 | Medication Allergy |
| 8801009 | Medication Already Taken |
| 8801013 | No Known Drug Allergy |
| 8801015 | None Reported |
| 8801017 | Not Performed by EMS |
| 8801019 | Refused |
| 8801021 | Unresponsive |
| 8801023 | Unable to Complete |
| 8801025 | Not Immunized |
| 8801027 | Order Criteria Not Met |
| 8801029 | Approximate |
| 8801031 | Symptom Not Present |

Data Element Comment

eCustomConfiguration.09 - Custom Data Element Grouping ID

Definition

ID for custom element grouping.

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

Constraints

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

Data Element Comment

eRecord

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

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

State

National

eRecord.01 - Patient Care Report Number

Definition

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

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 3 | 50 |

Data Element Comment

State

National

eRecord.02 - Software Creator

Definition

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

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

Constraints

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

Data Element Comment

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

State

National

eRecord.03 - Software Name

Definition

The name of the application used to create this record.

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

Constraints

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

Data Element Comment

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

State

National

eRecord.04 - Software Version

Definition

The version of the application used to create this record.

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

Constraints

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

Data Element Comment

eResponse

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

eResponse

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

eResponse

State

National

eResponse.01 - EMS Agency Number

Definition

The state-assigned provider number of the responding agency.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

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

Data Element Comment

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------|
| nemSch_e011 | Warning | EMS Agency Number in the patient care report should match EMS Agency Number in the agency demographic information. |

eResponse.02 - EMS Agency Name

Definition

The EMS agency's name.

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

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

Data Element Comment

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When EMS Agency Name is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When EMS Agency Name has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

State

National

eResponse.03 - Incident Number

Definition

The incident number assigned by the 911 Dispatch System.

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 3 | 50 |

Data Element Comment

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Incident Number is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Incident Number has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

State

National

eResponse.04 - EMS Response Number

Definition

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

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 3 | 50 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When EMS Response Number is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When EMS Response Number has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eResponse.05 - Type of Service Requested

Definition

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

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|---------------------------------------------------------|
| 2205001 | Emergency Response (Primary Response Area) |
| 2205003 | Emergency Response (Intercept) |
| 2205009 | Emergency Response (Mutual Aid) |
| 2205005 | Hospital-to-Hospital Transfer |
| 2205015 | Hospital to Non-Hospital Facility Transfer |
| 2205017 | Non-Hospital Facility to Non-Hospital Facility Transfer |
| 2205019 | Non-Hospital Facility to Hospital Transfer |
| 2205007 | Other Routine Medical Transport |
| 2205011 | Public Assistance |
| 2205013 | Standby |
| 2205021 | Support Services |
| 2205023 | Non-Patient Care Rescue/Extrication |
| 2205025 | Crew Transport Only |
| 2205027 | Transport of Organs or Body Parts |
| 2205029 | Mortuary Services |
| 2205031 | Mobile Integrated Health Care Encounter |
| 2205033 | Evaluation for Special Referral/Intake Programs |
| 2205035 | Administrative Operations |

Data Element Comment

Values for "911 Response (Scene)", "Intercept", and "Mutual Aid" have been relabeled to start with "Emergency Response" to more easily identify these options. "Interfacility Transport" was relabeled to "Hospital-to-Hospital Transfer" to be more accurate; options for "Sending Hospital Staff" and "Critical or Specialty Care" were added to better track resource utilization at local and state levels and support reimbursement levels. "Medical Transport" was relabeled to "Other Medical Needs Transport" to cover any other medical transports such as transports to and from dialysis, doctor appointments, return home, or nursing homes. Values added to consolidate types of service previously captured in "Primary Role of Unit" and eDisposition.12 as found in V3.4.0. Additional values added to reflect emerging service types.

Version 3 Changes Implemented

With the release of v3.5.0 values were added to meet the needs of EMS

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e075 | Warning | Date/Time of Symptom Onset should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided". |
| nemSch_e076 | Warning | Possible Injury should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided". |
| nemSch_e078 | Warning | Chief Complaint Anatomic Location should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided". |

- nemSch_e079 **Warning** Chief Complaint Organ System should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided".
- nemSch_e080 **Warning** Primary Symptom should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided".
- nemSch_e082 **Warning** Provider's Primary Impression should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided".
- nemSch_e084 **Warning** Initial Patient Acuity should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided".
- nemSch_e088 **Warning** Reason for Interfacility Transfer/Medical Transport should only be recorded when Type of Service Requested is "... Transfer" or "Other Routine Medical Transport".

eResponse.06 - Standby Purpose

Definition

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

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

Code List

| Code | Description |
|---------|--------------------------------------------|
| 2206001 | Disaster Event-Drill/Exercise |
| 2206003 | Disaster Event-Live Staging |
| 2206005 | Education |
| 2206007 | EMS Staging-Improve Coverage |
| 2206009 | Fire Support-Rehab |
| 2206011 | Fire Support-Standby |
| 2206013 | Mass Gathering-Concert/Entertainment Event |
| 2206015 | Mass Gathering-Fair/Community Event |
| 2206017 | Mass Gathering-Sporting Event |
| 2206019 | Other |
| 2206021 | Public Safety Support |

Data Element Comment

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

State

National

eResponse.07 - Unit Transport and Equipment Capability

Definition

The transport and equipment capabilities of the EMS Unit which responded to this specific EMS event.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|------------------------------------------------|
| 2207011 | Air Transport-Helicopter |
| 2207013 | Air Transport-Fixed Wing |
| 2207015 | Ground Transport (ALS Equipped) |
| 2207017 | Ground Transport (BLS Equipped) |
| 2207019 | Ground Transport (Critical Care Equipped) |
| 2207021 | Non-Transport-Medical Treatment (ALS Equipped) |
| 2207023 | Non-Transport-Medical Treatment (BLS Equipped) |
| 2207025 | Wheel Chair Van/Ambulette |
| 2207027 | Non-Transport-No Medical Equipment |

Data Element Comment

Element relabeled from "Primary Role of Unit" to "Unit Transport and Equipment Capability" to better reflect its new defined purpose and allow the deprecation of eResponse.15 "Level of Care of This Unit". V3.4.0 Non-Transport values deprecated as these are types of service and were moved to eResponse.05 "Type of Service Requested". Values have been added to better capture transport capability and available equipment. These values should be tied to the capabilities and role of the unit and not reflect the level of providers responding to an event.

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

Version 3 Changes Implemented

With the release of V3.5.0 values were deprecated, added, and relabeled to meet the needs of EMS.

State

National

eResponse.08 - Type of Dispatch Delay

Definition

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

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E02_06 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

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

Code List

| Code | Description |
|---------|-------------------------------------------|
| 2208001 | Caller (Uncooperative) |
| 2208003 | Diversion/Failure (of previous unit) |
| 2208005 | High Call Volume |
| 2208007 | Language Barrier |
| 2208009 | Incomplete Address Information Provided |
| 2208011 | No EMS Vehicles (Units) Available |
| 2208013 | None/No Delay |
| 2208015 | Other |
| 2208017 | Technical Failure (Computer, Phone etc.) |
| 2208019 | Communication Specialist-Assignment Error |
| 2208021 | No Receiving MD, Bed, Hospital |
| 2208023 | Specialty Team Delay |

Data Element Comment

A dispatch delay is any time delay that occurs from the time of PSAP call (eTimes.01) to the time the unit is notified by dispatch (eTimes.03).

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Type of Dispatch Delay is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Type of Dispatch Delay has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e012 | Warning | When Type of Dispatch Delay is "None", no other value should be recorded. |

State

National

eResponse.09 - Type of Response Delay

Definition

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

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E02_07 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

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

Code List

| Code | Description |
|---------|----------------------------------------|
| 2209001 | Crowd |
| 2209003 | Directions/Unable to Locate |
| 2209005 | Distance |
| 2209007 | Diversion (Different Incident) |
| 2209009 | HazMat |
| 2209011 | None/No Delay |
| 2209013 | Other |
| 2209015 | Rendezvous Transport Unavailable |
| 2209017 | Route Obstruction (e.g., Train) |
| 2209019 | Scene Safety (Not Secure for EMS) |
| 2209021 | Staff Delay |
| 2209023 | Traffic |
| 2209025 | Vehicle Crash Involving this Unit |
| 2209027 | Vehicle Failure of this Unit |
| 2209029 | Weather |
| 2209031 | Mechanical Issue-Unit, Equipment, etc. |
| 2209033 | Flight Planning |

Data Element Comment

Rendezvous Transport Unavailable added for situations where there is a wait for an EMS Transport Unit, a Ferry, Air Medical, etc. to return to service.

A response delay is any time delay that occurs from the time the unit is notified by dispatch (eTimes.03) to the time the unit arrived on scene (eTimes.06).

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Type of Response Delay is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Type of Response Delay has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e013 | Warning | When Type of Response Delay is "None", no other value should be recorded. |

State

National

eResponse.10 - Type of Scene Delay

Definition

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

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E02_08 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

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

Code List

| Code | Description |
|---------|----------------------------------------|
| 2210001 | Awaiting Air Unit |
| 2210003 | Awaiting Ground Unit |
| 2210005 | Crowd |
| 2210007 | Directions/Unable to Locate |
| 2210009 | Distance |
| 2210011 | Extrication |
| 2210013 | HazMat |
| 2210015 | Language Barrier |
| 2210017 | None/No Delay |
| 2210019 | Other |
| 2210021 | Patient Access |
| 2210023 | Safety-Crew/Staging |
| 2210025 | Safety-Patient |
| 2210027 | Staff Delay |
| 2210029 | Traffic |
| 2210031 | Triage/Multiple Patients |
| 2210033 | Vehicle Crash Involving this Unit |
| 2210035 | Vehicle Failure of this Unit |
| 2210037 | Weather |
| 2210039 | Mechanical Issue-Unit, Equipment, etc. |

Data Element Comment

A scene delay is any time delay that occurs from the time the unit arrived on scene (eTimes.06) to the time the unit left the scene (eTimes.09).

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Type of Scene Delay is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Type of Scene Delay has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e014 | Warning | When Type of Scene Delay is "None", no other value should be recorded. |

State

National

eResponse.11 - Type of Transport Delay

Definition

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

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E02_09 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

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

Code List

| Code | Description |
|---------|-----------------------------------------------|
| 2211001 | Crowd |
| 2211003 | Directions/Unable to Locate |
| 2211005 | Distance |
| 2211007 | Diversion |
| 2211009 | HazMat |
| 2211011 | None/No Delay |
| 2211013 | Other |
| 2211015 | Rendezvous Transport Unavailable |
| 2211017 | Route Obstruction (e.g., Train) |
| 2211019 | Safety |
| 2211021 | Staff Delay |
| 2211023 | Traffic |
| 2211025 | Vehicle Crash Involving this Unit |
| 2211027 | Vehicle Failure of this Unit |
| 2211029 | Weather |
| 2211031 | Patient Condition Change (e.g., Unit Stopped) |

Data Element Comment

Rendezvous Transport Unavailable added for situations where there is a wait for an EMS Transport Unit, a Ferry, Air Medical, etc.

A transport delay is any time delay that occurs from the time the unit left the scene (eTimes.09) to the time the patient arrived at the destination (eTimes.10).

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Type of Transport Delay is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Type of Transport Delay has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e015 | Warning | When Type of Transport Delay is "None", no other value should be recorded. |

State

National

eResponse.12 - Type of Turn-Around Delay

Definition

The turn-around delays, if any, of EMS unit associated with the EMS event.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E02_10 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Response

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|-----------------------------------------------------|
| 2212001 | Clean-up |
| 2212003 | Decontamination |
| 2212005 | Distance |
| 2212007 | Documentation |
| 2212009 | ED Overcrowding / Transfer of Care |
| 2212011 | Equipment Failure |
| 2212013 | Equipment/Supply Replenishment |
| 2212015 | None/No Delay |
| 2212017 | Other |
| 2212019 | Rendezvous Transport Unavailable |
| 2212021 | Route Obstruction (e.g., Train) |
| 2212023 | Staff Delay |
| 2212025 | Traffic |
| 2212027 | Vehicle Crash of this Unit |
| 2212029 | Vehicle Failure of this Unit |
| 2212031 | Weather |
| 2212033 | EMS Crew Accompanies Patient for Facility Procedure |

Data Element Comment

Rendezvous Transport Unavailable added for situations where there is a wait for an EMS Transport Unit, a Ferry, Air Medical, etc. to return to service.

If a patient is being transported by the unit, turn-around delay is any time delay that occurs from the time the patient arrived at the destination (eTimes.11) until the time the unit is back in service (eTimes.13) or unit back at the home location (eTimes.15) [whichever is the greater of the two times].

If no patient is being transported by the unit, turn-around delay is any time delay that occurs from the time the unit arrived on scene (eTimes.06) until the unit is back in service (eTimes.13) or the unit back at the home location (eTimes.15) [whichever is the greater of the two times].

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Type of Turn-Around Delay is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Type of Turn-Around Delay has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

nemSch_e016 **Warning** When Type of Turn-Around Delay is "None", no other value should be recorded.

State

National

eResponse.13 - EMS Vehicle (Unit) Number

Definition

The unique physical vehicle number of the responding unit.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E02_11 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Constraints

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

Data Element Comment

This is recommended to be the State Vehicle Permit Number if unique to the vehicle. If the vehicle is not licensed by the state, this should be a unique number only associated with a specific vehicle. This element should be populated from dVehicle.01 - Unit/Vehicle Number.

State

National

eResponse.14 - EMS Unit Call Sign

Definition

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

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E02_12 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Constraints

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

Data Element Comment

"This element could be populated from a list created in dVehicle.03 EMS Unit Call Sign or dConfiguration.16 (Crew Call Sign).

eResponse.16 - Vehicle Dispatch Location

Definition

The EMS location or healthcare facility representing the geographic location of the unit or crew at the time of dispatch.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E02_13 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

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

Data Element Comment

This element can be populated from dLocation.02 EMS Location Name or dFacility information. Depending on the information the EMS Agency or State is interested in knowing the following elements can be utilized:

1. dLocation.02 EMS Location Name
2. dFacility.02 Facility Name
3. dFacility.03 Facility Code

eResponse.17 - Vehicle Dispatch GPS Location

Definition

The GPS coordinates associated with the EMS unit at the time of dispatch documented in decimal degrees.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E02_15 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Response

Constraints

Pattern

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

Data Element Comment

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

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

eResponse.18 - Vehicle Dispatch Location US National Grid Coordinates

Definition

The US National Grid Coordinates for the EMS Vehicle's Dispatch Location.

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

Constraints

Pattern

((1-9)[1-5][0-9]{60})[C-HJ-NP-X][A-HJ-NP-Z][A-HJ-NP-V][0-9]{8}

Data Element Comment

Standard found at www.fgdc.gov/usng. Used by the EMS components of US Governmental entities such as national parks and military agencies.

eResponse.19 - Beginning Odometer Reading of Responding Vehicle

Definition

The mileage (counter or odometer reading) of the vehicle at the beginning of the call (when the wheels begin moving). If EMS vehicle/unit is via water or air travel document the number in "hours" as it relates to the documentation of Boat, Fixed Wing, or Rotor Craft in eDisposition.16 (EMS Transport Method).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E02_16 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|-----------------------|--------------------|
| Data Type | fractionDigits | totalDigits |
| decimal | 2 | 8 |

Data Element Comment

If a mileage counter is being used instead of an odometer, this value would be 0.

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

Definition

The mileage (counter or odometer reading) of the vehicle when it arrives at the scene. If EMS vehicle/unit is via water or air travel document the number in "hours" as it relates to the documentation of Boat, Fixed Wing, or Rotor Craft in eDisposition.16 (EMS Transport Method).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E02_17 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|-----------------------|--------------------|
| Data Type | fractionDigits | totalDigits |
| decimal | 2 | 8 |

Data Element Comment

If using a counter, this is the mileage traveled from dispatch to the scene starting from 0.

eResponse.21 - Patient Destination Odometer Reading of Responding Vehicle

Definition

The mileage (counter or odometer reading) of the vehicle when it arrives at the patient's destination. If EMS vehicle/unit is via water or air travel document the number in "hours" as it relates to the documentation of Boat, Fixed Wing, or Rotor Craft in eDisposition.16 (EMS Transport Method).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E02_18 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | fractionDigits | totalDigits |
|-----------|----------------|-------------|
| decimal | 2 | 8 |

Data Element Comment

If using a counter, this is the mileage traveled from dispatch to the patient's transport destination starting from 0.

eResponse.22 - Ending Odometer Reading of Responding Vehicle

Definition

If using a counter, this is the mileage traveled beginning with dispatch through the transport of the patient to their destination and ending when back in service, starting from 0. If EMS vehicle/unit is via water or air travel document the number in "hours" as it relates to the documentation of boat, Fixed Wing, or Rotor Craft in eDisposition.16.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E02_19 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|-----------------------|--------------------|
| Data Type | fractionDigits | totalDigits |
| decimal | 2 | 8 |

Data Element Comment

State

National

eResponse.23 - Response Mode to Scene

Definition

The indication whether the response was emergent or non-emergent. An emergent response is an immediate response.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E02_20 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|-------------------------------------|
| 2223001 | Emergent (Immediate Response) |
| 2223003 | Emergent Downgraded to Non-Emergent |
| 2223005 | Non-Emergent |
| 2223007 | Non-Emergent Upgraded to Emergent |

Data Element Comment

Information now split between eResponse.23 (Response Mode to Scene) and eResponse.24 (Additional Response Mode Descriptors)

State

National

eResponse.24 - Additional Response Mode Descriptors

Definition

The documentation of response mode techniques used for this EMS response.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

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

Code List

| Code | Description |
|---------|------------------------------------------------------------------|
| 2224001 | Intersection Navigation-Against Normal Light Patterns |
| 2224003 | Intersection Navigation-With Automated Light Changing Technology |
| 2224005 | Intersection Navigation-With Normal Light Patterns |
| 2224007 | Scheduled |
| 2224009 | Speed-Enhanced per Local Policy |
| 2224011 | Speed-Normal Traffic |
| 2224013 | Unscheduled |
| 2224015 | Lights and Sirens |
| 2224017 | Lights and No Sirens |
| 2224019 | No Lights or Sirens |
| 2224021 | Initial No Lights or Sirens, Upgraded to Lights and Sirens |
| 2224023 | Initial Lights and Sirens, Downgraded to No Lights or Sirens |

Data Element Comment

Descriptors have been added to better describe the EMS Response. This includes information on whether the EMS event was schedule or unscheduled.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Additional Response Mode Descriptors is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Additional Response Mode Descriptors has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eDispatch

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

| eDispatch | | | | |
|-----------|---------------------------------------------------|----------------|----------------|----------------------------------|
| 1 : 1 | eDispatch.01 - Dispatch Reason | N | S | M |
| 1 : 1 | eDispatch.02 - EMD Performed | N | S | R N, L |
| 0 : 1 | eDispatch.03 - EMD Card Number | O | | |
| 0 : 1 | eDispatch.04 - Dispatch Center Name or ID | O | | |
| 0 : 1 | eDispatch.05 - Dispatch Priority (Patient Acuity) | O | | |
| 0 : 1 | eDispatch.06 - Unit Dispatched CAD Record ID | O | | |
| eDispatch | | | | |

State

National

eDispatch.01 - Dispatch Reason

Definition

The dispatch reason reported to the responding unit.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E03_01 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|---------------------------------------------------------------------------|
| 2301001 | Abdominal Pain/Problems |
| 2301003 | Allergic Reaction/Stings |
| 2301005 | Animal Bite |
| 2301007 | Assault |
| 2301009 | Automated Crash Notification |
| 2301011 | Back Pain (Non-Traumatic) |
| 2301013 | Breathing Problem |
| 2301015 | Burns/Explosion |
| 2301017 | Carbon Monoxide/Hazmat/Inhalation/CBRN |
| 2301019 | Cardiac Arrest/Death |
| 2301021 | Chest Pain (Non-Traumatic) |
| 2301023 | Choking |
| 2301025 | Convulsions/Seizure |
| 2301027 | Diabetic Problem |
| 2301029 | Electrocution/Lightning |
| 2301031 | Eye Problem/Injury |
| 2301033 | Falls |
| 2301035 | Fire |
| 2301037 | Headache |
| 2301039 | Healthcare Professional/Admission |
| 2301041 | Heart Problems/AICD |
| 2301043 | Heat/Cold Exposure |
| 2301045 | Hemorrhage/Laceration |
| 2301047 | Industrial Accident/Inaccessible Incident/Other Entrapments (Non-Vehicle) |
| 2301049 | Medical Alarm |
| 2301051 | No Other Appropriate Choice |
| 2301053 | Overdose/Poisoning/Ingestion |
| 2301055 | Pandemic/Epidemic/Outbreak |
| 2301057 | Pregnancy/Childbirth/Miscarriage |
| 2301059 | Psychiatric Problem/Abnormal Behavior/Suicide Attempt |
| 2301061 | Sick Person |
| 2301063 | Stab/Gunshot Wound/Penetrating Trauma |
| 2301065 | Standby |
| 2301067 | Stroke/CVA |
| 2301069 | Traffic/Transportation Incident |
| 2301071 | Transfer/Interfacility/Palliative Care |
| 2301073 | Traumatic Injury |
| 2301075 | Well Person Check |
| 2301077 | Unconscious/Fainting/Near-Fainting |
| 2301079 | Unknown Problem/Person Down |
| 2301081 | Drowning/Diving/SCUBA Accident |
| 2301083 | Airmedical Transport |
| 2301085 | Altered Mental Status |
| 2301087 | Intercept |
| 2301089 | Nausea |

| |
|-----------------------------|
| Data Element Comment |
|-----------------------------|

Added Pandemic/Epidemic/Outbreak.
Added Automated Crash Notification
Added Healthcare Professional Admission
Added Transfer/Interfacility/Palliative Care
- Other entries expanded based on current national EMD Dispatch List

State

National

eDispatch.02 - EMD Performed

Definition

Indication of whether Emergency Medical Dispatch was performed for this EMS event.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E03_02 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|------------------------------------------------|
| 2302001 | No |
| 2302003 | Yes, With Pre-Arrival Instructions |
| 2302005 | Yes, Without Pre-Arrival Instructions |
| 2302007 | Yes, Unknown if Pre-Arrival Instructions Given |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When EMD Performed is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When EMD Performed has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eDispatch.03 - EMD Card Number

Definition

The EMD card number reported by dispatch, consisting of the card number, dispatch level, and dispatch mode.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E03_03 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 10 |

Data Element Comment

eDispatch.04 - Dispatch Center Name or ID

Definition

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

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

Constraints

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

Data Element Comment

This element can be used to identify the dispatch center (Primary or Secondary Public Safety Answering Point - PSAP) that dispatches the EMS agency. If the EMS agency is able to populate the Patient Care Report (PCR) with CAD specific details (times, incident address information, crew information, EMD, etc.) the name or ID of the dispatch center should be documented.

Version 3 Changes Implemented

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

eDispatch.05 - Dispatch Priority (Patient Acuity)

Definition

The actual, apparent, or potential acuity of the patient's condition as determined through information obtained during the EMD process.

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

Code List

| Code | Description |
|---------|-------------------------------------------------|
| 2305001 | Critical |
| 2305003 | Emergent |
| 2305005 | Lower Acuity |
| 2305007 | Non-Acute [e.g., Scheduled Transfer or Standby] |

Data Element Comment

The use of acuity values vary by EMS agency. Some systems may utilize fewer than four levels and some more. The use of four levels is to capture the majority and allow for the inclusion of the NHTSA National EMS Core Content definitions for patient acuity, specifically: Critical, Emergent, and Lower Acuity.

Provided below is an example application only. This example bears no relationship to any particular federal, state, or agency billing requirement.

For EMS Agencies and CAD / EMD systems utilizing Alpha-Echo, Omega levels for determining the priority level for dispatch of the EMS unit, the recommended mapping is:

| | | |
|------------------|--------------------|----------------------|
| Echo = Critical | Charlie = Emergent | Alpha = Lower Acuity |
| Delta = Critical | Bravo = Emergent | Omega = Non-Acute |

Patient Acuity definitions related to "Critical, Emergent, and Lower Acuity" can be found in the National EMS Core Content document from NHTSA EMS (DOT HS 809-898 July 2005) at <http://www.nhtsa.gov/people/injury/ems/emscorecontent/images/EMSCoreContent.pdf>

For Air Medical Transports the most appropriate values choices should be limited to two: Emergent and Non-Acute.

eDispatch.06 - Unit Dispatched CAD Record ID

Definition

The unique ID assigned by the CAD system for the specific unit response.

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

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 3 | 50 |

Data Element Comment

The Unit Dispatched CAD Record ID is populated from a CAD system. This information will not be known to the EMS professional.

Use Case: Some CAD systems may use the Unit Dispatched CAD Record ID as the Patient Care Report Number (eRecord.01). This may also be a GUID from a CAD system. A GUID for the CAD push to remain unique as updates are sent from CAD. This could be a stream and unique to the record or patient depending on the capabilities of the CAD system. How the Unit Dispatched CAD Record ID is created could vary as it could be a concatenation of multiple elements or a true GUID.

eCrew

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

| eCrew | | | |
|-------|--------------------------------------|---|----------|
| 0 : M | eCrew.CrewGroup | | C |
| 0 : 1 | eCrew.01 - Crew Member ID | S | E N, L |
| 0 : 1 | eCrew.02 - Crew Member Level | S | E N, L |
| 0 : M | eCrew.03 - Crew Member Response Role | S | E N, L C |
| eCrew | | | |

eCrew.01 - Crew Member ID

Definition

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

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E04_01 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

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

Data Element Comment

Document the state certification/licensure ID for the state where the event occurred.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Crew Member ID is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Crew Member ID has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eCrew.02 - Crew Member Level

Definition

The functioning level of the crew member ID during this EMS patient encounter.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E04_03 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|----------------------------------------------|
| 9925001 | Advanced Emergency Medical Technician (AEMT) |
| 9925002 | Emergency Medical Technician - Intermediate |
| 9925003 | Emergency Medical Responder (EMR) |
| 9925005 | Emergency Medical Technician (EMT) |
| 9925007 | Paramedic |
| 9925023 | Other Healthcare Professional |
| 9925025 | Other Non-Healthcare Professional |
| 9925027 | Physician |
| 9925029 | Respiratory Therapist |
| 9925031 | Student |
| 9925033 | Critical Care Paramedic |
| 9925035 | Community Paramedicine |
| 9925037 | Nurse Practitioner |
| 9925039 | Physician Assistant |
| 9925041 | Licensed Practical Nurse (LPN) |
| 9925043 | Registered Nurse |

Data Element Comment

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Crew Member Level is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Crew Member Level has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eCrew.03 - Crew Member Response Role

Definition

The role(s) of the crew member during response, at scene treatment, and/or transport.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E04_02 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

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

Code List

| Code | Description |
|---------|-------------------------------------|
| 2403001 | Driver/Pilot-Response |
| 2403003 | Driver/Pilot-Transport |
| 2403005 | Other |
| 2403007 | Other Patient Caregiver-At Scene |
| 2403009 | Other Patient Caregiver-Transport |
| 2403011 | Primary Patient Caregiver-At Scene |
| 2403013 | Primary Patient Caregiver-Transport |

Data Element Comment

This element has been changed to allow for multiple selections. There must be a driver for response and transport. There must be a primary patient caregiver for scene and transport.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Crew Member Response Role is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Crew Member Response Role has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eTimes

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

eTimes

| | | |
|-------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 : 1 | eTimes.01 - PSAP Call Date/Time | N S R N, L |
| 0 : 1 | eTimes.02 - Dispatch Notified Date/Time | O |
| 1 : 1 | eTimes.03 - Unit Notified by Dispatch Date/Time | N S M |
| 0 : 1 | eTimes.04 - Dispatch Acknowledged Date/Time | O |
| 1 : 1 | eTimes.05 - Unit En Route Date/Time | N S R N, L |
| 1 : 1 | eTimes.06 - Unit Arrived on Scene Date/Time | N S R N, L |
| 1 : 1 | eTimes.07 - Arrived at Patient Date/Time | N S R N, L |
| 0 : 1 | eTimes.08 - Transfer of EMS Patient Care Date/Time | S E N, L |
| 1 : 1 | eTimes.09 - Unit Left Scene Date/Time | N S R N, L |
| 0 : 1 | eTimes.10 - Arrival at Destination Landing Area Date/Time | O |
| 1 : 1 | eTimes.11 - Patient Arrived at Destination Date/Time | N S R N, L |
| 1 : 1 | eTimes.12 - Destination Patient Transfer of Care Date/Time | N S R N, L |
| 1 : 1 | eTimes.13 - Unit Back in Service Date/Time | N S M |
| 0 : 1 | eTimes.14 - Unit Canceled Date/Time | S O |
| 0 : 1 | eTimes.15 - Unit Back at Home Location Date/Time | O |
| 0 : 1 | eTimes.16 - EMS Call Completed Date/Time | O |
| 0 : 1 | eTimes.17 - Unit Arrived at Staging Area Date/Time | O |

eTimes

eTimes.01 - PSAP Call Date/Time

Definition

The date/time the phone rings (911 call to public safety answering point or other designated entity) requesting EMS services.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E05_02 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

This date/time might be the same as Dispatch Notified Date/Time (eTimes.02).

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

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

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

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When PSAP Call Date/Time is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), |

or it should be omitted (if the element is optional).

- nemSch_e002 **Error** When PSAP Call Date/Time has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty.
- nemSch_e017 **Warning** Unit Notified by Dispatch Date/Time should not be earlier than PSAP Call Date/Time.

eTimes.02 - Dispatch Notified Date/Time

Definition

The date/time dispatch was notified by the 911 call taker (if a separate entity).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E05_03 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

This date/time might be the same as PSAP Call Date/Time (eTimes.01).

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

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

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

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

eTimes.03 - Unit Notified by Dispatch Date/Time

Definition

The date/time the responding unit was notified by dispatch.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E05_04 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

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

Pattern

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

Data Element Comment

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

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

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

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-------------------------------------------------------------------------------------------------|
| nemSch_e017 | Warning | Unit Notified by Dispatch Date/Time should not be earlier than PSAP Call Date/Time. |
| nemSch_e019 | Warning | Unit En Route Date/Time should not be earlier than Unit Notified by Dispatch Date/Time. |
| nemSch_e021 | Warning | Unit Arrived on Scene Date/Time should not be earlier than Unit Notified by Dispatch Date/Time. |
| nemSch_e024 | Warning | Arrived at Patient Date/Time should not be earlier than Unit Notified by Dispatch Date/Time. |
| nemSch_e026 | Warning | Unit Left Scene Date/Time should not be earlier than Unit Notified by Dispatch Date/Time. |

| | | |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e031 | Warning | Patient Arrived at Destination Date/Time should not be earlier than Unit Notified by Dispatch Date/Time. |
| nemSch_e037 | Warning | Destination Patient Transfer of Care Date/Time should not be earlier than Unit Notified by Dispatch Date/Time. |
| nemSch_e046 | Warning | Unit Back in Service Date/Time should not be earlier than Unit Notified by Dispatch Date/Time. |
| nemSch_e126 | Warning | Date/Time Vital Signs Taken should not be earlier than Unit Notified by Dispatch Date/Time, unless Obtained Prior to this Unit's EMS Care is "Yes". |
| nemSch_e137 | Warning | Date/Time Medication Administered should not be earlier than Unit Notified by Dispatch Date/Time, unless Medication Administered Prior to this Unit's EMS Care is "Yes". |
| nemSch_e152 | Warning | Date/Time Procedure Performed should not be earlier than Unit Notified by Dispatch Date/Time, unless Procedure Performed Prior to this Unit's EMS Care is "Yes". |
| nemSch_e177 | Warning | Date/Time of Destination Prearrival Alert or Activation should not be earlier than Unit Notified by Dispatch Date/Time. |

eTimes.04 - Dispatch Acknowledged Date/Time

Definition

The date/time the dispatch was acknowledged by the EMS Unit.

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

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

This is the end of turnout time or the beginning of response time. Added per Fire Service to better calculate NFPA 1710.

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

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

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

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

eTimes.05 - Unit En Route Date/Time

Definition

The date/time the unit responded; that is, the time the vehicle started moving.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E05_05 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Unit En Route Date/Time is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |

| | | |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------|
| nemSch_e002 | Error | When Unit En Route Date/Time has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e018 | Warning | Unit En Route Date/Time should be recorded unless Unit Disposition is "Cancelled Prior to Arrival at Scene". |
| nemSch_e019 | Warning | Unit En Route Date/Time should not be earlier than Unit Notified by Dispatch Date/Time. |
| nemSch_e022 | Warning | Unit Arrived on Scene Date/Time should not be earlier than Unit En Route Date/Time. |
| nemSch_e027 | Warning | Unit Left Scene Date/Time should not be earlier than Unit En Route Date/Time. |
| nemSch_e032 | Warning | Patient Arrived at Destination Date/Time should not be earlier than Unit En Route Date/Time. |
| nemSch_e038 | Warning | Destination Patient Transfer of Care Date/Time should not be earlier than Unit En Route Date/Time. |
| nemSch_e047 | Warning | Unit Back in Service Date/Time should not be earlier than Unit En Route Date/Time. |

eTimes.06 - Unit Arrived on Scene Date/Time

Definition

The date/time the responding unit arrived on the scene; that is, the time the vehicle stopped moving at the scene.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E05_06 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Unit Arrived on Scene Date/Time is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |

| | | |
|-------------|---------|----------------------------------------------------------------------------------------------------------------------------|
| nemSch_e002 | Error | When Unit Arrived on Scene Date/Time has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e020 | Warning | Unit Arrived on Scene Date/Time should be recorded unless Unit Disposition is "Cancelled Prior to Arrival at Scene". |
| nemSch_e021 | Warning | Unit Arrived on Scene Date/Time should not be earlier than Unit Notified by Dispatch Date/Time. |
| nemSch_e022 | Warning | Unit Arrived on Scene Date/Time should not be earlier than Unit En Route Date/Time. |
| nemSch_e028 | Warning | Unit Left Scene Date/Time should not be earlier than Unit Arrived on Scene Date/Time. |
| nemSch_e033 | Warning | Patient Arrived at Destination Date/Time should not be earlier than Unit Arrived on Scene Date/Time. |
| nemSch_e039 | Warning | Destination Patient Transfer of Care Date/Time should not be earlier than Unit Arrived on Scene Date/Time. |
| nemSch_e048 | Warning | Unit Back in Service Date/Time should not be earlier than Unit Arrived on Scene Date/Time. |

eTimes.07 - Arrived at Patient Date/Time

Definition

The date/time the responding unit arrived at the patient's side.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E05_07 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Arrived at Patient Date/Time is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |

| | | |
|-------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e002 | Error | When Arrived at Patient Date/Time has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e023 | Warning | Arrived at Patient Date/Time should be recorded when Unit Disposition is "Patient Contact Made". |
| nemSch_e024 | Warning | Arrived at Patient Date/Time should not be earlier than Unit Notified by Dispatch Date/Time. |
| nemSch_e029 | Warning | Unit Left Scene Date/Time should not be earlier than Arrived at Patient Date/Time. |
| nemSch_e034 | Warning | Patient Arrived at Destination Date/Time should not be earlier than Arrived at Patient Date/Time. |
| nemSch_e040 | Warning | Destination Patient Transfer of Care Date/Time should not be earlier than Arrived at Patient Date/Time. |
| nemSch_e049 | Warning | Unit Back in Service Date/Time should not be earlier than Arrived at Patient Date/Time. |
| nemSch_e127 | Warning | Date/Time Vital Signs Taken should not be earlier than Arrived at Patient Date/Time, unless Obtained Prior to this Unit's EMS Care is "Yes". |
| nemSch_e130 | Warning | Date/Time Vital Signs Taken should not be later than Arrived at Patient Date/Time when Obtained Prior to this Unit's EMS Care is "Yes". |
| nemSch_e138 | Warning | Date/Time Medication Administered should not be earlier than Arrived at Patient Date/Time, unless Medication Administered Prior to this Unit's EMS Care is "Yes". |
| nemSch_e141 | Warning | Date/Time Medication Administered should not be later than Arrived at Patient Date/Time when Medication Administered Prior to this Unit's EMS Care is "Yes". |
| nemSch_e153 | Warning | Date/Time Procedure Performed should not be earlier than Arrived at Patient Date/Time, unless Procedure Performed Prior to this Unit's EMS Care is "Yes". |
| nemSch_e156 | Warning | Date/Time Procedure Performed should not be later than Arrived at Patient Date/Time when Procedure Performed Prior to this Unit's EMS Care is "Yes". |

eTimes.08 - Transfer of EMS Patient Care Date/Time

Definition

The date/time the patient was transferred from this EMS agency to another EMS agency for care.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E05_08 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Transfer of EMS Patient Care Date/Time is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |

When Transfer of EMS Patient Care Date/Time has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty.

eTimes.09 - Unit Left Scene Date/Time

Definition

The date/time the responding unit left the scene (started moving).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E05_09 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Unit Left Scene Date/Time is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |

| | | |
|-------------|---------|----------------------------------------------------------------------------------------------------------------------|
| nemSch_e002 | Error | When Unit Left Scene Date/Time has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e025 | Warning | Unit Left Scene Date/Time should be recorded unless Unit Disposition is "Cancelled Prior to Arrival at Scene". |
| nemSch_e026 | Warning | Unit Left Scene Date/Time should not be earlier than Unit Notified by Dispatch Date/Time. |
| nemSch_e027 | Warning | Unit Left Scene Date/Time should not be earlier than Unit En Route Date/Time. |
| nemSch_e028 | Warning | Unit Left Scene Date/Time should not be earlier than Unit Arrived on Scene Date/Time. |
| nemSch_e029 | Warning | Unit Left Scene Date/Time should not be earlier than Arrived at Patient Date/Time. |
| nemSch_e035 | Warning | Patient Arrived at Destination Date/Time should not be earlier than Unit Left Scene Date/Time. |
| nemSch_e041 | Warning | Destination Patient Transfer of Care Date/Time should not be earlier than Unit Left Scene Date/Time. |
| nemSch_e050 | Warning | Unit Back in Service Date/Time should not be earlier than Unit Left Scene Date/Time. |

eTimes.10 - Arrival at Destination Landing Area Date/Time

Definition

The date/time the Air Medical vehicle arrived at the destination landing area.

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

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

eTimes.11 - Patient Arrived at Destination Date/Time

Definition

The date/time the responding unit arrived with the patient at the destination or transfer point.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E05_10 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

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

Pattern

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

Data Element Comment

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

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

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

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Patient Arrived at Destination Date/Time is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |

| | | |
|-------------|---------|-------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e002 | Error | When Patient Arrived at Destination Date/Time has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e030 | Warning | Patient Arrived at Destination Date/Time should be recorded when Transport Disposition is "Transport by This EMS Unit...". |
| nemSch_e031 | Warning | Patient Arrived at Destination Date/Time should not be earlier than Unit Notified by Dispatch Date/Time. |
| nemSch_e032 | Warning | Patient Arrived at Destination Date/Time should not be earlier than Unit En Route Date/Time. |
| nemSch_e033 | Warning | Patient Arrived at Destination Date/Time should not be earlier than Unit Arrived on Scene Date/Time. |
| nemSch_e034 | Warning | Patient Arrived at Destination Date/Time should not be earlier than Arrived at Patient Date/Time. |
| nemSch_e035 | Warning | Patient Arrived at Destination Date/Time should not be earlier than Unit Left Scene Date/Time. |
| nemSch_e042 | Warning | Destination Patient Transfer of Care Date/Time should not be earlier than Patient Arrived at Destination Date/Time. |
| nemSch_e051 | Warning | Unit Back in Service Date/Time should not be earlier than Patient Arrived at Destination Date/Time. |

eTimes.12 - Destination Patient Transfer of Care Date/Time

Definition

The date/time that patient care was transferred to the destination healthcare facilities staff.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

This was added to better document delays in ED transfer of care due to ED crowding or other issues beyond EMS control.

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

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

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

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Destination Patient Transfer of Care Date/Time is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if |

allowed for the element), or it should be omitted (if the element is optional).

| | | |
|-------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e002 | Error | When Destination Patient Transfer of Care Date/Time has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e036 | Warning | Destination Patient Transfer of Care Date/Time should be recorded when Transport Disposition is "Transport by This EMS Unit...". |
| nemSch_e037 | Warning | Destination Patient Transfer of Care Date/Time should not be earlier than Unit Notified by Dispatch Date/Time. |
| nemSch_e038 | Warning | Destination Patient Transfer of Care Date/Time should not be earlier than Unit En Route Date/Time. |
| nemSch_e039 | Warning | Destination Patient Transfer of Care Date/Time should not be earlier than Unit Arrived on Scene Date/Time. |
| nemSch_e040 | Warning | Destination Patient Transfer of Care Date/Time should not be earlier than Arrived at Patient Date/Time. |
| nemSch_e041 | Warning | Destination Patient Transfer of Care Date/Time should not be earlier than Unit Left Scene Date/Time. |
| nemSch_e042 | Warning | Destination Patient Transfer of Care Date/Time should not be earlier than Patient Arrived at Destination Date/Time. |
| nemSch_e043 | Warning | Destination Patient Transfer of Care Date/Time should not be earlier than Date/Time of Symptom Onset. |
| nemSch_e044 | Warning | Destination Patient Transfer of Care Date/Time should not be earlier than Date/Time Last Known Well. |
| nemSch_e045 | Warning | Destination Patient Transfer of Care Date/Time should not be earlier than Date/Time of Cardiac Arrest. |
| nemSch_e052 | Warning | Unit Back in Service Date/Time should not be earlier than Destination Patient Transfer of Care Date/Time. |
| nemSch_e128 | Warning | Date/Time Vital Signs Taken should not be later than Destination Patient Transfer of Care Date/Time. |
| nemSch_e139 | Warning | Date/Time Medication Administered should not be later than Destination Patient Transfer of Care Date/Time. |
| nemSch_e154 | Warning | Date/Time Procedure Performed should not be later than Destination Patient Transfer of Care Date/Time. |
| nemSch_e178 | Warning | Date/Time of Destination Prearrival Alert or Activation should not be later than Destination Patient Transfer of Care Date/Time. |

eTimes.13 - Unit Back in Service Date/Time

Definition

The date/time the unit back was back in service and available for response (finished with call, but not necessarily back in home location).

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E05_11 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Response

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|------------------------------------------------------------------------------------------------|
| nemSch_e046 | Warning | Unit Back in Service Date/Time should not be earlier than Unit Notified by Dispatch Date/Time. |
| nemSch_e047 | Warning | Unit Back in Service Date/Time should not be earlier than Unit En Route Date/Time. |
| nemSch_e048 | Warning | Unit Back in Service Date/Time should not be earlier than Unit Arrived on Scene Date/Time. |
| nemSch_e049 | Warning | Unit Back in Service Date/Time should not be earlier than Arrived at Patient Date/Time. |

| | | |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------|
| nemSch_e050 | Warning | Unit Back in Service Date/Time should not be earlier than Unit Left Scene Date/Time. |
| nemSch_e051 | Warning | Unit Back in Service Date/Time should not be earlier than Patient Arrived at Destination Date/Time. |
| nemSch_e052 | Warning | Unit Back in Service Date/Time should not be earlier than Destination Patient Transfer of Care Date/Time. |
| nemSch_e053 | Warning | Unit Back in Service Date/Time should not be earlier than Date/Time of Symptom Onset. |
| nemSch_e054 | Warning | Unit Back in Service Date/Time should not be earlier than Date/Time Last Known Well. |
| nemSch_e055 | Warning | Unit Back in Service Date/Time should not be earlier than Date/Time of Cardiac Arrest. |
| nemSch_e056 | Warning | Unit Back in Service Date/Time should not be in the future (the current time according to this system is (value)). |
| nemSch_e129 | Warning | Date/Time Vital Signs Taken should not be later than Unit Back in Service Date/Time. |
| nemSch_e140 | Warning | Date/Time Medication Administered should not be later than Unit Back in Service Date/Time. |
| nemSch_e155 | Warning | Date/Time Procedure Performed should not be later than Unit Back in Service Date/Time. |
| nemSch_e179 | Warning | Date/Time of Destination Prearrival Alert or Activation should not be later than Unit Back in Service Date/Time. |

eTimes.14 - Unit Canceled Date/Time

Definition

The date/time the unit was canceled.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E05_12 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Response

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

This date/time is to be documented if the unit went en route but neither arrived on scene nor made patient contact.

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

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

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

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

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

Definition

The date/time the responding unit was back in their service area. With agencies who utilized Agency Status Management, home location means the service area as assigned through the agency status management protocol.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E05_13 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Response

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

eTimes.16 - EMS Call Completed Date/Time

Definition

The date/time the responding unit completed all tasks associated with the event including transfer of the patient, and such things as cleaning and restocking.

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

Associated Performance Measure Initiatives

Response

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

For many EMS agencies, this would equal Unit Back in Service Date/Time (eTimes.13) if no travel is required to be back in service.

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

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

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

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

eTimes.17 - Unit Arrived at Staging Area Date/Time

Definition

The date/time the responding unit arrived at a staging area, prior to arrival on scene.

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

Associated Performance Measure Initiatives

Response Trauma

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

For use when the EMS Units and personnel are not allowed access to the scene until it is cleared for reasons such as safety (e.g., shooting, hazmat, tornado, fire, etc.).

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

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

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

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

ePatient

Dataset Level: **N** National **S** State **D** Deprecated

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

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

ePatient

| | | | |
|-------|----------------------------------------------|---|------------|
| 0 : 1 | ePatient.01 - EMS Patient ID | O | |
| 0 : 1 | ePatient.PatientNameGroup | | |
| 0 : 1 | ePatient.02 - Last Name | S | E N, L, P |
| 0 : 1 | ePatient.03 - First Name | S | E N, L, P |
| 0 : 1 | ePatient.04 - Middle Initial/Name | O | |
| 0 : 1 | ePatient.05 - Patient's Home Address | S | O L, P |
| 0 : 1 | ePatient.06 - Patient's Home City | S | O L, P |
| 1 : 1 | ePatient.07 - Patient's Home County | N | S R N, L |
| 1 : 1 | ePatient.08 - Patient's Home State | N | S R N, L |
| 1 : 1 | ePatient.09 - Patient's Home ZIP Code | N | S R N, L |
| 0 : 1 | ePatient.10 - Patient's Country of Residence | S | O |
| 0 : 1 | ePatient.11 - Patient Home Census Tract | O | |
| 0 : 1 | ePatient.12 - Social Security Number | O | L, P |
| 1 : 1 | ePatient.13 - Gender | N | S R N, L |
| 1 : M | ePatient.14 - Race | N | S R N, L C |
| 1 : 1 | ePatient.AgeGroup | | |
| 1 : 1 | ePatient.15 - Age | N | S R N, L |
| 1 : 1 | ePatient.16 - Age Units | N | S R N, L |
| 0 : 1 | ePatient.17 - Date of Birth | S | E N, L, P |
| 0 : M | ePatient.18 - Patient's Phone Number | O | L, P C |
| 0 : M | ePatient.19 - Patient's Email Address | O | C |
| 0 : 1 | ePatient.20 - State Issuing Driver's License | O | |
| 0 : 1 | ePatient.21 - Driver's License Number | O | |
| 0 : 1 | ePatient.22 - Alternate Home Residence | E | N, L |

ePatient

ePatient.01 - EMS Patient ID**Definition**

The unique ID for the patient within the Agency.

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

Constraints

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

Data Element Comment

This has been inserted to allow each patient to be tracked across multiple PCR's within an EMS Agency.

ePatient.02 - Last Name

Definition

The patient's last (family) name.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E06_01 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Pertinent Negatives (PN)

8801019 - Refused

8801023 - Unable to Complete

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 60 |

Data Element Comment

Pertinent negatives accepted with option of "Unable to Complete" or "Refused".

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Last Name is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Last Name has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When Last Name has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

ePatient.03 - First Name

Definition

The patient's first (given) name.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E06_02 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Pertinent Negatives (PN)

8801019 - Refused

8801023 - Unable to Complete

Constraints

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

Data Element Comment

Pertinent negatives accepted with option of "Unable to Complete" or "Refused".

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When First Name is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When First Name has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When First Name has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

ePatient.04 - Middle Initial/Name

Definition

The patient's middle name, if any.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E06_03 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

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

Data Element Comment

ePatient.05 - Patient's Home Address

Definition

Patient's address of residence.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E06_04 | Is Nillable | Yes |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes

Pertinent Negatives (PN)

8801023 - Unable to Complete

StreetAddress2

Data Type: string **minLength:** 1 **maxLength:** 255

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 255 |

Data Element Comment

This is a CMS standard. According to the Medicare Claims Processing Manual, Chapter 15 - Ambulance, Ambulance suppliers bill using CMS-1500 form or CMS-1450 form for institution-based ambulance providers. This standard adheres to CMS-1500 and 1450.

This element allows for a two line documentation of the address. For out of country addresses the second line should be used to document, city, country, postal code and any other pertinent information.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Patient's Home Address is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e008 | Error | When Patient's Home Address has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

ePatient.06 - Patient's Home City

Definition

The patient's primary city or township of residence.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E06_05 | Is Nillable | Yes |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes

Pertinent Negatives (PN)

8801023 - Unable to Complete

Data Element Comment

City codes are based on GNIS Feature Class. The primary Feature Class to use is "Civil" with "Populated Place" and "Military" code as additional options.

Definitions for each GNIS City Feature Class can be found on the GNIS Codes website.

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Patient's Home City is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e008 | Error | When Patient's Home City has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

ePatient.07 - Patient's Home County

Definition

The patient's home county or parish of residence.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E06_06 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Pattern

[0-9]{5}

Data Element Comment

Based on the ANSI Code Single Choice based on the County Name but stored as the ANSI code (combined 5 digit State and County codes) Should be required if there is a patient associated with the event.

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Patient's Home County is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Patient's Home County has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e057 | Warning | Patient's Home County should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided". |
| nemSch_e058 | Warning | Patient's Home County should belong within the Patient's Home State. |

ePatient.08 - Patient's Home State

Definition

The state, territory, or province where the patient resides.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E06_07 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Pattern

[0-9]{2}

Data Element Comment

The ANSI Code Selection by text but stored as ANSI code.

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Patient's Home State is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Patient's Home State has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e058 | Warning | Patient's Home County should belong within the Patient's Home State. |
| nemSch_e059 | Warning | Patient's Home State should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided". |

ePatient.09 - Patient's Home ZIP Code

Definition

The patient's ZIP code of residence.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E06_08 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Pattern

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

Data Element Comment

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Patient's Home ZIP Code is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Patient's Home ZIP Code has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e060 | Warning | Patient's Home ZIP Code should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided". |

ePatient.10 - Patient's Country of Residence

Definition

The country of residence of the patient.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E06_09 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

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

Data Element Comment

Based on the ISO Country Code.

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

ePatient.11 - Patient Home Census Tract

Definition

The census tract in which the patient lives.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

Pattern

[0-9]{11}

Data Element Comment

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

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

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

Census Tract Data Website (files and descriptions): http://www.census.gov/geo/maps-data/data/tract_rel_download.html

ePatient.12 - Social Security Number

Definition

The patient's social security number.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E06_10 | Is Nillable | Yes |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes

Pertinent Negatives (PN)

8801023 - Unable to Complete

Constraints

Pattern

[0-9]{9}

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Social Security Number is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e008 | Error | When Social Security Number has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

State

National

ePatient.13 - Gender

Definition

The patient's gender.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E06_11 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------------------------------------|
| 9906001 | Female |
| 9906003 | Male |
| 9906007 | Female-to-Male, Transgender Male |
| 9906009 | Male-to-Female, Transgender Female |
| 9906011 | Other, neither exclusively male or female |
| 9906005 | Unknown (Unable to Determine) |

Data Element Comment

Code list referenced from: <https://www.healthit.gov/isa/sex-birth-sexual-orientation-and-gender-identity>

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Gender is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Gender has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e061 | Warning | Gender should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided". |

State

National

ePatient.14 - Race

Definition

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

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E06_12 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

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

Code List

| Code | Description |
|---------|-------------------------------------------|
| 2514001 | American Indian or Alaska Native |
| 2514003 | Asian |
| 2514005 | Black or African American |
| 2514007 | Hispanic or Latino |
| 2514009 | Native Hawaiian or Other Pacific Islander |
| 2514011 | White |

Data Element Comment

OMB requirements are provided at: <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-089.html>. Using single multiple choice question methodology to improve the completion of ethnicity information.

Ethnicity (Version 2.2.1: E06_13) has been merged with this data element and retired.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Race is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Race has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e062 | Warning | Race should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided". |

State

National

ePatient.15 - Age

Definition

The patient's age (either calculated from date of birth or best approximation).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E06_14 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 1 | 120 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Age is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Age has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e063 | Warning | Age should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided". |
| nemSch_e065 | Warning | Age Units should be recorded when Age is recorded. |

ePatient.16 - Age Units

Definition

The unit used to define the patient's age.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E06_15 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------|
| 2516001 | Days |
| 2516003 | Hours |
| 2516005 | Minutes |
| 2516007 | Months |
| 2516009 | Years |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Age Units is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Age Units has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e064 | Warning | Age Units should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided". |
| nemSch_e065 | Warning | Age Units should be recorded when Age is recorded. |

ePatient.17 - Date of Birth

Definition

The patient's date of birth.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E06_16 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Pertinent Negatives (PN)

8801019 - Refused

8801023 - Unable to Complete

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| date | 1890-01-01 | 2050-01-01 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Date of Birth is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Date of Birth has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When Date of Birth has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

ePatient.18 - Patient's Phone Number

Definition

The patient's phone number.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E06_17 | Is Nillable | Yes |
| Usage | Optional | Recurrence | 0 : M |

Attributes

Pertinent Negatives (PN)

8801023 - Unable to Complete

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

PhoneNumberType

9913001 - Fax

9913003 - Home

9913005 - Mobile

9913007 - Pager

9913009 - Work

Constraints

Pattern

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

Data Element Comment

This element contains an attribute to define what type of phone number is being documented (e.g., Fax, Home, Mobile, Pager, and Work).

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Patient's Phone Number is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e008 | Error | When Patient's Phone Number has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

ePatient.19 - Patient's Email Address

Definition

The email address of the patient.

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

Attributes

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

9904001 - Personal

9904003 - Work

Constraints

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

Pattern

.+@.+

Data Element Comment

Added to improve follow-up and billing communication.

ePatient.20 - State Issuing Driver's License

Definition

The state that issued the drivers license.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E06_18 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

[0-9]{2}

Data Element Comment

Stored as the ANSI State Code.

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

ePatient.21 - Driver's License Number

Definition

The patient's drivers license number.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E06_19 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 30 |

Data Element Comment

ePatient.22 - Alternate Home Residence

Definition

Documentation of the type of patient without a home ZIP/Postal Code.

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|----------------------|
| 2522001 | Homeless |
| 2522003 | Migrant Worker |
| 2522005 | Undocumented Citizen |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Alternate Home Residence is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Alternate Home Residence has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

ePayment

Legend

Dataset Level: N National S State D Deprecated

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

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

ePayment

| | | |
|-------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 : 1 | ePayment.01 - Primary Method of Payment | N S R N, L |
| 0 : 1 | ePayment.CertificateGroup | |
| 0 : 1 | ePayment.02 - Physician Certification Statement | O |
| 0 : 1 | ePayment.03 - Date Physician Certification Statement Signed | O |
| 0 : M | ePayment.04 - Reason for Physician Certification Statement | O C |
| 0 : 1 | ePayment.05 - Healthcare Provider Type Signing Physician Certification Statement | O |
| 0 : 1 | ePayment.06 - Last Name of Individual Signing Physician Certification Statement | O |
| 0 : 1 | ePayment.07 - First Name of Individual Signing Physician Certification Statement | O |
| 0 : 1 | ePayment.08 - Patient Resides in Service Area | O |
| 0 : M | ePayment.InsuranceGroup | C |
| 0 : 1 | ePayment.09 - Insurance Company ID | O |
| 0 : 1 | ePayment.10 - Insurance Company Name | O |
| 0 : 1 | ePayment.11 - Insurance Company Billing Priority | O |
| 0 : 1 | ePayment.12 - Insurance Company Address | O |
| 0 : 1 | ePayment.13 - Insurance Company City | O |
| 0 : 1 | ePayment.14 - Insurance Company State | O |
| 0 : 1 | ePayment.15 - Insurance Company ZIP Code | O |
| 0 : 1 | ePayment.16 - Insurance Company Country | O |
| 0 : 1 | ePayment.17 - Insurance Group ID | O |
| 0 : 1 | ePayment.18 - Insurance Policy ID Number | O |
| 0 : 1 | ePayment.19 - Last Name of the Insured | O |
| 0 : 1 | ePayment.20 - First Name of the Insured | O |
| 0 : 1 | ePayment.21 - Middle Initial/Name of the Insured | O |
| 0 : 1 | ePayment.22 - Relationship to the Insured | O |
| 0 : 1 | ePayment.58 - Insurance Group Name | O |
| 0 : M | ePayment.59 - Insurance Company Phone Number | O C |
| 0 : M | ePayment.60 - Date of Birth of the Insured | O |
| 0 : 1 | ePayment.ClosestRelativeGroup | |
| 0 : 1 | ePayment.23 - Closest Relative/Guardian Last Name | O |
| 0 : 1 | ePayment.24 - Closest Relative/ Guardian First Name | O |
| 0 : 1 | ePayment.25 - Closest Relative/ Guardian Middle Initial/Name | O |
| 0 : 1 | ePayment.26 - Closest Relative/ Guardian Street Address | O |

| | | | |
|-------|---------------------------------------------------------|---|----------|
| 0 : 1 | ePayment.27 - Closest Relative/ Guardian City | O | |
| 0 : 1 | ePayment.28 - Closest Relative/ Guardian State | O | |
| 0 : 1 | ePayment.29 - Closest Relative/ Guardian ZIP Code | O | |
| 0 : 1 | ePayment.30 - Closest Relative/ Guardian Country | O | |
| 0 : M | ePayment.31 - Closest Relative/ Guardian Phone Number | O | C |
| 0 : 1 | ePayment.32 - Closest Relative/ Guardian Relationship | O | |
| 0 : 1 | ePayment.EmployerGroup | | |
| 0 : 1 | ePayment.33 - Patient's Employer | O | |
| 0 : 1 | ePayment.34 - Patient's Employer's Address | O | |
| 0 : 1 | ePayment.35 - Patient's Employer's City | O | |
| 0 : 1 | ePayment.36 - Patient's Employer's State | O | |
| 0 : 1 | ePayment.37 - Patient's Employer's ZIP Code | O | |
| 0 : 1 | ePayment.38 - Patient's Employer's Country | O | |
| 0 : 1 | ePayment.39 - Patient's Employer's Primary Phone Number | O | |
| 0 : 1 | ePayment.40 - Response Urgency | O | |
| 0 : M | ePayment.41 - Patient Transport Assessment | O | C |
| 0 : M | ePayment.42 - Specialty Care Transport Care Provider | O | C |
| 0 : M | ePayment.44 - Ambulance Transport Reason Code | O | C |
| 0 : 1 | ePayment.45 - Round Trip Purpose Description | O | |
| 0 : 1 | ePayment.46 - Stretcher Purpose Description | O | |
| 0 : M | ePayment.47 - Ambulance Conditions Indicator | O | C |
| 0 : 1 | ePayment.48 - Mileage to Closest Hospital Facility | O | |
| 0 : 1 | ePayment.49 - ALS Assessment Performed and Warranted | O | |
| 1 : 1 | ePayment.50 - CMS Service Level | N | S R N, L |
| 0 : M | ePayment.51 - EMS Condition Code | O | C |
| 0 : M | ePayment.52 - CMS Transportation Indicator | O | C |
| 0 : 1 | ePayment.53 - Transport Authorization Code | O | |
| 0 : 1 | ePayment.54 - Prior Authorization Code Payer | O | |
| 0 : M | ePayment.SupplyItemGroup | | C |
| 0 : 1 | ePayment.55 - Supply Item Used Name | O | |
| 0 : 1 | ePayment.56 - Number of Supply Item(s) Used | O | |
| 0 : 1 | ePayment.57 - Payer Type | O | |

ePayment

State

National

ePayment.01 - Primary Method of Payment

Definition

The primary method of payment or type of insurance associated with this EMS encounter.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E07_01 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|-----------------------------|
| 2601001 | Insurance |
| 2601003 | Medicaid |
| 2601005 | Medicare |
| 2601007 | Not Billed (for any reason) |
| 2601009 | Other Government |
| 2601011 | Self Pay |
| 2601013 | Workers Compensation |
| 2601015 | Payment by Facility |
| 2601017 | Contracted Payment |
| 2601019 | Community Network |
| 2601021 | No Insurance Identified |
| 2601023 | Other Payment Option |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Primary Method of Payment is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Primary Method of Payment has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e066 | Warning | Primary Method of Payment should be recorded when Transport Disposition is "Transport by This EMS Unit...". |

ePayment.02 - Physician Certification Statement

Definition

Indication of whether a physician certification statement (PCS) is available documenting the medical necessity or the EMS encounter.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_02 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|------|-------------|
|------|-------------|

| | |
|---------|---------|
| 9922001 | No |
| 9922003 | Unknown |
| 9922005 | Yes |

Data Element Comment

Data Element Name changed from Certificate of Medical Necessity to Physician Certification Statement. The PCS statement and documentation of medical necessity is a requirement of the Centers for Medicare & Medicaid Services. The circumstances are defined in 42 CFR 410.40 (d)(2) and (d)(3). <http://www.cms.gov/>

A PCS is required for the following non-emergency transport:

- 1) Non-Emergency Repetitive Scheduled
- 2) Non Emergency Non-Repetitive-Scheduled
- 3) Non Emergency Services - Non Scheduled - Under direct care of a physician

ePayment.03 - Date Physician Certification Statement Signed

Definition

The date the Physician Certification Statement was signed.

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

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

Added to assist in billing documentation. Associated with ePayment.02: Physician Certification Statement.

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

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

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

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

ePayment.04 - Reason for Physician Certification Statement

Definition

The reason for EMS transport noted on the Physician Certification Statement.

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

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------|
| 2604001 | Bed Confined |
| 2604003 | Cardiac/Hemodynamic monitoring required during transport |
| 2604005 | Confused, combative, lethargic, comatose |
| 2604007 | Contractures |
| 2604009 | Danger to self or others-monitoring |
| 2604011 | Danger to self or others-seclusion (flight risk) |
| 2604013 | DVT requires elevation of lower extremity |
| 2604015 | IV medications/fluids required during transport |
| 2604017 | Moderate to severe pain on movement |
| 2604019 | Morbid Obesity requires additional personnel/equipment to handle |
| 2604021 | Non-healing fractures |
| 2604023 | Orthopedic device (backboard, halo, use of pins in traction, etc.) requiring special handling in transit |
| 2604025 | Restraints (Physical or Chemical) anticipated or used during transport |
| 2604027 | Risk of falling off wheelchair or stretcher while in motion (not related to obesity) |
| 2604029 | Severe Muscular weakness and de-conditioned state precludes any significant physical activity |
| 2604031 | Special handling en route-Isolation |
| 2604033 | Third Party assistance/attendant required to apply, administer, or regulate or adjust oxygen en route |
| 2604035 | Unable to maintain erect sitting position in a chair for time needed to transport, due to moderate muscular weakness and de-conditioning. |
| 2604037 | Unable to sit in chair or wheelchair due to Grade II or greater decubitus ulcers on buttocks. |

Data Element Comment

Added to assist in billing documentation.

ePayment.05 - Healthcare Provider Type Signing Physician Certification Statement

Definition

The type of healthcare provider who signed the Physician Certification Statement.

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

Code List

| Code | Description |
|---------|-------------------------------|
| 2605001 | Clinical Nurse Specialist |
| 2605003 | Discharge Planner |
| 2605005 | Physician (MD or DO) |
| 2605007 | Physician Assistant |
| 2605009 | Registered Nurse |
| 2605011 | Registered Nurse Practitioner |

Data Element Comment

CMS defines the individual signing the PCS as a person who has personal knowledge of the beneficiary's condition at the time the ambulance transport is ordered or the service is furnished.

ePayment.06 - Last Name of Individual Signing Physician Certification Statement

Definition

The last name of the healthcare provider who signed the Physician Certification Statement.

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

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 60 |

Data Element Comment

Added to assist in billing documentation.

ePayment.07 - First Name of Individual Signing Physician Certification Statement

Definition

The first name of the healthcare provider who signed the Physician Certification Statement.

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

Constraints

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

Data Element Comment

Added to assist in billing documentation.

ePayment.08 - Patient Resides in Service Area**Definition**

An indication of whether the patient's current residence is within the EMS agency service area.

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

Code List

| Code | Description |
|---------|----------------------------------------|
| 2608001 | Resident Within EMS Service Area |
| 2608003 | Not a Resident Within EMS Service Area |

Data Element Comment

Added to assist in billing documentation.

ePayment.09 - Insurance Company ID

Definition

The ID Number of the patient's insurance company.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_03 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 60 |

Data Element Comment

This element should be used as the Health Plan ID (HPID) field in X12. It is currently under development for X12 and will be a future release.

ePayment.10 - Insurance Company Name**Definition**

The name of the patient's insurance company.

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

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 2 | 60 |

Data Element Comment

ePayment.11 - Insurance Company Billing Priority

Definition

The billing priority or order for the insurance company.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-----------------------------|
| 2611001 | Other |
| 2611003 | Primary |
| 2611005 | Secondary |
| 2611007 | Tertiary |
| 2611009 | Payer Responsibility Four |
| 2611011 | Payer Responsibility Five |
| 2611013 | Payer Responsibility Six |
| 2611015 | Payer Responsibility Seven |
| 2611017 | Payer Responsibility Eight |
| 2611019 | Payer Responsibility Nine |
| 2611021 | Payer Responsibility Ten |
| 2611023 | Payer Responsibility Eleven |
| 2611025 | Unknown |

Data Element Comment

ePayment.12 - Insurance Company Address

Definition

The mailing address of the Insurance Company.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_05 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes

StreetAddress2

Data Type: string **minLength:** 1 **maxLength:** 255

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 255 |

Data Element Comment

ePayment.13 - Insurance Company City

Definition

The insurance company's city or township used for mailing purposes.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_06 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 30 |

Data Element Comment

The city elements within the ePayment section have been updated to allow free text. This is important for mailing address purposes to submit claims and identify the correct payer.

ePayment.14 - Insurance Company State

Definition

The insurance company's state, territory, or province, or District of Columbia.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_07 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

[0-9]{2}

Data Element Comment

Based on the ANSI State Code.

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

ePayment.15 - Insurance Company ZIP Code

Definition

The insurance company's ZIP Code.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_08 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

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

Data Element Comment

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

ePayment.16 - Insurance Company Country**Definition**

The insurance company's country.

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

Constraints

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

Data Element Comment

Based on the ISO Country Code.

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

Version 3 Changes Implemented

Added to better document international addresses.

ePayment.17 - Insurance Group ID

Definition

The ID number of the patient's insurance group.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_09 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 30 |

Data Element Comment

ePayment.18 - Insurance Policy ID Number

Definition

The ID number of the patient's insurance policy.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_10 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 30 |

Data Element Comment

ePayment.19 - Last Name of the Insured

Definition

The last (family) name of the person insured by the insurance company.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_11 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 60 |

Data Element Comment

ePayment.20 - First Name of the Insured

Definition

The first (given) name of the person insured by the insurance company.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_12 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

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

Data Element Comment

ePayment.21 - Middle Initial/Name of the Insured

Definition

The middle name, if any, of the person insured by the insurance company.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_13 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

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

Data Element Comment

ePayment.22 - Relationship to the Insured

Definition

The relationship of the patient to the primary insured person.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_14 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-----------------------|
| 2622001 | Self |
| 2622003 | Spouse |
| 2622005 | Child/Dependent |
| 2622009 | Cadaver Donor |
| 2622011 | Employee |
| 2622013 | Life/Domestic Partner |
| 2622015 | Organ Donor |
| 2622017 | Unknown |
| 2622019 | Other Relationship |

Data Element Comment

Descriptors are consistent with X12 Loop 2000C PAT01, Specifies the patient's relationship to the person insured.

ePayment.58 - Insurance Group Name

Definition

The name of the patient's insurance group.

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

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 30 |

Data Element Comment

ePayment.59 - Insurance Company Phone Number

Definition

The phone number for the patient's insurance company.

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

Attributes

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

9913001 - Fax

9913003 - Home

9913005 - Mobile

9913007 - Pager

9913009 - Work

Constraints

Pattern

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

Data Element Comment

ePayment.60 - Date of Birth of the Insured

Definition

The date of birth of the person insured by the insurance company.

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

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| date | 1890-01-01 | 2050-01-01 |

Data Element Comment

ePayment.23 - Closest Relative/Guardian Last Name

Definition

The last (family) name of the patient's closest relative or guardian.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_18 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 60 |

Data Element Comment

ePayment.24 - Closest Relative/ Guardian First Name

Definition

The first (given) name of the patient's closest relative or guardian.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_19 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

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

Data Element Comment

ePayment.25 - Closest Relative/ Guardian Middle Initial/Name

Definition

The middle name/initial, if any, of the closest patient's relative or guardian.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_20 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

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

Data Element Comment

ePayment.26 - Closest Relative/ Guardian Street Address

Definition

The street address of the residence of the patient's closest relative or guardian.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_21 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes

StreetAddress2

Data Type: string **minLength:** 1 **maxLength:** 255

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 255 |

Data Element Comment

This element allows for a two line documentation of the address. For out of country addresses the second line should be used to document, city, country, postal code and any other pertinent information.

ePayment.27 - Closest Relative/ Guardian City

Definition

The primary city or township of residence of the patient's closest relative or guardian.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_22 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 30 |

Data Element Comment

The city elements within the ePayment section have been updated to allow free text. This is important for mailing address purposes to submit claims and identify the correct payer.

ePayment.28 - Closest Relative/ Guardian State

Definition

The state of residence of the patient's closest relative or guardian.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_23 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

[0-9]{2}

Data Element Comment

Based on ANSI State Code.

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

ePayment.29 - Closest Relative/ Guardian ZIP Code

Definition

The ZIP Code of the residence of the patient's closest relative or guardian.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_24 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

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

Data Element Comment

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

ePayment.30 - Closest Relative/ Guardian Country

Definition

The country of residence of the patient's closest relative or guardian.

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

Constraints

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

Data Element Comment

Based on the ISO Country Code.

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

Version 3 Changes Implemented

Added to improve international compatibility.

ePayment.31 - Closest Relative/ Guardian Phone Number

Definition

The phone number of the patient's closest relative or guardian.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_25 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

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

9913001 - Fax

9913003 - Home

9913005 - Mobile

9913007 - Pager

9913009 - Work

Constraints

Pattern

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

Data Element Comment

ePayment.32 - Closest Relative/ Guardian Relationship

Definition

The relationship of the patient's closest relative or guardian.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_26 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-----------------------|
| 2632001 | Appointed Guardian |
| 2632003 | Child/Dependent |
| 2632005 | Father |
| 2632007 | Mother |
| 2632009 | Other (Non-Relative) |
| 2632011 | Other (Relative) |
| 2632013 | Sibling |
| 2632015 | Spouse |
| 2632017 | Employee |
| 2632019 | Life/Domestic Partner |
| 2632021 | Unknown |

Data Element Comment

ePayment.33 - Patient's Employer

Definition

The patient's employer's name.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_27 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 60 |

Data Element Comment

ePayment.34 - Patient's Employer's Address

Definition

The street address of the patient's employer.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_28 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes

StreetAddress2

Data Type: string **minLength:** 1 **maxLength:** 255

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 255 |

Data Element Comment

This element allows for a two line documentation of the address. For out of country addresses the second line should be used to document, city, country, postal code and any other pertinent information.

ePayment.35 - Patient's Employer's City

Definition

The city or township of the patient's employer used for mailing purposes.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_29 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 30 |

Data Element Comment

The city elements within the ePayment section have been updated to allow free text. This is important for mailing address purposes to submit claims and identify the correct payer.

ePayment.36 - Patient's Employer's State

Definition

The state of the patient's employer.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_30 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

[0-9]{2}

Data Element Comment

Based on ANSI State Code.

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

ePayment.37 - Patient's Employer's ZIP Code

Definition

The ZIP Code of the patient's employer.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_31 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

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

Data Element Comment

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

ePayment.38 - Patient's Employer's Country**Definition**

The country of the patient's employer.

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

Constraints

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

Data Element Comment

Based on the ISO Country Code.

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

Version 3 Changes Implemented

Added to improve international compatibility.

ePayment.39 - Patient's Employer's Primary Phone Number

Definition

The employer's primary phone number.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_32 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes

PhoneNumberType

9913001 - Fax

9913003 - Home

9913005 - Mobile

9913007 - Pager

9913009 - Work

Constraints

Pattern

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

Data Element Comment

ePayment.40 - Response Urgency

Definition

The urgency in which the EMS agency began to mobilize resources for this EMS encounter.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_33 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|---------------|
| 2640001 | Immediate |
| 2640003 | Non-Immediate |

Data Element Comment

This is for billing documentation.

ePayment.41 - Patient Transport Assessment

Definition

Documentation of the patient's transport need based on mobility and/or physical capability.

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

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

Code Description

2641001 Unable to sit without assistance
 2641003 Unable to stand without assistance
 2641005 Unable to walk without assistance

Data Element Comment

Added to better justify the medical necessity of the transport. Based on CMS 42 CFR Ch IV (10-1-02 Edition) & 410.40 (d) medical necessity requirement (1)

ePayment.42 - Specialty Care Transport Care Provider

Definition

Documentation to show the patient care provided to the patient met the Specialty Care Transport Base Rate requirements.

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

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|----------------------------------------------|
| 2642001 | Advanced EMT-Paramedic |
| 2642003 | Nurse |
| 2642005 | Nurse Practitioner |
| 2642007 | Physician (MD, DO) |
| 2642009 | Physician Assistant |
| 2642011 | Emergency Medical Responder (EMR) |
| 2642013 | Emergency Medical Technician (EMT) |
| 2643014 | Emergency Medical Technician - Intermediate |
| 2642015 | Advanced Emergency Medical Technician (AEMT) |
| 2642017 | Paramedic |
| 2642027 | Other Healthcare Professional |
| 2642029 | Other Non-Healthcare Professional |
| 2642031 | Respiratory Therapist |
| 2642033 | Student |
| 2642035 | Critical Care Paramedic |
| 2642037 | Community Paramedicine |
| 2642039 | Registered Nurse |

Data Element Comment

Added to improve Specialty Care Transport billing justification. In accordance with CMS requirements Specialty Care Transport (SCT): ""Additional training" means the specific additional training that a State requires a paramedic to complete in order to qualify to furnish specialty care to a critically ill or injured patient during an SCT."

ePayment.44 - Ambulance Transport Reason Code

Definition

The CMS Ambulance Transport Reason Code for the transport.

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

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

Code Description

| | |
|---|-------------------------------------------------------------------------------------------|
| A | Patient was transported to the nearest facility for care of symptoms, complaints, or both |
| B | Patient was transported for the benefit of a preferred physician |
| C | Patient was transported for the nearness of family members |
| D | Patient was transported for the care of a specialist or for availability of equipment |
| E | Patient was transferred to a Rehabilitation Facility |

Data Element Comment

Added to improve billing with electronic claims using the ASC X12 Standard. The Ambulance Transport Code values are those determined by US Dept of HHS for the "Code indicating the type of ambulance transport". The Accredited Standards Committee X12 organization maintains the standard. See the X12 website <http://www.x12.org> or United States Health Information Knowledgebase website for more information:
<https://ushik.ahrq.gov/ViewItemDetails?system=sdo&itemKey=133080000>

ePayment.45 - Round Trip Purpose Description

Definition

Free text description providing the purpose of the round trip EMS transport based on CR109 field for CMS.

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

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 80 |

Data Element Comment

Added to improve billing documentation for CMS X12 based transactions.

Ambulance providers can use this field to provide additional information regarding the circumstances of a round trip transport or for other medical necessity documentation.

Version 3 Changes Implemented

Added to improve billing with electronic claims using X12

ePayment.46 - Stretcher Purpose Description**Definition**

Free Text Documentation providing the reason for use of a stretcher in the EMS patient transport.

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

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 80 |

Data Element Comment

Added to improve billing using CMS X12 transactions based on CR110. Documentation of Stretcher Purpose Description (ePayment.46) is required when needed to justify use of a stretcher. (X12 - Loop 2300 CR110).

ePayment.47 - Ambulance Conditions Indicator

Definition

Documentation of the CRC03 through CRC07 requirements for CMS billing using X12 transactions.

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

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|------|---------------------------------------------------------------------------------------------------------|
| 01 | Patient was admitted to a hospital |
| 04 | Patient was moved by stretcher |
| 05 | Patient was unconscious or in shock |
| 06 | Patient was transported in an emergency situation |
| 07 | Patient had to be physically restrained |
| 08 | Patient had visible hemorrhaging |
| 09 | Ambulance service was medically necessary |
| 12 | Patient is confined to a bed or chair (Use code 12 to indicate patient was bedridden during transport.) |

Data Element Comment

Added to improve billing documentation and justification.

Version 3 Changes Implemented

Added to improve billing with electronic claims using X12. The Codes and Descriptors updated Sept 2013 to meet the X12 5010 standard.

ePayment.48 - Mileage to Closest Hospital Facility

Definition

The mileage to the closest hospital facility from the scene. Documented only if the patient was transported to a facility farther away than the closest hospital.

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

Constraints

| Data Type | fractionDigits | minInclusive | maxInclusive |
|-----------|----------------|--------------|--------------|
| decimal | 2 | 1 | 1000 |

Data Element Comment

Added to clarify billing mileage when the patient is not taken to the closest facility.

Version 3 Changes Implemented

Added for improved billing documentation.

ePayment.49 - ALS Assessment Performed and Warranted

Definition

Documentation that the patient required an ALS assessment and it was performed.

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

Code List

Code Description

9923001 No
9923003 Yes

Data Element Comment

Added to improve billing justification

Version 3 Changes Implemented

Added to improve billing justification

State

National

ePayment.50 - CMS Service Level

Definition

The CMS service level for this EMS encounter.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E07_34 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|--------------------------|
| 2650001 | ALS, Level 1 |
| 2650003 | ALS, Level 1 Emergency |
| 2650005 | ALS, Level 2 |
| 2650007 | BLS |
| 2650009 | BLS, Emergency |
| 2650011 | Fixed Wing (Airplane) |
| 2650013 | Paramedic Intercept |
| 2650015 | Specialty Care Transport |
| 2650017 | Rotary Wing (Helicopter) |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When CMS Service Level is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When CMS Service Level has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

ePayment.51 - EMS Condition Code

Definition

The condition code associated with the CMS EMS negotiated rule-making process.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_35 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

CorrelationID

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

Constraints

Pattern

[A-Z][0-9][0-9A-Z](\.[0-9A-Z]{1,4})?

Data Element Comment

Code list is represented in ICD-10-CM Codes:

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

Product - UMLS Metathesaurus

ePayment.52 - CMS Transportation Indicator

Definition

The CMS Ambulance Fee Schedule Transportation and Air Medical Transportation Indicators are used to better describe why it was necessary for the patient to be transported in a particular way or circumstance.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_37 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|------|--------------------------------------------------------------------------------------------------------------------------------|
| C1 | Interfacility Transport (Requires Higher level of care) |
| C2 | Interfacility Transport (service not available) |
| C3 | Emergency Trauma Dispatch Condition Code (Major Incident or Mechanism of Injury) |
| C4 | Medically Necessary Transport (Facility on Divert or Services Unavailable) |
| C5 | BLS Transport of ALS Patient (ALS not available) |
| C6 | ALS Response (Based on Dispatch Info) to BLS Patient (Condition) |
| C7 | IV Medications required en route (ALS) |
| D1 | Long Distance-patient's condition requires rapid transportation over a long distance |
| D2 | Rare Circumstances, Traffic Patterns Precludes Ground Transport |
| D3 | Time to the closest appropriate hospital due to the patient's condition precludes ground transport; maximize clinical benefits |
| D4 | Pick up Point not Accessible by Ground Transport |

Data Element Comment

Name changed from Condition Code Modifier to CMS Transportation Indicator

Version 3 Changes Implemented

Name changed from Condition Code Modifier to CMS Transportation Indicator

ePayment.53 - Transport Authorization Code

Definition

Prior authorization code provided by the insurance carrier/payer.

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

Constraints

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

Data Element Comment

Version 3 Changes Implemented

Added to improve billing documentation.

ePayment.54 - Prior Authorization Code Payer**Definition**

The Payer who has provided the Prior Authorization Code.

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

Constraints

| Data Type | minLength | maxLength |
|------------------|------------------|------------------|
| string | 1 | 255 |

Data Element Comment

Added to document Prior Authorization Codes for an EMS Transport.

Version 3 Changes Implemented

Added to improve billing documentation.

ePayment.55 - Supply Item Used Name

Definition

The name of the supply used on the patient by the EMS Crew during the EMS event.

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

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 80 |

Data Element Comment

Added to track EMS supplies for billing. The list of supplies would be created by the EMS Agency. There is no master list of supply items defined.

Version 3 Changes Implemented

Added to track EMS supplies for billing.

ePayment.56 - Number of Supply Item(s) Used

Definition

The number of the specific supply item used on the patient by the EMS Crew during the EMS event.

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

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------------|--------------|--------------|
| positiveInteger | 1 | 100,000,000 |

Data Element Comment

Associated with ePayment.55 (Supply Item Used Name). Used to better track supply items for billing.

Version 3 Changes Implemented

Added to track EMS supplies for billing.

ePayment.57 - Payer Type

Definition

Payer type according to X12 standard.

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

Code List

| Code | Description |
|------|-----------------------------------------------------|
| 11 | Other Non-Federal Programs |
| 12 | Preferred Provider Organization (PPO) |
| 13 | Point of Service (POS) |
| 14 | Exclusive Provider Organization (EPO) |
| 15 | Indemnity Insurance |
| 16 | Health Maintenance Organization (HMO) Medicare Risk |
| 17 | Dental Maintenance Organization |
| AM | Automobile Medical |
| BL | Blue Cross/Blue Shield |
| CH | Champus |
| CI | Commercial Insurance Co. |
| DS | Disability |
| FI | Federal Employees Program |
| HM | Health Maintenance Organization |
| LM | Liability Medical |
| MA | Medicare Part A |
| MB | Medicare Part B |
| MC | Medicaid |
| OF | Other Federal Program |
| TV | Title V |
| VA | Veteran Affairs Plan |
| WC | Workers' Compensation Health Claim |
| ZZ | Mutually Defined |

Data Element Comment

This element should only be used if Insurance, Medicare, Medicaid, Workers Compensation, or Other Government are selected in ePayment.01 - Primary Method of Payment.

eScene

Legend

Dataset Level: N National S State D Deprecated

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

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

eScene

| | | | | | |
|-------|--------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| 1 : 1 | eScene.01 - First EMS Unit on Scene | N | S | R | N, L |
| 0 : M | eScene.ResponderGroup | | | | C |
| 0 : 1 | eScene.02 - Other EMS or Public Safety Agencies at Scene | | | O | |
| 0 : 1 | eScene.03 - Other EMS or Public Safety Agency ID Number | | | O | |
| 0 : 1 | eScene.04 - Type of Other Service at Scene | | | O | |
| 0 : 1 | eScene.24 - First Other EMS or Public Safety Agency at Scene to Provide Patient Care | | | O | N, L |
| 0 : 1 | eScene.05 - Date/Time Initial Responder Arrived on Scene | | | O | |
| 1 : 1 | eScene.06 - Number of Patients at Scene | N | S | R | N, L |
| 1 : 1 | eScene.07 - Mass Casualty Incident | N | S | R | N, L |
| 1 : 1 | eScene.08 - Triage Classification for MCI Patient | N | S | R | N, L |
| 1 : 1 | eScene.09 - Incident Location Type | N | S | R | N, L |
| 0 : 1 | eScene.10 - Incident Facility Code | | S | E | N, L |
| 0 : 1 | eScene.11 - Scene GPS Location | | S | O | |
| 0 : 1 | eScene.12 - Scene US National Grid Coordinates | | S | O | |
| 0 : 1 | eScene.13 - Incident Facility or Location Name | | S | O | |
| 0 : 1 | eScene.14 - Mile Post or Major Roadway | | S | E | N, L |
| 0 : 1 | eScene.15 - Incident Street Address | | S | E | N, L |
| 0 : 1 | eScene.16 - Incident Apartment, Suite, or Room | | S | E | N, L |
| 0 : 1 | eScene.17 - Incident City | | S | E | N, L |
| 1 : 1 | eScene.18 - Incident State | N | S | R | N, L |
| 1 : 1 | eScene.19 - Incident ZIP Code | N | S | R | N, L |
| 0 : 1 | eScene.20 - Scene Cross Street or Directions | | S | E | N, L |
| 1 : 1 | eScene.21 - Incident County | N | S | R | N, L |
| 0 : 1 | eScene.22 - Incident Country | | | O | |
| 0 : 1 | eScene.23 - Incident Census Tract | | | O | |

eScene

State

National

eScene.01 - First EMS Unit on Scene

Definition

Documentation that this EMS Unit was the first EMS Unit for the EMS Agency on the Scene.

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

Code Description

9923001 No
9923003 Yes

Data Element Comment

Added to improve the evaluation of Response Times when multiple EMS units are responding to the same scene.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When First EMS Unit on Scene is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When First EMS Unit on Scene has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eScene.02 - Other EMS or Public Safety Agencies at Scene

Definition

Other EMS agency names that were at the scene, if any.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E08_01 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

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

Data Element Comment

For states and local agencies that participate in the Cardiac Arrest Registry for Enhanced Survival (CARES), eScene.02 and eScene.03 are used to populate CARES data element #16 Fire/First Responder as defined by CARES in the CARES 2018 Data Dictionary: [https://mycares.net/sitepages/uploads/2018/Data%20Dictionary%20\(2018\).pdf](https://mycares.net/sitepages/uploads/2018/Data%20Dictionary%20(2018).pdf)

eScene.03 - Other EMS or Public Safety Agency ID Number

Definition

The ID number for the EMS Agency or Other Public Safety listed in eScene.02.

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

Constraints

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

Data Element Comment

The ID should be the state ID (license number) for the EMS agency or ID number for the law enforcement. This may be an ID assigned by the state or created by the EMS agency.

For states and local agencies that participate in the Cardiac Arrest Registry for Enhanced Survival (CARES), eScene.02 and eScene.03 are used to populate CARES data element #16 Fire/First Responder as defined by CARES in the CARES 2018 Data Dictionary: [https://mycares.net/sitepages/uploads/2018/Data%20Dictionary%20\(2018\).pdf](https://mycares.net/sitepages/uploads/2018/Data%20Dictionary%20(2018).pdf)

eScene.04 - Type of Other Service at Scene

Definition

The type of public safety or EMS service associated with Other Agencies on Scene.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E08_02 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|----------------------------|
| 2704001 | EMS Mutual Aid |
| 2704003 | Fire |
| 2704005 | First Responder |
| 2704007 | Hazmat |
| 2704009 | Law |
| 2704011 | Other |
| 2704013 | Other EMS Agency |
| 2704015 | Other Health Care Provider |
| 2704017 | Rescue |
| 2704019 | Utilities |

Data Element Comment

Associated with each Other Service in eScene.02

eScene.24 - First Other EMS or Public Safety Agency at Scene to Provide Patient Care

Definition

When there are multiple other EMS Agencies or Public Safety Agencies at the scene, this element documents the other EMS or public safety agency that was first to provide care to the patient.

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

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

Data Element Comment

For states and local agencies that participate in the Cardiac Arrest Registry for Enhanced Survival (CARES), eScene.24 is used to populate CARES data element #16 Fire/First Responder as defined by CARES in the CARES 2018 Data Dictionary: [https://mycares.net/sitepages/uploads/2018/Data%20Dictionary%20\(2018\).pdf](https://mycares.net/sitepages/uploads/2018/Data%20Dictionary%20(2018).pdf)

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When First Other EMS or Public Safety Agency at Scene to Provide Patient Care is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When First Other EMS or Public Safety Agency at Scene to Provide Patient Care has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eScene.05 - Date/Time Initial Responder Arrived on Scene

Definition

The time that the initial responder arrived on the scene, if applicable.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E08_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest STEMI Trauma

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

State

National

eScene.06 - Number of Patients at Scene

Definition

Indicator of how many total patients were at the scene.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E08_05 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

Code Description

2707001 Multiple

2707003 None

2707005 Single

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Number of Patients at Scene is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Number of Patients at Scene has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e067 | Warning | Number of Patients at Scene should be "Multiple" or "Single" when Unit Disposition is "Patient Contact Made". |
| nemSch_e068 | Warning | Number of Patients at Scene should be "Multiple" when Mass Casualty Incident is "Yes". |

State

National

eScene.07 - Mass Casualty Incident

Definition

Indicator if this event would be considered a mass casualty incident (overwhelmed existing EMS resources).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E08_06 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

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

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Mass Casualty Incident is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Mass Casualty Incident has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e068 | Warning | Number of Patients at Scene should be "Multiple" when Mass Casualty Incident is "Yes". |
| nemSch_e069 | Warning | Triage Classification for MCI Patient should be recorded when Mass Casualty Incident is "Yes". |

eScene.08 - Triage Classification for MCI Patient

Definition

The color associated with the initial triage assessment/classification of the MCI patient.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------------------|
| 2708001 | Red - Immediate |
| 2708003 | Yellow - Delayed |
| 2708005 | Green - Minimal (Minor) |
| 2708007 | Gray - Expectant |
| 2708009 | Black - Deceased |

Data Element Comment

This element is documented when eScene.07 (Mass Casualty Incident) = Yes.

Examples of triage systems include START and SALT.

Adapted from: SALT mass casualty triage: concept endorsed by the American College of Emergency Physicians, American College of Surgeons Committee on Trauma, American Trauma Society, National Association of EMS Physicians, National Disaster Life Support Education Consortium, and State and Territorial Injury Prevention Directors Association. Disaster Med Public Health Prep. 2008 Dec;2(4):245-6.

START reference: Benson M, Koenig KL, Schultz CH. Disaster triage: START, then SAVE-a new method of dynamic triage for victims of a catastrophic earthquake. Prehospital Disaster Med. 1996; Apr-Jun; 11(2): 117-24

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Triage Classification for MCI Patient is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Triage Classification for MCI Patient has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e069 | Warning | Triage Classification for MCI Patient should be recorded when Mass Casualty Incident is "Yes". |

eScene.09 - Incident Location Type

Definition

The kind of location where the incident happened.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E08_07 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Pattern

Y92\.[0-9]{1,3}

Data Element Comment

Code list is represented in ICD-10-CM. Reference the NEMSIS Suggested Lists at:
<https://nemsis.org/technical-resources/version-3/version-3-resource-repository/>

ICD-10-CM

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

Product - UMLS Metathesaurus

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Incident Location Type is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Incident Location Type has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e070 | Warning | Incident Location Type should be recorded unless Unit Disposition is "Cancelled Prior to Arrival at Scene". |

eScene.10 - Incident Facility Code

Definition

The state, regulatory, or other unique number (code) associated with the facility if the Incident is a Healthcare Facility.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E08_08 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

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

Data Element Comment

This may be populated from a list created within dFacility.03 (Facility Location Code) or dFacility.05 (Facility National Provider Identifier).

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Incident Facility Code is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Incident Facility Code has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eScene.11 - Scene GPS Location

Definition

The GPS coordinates associated with the Scene.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E08_10 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

Pattern

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

Data Element Comment

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

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

eScene.12 - Scene US National Grid Coordinates

Definition

The US National Grid Coordinates for the Scene.

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

Constraints

Pattern

([1-9][1-5][0-9]{60})[C-HJ-NP-X][A-HJ-NP-Z][A-HJ-NP-V][0-9]{8}

Data Element Comment

Standard found at www.fgdc.gov/usng

eScene.13 - Incident Facility or Location Name

Definition

The name of the facility, business, building, etc. associated with the scene of the EMS event.

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

Constraints

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

Data Element Comment

This element may be populated from a list created within dFacility.02 (Facility Name).

eScene.14 - Mile Post or Major Roadway

Definition

The mile post or major roadway associated with the incident locations.

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | maxLength | minLength |
|-----------|-----------|-----------|
| string | 35 | 1 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Mile Post or Major Roadway is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Mile Post or Major Roadway has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eScene.15 - Incident Street Address

Definition

The street address where the patient was found, or, if no patient, the address to which the unit responded.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E08_11 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

StreetAddress2**Data Type:** string**minLength:** 1**maxLength:** 255

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 255 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Incident Street Address is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Incident Street Address has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eScene.16 - Incident Apartment, Suite, or Room

Definition

The number of the specific apartment, suite, or room where the incident occurred.

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

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

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Incident Apartment, Suite, or Room is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Incident Apartment, Suite, or Room has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eScene.17 - Incident City

Definition

The city or township (if applicable) where the patient was found or to which the unit responded (or best approximation).

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E08_12 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Data Element Comment

City codes are based on GNIS Feature Class. The primary Feature Class to use is "Civil" with "Populated Place" and "Military" code as additional options.

Definitions for each GNIS City Feature Class can be found on the GNIS Codes website.

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Incident City is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Incident City has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eScene.18 - Incident State

Definition

The state, territory, or province where the patient was found or to which the unit responded (or best approximation).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E08_14 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Pattern

[0-9]{2}

Data Element Comment

Based on the ANSI State Code.

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Incident State is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Incident State has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e071 | Warning | Incident State should be recorded unless Unit Disposition is "Cancelled Prior to Arrival at Scene". |
| nemSch_e074 | Warning | Incident County should belong within the Incident State. |

eScene.19 - Incident ZIP Code

Definition

The ZIP code of the incident location.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E08_15 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Pattern

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

Data Element Comment

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Incident ZIP Code is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Incident ZIP Code has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e072 | Warning | Incident ZIP Code should be recorded unless Unit Disposition is "Cancelled Prior to Arrival at Scene". |

eScene.20 - Scene Cross Street or Directions

Definition

The nearest cross street to the incident address or directions from a recognized landmark or the second street name of an intersection.

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 255 |

Data Element Comment

Version 3 Changes Implemented

Added to better locate/document the scene (incident) location.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Scene Cross Street or Directions is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Scene Cross Street or Directions has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eScene.21 - Incident County

Definition

The county or parish where the patient was found or to which the unit responded (or best approximation).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E08_13 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Pattern

[0-9]{5}

Data Element Comment

Based on the ANSI Code Single Choice based on the County Name but stored as the ANSI code (combined 5 digit State and County codes) Should be required if there is a patient associated with the event.

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Incident County is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Incident County has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e073 | Warning | Incident County should be recorded unless Unit Disposition is "Cancelled Prior to Arrival at Scene". |
| nemSch_e074 | Warning | Incident County should belong within the Incident State. |

eScene.22 - Incident Country**Definition**

The country of the incident location.

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

Constraints

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

Data Element Comment

Based on the ISO Country Code.

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

Version 3 Changes Implemented

Added for international compatibility.

eScene.23 - Incident Census Tract

Definition

The census tract in which the incident occurred.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

Pattern

[0-9]{11}

Data Element Comment

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

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

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

Census Tract Data Website (files and descriptions): http://www.census.gov/geo/maps-data/data/tract_rel_download.html

Version 3 Changes Implemented

Added to improve the ability to use census and other demographic information within EMS research.

eSituation

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

eSituation

| | | | | | |
|-------|---------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------|
| 1 : 1 | eSituation.01 - Date/Time of Symptom Onset | N | S | R | N, L, P |
| 1 : 1 | eSituation.02 - Possible Injury | N | S | R | N, L |
| 0 : M | eSituation.PatientComplaintGroup | | | | C |
| 0 : 1 | eSituation.03 - Complaint Type | | S | E | N, L |
| 0 : 1 | eSituation.04 - Complaint | | S | E | N, L |
| 0 : 1 | eSituation.05 - Duration of Complaint | | S | E | N, L |
| 0 : 1 | eSituation.06 - Time Units of Duration of Complaint | | S | E | N, L |
| 1 : 1 | eSituation.07 - Chief Complaint Anatomic Location | N | S | R | N, L |
| 1 : 1 | eSituation.08 - Chief Complaint Organ System | N | S | R | N, L |
| 1 : 1 | eSituation.09 - Primary Symptom | N | S | R | N, L |
| 1 : M | eSituation.10 - Other Associated Symptoms | N | S | R | N, L, P, C |
| 1 : 1 | eSituation.11 - Provider's Primary Impression | N | S | R | N, L |
| 1 : M | eSituation.12 - Provider's Secondary Impressions | N | S | R | N, L, C |
| 1 : 1 | eSituation.13 - Initial Patient Acuity | N | S | R | N, L |
| 0 : 1 | eSituation.WorkRelatedGroup | | | | |
| 0 : 1 | eSituation.14 - Work-Related Illness/Injury | | S | E | N, L |
| 0 : 1 | eSituation.15 - Patient's Occupational Industry | | | O | |
| 0 : 1 | eSituation.16 - Patient's Occupation | | | O | |
| 0 : M | eSituation.17 - Patient Activity | | S | E | N, L, C |
| 1 : 1 | eSituation.18 - Date/Time Last Known Well | N | S | R | N, L, P |
| 0 : 1 | eSituation.19 - Justification for Transfer or Encounter | | S | E | N, L |
| 1 : 1 | eSituation.20 - Reason for Interfacility Transfer/Medical Transport | N | S | R | N, L |

eSituation

eSituation.01 - Date/Time of Symptom Onset

Definition

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

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801023 - Unable to Complete 8801029 - Approximate

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

Version 3 Changes Implemented

Added to better define the EMS patient event.

Associated Validation Rules

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

eSituation.02 - Possible Injury

Definition

Indication whether or not there was an injury.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E09_04 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------|
| 9922001 | No |
| 9922003 | Unknown |
| 9922005 | Yes |

Data Element Comment

This data element provides documentation to classify the EMS Reason for Encounter as either injury or non-injury related based on mechanism and not on actual injury. eSituation.02 (Possible Injury), eSituation.09 (Primary Symptom), eSituation.07 (Chief Complaint Anatomic Location), and eSituation.08 (Chief Complaint Organ System) are grouped together to form the EMS Reason for Encounter.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Possible Injury is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Possible Injury has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e076 | Warning | Possible Injury should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided". |
| nemSch_e077 | Warning | Possible Injury should be "Yes" when a symptom or impression is injury-related. |
| nemSch_e089 | Warning | Cause of Injury should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Possible Injury is "Yes". |
| nemSch_e090 | Warning | Cause of Injury should only be recorded when Possible Injury is "Yes". |
| nemSch_e091 | Warning | Trauma Triage Criteria (Steps 1 and 2) should only be recorded when Possible Injury is "Yes". |
| nemSch_e092 | Warning | Trauma Triage Criteria (Steps 3 and 4) should only be recorded when Possible Injury is "Yes". |

eSituation.03 - Complaint Type

Definition

The type of patient healthcare complaint being documented.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|-----------------|
| 2803001 | Chief (Primary) |
| 2803003 | Other |
| 2803005 | Secondary |

Data Element Comment

This was added to group complaints in a more efficient manner

Version 3 Changes Implemented

Added to improve data integrity.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Complaint Type is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Complaint Type has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eSituation.04 - Complaint

Definition

The statement of the problem by the patient or the history provider.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E09_05 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 255 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Complaint is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Complaint has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eSituation.05 - Duration of Complaint

Definition

The duration of the complaint.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E09_06 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 1 | 365 |

Data Element Comment

Associated with eSituation.06 (Time Units of Duration of the Complaint).

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Duration of Complaint is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Duration of Complaint has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eSituation.06 - Time Units of Duration of Complaint

Definition

The time units of the duration of the patient's complaint.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E09_07 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|-------------|
| 2806001 | Seconds |
| 2806003 | Minutes |
| 2806005 | Hours |
| 2806007 | Days |
| 2806009 | Weeks |
| 2806011 | Months |
| 2806013 | Years |

Data Element Comment

Associated with eSituation.05 (Duration of the Complaint).

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Time Units of Duration of Complaint is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Time Units of Duration of Complaint has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

State

National

eSituation.07 - Chief Complaint Anatomic Location

Definition

The primary anatomic location of the chief complaint as identified by EMS personnel.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E09_11 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|-----------------|
| 2807001 | Abdomen |
| 2807003 | Back |
| 2807005 | Chest |
| 2807007 | Extremity-Lower |
| 2807009 | Extremity-Upper |
| 2807011 | General/Global |
| 2807013 | Genitalia |
| 2807015 | Head |
| 2807017 | Neck |

Data Element Comment

eSituation.02 (Possible Injury), eSituation.09 (Primary Symptom), eSituation.07 (Chief Complaint Anatomic Location), and eSituation.08 (Chief Complaint Organ System) are grouped together to form the EMS Reason for Encounter.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Chief Complaint Anatomic Location is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Chief Complaint Anatomic Location has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e078 | Warning | Chief Complaint Anatomic Location should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided". |

State

National

eSituation.08 - Chief Complaint Organ System

Definition

The primary organ system of the patient injured or medically affected.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E09_12 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|------------------------|
| 2808001 | Behavioral/Psychiatric |
| 2808003 | Cardiovascular |
| 2808005 | CNS/Neuro |
| 2808007 | Endocrine/Metabolic |
| 2808009 | GI |
| 2808011 | Global/General |
| 2808013 | Lymphatic/Immune |
| 2808015 | Musculoskeletal/Skin |
| 2808017 | Reproductive |
| 2808019 | Pulmonary |
| 2808021 | Renal |

Data Element Comment

Altered to follow the anatomical organ systems as defined by general anatomy. Added Lymphatic/Immune; Merged Skin with Muscular-Skeletal. Changed OB/Gyn to Reproductive.

Retained non-organ system designations for Global/General and Behavioral/Psychiatric.

eSituation.02 (Possible Injury), eSituation.09 (Primary Symptom), eSituation.07 (Chief Complaint Anatomic Location), and eSituation.08 (Chief Complaint Organ System) are grouped together to form the EMS Reason for Encounter.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Chief Complaint Organ System is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Chief Complaint Organ System has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e079 | Warning | Chief Complaint Organ System should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided". |

eSituation.09 - Primary Symptom

Definition

The primary sign and symptom present in the patient or observed by EMS personnel.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E09_13 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Pattern

(R[0-6][0-9](\.[0-9]{1,4})?|(R73\.[9])(R99))|([A-QSTZ][0-9][0-9A-Z])(\.[0-9A-Z]{1,4})?)

Data Element Comment

eSituation.02 (Possible Injury), eSituation.09 (Primary Symptom), eSituation.07 (Chief Complaint Anatomic Location), and eSituation.08 (Chief Complaint Organ System) are grouped together to form the EMS Reason for Encounter.

Code list is represented in ICD-10-CM Diagnosis Codes. Reference the NEMSIS Suggested Lists at:
<https://nemsis.org/technical-resources/version-3/version-3-resource-repository/>

ICD-10-CM

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

Product - UMLS Metathesaurus

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Primary Symptom is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Primary Symptom has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e077 | Warning | Possible Injury should be "Yes" when a symptom or impression is injury-related. |
| nemSch_e080 | Warning | Primary Symptom should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided". |
| nemSch_e081 | Warning | Other Associated Symptoms should only be recorded when Primary Symptom is recorded. |

eSituation.10 - Other Associated Symptoms

Definition

Other symptoms identified by the patient or observed by EMS personnel.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E09_14 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Pertinent Negatives (PN)

8801031 - Symptom Not Present

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Constraints

Pattern

(R[0-6][0-9](\.[0-9]{1,4})?|(R73\.[9])(R99))|([A-QSTZ][0-9][0-9A-Z])(\.[0-9A-Z]{1,4})?)

Data Element Comment

Code list is represented in ICD-10-CM. Reference the NEMSIS Suggested Lists at:
<https://nemsis.org/technical-resources/version-3/version-3-resource-repository/>

ICD-10-CM

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

Product - UMLS Metathesaurus

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Other Associated Symptoms is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Other Associated Symptoms has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e005 | Error | When Other Associated Symptoms has a Pertinent Negative of "Approximate", it should have a value and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |
| nemSch_e077 | Warning | Possible Injury should be "Yes" when a symptom or impression is injury-related. |
| nemSch_e081 | Warning | Other Associated Symptoms should only be recorded when Primary Symptom is recorded. |

eSituation.11 - Provider's Primary Impression

Definition

The EMS personnel's impression of the patient's primary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E09_15 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Pattern

(R[0-6][0-9](\.[0-9]{1,4})?|(R73\.[0-9])(R99))|([A-QSTZ][0-9][0-9A-Z])(\.[0-9A-Z]{1,4})?)

Data Element Comment

Code list is represented in ICD-10-CM. Reference the NEMSIS Suggested Lists at:
<https://nemsis.org/technical-resources/version-3/version-3-resource-repository/>

ICD-10-CM

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

Product - UMLS Metathesaurus

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Provider's Primary Impression is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Provider's Primary Impression has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e077 | Warning | Possible Injury should be "Yes" when a symptom or impression is injury-related. |
| nemSch_e082 | Warning | Provider's Primary Impression should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided". |
| nemSch_e083 | Warning | Provider's Secondary Impressions should only be recorded when Provider's Primary Impression is recorded. |

eSituation.12 - Provider's Secondary Impressions

Definition

The EMS personnel's impression of the patient's secondary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E09_16 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Constraints

Pattern

(R[0-6][0-9](\.[0-9]{1,4})?|(R73\.[0-9])(R99))|([A-QSTZ][0-9][0-9A-Z])(\.[0-9A-Z]{1,4})?)

Data Element Comment

Code list is represented in ICD-10-CM. Reference the NEMSIS Suggested Lists at:
<https://nemsis.org/technical-resources/version-3/version-3-resource-repository/>

ICD-10-CM

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

Product - UMLS Metathesaurus

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Provider's Secondary Impressions is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Provider's Secondary Impressions has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e077 | Warning | Possible Injury should be "Yes" when a symptom or impression is injury-related. |
| nemSch_e083 | Warning | Provider's Secondary Impressions should only be recorded when Provider's Primary Impression is recorded. |

eSituation.13 - Initial Patient Acuity

Definition

The acuity of the patient's condition upon EMS arrival at the scene.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|--------------------------------------------|
| 2813001 | Critical (Red) |
| 2813003 | Emergent (Yellow) |
| 2813005 | Lower Acuity (Green) |
| 2813007 | Dead without Resuscitation Efforts (Black) |
| 2813009 | Non-Acute/Routine |

Data Element Comment

Definitions related to "Critical, Emergent, and Lower Acuity" can be found in the National EMS Core Content document from NHTSA EMS (DOT HS 809-898 July 2005) at <http://www.nhtsa.gov/people/injury/ems/emscorecontent/images/EMSCoreContent.pdf>

Dead without Resuscitation Efforts would be appropriate if resuscitation was initiated by non-EMS personnel but discontinued immediately upon evaluation by first arriving EMS personnel.

"Non-Acute/Routine" added for use with patients with no clinical issues-such as refusal for a life assist-or for routine transfers.

Version 3 Changes Implemented

With the release of V3.5.0 additional values were added to meet the needs of EMS.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Initial Patient Acuity is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Initial Patient Acuity has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e084 | Warning | Initial Patient Acuity should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided". |

eSituation.14 - Work-Related Illness/Injury

Definition

Indication of whether or not the illness or injury is work related.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E07_15 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

Code Description

9922001 No

9922003 Unknown

9922005 Yes

Data Element Comment

Moved from Version 2.2.1 E07_15 to allow more complete documentation of work related illness and injury.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Work-Related Illness/Injury is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Work-Related Illness/Injury has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eSituation.15 - Patient's Occupational Industry

Definition

The occupational industry of the patient's work.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_16 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|--------------------------------------------------------------------------|
| 2815001 | Accommodation and Food Services |
| 2815003 | Administrative and Support and Waste Management and Remediation Services |
| 2815005 | Agriculture, Forestry, Fishing and Hunting |
| 2815007 | Arts, Entertainment, and Recreation |
| 2815009 | Construction |
| 2815011 | Educational Services |
| 2815013 | Finance and Insurance |
| 2815015 | Health Care and Social Assistance |
| 2815017 | Information |
| 2815019 | Management of Companies and Enterprises |
| 2815021 | Manufacturing |
| 2815023 | Mining, Quarrying, and Oil and Gas Extraction |
| 2815025 | Other Services (except Public Administration) |
| 2815027 | Professional, Scientific, and Technical Services |
| 2815029 | Public Administration |
| 2815031 | Real Estate and Rental and Leasing |
| 2815033 | Retail Trade |
| 2815035 | Transportation and Warehousing |
| 2815037 | Utilities |
| 2815039 | Wholesale Trade |

Data Element Comment

From the North American Industry Classification System (NAICS) from US Bureau of Labor Statistics (<http://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2007>).

eSituation.16 - Patient's Occupation

Definition

The occupation of the patient.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E07_17 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|------------------------------------------------------------|
| 2816001 | Architecture and Engineering Occupations |
| 2816003 | Arts, Design, Entertainment, Sports, and Media Occupations |
| 2816005 | Building and Grounds Cleaning and Maintenance Occupations |
| 2816007 | Business and Financial Operations Occupations |
| 2816009 | Community and Social Services Occupations |
| 2816011 | Computer and Mathematical Occupations |
| 2816013 | Construction and Extraction Occupations |
| 2816015 | Educational Instruction and Library Occupations |
| 2816017 | Farming, Fishing and Forestry Occupations |
| 2816019 | Food Preparation and Serving Related Occupations |
| 2816021 | Healthcare Practitioners and Technical Occupations |
| 2816023 | Healthcare Support Occupations |
| 2816025 | Installation, Maintenance, and Repair Occupations |
| 2816027 | Legal Occupations |
| 2816029 | Life, Physical, and Social Science Occupations |
| 2816031 | Management Occupations |
| 2816033 | Military Specific Occupations |
| 2816035 | Office and Administrative Support Occupations |
| 2816037 | Personal Care and Service Occupations |
| 2816039 | Production Occupations |
| 2816041 | Protective Service Occupations |
| 2816043 | Sales and Related Occupations |
| 2816045 | Transportation and Material Moving Occupations |

Data Element Comment

Based on the Standard Occupational Classification of the US Bureau of Labor Statistics
(https://www.bls.gov/soc/2018/soc_structure_2018.pdf)

Version 3 Changes Implemented

Added to better describe work related injury.

eSituation.17 - Patient Activity

Definition

The activity the patient was involved in at the time the patient experienced the onset of symptoms or experienced an injury.

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

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

Constraints

Pattern

Y93\[A-Za-z0-9]{1,4}

Data Element Comment

Code list is represented in ICD-10-CM. Reference the NEMSIS Suggested Lists at:
<https://nemsis.org/technical-resources/version-3/version-3-resource-repository/>

Code list is represented in ICD-10 Codes.

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

Product - UMLS Metathesaurus

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Patient Activity is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Patient Activity has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eSituation.18 - Date/Time Last Known Well

Definition

The estimated date and time the patient was last known to be well or in their usual state of health. This is described or estimated by the patient, family, and/or bystanders.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Pertinent Negatives (PN)

8801023 - Unable to Complete

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

For stroke related events, this is the date and time the patient was last seen normal. For cardiac or respiratory arrest related events, this is the date and time the patient was last known to have a pulse or when interaction was had with the patient. For drowning related events, this is the date and time the patient was last seen. For injury or trauma related events, this is the date and time the patient was injured.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Date/Time Last Known Well is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Date/Time Last Known Well has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When Date/Time Last Known Well has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |
| nemSch_e044 | Warning | Destination Patient Transfer of Care Date/Time should not be earlier than Date/Time Last Known Well. |
| nemSch_e054 | Warning | Unit Back in Service Date/Time should not be earlier than Date/Time Last Known Well. |
| nemSch_e085 | Warning | Date/Time Last Known Well should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Cardiac Arrest is "Yes..." |
| nemSch_e086 | Warning | Date/Time Last Known Well should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Stroke Scale Score is "Positive". |
| nemSch_e087 | Warning | Date/Time Last Known Well should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Cardiac Rhythm / Electrocardiography (ECG) is "STEMI..." |

eSituation.19 - Justification for Transfer or Encounter

Definition

The ordering physician or medical provider diagnosis or stated reason for a hospital-to-hospital transfer, other medical transport, or Mobile Integrated Healthcare encounter.

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 255 |

Data Element Comment

This is the diagnosis or reason for transfer, or medical transport or Integrated Healthcare Encounter provided by the ordering physician or medical provider. Hospital-to-hospital transfers and medical transports are based on the ordering medical provider, and not the EMS provider's impression. The text of the reason or diagnosis would be entered here rather than using the patient complaint field (as the patient may still have complaints to document), eSituation.11 Provider's Primary Impression or eSituation.12 Provider's Secondary Impressions.

This element should only be documented when eResponse.05 Type of Service Requested is Hospital-to-Hospital Transfer, Hospital-to-Hospital Transfer (with Sending Hospital Staff), Hospital-to-Hospital Transfer (Critical or Specialty Care), Other Medical Needs Transport, Mobile Integrated Health Care Evaluation or Visit. A new national Schematron rule exists for this with v3.5.0.

Version 3 Changes Implemented

This element is being added with the release of v3.5.0

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Justification for Transfer or Encounter is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Justification for Transfer or Encounter has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

State

National

eSituation.20 - Reason for Interfacility Transfer/Medical Transport

Definition

The general categories of the reason for an interfacility transfer/medical transport.

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|---------------------------------------------|
| 2820001 | Cardiac Specialty |
| 2820003 | Convenience Transfer (Patient Request) |
| 2820005 | Diagnostic Testing |
| 2820007 | Dialysis |
| 2820009 | Drug and/or Alcohol Rehabilitation Care |
| 2820011 | Extended Care |
| 2820013 | Maternal/Neonatal |
| 2820015 | Medical Specialty Care (Other, Not Listed) |
| 2820017 | Neurological Specialty Care |
| 2820019 | Palliative/Hospice Care (Home or Facility) |
| 2820021 | Pediatric Specialty Care |
| 2820023 | Psychiatric/Behavioral Care |
| 2820025 | Physical Rehabilitation Care |
| 2820027 | Return to Home/Residence |
| 2820029 | Surgical Specialty Care (Other, Not Listed) |
| 2820031 | Trauma/Orthopedic Specialty Care |

Data Element Comment

This supports and works in combination with eSituation.19 Justification for Transfer or Encounter to provide defined categories for an interfacility transfer or other medical transport. This documentation provides support for reimbursement and a means for regions and states to evaluate transfer patterns and types.

Version 3 Changes Implemented

Element added with the release of v3.5.0

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Reason for Interfacility Transfer/Medical Transport is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Reason for Interfacility Transfer/Medical Transport has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e088 | Warning | Reason for Interfacility Transfer/Medical Transport should only be recorded when Type of Service Requested is "... Transfer" or "Other Routine Medical Transport". |

eInjury

Legend

Dataset Level: N National S State D Deprecated

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

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

eInjury

| | | | | | | | |
|-------|-----------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 1 : M | eInjury.01 - Cause of Injury | N | S | R | N | L | C |
| 0 : M | eInjury.02 - Mechanism of Injury | S | E | N | L | C | |
| 1 : M | eInjury.03 - Trauma Triage Criteria (Steps 1 and 2) | N | S | R | N | L | C |
| 1 : M | eInjury.04 - Trauma Triage Criteria (Steps 3 and 4) | N | S | R | N | L | C |
| 0 : 1 | eInjury.05 - Main Area of the Vehicle Impacted by the Collision | S | O | | | | |
| 0 : 1 | eInjury.06 - Location of Patient in Vehicle | S | O | | | | |
| 0 : M | eInjury.07 - Use of Occupant Safety Equipment | S | E | N | L | C | |
| 0 : M | eInjury.08 - Airbag Deployment | S | O | | | C | |
| 0 : 1 | eInjury.09 - Height of Fall (feet) | S | O | | | | |
| 0 : M | eInjury.10 - OSHA Personal Protective Equipment Used | O | | | | C | |
| 0 : 1 | eInjury.CollisionGroup | | | | | | |
| 0 : 1 | eInjury.11 - ACN System/Company Providing ACN Data | | O | | | | |
| 0 : 1 | eInjury.12 - ACN Incident ID | | O | | | | |
| 0 : M | eInjury.13 - ACN Call Back Phone Number | | O | | | C | |
| 0 : 1 | eInjury.14 - Date/Time of ACN Incident | | O | | | | |
| 0 : 1 | eInjury.15 - ACN Incident Location | | O | | | | |
| 0 : 1 | eInjury.16 - ACN Incident Vehicle Body Type | | O | | | | |
| 0 : 1 | eInjury.17 - ACN Incident Vehicle Manufacturer | | O | | | | |
| 0 : 1 | eInjury.18 - ACN Incident Vehicle Make | | O | | | | |
| 0 : 1 | eInjury.19 - ACN Incident Vehicle Model | | O | | | | |
| 0 : 1 | eInjury.20 - ACN Incident Vehicle Model Year | | O | | | | |
| 0 : 1 | eInjury.21 - ACN Incident Multiple Impacts | | O | | | | |
| 0 : M | eInjury.22 - ACN Incident Delta Velocity | | O | | | C | |
| 0 : 1 | eInjury.23 - ACN High Probability of Injury | | O | | | | |
| 0 : 1 | eInjury.24 - ACN Incident PDOF | | O | | | | |
| 0 : 1 | eInjury.25 - ACN Incident Rollover | | O | | | | |
| 0 : M | eInjury.SeatGroup | | | | | | C |
| 0 : 1 | eInjury.26 - ACN Vehicle Seat Location | | O | | | | |
| 0 : 1 | eInjury.27 - Seat Occupied | | O | | | | |
| 0 : 1 | eInjury.28 - ACN Incident Seatbelt Use | | O | | | | |
| 0 : 1 | eInjury.29 - ACN Incident Airbag Deployed | | O | | | | |

eInjury

eInjury.01 - Cause of Injury

Definition

The category of the reported/suspected external cause of the injury.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E10_01 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Constraints

Pattern

([TV-Y][0-9]{2})([0-9A-Z]{1,4})?

Data Element Comment

Suggested code list is represented in ICD-10-CM. Reference the NEMSIS Suggested Lists at:
<https://nemsis.org/technical-resources/version-3/version-3-resource-repository/>

Code list is represented in ICD-10 Codes.

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

Product - UMLS Metathesaurus

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Cause of Injury is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Cause of Injury has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e089 | Warning | Cause of Injury should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Possible Injury is "Yes". |
| nemSch_e090 | Warning | Cause of Injury should only be recorded when Possible Injury is "Yes". |

eInjury.02 - Mechanism of Injury

Definition

The mechanism of the event which caused the injury.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E10_03 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|-------------|
| 2902001 | Blunt |
| 2902003 | Burn |
| 2902005 | Other |
| 2902007 | Penetrating |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Mechanism of Injury is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Mechanism of Injury has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

State

National

eInjury.03 - Trauma Triage Criteria (Steps 1 and 2)

Definition

Physiologic and Anatomic Field Trauma Triage Criteria (steps 1 and 2) as defined by the Centers for Disease Control.

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

Associated Performance Measure Initiatives

Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--------------------------------------------------------------------------------------------------------------|
| 2903001 | Amputation proximal to wrist or ankle |
| 2903003 | Crushed, degloved, mangled, or pulseless extremity |
| 2903005 | Chest wall instability or deformity (e.g., flail chest) |
| 2903007 | Glasgow Coma Score <= 13 |
| 2903009 | Open or depressed skull fracture |
| 2903011 | Paralysis |
| 2903013 | Pelvic fractures |
| 2903015 | All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee |
| 2903017 | Respiratory Rate <10 or >29 breaths per minute (<20 in infants aged <1 year) or need for ventilatory support |
| 2903019 | Systolic Blood Pressure <90 mmHg |
| 2903021 | Two or more proximal long-bone fractures |

Data Element Comment

2011 Guidelines for the Field Triage of Injured Patients - value choices for Steps 1 and 2. For falls, one story is equal to 10 feet.

Version 3 Changes Implemented

Added to better evaluate the CDC-ACS 2011 Guidelines for the Field Triage of Injured Patients.

Website: <http://www.cdc.gov/mmwr/pdf/rr/rr6101.pdf>

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Trauma Triage Criteria (Steps 1 and 2) is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Trauma Triage Criteria (Steps 1 and 2) has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e091 | Warning | Trauma Triage Criteria (Steps 1 and 2) should only be recorded when Possible Injury is "Yes". |

State

National

eInjury.04 - Trauma Triage Criteria (Steps 3 and 4)

Definition

Mechanism and Special Considerations Field Trauma Triage Criteria (steps 3 and 4) as defined by the Centers for Disease Control.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E10_04 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

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

Code List

| Code | Description |
|---------|----------------------------------------------------------------------------|
| 2904001 | Auto v. Pedestrian/Bicyclist Thrown, Run Over, or > 20 MPH Impact |
| 2904003 | Fall Adults: > 20 ft. (one story is equal to 10 ft.) |
| 2904005 | Fall Children: > 10 ft. or 2-3 times the height of the child |
| 2904007 | Crash Death in Same Passenger Compartment |
| 2904009 | Crash Ejection (partial or complete) from automobile |
| 2904011 | Crash Intrusion, including roof: > 12 in. occupant site; > 18 in. any site |
| 2904013 | Crash Vehicle Telemetry Data (AACN) Consistent with High Risk of Injury |
| 2904015 | Motorcycle Crash > 20 MPH |
| 2904017 | SBP < 110 for age > 65 |
| 2904019 | Anticoagulants and Bleeding Disorders |
| 2904021 | Pregnancy > 20 weeks |
| 2904023 | EMS Provider Judgment |
| 2904025 | Burn, without other trauma |
| 2904027 | Burn, with trauma mechanism |

Data Element Comment

Assesses mechanism of injury and evidence of high-energy impact (Step 3) AND Assess special patient or system considerations (Step 4) based on CDC 2011 Guidelines for the Field Triage of Injured Patients Step 3 and 4. Website: <http://www.cdc.gov/mmwr/pdf/rr/rr6101.pdf>

Version 3 Changes Implemented

Added to better evaluate the CDC-ACS 2011 Guidelines for the Field Triage of Injured Patients. Website: <http://www.cdc.gov/FieldTriage/>

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Trauma Triage Criteria (Steps 3 and 4) is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Trauma Triage Criteria (Steps 3 and 4) has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e092 | Warning | Trauma Triage Criteria (Steps 3 and 4) should only be recorded when Possible Injury is "Yes". |

eInjury.05 - Main Area of the Vehicle Impacted by the Collision

Definition

The area or location of initial impact on the vehicle based on 12-point clock diagram.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E10_05 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

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

Data Element Comment

The front of the vehicle is 12, passenger (right) side is 3, rear is 6, etc.

Based on MMUCC via areas(s) of impact & FARS coding manual clock diagram.

eInjury.06 - Location of Patient in Vehicle

Definition

The seat row location of the vehicle at the time of the crash with the front seat numbered as 1.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E10_06 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|---------------------------------------------------------------------------------------------|
| 2906001 | Front Seat-Left Side (or motorcycle driver) |
| 2906003 | Front Seat-Middle |
| 2906005 | Front Seat-Right Side |
| 2906007 | Passenger in other enclosed passenger or cargo area (non-trailing unit such as a bus, etc.) |
| 2906009 | Passenger in unenclosed passenger or cargo area (non-trailing unit such as a pickup, etc.) |
| 2906011 | Riding on Vehicle Exterior (non-trailing unit) |
| 2906013 | Second Seat-Left Side (or motorcycle passenger) |
| 2906015 | Second Seat-Middle |
| 2906017 | Second Seat-Right Side |
| 2906019 | Sleeper Section of Cab (truck) |
| 2906021 | Third Row-Left Side (or motorcycle passenger) |
| 2906023 | Third Row-Middle |
| 2906025 | Third Row-Right Side |
| 2906027 | Trailing Unit |
| 2906029 | Unknown |

Data Element Comment

MMUCC P6 data element

eInjury.07 - Use of Occupant Safety Equipment

Definition

Safety equipment in use by the patient at the time of the injury.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E10_08 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--------------------------------|
| 2907001 | Child Booster Seat |
| 2907003 | Eye Protection |
| 2907005 | Helmet Worn |
| 2907007 | Infant Car Seat Forward Facing |
| 2907009 | Infant Car Seat Rear Facing |
| 2907015 | None |
| 2907017 | Other |
| 2907019 | Personal Floatation Device |
| 2907021 | Protective Clothing |
| 2907023 | Protective Non-Clothing Gear |
| 2907027 | Shoulder and Lap Belt Used |
| 2907029 | Lap Belt Only Used |
| 2907031 | Shoulder Belt Only Used |

Data Element Comment

MMUCC P7 data element used as baseline information. Data element expanded for added definition in non-vehicular settings.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Use of Occupant Safety Equipment is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Use of Occupant Safety Equipment has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eInjury.08 - Airbag Deployment

Definition

Indication of Airbag Deployment.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E10_09 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|----------------------------------------------|
| 2908001 | Airbag Deployed Front |
| 2908003 | Airbag Deployed Side |
| 2908005 | Airbag Deployed Other (knee, air belt, etc.) |
| 2908007 | No Airbag Deployed |
| 2908009 | No Airbag Present |

Data Element Comment

MMUCC P8 data element baseline was used for this element.

eInjury.09 - Height of Fall (feet)

Definition

The distance in feet the patient fell, measured from the lowest point of the patient to the ground.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E10_10 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 0 | 10000 |

Data Element Comment

Classify same level falls as 0 feet

eInjury.10 - OSHA Personal Protective Equipment Used

Definition

Documentation of the use of OSHA required protective equipment used by the patient at the time of injury.

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

Attributes

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

Code List

| Code | Description |
|---------|---------------------------------------|
| 2910001 | Eye and Face Protection |
| 2910003 | Foot Protection |
| 2910005 | Head Protection |
| 2910007 | Hearing Protection |
| 2910009 | Respiratory Protection |
| 2910011 | Safety Belts, lifelines, and lanyards |
| 2910013 | Safety Nets |

Data Element Comment

Version 3 Changes Implemented

Added to better document personal protection equipment used by the patient associated with an injury.

eInjury.11 - ACN System/Company Providing ACN Data

Definition

The agency providing the Automated Collision Notification (ACN) Data.

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

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 30 |

Data Element Comment

Based on Vehicular Emergency Data Set: Provider Name. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.12 - ACN Incident ID

Definition

The Automated Collision Notification Incident ID.

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

Constraints

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

Data Element Comment

Based on Vehicular Emergency Data Set: Incident ID. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.13 - ACN Call Back Phone Number

Definition

The Automated Collision Notification Call Back Phone Number (US Only).

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

Attributes

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

9913001 - Fax

9913003 - Home

9913005 - Mobile

9913007 - Pager

9913009 - Work

Constraints

Pattern

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

Data Element Comment

Based on Vehicular Emergency Data Set: Call Back Number. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

elnjury.14 - Date/Time of ACN Incident

Definition

The Automated Collision Notification Incident Date and Time.

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

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

Based on Vehicular Emergency Data Set: Incident Date and Time. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

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

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

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

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

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.15 - ACN Incident Location

Definition

The Automated Collision Notification GPS Location.

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

Constraints

Pattern

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

Data Element Comment

Based on Vehicular Emergency Data Set: Location (combining Latitude and Longitude). Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group. The pattern for GPS location is in the format "*latitude,longitude*" where:

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

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.16 - ACN Incident Vehicle Body Type

Definition

The Automated Collision Notification Vehicle Body Type.

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

Constraints

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

Data Element Comment

Based on Vehicular Emergency Data Set: Body Type. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.17 - ACN Incident Vehicle Manufacturer

Definition

The Automated Collision Notification Vehicle Manufacturer (e.g., General Motors, Ford, BMW, etc.).

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

Constraints

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

Data Element Comment

Based on Vehicular Emergency Data Set: Manufacturer. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.18 - ACN Incident Vehicle Make

Definition

The Automated Collision Notification Vehicle Make (e.g., Cadillac, Ford, BMW, etc.).

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

Constraints

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

Data Element Comment

Based on Vehicular Emergency Data Set: Make. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.19 - ACN Incident Vehicle Model

Definition

The Automated Collision Notification Vehicle Model (e.g., Escalade, Taurus, X6M, etc.).

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

Constraints

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

Data Element Comment

Based on Vehicular Emergency Data Set: Model. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0
Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.20 - ACN Incident Vehicle Model Year

Definition

The Automated Collision Notification Vehicle Model Year (e.g., 2010).

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

Constraints

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

Data Element Comment

Based on Vehicular Emergency Data Set: Year. Vehicular Emergency Data Set (VEDS) Recommendations, Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.21 - ACN Incident Multiple Impacts

Definition

The Automated Collision Notification Indication of Multiple Impacts associated with the collision.

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

Code List

Code Description

9923001 No
9923003 Yes

Data Element Comment

Based on Vehicular Emergency Data Set: Multiple Impacts. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.22 - ACN Incident Delta Velocity

Definition

The Automated Collision Notification Delta Velocity (Delta V) force associated with the crash.

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

Attributes

DeltaVelocityOrdinal

Data Type: integer **minInclusive:** 1

CorrelationID

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

VelocityUnit

9921001 - Kilometers per Hour 9921003 - Miles per Hour

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| integer | 0 | 999 |

Data Element Comment

Based on Vehicular Emergency Data Set: Delta Velocity. The force of impact based on the change in velocity over the duration of the crash pulse. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.23 - ACN High Probability of Injury

Definition

The Automated Collision Notification of the High Probability of Injury.

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

Associated Performance Measure Initiatives

Trauma

Code List

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

Data Element Comment

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.24 - ACN Incident PDOF

Definition

The Automated Collision Notification Principal Direction of Force (PDOF).

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

Constraints

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

Data Element Comment

Based on Vehicular Emergency Data Set: PDOF. Principal direction of the force of the impact to nearest o'clock reading. Values are 1 through 12 (e.g., 12=Frontal collision, 3=passenger side (right) collision, etc.). Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.25 - ACN Incident Rollover

Definition

The Automated Collision Notification Indication that the Vehicle Rolled Over.

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

Code List

| Code | Description |
|------|-------------|
| Y | Yes |
| N | No |

Data Element Comment

Based on Vehicular Emergency Data Set: Rollover. Indicates if the vehicle rolled over during the collision/event (e.g., True=Rollover, False=No Rollover). Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.26 - ACN Vehicle Seat Location

Definition

The Automated Collision Notification Indication of the Occupant(s) Seat Location(s) within the vehicle.

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

Code List

| Code | Description |
|---------|------------------------|
| 2926001 | Driver Front Seat |
| 2926003 | Front Row Middle Seat |
| 2926005 | Passenger Front Seat |
| 2926007 | Second Row Left Seat |
| 2926009 | Second Row Middle Seat |
| 2926011 | Second Row Right Seat |
| 2926013 | Third Row Left Seat |
| 2926015 | Third Row Middle Seat |
| 2926017 | Third Row Right Seat |

Data Element Comment

Based on Vehicular Emergency Data Set: Seat - Multiple entry for each seats data. Indicates seatbelt and seat sensor data for individual seat position in the vehicle. These elements come from passenger vehicle. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.27 - Seat Occupied

Definition

Indication if seat is occupied based on seat sensor data.

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

Code List

| Code | Description |
|------|-------------|
| Y | Yes |
| N | No |

Data Element Comment

Based on Vehicular Emergency Data Set: Occupied - Associated with each seat. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.28 - ACN Incident Seatbelt Use

Definition

The Automated Collision Notification Indication of Seatbelt use by the occupant(s).

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

Code List

| Code | Description |
|------|-------------|
| Y | Yes |
| N | No |

Data Element Comment

Based on Vehicular Emergency Data Set: Belt Fastened - Associated with each Seat. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eInjury.29 - ACN Incident Airbag Deployed

Definition

The Automated Collision Notification Indication of Airbag Deployment.

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

Code List

| Code | Description |
|------|-------------|
| Y | Yes |
| N | No |

Data Element Comment

Based on Vehicular Emergency Data Set: Deployed - Associated with each seat. Indicates if airbag is deployed. Vehicular Emergency Data Set (VEDS) Recommendations. Version 3.0 Prepared: (February 2011) by the Advanced Automatic Crash Notification (AACN) Joint APCO/NENA Data Standardization Working Group.

Version 3 Changes Implemented

Added to better incorporate advanced automated collision notification information.

eArrest

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

eArrest

| | | | | | |
|-------|-----------------------------------------------------------|----------------|----------------|-------------------|----------------------|
| 1 : 1 | eArrest.01 - Cardiac Arrest | N | S | R | N, L |
| 1 : 1 | eArrest.02 - Cardiac Arrest Etiology | N | S | R | N, L |
| 1 : M | eArrest.03 - Resuscitation Attempted By EMS | N | S | R | N, L, C |
| 1 : M | eArrest.04 - Arrest Witnessed By | N | S | R | N, L, C |
| 1 : 1 | eArrest.07 - AED Use Prior to EMS Arrival | N | S | R | N, L |
| 1 : M | eArrest.09 - Type of CPR Provided | N | S | R | N, L, C |
| 0 : 1 | eArrest.10 - Therapeutic Hypothermia by EMS | O | | | |
| 1 : 1 | eArrest.11 - First Monitored Arrest Rhythm of the Patient | N | S | R | N, L |
| 1 : M | eArrest.12 - Any Return of Spontaneous Circulation | N | S | R | N, L, C |
| 0 : 1 | eArrest.13 - Neurological Outcome at Hospital Discharge | O | | | |
| 1 : 1 | eArrest.14 - Date/Time of Cardiac Arrest | N | S | R | N, L |
| 0 : 1 | eArrest.15 - Date/Time Resuscitation Discontinued | S | E | N, L | |
| 1 : 1 | eArrest.16 - Reason CPR/Resuscitation Discontinued | N | S | R | N, L |
| 1 : M | eArrest.17 - Cardiac Rhythm on Arrival at Destination | N | S | R | N, L, C |
| 1 : 1 | eArrest.18 - End of EMS Cardiac Arrest Event | N | S | R | N, L |
| 0 : 1 | eArrest.19 - Date/Time of Initial CPR | O | | | |
| 1 : 1 | eArrest.20 - Who First Initiated CPR | N | S | R | N, L |
| 1 : 1 | eArrest.21 - Who First Applied the AED | N | S | R | N, L |
| 1 : 1 | eArrest.22 - Who First Defibrillated the Patient | N | S | R | N, L |

eArrest

eArrest.01 - Cardiac Arrest

Definition

Indication of the presence of a cardiac arrest at any time during this EMS event.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E11_01 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

Code Description

| | |
|---------|-----------------------------------------------------------------------------------|
| 3001001 | No |
| 3001003 | Yes, Prior to Any EMS Arrival (includes Transport EMS & Medical First Responders) |
| 3001005 | Yes, After Any EMS Arrival (includes Transport EMS & Medical First Responders) |

Data Element Comment

This element is a component of the Utstein Cardiac Arrest Criteria.

If this EMS event is for an interfacility transfer of a patient with a recent history of a cardiac arrest with ROSC, and who does not experience another cardiac arrest during transport, then do not document Cardiac Arrest (eArrest.01) with "Yes, Prior to Any EMS Arrival (includes Transport EMS & Medical First Responders)".

EMS is defined as Emergency Medical Services personnel and Medical First Responder personnel who respond to a medical emergency in an official capacity as part of an organized medical response team. By this definition, physicians, nurses, or paramedics who witness a cardiac arrest and initiate CPR, but are not part of the organized medical response team are characterized as bystanders and are not part of the EMS system.

Medical First Responders are defined as personnel who are dispatched through the 911 system, respond in an official capacity, have the capability and/or training to provide emergency medical care, but are not the designated transporter of the patient. Thus, law enforcement officers who respond in an official capacity to a cardiac arrest, have the capability and/or training to provide emergency medical care (e.g., carry AEDs in their patrol vehicles, hold EMR licensure, are CPR certified, etc.) are considered Medical First Responders for the purposes of this data element.

Responders dispatched through the 911 system with no capability of providing emergency medical care are not considered Medical First Responders. For example, towing and wrecking responding to a vehicle crash, or law enforcement officers who do not provide any emergency medical care would not be considered Medical First Responders.

For States and Local agencies that participate in the Cardiac Arrest Registry for Enhanced Survival (CARES), "Any EMS Arrival" includes 911 Responders (First Responder or EMS) as defined by CARES in the CARES 2018 Data Dictionary: [https://mycares.net/sitepages/uploads/2018/Data%20Dictionary%20\(2018\).pdf](https://mycares.net/sitepages/uploads/2018/Data%20Dictionary%20(2018).pdf).

This NEMSIS data element is used to answer CARES data element #20 Arrest After Arrival of 911 Responder.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Cardiac Arrest is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Cardiac Arrest has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it |

should be empty.

| | | |
|-------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e085 | Warning | Date/Time Last Known Well should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Cardiac Arrest is "Yes...". |
| nemSch_e093 | Warning | Cardiac Arrest Etiology should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Cardiac Arrest is "Yes...". |
| nemSch_e094 | Warning | Cardiac Arrest Etiology should only be recorded when Cardiac Arrest is "Yes...". |
| nemSch_e095 | Warning | Resuscitation Attempted By EMS should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Cardiac Arrest is "Yes...". |
| nemSch_e096 | Warning | Resuscitation Attempted By EMS should only be recorded when Cardiac Arrest is "Yes...". |
| nemSch_e100 | Warning | Arrest Witnessed By should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Cardiac Arrest is "Yes...". |
| nemSch_e101 | Warning | Arrest Witnessed By should only be recorded when Cardiac Arrest is "Yes...". |
| nemSch_e103 | Warning | AED Use Prior to EMS Arrival should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Cardiac Arrest is "Yes...". |
| nemSch_e104 | Warning | AED Use Prior to EMS Arrival should only be recorded when Cardiac Arrest is "Yes...". |
| nemSch_e105 | Warning | Type of CPR Provided should only be recorded when Cardiac Arrest is "Yes...". |
| nemSch_e108 | Warning | Any Return of Spontaneous Circulation should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Cardiac Arrest is "Yes...". |
| nemSch_e109 | Warning | Any Return of Spontaneous Circulation should only be recorded when Cardiac Arrest is "Yes...". |
| nemSch_e111 | Warning | Date/Time of Cardiac Arrest should only be recorded when Cardiac Arrest is "Yes...". |
| nemSch_e112 | Warning | Reason CPR/Resuscitation Discontinued should only be recorded when Cardiac Arrest is "Yes...". |
| nemSch_e113 | Warning | Cardiac Rhythm on Arrival at Destination should be recorded when Transport Disposition is "Transport by This EMS Unit..." and Cardiac Arrest is "Yes...". |
| nemSch_e114 | Warning | Cardiac Rhythm on Arrival at Destination should only be recorded when Cardiac Arrest is "Yes...". |
| nemSch_e115 | Warning | End of EMS Cardiac Arrest Event should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Cardiac Arrest is "Yes...". |
| nemSch_e116 | Warning | End of EMS Cardiac Arrest Event should only be recorded when Cardiac Arrest is "Yes...". |
| nemSch_e118 | Warning | Who First Initiated CPR should only be recorded when Cardiac Arrest is "Yes...". |
| nemSch_e120 | Warning | Who First Applied the AED should only be recorded when Cardiac Arrest is "Yes...". |
| nemSch_e123 | Warning | Who First Defibrillated the Patient should only be recorded when Cardiac Arrest is "Yes...". |
| nemSch_e171 | Warning | Hospital Capability should be recorded when Type of Destination is "Hospital..." or "Freestanding Emergency Department" and Cardiac Arrest is "Yes...". |

State

National

eArrest.02 - Cardiac Arrest Etiology

Definition

Indication of the etiology or cause of the cardiac arrest (classified as cardiac, non-cardiac, etc.).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E11_02 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|----------------------------------------|
| 3002001 | Cardiac (Presumed) |
| 3002003 | Drowning/Submersion |
| 3002005 | Drug Overdose |
| 3002007 | Electrocution |
| 3002009 | Exsanguination-Medical (Non-Traumatic) |
| 3002013 | Respiratory/Asphyxia |
| 3002015 | Traumatic Cause |

Data Element Comment

This element is a component of the Utstein Cardiac Arrest Criteria.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Cardiac Arrest Etiology is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Cardiac Arrest Etiology has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e093 | Warning | Cardiac Arrest Etiology should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Cardiac Arrest is "Yes..." |
| nemSch_e094 | Warning | Cardiac Arrest Etiology should only be recorded when Cardiac Arrest is "Yes..." |

State

National

eArrest.03 - Resuscitation Attempted By EMS

Definition

Indication of an attempt to resuscitate the patient who is in cardiac arrest (attempted, not attempted due to DNR, etc.).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E11_03 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|------------------------------------|
| 3003001 | Attempted Defibrillation |
| 3003003 | Attempted Ventilation |
| 3003005 | Initiated Chest Compressions |
| 3003007 | Not Attempted-Considered Futile |
| 3003009 | Not Attempted-DNR Orders |
| 3003011 | Not Attempted-Signs of Circulation |

Data Element Comment

This element is a component of the Utstein Cardiac Arrest Criteria.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Resuscitation Attempted By EMS is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Resuscitation Attempted By EMS has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e095 | Warning | Resuscitation Attempted By EMS should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Cardiac Arrest is "Yes..." |
| nemSch_e096 | Warning | Resuscitation Attempted By EMS should only be recorded when Cardiac Arrest is "Yes..." |
| nemSch_e097 | Warning | Resuscitation Attempted By EMS should not contain both "Attempted/Initiated..." and "Not Attempted..." |
| nemSch_e098 | Warning | Resuscitation Attempted By EMS should contain "Initiated Chest Compressions" when Type of CPR Provided contains "Compressions..." |
| nemSch_e099 | Warning | Resuscitation Attempted By EMS should contain "Attempted Ventilation" when Type of CPR Provided contains "Ventilation..." or "Compressions-Intermittent with Ventilation" |
| nemSch_e106 | Warning | Type of CPR Provided should contain "Compressions..." when Resuscitation Attempted By EMS contains "Initiated Chest Compressions" |
| nemSch_e107 | Warning | Type of CPR Provided should contain "Ventilation..." or "Compressions-Intermittent with |

Ventilation" when Resuscitation Attempted By EMS contains "Attempted Ventilation".

nemSch_e117 **Warning**

Who First Initiated CPR should be recorded when Resuscitation Attempted By EMS is "Attempted..." or "Initiated...".

State

National

eArrest.04 - Arrest Witnessed By

Definition

Indication of who the cardiac arrest was witnessed by.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E11_04 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|----------------------------------|
| 3004001 | Not Witnessed |
| 3004003 | Witnessed by Family Member |
| 3004005 | Witnessed by Healthcare Provider |
| 3004007 | Witnessed by Bystander |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Arrest Witnessed By is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Arrest Witnessed By has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e100 | Warning | Arrest Witnessed By should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Cardiac Arrest is "Yes..." |
| nemSch_e101 | Warning | Arrest Witnessed By should only be recorded when Cardiac Arrest is "Yes..." |
| nemSch_e102 | Warning | When Arrest Witnessed By is "Not Witnessed", no other value should be recorded. |

State

National

eArrest.07 - AED Use Prior to EMS Arrival

Definition

Documentation of AED use Prior to EMS Arrival.

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

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------------------------------|
| 3007001 | No |
| 3007003 | Yes, Applied without Defibrillation |
| 3007005 | Yes, With Defibrillation |

Data Element Comment

This element is a component of the Utstein Cardiac Arrest Criteria.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When AED Use Prior to EMS Arrival is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When AED Use Prior to EMS Arrival has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e103 | Warning | AED Use Prior to EMS Arrival should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Cardiac Arrest is "Yes..." |
| nemSch_e104 | Warning | AED Use Prior to EMS Arrival should only be recorded when Cardiac Arrest is "Yes..." |
| nemSch_e119 | Warning | Who First Applied the AED should be recorded when AED Use Prior to EMS Arrival is "Yes..." |
| nemSch_e122 | Warning | Who First Defibrillated the Patient should be recorded when AED Use Prior to EMS Arrival is "Yes, With Defibrillation". |

State

National

eArrest.09 - Type of CPR Provided

Definition

Documentation of the type/technique of CPR used by EMS.

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

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|---------------------------------------------|
| 3009001 | Compressions-Manual |
| 3009003 | Compressions-External Band Type Device |
| 3009005 | Compressions-External Plunger Type Device |
| 3009007 | Compressions-External Thumper Type Device |
| 3009009 | Compressions-Intermittent with Ventilation |
| 3009011 | Compressions-Other Device |
| 3009021 | Compressions-Hands Only CPR |
| 3009013 | Ventilation-Bag Valve Mask |
| 3009015 | Ventilation-Impedance Threshold Device |
| 3009017 | Ventilation-Mouth to Mouth |
| 3009019 | Ventilation-Pocket Mask |
| 3009023 | Ventilation-with OPA/NPA |
| 3009025 | Ventilation-Advanced Airway Device |
| 3009027 | Ventilation-Passive Ventilation with Oxygen |

Data Element Comment

Added to capture special CPR techniques.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Type of CPR Provided is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Type of CPR Provided has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e098 | Warning | Resuscitation Attempted By EMS should contain "Initiated Chest Compressions" when Type of CPR Provided contains "Compressions..." |
| nemSch_e099 | Warning | Resuscitation Attempted By EMS should contain "Attempted Ventilation" when Type of CPR Provided contains "Ventilation..." or "Compressions-Intermittent with Ventilation". |
| nemSch_e105 | Warning | Type of CPR Provided should only be recorded when Cardiac Arrest is "Yes..." |
| nemSch_e106 | Warning | Type of CPR Provided should contain "Compressions..." when Resuscitation Attempted By EMS contains "Initiated Chest Compressions". |

nemSch_e107 **Warning** Type of CPR Provided should contain "Ventilation..." or "Compressions-Intermittent with Ventilation" when Resuscitation Attempted By EMS contains "Attempted Ventilation".

eArrest.10 - Therapeutic Hypothermia by EMS

Definition

Documentation of EMS initiation of Therapeutic Hypothermia.

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

Associated Performance Measure Initiatives

Cardiac Arrest

Code List

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

Data Element Comment

For states and local agencies that participate in the Cardiac Arrest Registry for Enhanced Survival (CARES), eArrest.10 is the equivalent of CARES data element #32: Was Hypothermia Care Provided in the Field as defined by CARES in the CARES 2018 Data Dictionary: [https://mycares.net/sitepages/uploads/2018/Data%20Dictionary%20\(2018\).pdf](https://mycares.net/sitepages/uploads/2018/Data%20Dictionary%20(2018).pdf)

State

National

eArrest.11 - First Monitored Arrest Rhythm of the Patient

Definition

Documentation of what the first monitored arrest rhythm which was noted.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E11_05 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|-----------------------------------|
| 3011001 | Asystole |
| 3011005 | PEA |
| 3011007 | Unknown AED Non-Shockable Rhythm |
| 3011009 | Unknown AED Shockable Rhythm |
| 3011011 | Ventricular Fibrillation |
| 3011013 | Ventricular Tachycardia-Pulseless |

Data Element Comment

Added term "Arrest" to title to clarify this is the arrest rhythm.

Values "Other" and "Normal Sinus Rhythm" removed since they are not Cardiac Arrest Rhythms.

Value "Ventricular Tachycardia" has been changed to "Ventricular Tachycardia-Pulseless".

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When First Monitored Arrest Rhythm of the Patient is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When First Monitored Arrest Rhythm of the Patient has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

State

National

eArrest.12 - Any Return of Spontaneous Circulation

Definition

Indication whether or not there was any return of spontaneous circulation.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E11_06 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|-------------------------------------------|
| 3012001 | No |
| 3012003 | Yes, At Arrival at the ED |
| 3012005 | Yes, Prior to Arrival at the ED |
| 3012007 | Yes, Sustained for 20 consecutive minutes |

Data Element Comment

This element needs to be documented when the patient has been in cardiac arrest and transported to a healthcare facility to show the change in patient condition, if any.

Any ROSC is defined as any brief (approximately >30 seconds) restoration of spontaneous circulation that provides evidence of more than an occasional gasp, occasional fleeting palpable pulse, or arterial waveform.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Any Return of Spontaneous Circulation is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Any Return of Spontaneous Circulation has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e108 | Warning | Any Return of Spontaneous Circulation should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Cardiac Arrest is "Yes..." |
| nemSch_e109 | Warning | Any Return of Spontaneous Circulation should only be recorded when Cardiac Arrest is "Yes..." |
| nemSch_e110 | Warning | When Any Return of Spontaneous Circulation is "No", no other value should be recorded. |

eArrest.13 - Neurological Outcome at Hospital Discharge

Definition

The level of cerebral performance of the patient at the time of discharge from the Hospital.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E11_07 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Cardiac Arrest

Code List

| Code | Description |
|---------|------------------------------------|
| 3013001 | CPC 1 Good Cerebral Performance |
| 3013003 | CPC 2 Moderate Cerebral Disability |
| 3013005 | CPC 3 Severe Cerebral Disability |
| 3013007 | CPC 4 Coma or Vegetative State |

Data Element Comment

1 = Good Cerebral Performance: Conscious, Alert, able to work and lead a normal life.

2 = Moderate Cerebral Disability: Conscious and able to function independently (dress, travel, prepare food) may have hemiplegia, seizures, or permanent memory or mental changes.

3 = Severe Cerebral Disability: Conscious, dependent on others for daily support, functions only in an institution or at home with exceptional family effort.

4 = Coma or vegetative state: any degree of coma without the presence of all brain death criteria. Unawareness, even if appears awake (vegetative state) without interaction with environment; may have spontaneous eye opening and sleep/awake cycles. Cerebral unresponsiveness.

eArrest.14 - Date/Time of Cardiac Arrest

Definition

The date/time of the cardiac arrest (if not known, please estimate).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E11_08 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

Changed from estimated time prior to EMS arrival to date/time of cardiac arrest.

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

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

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

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Date/Time of Cardiac Arrest is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the |

element), or it should be omitted (if the element is optional).

| | | |
|-------------|---------|------------------------------------------------------------------------------------------------------------------------|
| nemSch_e002 | Error | When Date/Time of Cardiac Arrest has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e045 | Warning | Destination Patient Transfer of Care Date/Time should not be earlier than Date/Time of Cardiac Arrest. |
| nemSch_e055 | Warning | Unit Back in Service Date/Time should not be earlier than Date/Time of Cardiac Arrest. |
| nemSch_e111 | Warning | Date/Time of Cardiac Arrest should only be recorded when Cardiac Arrest is "Yes...". |

eArrest.15 - Date/Time Resuscitation Discontinued

Definition

The date/time resuscitation was discontinued.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E11_09 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Date/Time Resuscitation Discontinued is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |

When Date/Time Resuscitation Discontinued has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty.

State

National

eArrest.16 - Reason CPR/Resuscitation Discontinued

Definition

The reason that CPR or the resuscitation efforts were discontinued.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E11_10 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------------------------------------------------|
| 3016001 | DNR |
| 3016003 | Medical Control Order |
| 3016005 | Obvious Signs of Death |
| 3016007 | Physically Unable to Perform |
| 3016009 | Protocol/Policy Requirements Completed |
| 3016011 | Return of Spontaneous Circulation (pulse or BP noted) |

Data Element Comment

Added Resuscitation to Title to allow better documentation of disposition.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Reason CPR/Resuscitation Discontinued is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Reason CPR/Resuscitation Discontinued has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e112 | Warning | Reason CPR/Resuscitation Discontinued should only be recorded when Cardiac Arrest is "Yes..." |

State

National

eArrest.17 - Cardiac Rhythm on Arrival at Destination

Definition

The patient's cardiac rhythm upon delivery or transfer to the destination.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E11_11 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--------------------------------------|
| 9901001 | Agonal/Idioventricular |
| 9901003 | Asystole |
| 9901005 | Artifact |
| 9901007 | Atrial Fibrillation |
| 9901009 | Atrial Flutter |
| 9901011 | AV Block-1st Degree |
| 9901013 | AV Block-2nd Degree-Type 1 |
| 9901015 | AV Block-2nd Degree-Type 2 |
| 9901017 | AV Block-3rd Degree |
| 9901019 | Junctional |
| 9901021 | Left Bundle Branch Block |
| 9901023 | Non-STEMI Anterior Ischemia |
| 9901025 | Non-STEMI Inferior Ischemia |
| 9901027 | Non-STEMI Lateral Ischemia |
| 9901029 | Non-STEMI Posterior Ischemia |
| 9901030 | Non-STEMI Septal Ischemia |
| 9901031 | Other |
| 9901033 | Paced Rhythm |
| 9901035 | PEA |
| 9901037 | Premature Atrial Contractions |
| 9901039 | Premature Ventricular Contractions |
| 9901041 | Right Bundle Branch Block |
| 9901043 | Sinus Arrhythmia |
| 9901045 | Sinus Bradycardia |
| 9901047 | Sinus Rhythm |
| 9901049 | Sinus Tachycardia |
| 9901051 | STEMI Anterior Ischemia |
| 9901053 | STEMI Inferior Ischemia |
| 9901055 | STEMI Lateral Ischemia |
| 9901057 | STEMI Posterior Ischemia |
| 9901058 | STEMI Septal Ischemia |
| 9901059 | Supraventricular Tachycardia |
| 9901061 | Torsades De Points |
| 9901063 | Unknown AED Non-Shockable Rhythm |
| 9901065 | Unknown AED Shockable Rhythm |
| 9901067 | Ventricular Fibrillation |
| 9901069 | Ventricular Tachycardia (With Pulse) |
| 9901071 | Ventricular Tachycardia (Pulseless) |

Data Element Comment

This element needs to be documented when the patient has been in cardiac or respiratory arrest and transported to a healthcare facility to show the change in patient condition, if any. The cardiac rhythm list has been updated to be the same for eVitals.03 (Cardiac Rhythm Electrocardiography (ECG)). They are using the common type: CardiacRhythm. ST segment changes consistent (or not consistent) with STEMI criteria should be documented as Ischemia in the appropriate location

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Cardiac Rhythm on Arrival at Destination is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Cardiac Rhythm on Arrival at Destination has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e113 | Warning | Cardiac Rhythm on Arrival at Destination should be recorded when Transport Disposition is "Transport by This EMS Unit..." and Cardiac Arrest is "Yes...". |
| nemSch_e114 | Warning | Cardiac Rhythm on Arrival at Destination should only be recorded when Cardiac Arrest is "Yes...". |

State

National

eArrest.18 - End of EMS Cardiac Arrest Event

Definition

The patient's outcome at the end of the EMS event.

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

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|------------------------------------|
| 3018001 | Expired in ED |
| 3018003 | Expired in the Field |
| 3018005 | Ongoing Resuscitation in ED |
| 3018007 | ROSC in the Field |
| 3018009 | ROSC in the ED |
| 3018011 | Ongoing Resuscitation by Other EMS |

Data Element Comment

Added to better identify the outcome of EMS cardiac arrest patients.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When End of EMS Cardiac Arrest Event is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When End of EMS Cardiac Arrest Event has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e115 | Warning | End of EMS Cardiac Arrest Event should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Cardiac Arrest is "Yes..." |
| nemSch_e116 | Warning | End of EMS Cardiac Arrest Event should only be recorded when Cardiac Arrest is "Yes..." |

eArrest.19 - Date/Time of Initial CPR

Definition

The initial date and time that CPR was started by anyone.

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

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

State

National

eArrest.20 - Who First Initiated CPR

Definition

Who first initiated CPR for this EMS event.

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

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|-----------------------------------|
| 3020001 | Bystander |
| 3020003 | Family Member |
| 3020005 | Healthcare Provider (non-EMS) |
| 3020007 | First Responder (EMS) |
| 3020009 | First Responder (Law Enforcement) |
| 3020011 | First Responder (non-EMS Fire) |
| 3020013 | EMS Responder (transport EMS) |

Data Element Comment

Bystanders are defined as persons who are not responding as part of an organized emergency response system to a cardiac arrest. Physicians, nurses, and paramedics may be described as performing bystander CPR if they are not part of the emergency response system involved in the victim's resuscitation. Friends and acquaintances are considered bystanders.

Family members are defined as the patient's relatives.

Healthcare Provider (non-EMS) includes physicians, nurses, paramedics, and other types of healthcare professionals who are not part of the organized emergency response system.

First Responders are defined as personnel who are dispatched through the 911 system, respond as part of an organized emergency response system, and have the capability and/or training to provide emergency medical care, but are not the designated transporters of the patient.

First Responder (EMS) is defined as EMS personnel who are part of an EMS response agency, respond as part of an organized emergency response system, but are not the designated transporter of the patient. For example, First Responder (EMS) includes EMS personnel who arrive by quick response EMS units, fire apparatus that is part of an EMS response agency, and supervisor/administrative vehicles operated by the transport EMS agency.

First Responder (Law Enforcement) is defined as public safety officers who are not part of an EMS response agency and act in an organized, official capacity to enforce the law.

First Responder (non-EMS Fire) is defined as fire department personnel who are not part of an EMS response agency and are not the designated transporter of the patient.

EMS Responder (transport) is defined as EMS personnel who are the designated transporter of the patient.

For states and local agencies that participate in the Cardiac Arrest Registry for Enhanced Survival (CARES), eArrest.20 is the equivalent of CARES data element #23 Who Initiated CPR as defined by CARES in the CARES 2018 Data Dictionary: [https://mycares.net/sitepages/uploads/2018/Data%20Dictionary%20\(2018\).pdf](https://mycares.net/sitepages/uploads/2018/Data%20Dictionary%20(2018).pdf)

Associated Validation Rules

| Rule ID | Level | Message |
|---------|-------|---------|
|---------|-------|---------|

| | | |
|-------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Who First Initiated CPR is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Who First Initiated CPR has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e117 | Warning | Who First Initiated CPR should be recorded when Resuscitation Attempted By EMS is "Attempted..." or "Initiated...". |
| nemSch_e118 | Warning | Who First Initiated CPR should only be recorded when Cardiac Arrest is "Yes...". |

State

National

eArrest.21 - Who First Applied the AED

Definition

Documentation of who first applied the AED for this EMS event.

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

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|-----------------------------------------|
| 3021001 | Bystander |
| 3021003 | Family Member |
| 3021005 | Healthcare Provider (non-911 Responder) |
| 3021007 | First Responder (EMS) |
| 3021009 | First Responder (Law Enforcement) |
| 3021011 | First Responder (non-EMS Fire) |
| 3021013 | EMS Responder (transport EMS) |

Data Element Comment

Bystanders are defined as persons who are not responding as part of an organized emergency response system to a cardiac arrest. Physicians, nurses, and paramedics may be described as performing bystander CPR if they are not part of the emergency response system involved in the victim's resuscitation. Friends and acquaintances are considered bystanders.

Family members are defined as the patient's relatives.

Healthcare Provider (non-911 Responder) includes physicians, nurses, paramedics, and other types of healthcare professionals who are not part of the organized emergency response system.

First Responders are defined as personnel who are dispatched through the 911 system, respond as part of an organized emergency response system, and have the capability and/or training to provide emergency medical care, but are not the designated transporters of the patient.

First Responder (EMS) is defined as EMS personnel who are part of an EMS response agency, respond as part of an organized emergency response system, but are not the designated transporter of the patient. For example, First Responder (EMS) includes EMS personnel who arrive by quick response EMS units, fire apparatus that is part of an EMS response agency, and supervisor/administrative vehicles operated by the transport EMS agency.

First Responder (Law Enforcement) is defined as public safety officers who are not part of an EMS response agency and act in an organized, official capacity to enforce the law.

First Responder (non-EMS Fire) is defined as fire department personnel who are not part of an EMS response agency and are not the designated transporter of the patient.

EMS Responder (transport) is defined as EMS personnel who are the designated transporter of the patient.

For states and local agencies that participate in the Cardiac Arrest Registry for Enhanced Survival (CARES), eArrest.21 is the equivalent of CARES data element #27 Who First Applied the AED as defined by CARES in the CARES 2018 Data Dictionary: [https://mycares.net/sitepages/uploads/2018/Data%20Dictionary%20\(2018\).pdf](https://mycares.net/sitepages/uploads/2018/Data%20Dictionary%20(2018).pdf)

Associated Validation Rules

| Rule ID | Level | Message |
|---------|-------|---------|
|---------|-------|---------|

| | | |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Who First Applied the AED is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Who First Applied the AED has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e119 | Warning | Who First Applied the AED should be recorded when AED Use Prior to EMS Arrival is "Yes..." |
| nemSch_e120 | Warning | Who First Applied the AED should only be recorded when Cardiac Arrest is "Yes..." |

State

National

eArrest.22 - Who First Defibrillated the Patient

Definition

Documentation of who first defibrillated the patient.

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

Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|-----------------------------------|
| 3022001 | Bystander |
| 3022003 | Family Member |
| 3022005 | Healthcare Provider (non-EMS) |
| 3022007 | First Responder (EMS) |
| 3022009 | First Responder (Law Enforcement) |
| 3022011 | First Responder (non-EMS Fire) |
| 3022013 | EMS Responder (transport EMS) |

Data Element Comment

Bystanders are defined as persons who are not responding as part of an organized emergency response system to a cardiac arrest. Physicians, nurses, and paramedics may be described as performing bystander CPR if they are not part of the emergency response system involved in the victim's resuscitation. Friends and acquaintances are considered bystanders.

Family members are defined as the patient's relatives.

Healthcare Provider (non-EMS) includes physicians, nurses, paramedics, and other types of healthcare professionals who are not part of the organized emergency response system.

First Responders are defined as personnel who are dispatched through the 911 system, respond as part of an organized emergency response system, and have the capability and/or training to provide emergency medical care, but are not the designated transporters of the patient.

First Responder (EMS) is defined as EMS personnel who are part of an EMS response agency, respond as part of an organized emergency response system, but are not the designated transporter of the patient. For example, First Responder (EMS) includes EMS personnel who arrive by quick response EMS units, fire apparatus that is part of an EMS response agency, and supervisor/administrative vehicles operated by the transport EMS agency.

First Responder (Law Enforcement) is defined as public safety officers who are not part of an EMS response agency and act in an organized, official capacity to enforce the law.

First Responder (non-EMS Fire) is defined as fire department personnel who are not part of an EMS response agency and are not the designated transporter of the patient.

EMS Responder (transport) is defined as EMS personnel who are the designated transporter of the patient.

For states and local agencies that participate in the Cardiac Arrest Registry for Enhanced Survival (CARES), eArrest.22 is the equivalent of CARES data element #28 Who First Defibrillated the Patient as defined by CARES in the CARES 2018 Data Dictionary: [https://mycares.net/sitepages/uploads/2018/Data%20Dictionary%20\(2018\).pdf](https://mycares.net/sitepages/uploads/2018/Data%20Dictionary%20(2018).pdf)

Associated Validation Rules

| Rule ID | Level | Message |
|---------|-------|---------|
|---------|-------|---------|

| | | |
|-------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Who First Defibrillated the Patient is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Who First Defibrillated the Patient has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e122 | Warning | Who First Defibrillated the Patient should be recorded when AED Use Prior to EMS Arrival is "Yes, With Defibrillation". |
| nemSch_e123 | Warning | Who First Defibrillated the Patient should only be recorded when Cardiac Arrest is "Yes..." . |

eHistory

Legend

Dataset Level: N National S State D Deprecated

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

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

eHistory

| | | | | | | |
|-------|-------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 1 : M | eHistory.01 - Barriers to Patient Care | N | S | R | N, L | C |
| 0 : M | eHistory.PractitionerGroup | | | | | C |
| 0 : 1 | eHistory.02 - Last Name of Patient's Practitioner | | | O | | |
| 0 : 1 | eHistory.03 - First Name of Patient's Practitioner | | | O | | |
| 0 : 1 | eHistory.04 - Middle Name/Initial of Patient's Practitioner | | | O | | |
| 0 : M | eHistory.05 - Advance Directives | S | E | | N, L | C |
| 0 : M | eHistory.06 - Medication Allergies | S | E | | N, L, P | C |
| 0 : M | eHistory.07 - Environmental/Food Allergies | | O | | C | |
| 0 : M | eHistory.08 - Medical/Surgical History | S | E | | N, L, P | C |
| 0 : M | eHistory.09 - Medical History Obtained From | | O | | C | |
| 0 : M | eHistory.ImmunizationsGroup | | | | | C |
| 0 : 1 | eHistory.10 - The Patient's Type of Immunization | | | O | P | |
| 0 : 1 | eHistory.11 - Immunization Year | | | O | | |
| 0 : M | eHistory.CurrentMedsGroup | | | | | C |
| 0 : 1 | eHistory.12 - Current Medications | S | E | | N, L, P | |
| 0 : 1 | eHistory.13 - Current Medication Dose | | | O | | |
| 0 : 1 | eHistory.14 - Current Medication Dosage Unit | | | O | | |
| 0 : 1 | eHistory.15 - Current Medication Administration Route | | | O | | |
| 0 : 1 | eHistory.20 - Current Medication Frequency | | | O | | |
| 0 : 1 | eHistory.16 - Presence of Emergency Information Form | | | O | | |
| 1 : M | eHistory.17 - Alcohol/Drug Use Indicators | N | S | R | N, L, P | C |
| 0 : 1 | eHistory.18 - Pregnancy | | | O | L, P | |
| 0 : 1 | eHistory.19 - Last Oral Intake | | | O | | |

eHistory

State

National

eHistory.01 - Barriers to Patient Care

Definition

Indication of whether or not there were any patient specific barriers to serving the patient at the scene.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E12_01 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

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

Code List

| Code | Description |
|---------|-----------------------------------------------|
| 3101001 | Cultural, Custom, Religious |
| 3101003 | Developmentally Impaired |
| 3101005 | Hearing Impaired |
| 3101007 | Language |
| 3101009 | None Noted |
| 3101011 | Obesity |
| 3101013 | Physical Barrier (Unable to Access Patient) |
| 3101015 | Physically Impaired |
| 3101017 | Physically Restrained |
| 3101019 | Psychologically Impaired |
| 3101021 | Sight Impaired |
| 3101023 | Speech Impaired |
| 3101025 | Unattended or Unsupervised (including minors) |
| 3101027 | Unconscious |
| 3101029 | Uncooperative |
| 3101031 | State of Emotional Distress |
| 3101033 | Alcohol Use, Suspected |
| 3101035 | Drug Use, Suspected |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Barriers to Patient Care is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Barriers to Patient Care has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e124 | Warning | When Barriers to Patient Care is "None Noted", no other value should be recorded. |

eHistory.02 - Last Name of Patient's Practitioner

Definition

The last name of the patient's practitioner.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E12_06 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 60 |

Data Element Comment

eHistory.03 - First Name of Patient's Practitioner

Definition

The first name of the patient's practitioner.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E12_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

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

Data Element Comment

eHistory.04 - Middle Name/Initial of Patient's Practitioner

Definition

The middle name or initial of the patient's practitioner.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E12_05 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

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

Data Element Comment

eHistory.05 - Advance Directives

Definition

The presence of a valid DNR form, living will, or document directing end of life or healthcare treatment decisions.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E12_07 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|----------------------------------------------------|
| 3105001 | Family/Guardian request DNR (but no documentation) |
| 3105003 | Living Will |
| 3105005 | None |
| 3105007 | Other |
| 3105009 | Other Healthcare Advanced Directive Form |
| 3105011 | State EMS DNR or Medical Order Form |

Data Element Comment

Advanced Directive and Do Not Resuscitate are both included in this data element.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Advance Directives is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Advance Directives has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eHistory.06 - Medication Allergies

Definition

The patient's medication allergies.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E12_08 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Pertinent Negatives (PN)

8801013 - No Known Drug Allergy

8801019 - Refused

8801023 - Unable to Complete

8801021 - Unresponsive

Code Type

9924001 - ICD-10

9924003 - RxNorm

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

Constraints

Pattern

(Z88\[0-9]\)[([a-zA-Z0-9]{2,7})

Data Element Comment

The list of medication allergies is based on RxNorm (RXCU) Codes. In addition, a specific list of ICD-10 CM codes can be used for medication groups.

Reference the NEMESIS Suggested Lists at: <https://nemsis.org/technical-resources/version-3/version-3-resource-repository/>

Code list is represented in two separate UMLS datasets:

- 1) ICD-10 Codes.
- 2) RxNorm

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

Product - UMLS Metathesaurus

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

Product - RxNorm Full Monthly Release

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Medication Allergies is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Medication Allergies has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When Medication Allergies has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

eHistory.07 - Environmental/Food Allergies

Definition

The patient's known allergies to food or environmental agents.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E12_09 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Constraints

| Data Type | maxInclusive | minInclusive |
|-----------|-----------------|--------------|
| integer | 999999999999999 | 100000 |

Data Element Comment

Data Element Comment Section:

Code list is represented in SNOMEDCT. Reference the NEMESIS Suggested Lists at:

<https://nemsis.org/technical-resources/version-3/version-3-resource-repository/>

SNOMEDCT

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

Product: Product - UMLS Metathesaurus

eHistory.08 - Medical/Surgical History

Definition

The patient's pre-existing medical and surgery history of the patient.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E12_10 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Pertinent Negatives (PN)

8801015 - None Reported

8801019 - Refused

8801023 - Unable to Complete

8801021 - Unresponsive

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

Constraints

Pattern

([A-QRSTZ][0-9][0-9A-Z])(\.[0-9A-Z]{1,3})?|[0-9A-HJ-NP-Z]{3,7}

Data Element Comment

The Medical/Surgical History pattern has been extended to include ICD-10-CM: Diagnosis Codes and ICD-10-PCS: Procedural Health Intervention Codes.

ICD-10-CM: Diagnosis Codes.

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

Product - UMLS Metathesaurus

Please reference the NEMSIS Suggested Lists at:

<https://nemsis.org/technical-resources/version-3/version-3-resource-repository/>

ICD-10-PCS has a seven character alphanumeric code structure. Each character contains up to 34 possible values. Each value represents a specific option for the general character definition (e.g., stomach is one of the values for the body part character).

The ten digits 0-9 and the 24 letters A-H,J-N and P-Z may be used in each character. The letters O and I are not used in order to avoid confusion with the digits 0 and 1. There are no decimals in ICD-10-PCS.

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

Product - UMLS Metathesaurus

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Medical/Surgical History is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Medical/Surgical History has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When Medical/Surgical History has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

eHistory.09 - Medical History Obtained From

Definition

Type of person medical history obtained from.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E12_11 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

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

Code List

| Code | Description |
|---------|-----------------------|
| 3109001 | Bystander/Other |
| 3109003 | Family |
| 3109005 | Health Care Personnel |
| 3109007 | Patient |

Data Element Comment

eHistory.10 - The Patient's Type of Immunization

Definition

The immunization type of the patient.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E12_12 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes

Pertinent Negatives (PN)

8801025 - Not Immunized

Code List

| Code | Description |
|---------|---------------------------------------------|
| 9910001 | Anthrax |
| 9910003 | Cholera |
| 9910005 | DPT / TDaP (Diphtheria, Pertussis, Tetanus) |
| 9910007 | Hemophilus Influenza B |
| 9910009 | Hepatitis A |
| 9910011 | Hepatitis B |
| 9910013 | Human Papilloma Virus (HPV) |
| 9910015 | Influenza-H1N1 |
| 9910017 | Influenza-Other |
| 9910019 | Influenza-Seasonal (In past 12 months) |
| 9910021 | Lyme Disease |
| 9910023 | Meningococcus |
| 9910025 | MMR (Measles, Mumps, Rubella) |
| 9910027 | Other-Not Listed |
| 9910029 | Plague |
| 9910031 | Pneumococcal (Pneumonia) |
| 9910033 | Polio |
| 9910035 | Rabies |
| 9910037 | Rotavirus |
| 9910039 | Shingles |
| 9910041 | Small Pox |
| 9910043 | Tetanus |
| 9910045 | Tuberculosis |
| 9910047 | Typhoid |
| 9910049 | Varicella (Chickenpox) |
| 9910051 | Yellow Fever |
| 9910053 | None |

Data Element Comment

eHistory.11 - Immunization Year

Definition

The year associated with each immunization type.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E12_13 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

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

Data Element Comment

eHistory.12 - Current Medications

Definition

The medications the patient currently takes.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E12_14 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Pertinent Negatives (PN)

8801015 - None Reported

8801019 - Refused

8801021 - Unresponsive

8801023 - Unable to Complete

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 9 |

Data Element Comment

List of medications based on RxNorm (RXCUI) code.

Reference the NEMSIS Suggested Lists at: <https://nemsis.org/technical-resources/version-3/version-3-resource-repository/>

RxNorm

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

Product - UMLS Metathesaurus

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

Product - RxNorm Full Monthly Release

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Current Medications is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Current Medications has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When Current Medications has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

eHistory.13 - Current Medication Dose

Definition

The numeric dose or amount of the patient's current medication.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E12_15 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|--------------------|-----------------------|
| Data Type | totalDigits | fractionDigits |
| decimal | 9 | 3 |

Data Element Comment

Associated with eHistory.12 (Current Medications)

eHistory.14 - Current Medication Dosage Unit

Definition

The dosage unit of the patient's current medication.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E12_16 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-------------------------------------------------|
| 3114001 | Centimeters (cm) |
| 3114003 | Grams (gms) |
| 3114005 | Drops (gtts) |
| 3114007 | Inches (in) |
| 3114009 | International Units (IU) |
| 3114011 | Keep Vein Open (kvo) |
| 3114013 | Liters Per Minute (l/min [fluid]) |
| 3114015 | Liters (l) |
| 3114017 | Liters Per Minute (LPM [gas]) |
| 3114019 | Micrograms (mcg) |
| 3114021 | Micrograms per Kilogram per Minute (mcg/kg/min) |
| 3114023 | Micrograms per Minute (mcg/min) |
| 3114025 | Milliequivalents (mEq) |
| 3114027 | Metered Dose (MDI) |
| 3114029 | Milligrams (mg) |
| 3114031 | Milligrams per Kilogram (mg/kg) |
| 3114033 | Milligrams per Kilogram Per Minute (mg/kg/min) |
| 3114035 | Milligrams per Minute (mg/min) |
| 3114037 | Milliliters (ml) |
| 3114039 | Milliliters per Hour (ml/hr) |
| 3114041 | Other |
| 3114043 | Puffs |
| 3114045 | Units per Hour (units/hr) |
| 3114047 | Micrograms per Kilogram (mcg/kg) |
| 3114049 | Units |
| 3114051 | Units per Kilogram per Hour (units/kg/hr) |
| 3114053 | Units per Kilogram (units/kg) |

Data Element Comment

eHistory.15 - Current Medication Administration Route

Definition

The administration route (po, SQ, etc.) of the patient's current medication.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E12_17 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|---------------------------|
| 9927001 | Blow-By |
| 9927003 | Buccal |
| 9927005 | Endotracheal Tube (ET) |
| 9927007 | Gastrostomy Tube |
| 9927009 | Inhalation |
| 9927011 | Intraarterial |
| 9927013 | Intradermal |
| 9927015 | Intramuscular (IM) |
| 9927017 | Intranasal |
| 9927019 | Intraocular |
| 9927021 | Intraosseous (IO) |
| 9927023 | Intravenous (IV) |
| 9927025 | Nasal Cannula |
| 9927027 | Nasogastric |
| 9927029 | Nasotracheal Tube |
| 9927031 | Non-Rebreather Mask |
| 9927033 | Ophthalmic |
| 9927035 | Oral |
| 9927037 | Other/miscellaneous |
| 9927039 | Otic |
| 9927041 | Re-breather mask |
| 9927043 | Rectal |
| 9927045 | Subcutaneous |
| 9927047 | Sublingual |
| 9927049 | Topical |
| 9927051 | Tracheostomy |
| 9927053 | Transdermal |
| 9927055 | Urethral |
| 9927057 | Ventimask |
| 9927059 | Wound |
| 9927061 | Portacath |
| 9927063 | Auto Injector |
| 9927065 | BVM |
| 9927067 | CPAP |
| 9927069 | IV Pump |
| 9927071 | Nebulizer |
| 9927073 | Umbilical Artery Catheter |
| 9927075 | Umbilical Venous Catheter |

Data Element Comment

eHistory.20 - Current Medication Frequency

Definition

The frequency of administration of the patient's current medication.

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

Code List

| Code | Description |
|---------|----------------------------------|
| 3120001 | qi (every hour) |
| 3120003 | q2h (every 2 hours) |
| 3120005 | q3h (every 3 hours) |
| 3120007 | q4h (every 4 hours) |
| 3120009 | qid (four times a day) |
| 3120011 | tad (three times a day) |
| 3120013 | ac (before meals) |
| 3120015 | pc (after meals) |
| 3120017 | bid (twice a day) |
| 3120019 | qd (every day) |
| 3120021 | qd-am (every day in the morning) |
| 3120023 | qd-pm (every day in the evening) |
| 3120025 | has (at bedtime) |
| 3120027 | sod (every other day) |
| 3120029 | prn (as needed) |

Data Element Comment

eHistory.16 - Presence of Emergency Information Form

Definition

Indication of the presence of the Emergency Information Form associated with patient's with special healthcare needs.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E12_18 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

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

Data Element Comment

eHistory.17 - Alcohol/Drug Use Indicators

Definition

Indicators for the potential use of alcohol or drugs by the patient related to the patient's current illness or injury.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E12_19 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801015 - None Reported 8801023 - Unable to Complete

CorrelationID

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

Code List

| Code | Description |
|---------|--------------------------------------------------------------|
| 3117001 | Alcohol Containers/Paraphernalia at Scene |
| 3117003 | Drug Paraphernalia at Scene |
| 3117005 | Patient Admits to Alcohol Use |
| 3117007 | Patient Admits to Drug Use |
| 3117009 | Positive Level known from Law Enforcement or Hospital Record |
| 3117013 | Physical Exam Indicates Suspected Alcohol or Drug Use |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Alcohol/Drug Use Indicators is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Alcohol/Drug Use Indicators has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When Alcohol/Drug Use Indicators has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

eHistory.18 - Pregnancy

Definition

Indication of the possibility by the patient's history of current pregnancy.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E12_20 | Is Nillable | Yes |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes

Pertinent Negatives (PN)

8801019 - Refused

8801023 - Unable to Complete

Code List

| Code | Description |
|---------|--------------------------------------|
| 3118001 | No |
| 3118003 | Possible, Unconfirmed |
| 3118005 | Yes, Confirmed 12 to 20 Weeks |
| 3118007 | Yes, Confirmed Greater Than 20 Weeks |
| 3118009 | Yes, Confirmed Less Than 12 Weeks |
| 3118011 | Yes, Weeks Unknown |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Pregnancy is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e008 | Error | When Pregnancy has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

eHistory.19 - Last Oral Intake

Definition

Date and Time of last oral intake.

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

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

Version 3 Changes Implemented

Added to better document last oral intake.

eNarrative

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

| | | | |
|------------|-----------------------------------------------|----------------|----------------------------------|
| eNarrative | | | |
| 0 : 1 | eNarrative.01 - Patient Care Report Narrative | S | E N, L |
| eNarrative | | | |

eNarrative.01 - Patient Care Report Narrative

Definition

The narrative of the patient care report (PCR).

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E13_01 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 10000 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Patient Care Report Narrative is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Patient Care Report Narrative has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eVitals

Legend

Dataset Level: **N** National **S** State **D** Deprecated

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

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

eVitals

| 1 : M | | eVitals.VitalGroup | C |
|-------|---------------------------------------------------------|--------------------|---|
| 1 : 1 | eVitals.01 - Date/Time Vital Signs Taken | N S R N, L | |
| 1 : 1 | eVitals.02 - Obtained Prior to this Unit's EMS Care | N S R N, L | |
| 1 : 1 | eVitals.CardiacRhythmGroup | | |
| 1 : M | eVitals.03 - Cardiac Rhythm / Electrocardiography (ECG) | N S R N, L, P | C |
| 1 : 1 | eVitals.04 - ECG Type | N S R N, L | |
| 1 : M | eVitals.05 - Method of ECG Interpretation | N S R N, L | C |
| 1 : 1 | eVitals.BloodPressureGroup | | |
| 1 : 1 | eVitals.06 - SBP (Systolic Blood Pressure) | N S R N, L, P | |
| 0 : 1 | eVitals.07 - DBP (Diastolic Blood Pressure) | S E N, L, P | |
| 0 : 1 | eVitals.08 - Method of Blood Pressure Measurement | S E N, L | |
| 0 : 1 | eVitals.09 - Mean Arterial Pressure | O | |
| 1 : 1 | eVitals.HeartRateGroup | | |
| 1 : 1 | eVitals.10 - Heart Rate | N S R N, L, P | |
| 0 : 1 | eVitals.11 - Method of Heart Rate Measurement | O | |
| 1 : 1 | eVitals.12 - Pulse Oximetry | N S R N, L, P | |
| 0 : 1 | eVitals.13 - Pulse Rhythm | O | |
| 1 : 1 | eVitals.14 - Respiratory Rate | N S R N, L, P | |
| 0 : 1 | eVitals.15 - Respiratory Effort | O | |
| 1 : 1 | eVitals.16 - End Tidal Carbon Dioxide (ETCO2) | N S R N, L, P | |
| 0 : 1 | eVitals.17 - Carbon Monoxide (CO) | S E N, L, P | |
| 1 : 1 | eVitals.18 - Blood Glucose Level | N S R N, L, P | |
| 1 : 1 | eVitals.GlasgowScoreGroup | | |
| 1 : 1 | eVitals.19 - Glasgow Coma Score-Eye | N S R N, L, P | |
| 1 : 1 | eVitals.20 - Glasgow Coma Score-Verbal | N S R N, L, P | |
| 1 : 1 | eVitals.21 - Glasgow Coma Score-Motor | N S R N, L, P | |
| 1 : M | eVitals.22 - Glasgow Coma Score-Qualifier | N S R N, L | C |
| 0 : 1 | eVitals.23 - Total Glasgow Coma Score | S E N, L, P | |
| 0 : 1 | eVitals.TemperatureGroup | | |
| 0 : 1 | eVitals.24 - Temperature | S E N, L, P | |
| 0 : 1 | eVitals.25 - Temperature Method | O | |
| 1 : 1 | eVitals.26 - Level of Responsiveness (AVPU) | N S R N, L | |

| | | | | | | |
|-------|------------------------------------|---|---|---|---------|--|
| 1 : 1 | eVitals.PainScaleGroup | | | | | |
| 1 : 1 | eVitals.27 - Pain Scale Score | N | S | R | N, L, P | |
| 0 : 1 | eVitals.28 - Pain Scale Type | S | E | | N, L | |
| 1 : 1 | eVitals.StrokeScaleGroup | | | | | |
| 1 : 1 | eVitals.29 - Stroke Scale Score | N | S | R | N, L, P | |
| 1 : 1 | eVitals.30 - Stroke Scale Type | N | S | R | N, L | |
| 1 : 1 | eVitals.31 - Reperfusion Checklist | N | S | R | N, L, P | |
| 0 : 1 | eVitals.32 - APGAR | O | | | L, P | |
| 0 : 1 | eVitals.33 - Revised Trauma Score | O | | | L, P | |

eVitals

eVitals.01 - Date/Time Vital Signs Taken

Definition

The date/time vital signs were taken on the patient.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_01 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Date/Time Vital Signs Taken is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |

| | | |
|-------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e002 | Error | When Date/Time Vital Signs Taken has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e125 | Warning | Date/Time Vital Signs Taken should be recorded when a set of vital signs is obtained, unless Obtained Prior to this Unit's EMS Care is "Yes". |
| nemSch_e126 | Warning | Date/Time Vital Signs Taken should not be earlier than Unit Notified by Dispatch Date/Time, unless Obtained Prior to this Unit's EMS Care is "Yes". |
| nemSch_e127 | Warning | Date/Time Vital Signs Taken should not be earlier than Arrived at Patient Date/Time, unless Obtained Prior to this Unit's EMS Care is "Yes". |
| nemSch_e128 | Warning | Date/Time Vital Signs Taken should not be later than Destination Patient Transfer of Care Date/Time. |
| nemSch_e129 | Warning | Date/Time Vital Signs Taken should not be later than Unit Back in Service Date/Time. |
| nemSch_e130 | Warning | Date/Time Vital Signs Taken should not be later than Arrived at Patient Date/Time when Obtained Prior to this Unit's EMS Care is "Yes". |

State

National

eVitals.02 - Obtained Prior to this Unit's EMS Care

Definition

Indicates that the information which is documented was obtained prior to the documenting EMS units care.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_02 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

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

Data Element Comment

This is the NEMSIS Version 3 method to document prior aid.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Obtained Prior to this Unit's EMS Care is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Obtained Prior to this Unit's EMS Care has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e125 | Warning | Date/Time Vital Signs Taken should be recorded when a set of vital signs is obtained, unless Obtained Prior to this Unit's EMS Care is "Yes". |
| nemSch_e126 | Warning | Date/Time Vital Signs Taken should not be earlier than Unit Notified by Dispatch Date/Time, unless Obtained Prior to this Unit's EMS Care is "Yes". |
| nemSch_e127 | Warning | Date/Time Vital Signs Taken should not be earlier than Arrived at Patient Date/Time, unless Obtained Prior to this Unit's EMS Care is "Yes". |
| nemSch_e128 | Warning | Date/Time Vital Signs Taken should not be later than Destination Patient Transfer of Care Date/Time. |
| nemSch_e129 | Warning | Date/Time Vital Signs Taken should not be later than Unit Back in Service Date/Time. |
| nemSch_e130 | Warning | Date/Time Vital Signs Taken should not be later than Arrived at Patient Date/Time when Obtained Prior to this Unit's EMS Care is "Yes". |

State

National

eVitals.03 - Cardiac Rhythm / Electrocardiography (ECG)

Definition

The cardiac rhythm / ECG and other electrocardiography findings of the patient as interpreted by EMS personnel.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_03 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Cardiac Arrest STEMI

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 - Refused 8801023 - Unable to Complete

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

Code List

| Code | Description |
|---------|------------------------------------|
| 9901001 | Agonal/Idioventricular |
| 9901003 | Asystole |
| 9901005 | Artifact |
| 9901007 | Atrial Fibrillation |
| 9901009 | Atrial Flutter |
| 9901011 | AV Block-1st Degree |
| 9901013 | AV Block-2nd Degree-Type 1 |
| 9901015 | AV Block-2nd Degree-Type 2 |
| 9901017 | AV Block-3rd Degree |
| 9901019 | Junctional |
| 9901021 | Left Bundle Branch Block |
| 9901023 | Non-STEMI Anterior Ischemia |
| 9901025 | Non-STEMI Inferior Ischemia |
| 9901027 | Non-STEMI Lateral Ischemia |
| 9901029 | Non-STEMI Posterior Ischemia |
| 9901030 | Non-STEMI Septal Ischemia |
| 9901031 | Other |
| 9901033 | Paced Rhythm |
| 9901035 | PEA |
| 9901037 | Premature Atrial Contractions |
| 9901039 | Premature Ventricular Contractions |
| 9901041 | Right Bundle Branch Block |
| 9901043 | Sinus Arrhythmia |
| 9901045 | Sinus Bradycardia |
| 9901047 | Sinus Rhythm |
| 9901049 | Sinus Tachycardia |
| 9901051 | STEMI Anterior Ischemia |
| 9901053 | STEMI Inferior Ischemia |
| 9901055 | STEMI Lateral Ischemia |
| 9901057 | STEMI Posterior Ischemia |
| 9901058 | STEMI Septal Ischemia |
| 9901059 | Supraventricular Tachycardia |
| 9901061 | Torsades De Points |
| 9901063 | Unknown AED Non-Shockable Rhythm |
| 9901065 | Unknown AED Shockable Rhythm |
| 9901067 | Ventricular Fibrillation |

9901069 Ventricular Tachycardia (With Pulse)
9901071 Ventricular Tachycardia (Pulseless)

| |
|----------------------|
| Data Element Comment |
|----------------------|

| |
|-----------------------------|
| Associated Validation Rules |
|-----------------------------|

| Rule ID | Level | Message |
|-------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Cardiac Rhythm / Electrocardiography (ECG) is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Cardiac Rhythm / Electrocardiography (ECG) has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When Cardiac Rhythm / Electrocardiography (ECG) has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |
| nemSch_e087 | Warning | Date/Time Last Known Well should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Cardiac Rhythm / Electrocardiography (ECG) is "STEMI...". |
| nemSch_e173 | Warning | Hospital Capability should be recorded when Type of Destination is "Hospital..." or "Freestanding Emergency Department" and Cardiac Rhythm / Electrocardiography (ECG) is "STEMI...". |

State

National

eVitals.04 - ECG Type

Definition

The type of ECG associated with the cardiac rhythm.

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

Associated Performance Measure Initiatives

STEMI

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|------------------------------|
| 3304000 | 2 Lead ECG (pads or paddles) |
| 3304001 | 3 Lead |
| 3304003 | 4 Lead |
| 3304005 | 5 Lead |
| 3304007 | 12 Lead-Left Sided (Normal) |
| 3304009 | 12 Lead-Right Sided |
| 3304011 | 15 Lead |
| 3304013 | 18 Lead |
| 3304015 | Other |

Data Element Comment

Version 3 Changes Implemented

Added to better document ECG results.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When ECG Type is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When ECG Type has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

State

National

eVitals.05 - Method of ECG Interpretation

Definition

The method of ECG interpretation.

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

Associated Performance Measure Initiatives

STEMI

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

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

Code List

| Code | Description |
|---------|-----------------------------------------|
| 3305001 | Computer Interpretation |
| 3305003 | Manual Interpretation |
| 3305005 | Transmission with No Interpretation |
| 3305007 | Transmission with Remote Interpretation |

Data Element Comment

"Transmission with no interpretation" may be used by EMS Agency Personnel that are not trained to interpret cardiac rhythms.

Version 3 Changes Implemented

Added to better document ECG results.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Method of ECG Interpretation is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Method of ECG Interpretation has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

State

National

eVitals.06 - SBP (Systolic Blood Pressure)

Definition

The patient's systolic blood pressure.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_04 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present 8801019 - Refused 8801023 - Unable to Complete

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 0 | 500 |

Data Element Comment

Required for ACS-Field Triage and other patient scoring systems.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When SBP (Systolic Blood Pressure) is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When SBP (Systolic Blood Pressure) has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When SBP (Systolic Blood Pressure) has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

eVitals.07 - DBP (Diastolic Blood Pressure)

Definition

The patient's diastolic blood pressure.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_05 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

8801019 - Refused

8801023 - Unable to Complete

Constraints

Pattern

[5][0][0][1-4][0-9][0-9][0-9][1-9][0-9]P|p

Data Element Comment

Diastolic blood pressure pattern allows for the following values:

- 1) A number 0 through 500
- 2) P
- 3) p

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When DBP (Diastolic Blood Pressure) is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When DBP (Diastolic Blood Pressure) has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When DBP (Diastolic Blood Pressure) has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

eVitals.08 - Method of Blood Pressure Measurement

Definition

Indication of method of blood pressure measurement.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_06 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|---------------------------|
| 3308001 | Arterial Line |
| 3308003 | Doppler |
| 3308005 | Cuff-Automated |
| 3308007 | Cuff-Manual Auscultated |
| 3308009 | Cuff-Manual Palpated Only |
| 3308011 | Venous Line |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Method of Blood Pressure Measurement is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Method of Blood Pressure Measurement has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eVitals.09 - Mean Arterial Pressure

Definition

The patient's mean arterial pressure.

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

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 1 | 500 |

Data Element Comment

Version 3 Changes Implemented

Added for additional patient monitoring capability.

State

National

eVitals.10 - Heart Rate

Definition

The patient's heart rate expressed as a number per minute.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_07 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present 8801019 - Refused 8801023 - Unable to Complete

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 0 | 500 |

Data Element Comment

Pulse Rate and Electronic Monitor Rate have been merged with an additional data element for Method of Heart Rate Measurement.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Heart Rate is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Heart Rate has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When Heart Rate has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

eVitals.11 - Method of Heart Rate Measurement

Definition

The method in which the Heart Rate was measured. Values include auscultated, palpated, electronic monitor.

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

Code List

| Code | Description |
|---------|-------------------------------------|
| 3311001 | Auscultated |
| 3311003 | Doppler |
| 3311005 | Electronic Monitor - Cardiac |
| 3311007 | Electronic Monitor - Pulse Oximeter |
| 3311009 | Electronic Monitor (Other) |
| 3311011 | Palpated |

Data Element Comment

This data element was added when Pulse Rate and Electronic Monitor Rate were merged as EVitals.10.

Version 3 Changes Implemented

This data element was added when Pulse Rate and Electronic Monitor Rate were merged as EVitals.10.

State

National

eVitals.12 - Pulse Oximetry

Definition

The patient's oxygen saturation.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_09 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present 8801019 - Refused 8801023 - Unable to Complete

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 0 | 100 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Pulse Oximetry is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Pulse Oximetry has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When Pulse Oximetry has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

eVitals.13 - Pulse Rhythm

Definition

The clinical rhythm of the patient's pulse.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E14_10 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-----------------------|
| 3313001 | Irregularly Irregular |
| 3313003 | Regular |
| 3313005 | Regularly Irregular |

Data Element Comment

State

National

eVitals.14 - Respiratory Rate

Definition

The patient's respiratory rate expressed as a number per minute.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_11 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present 8801019 - Refused 8801023 - Unable to Complete

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| integer | 0 | 300 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Respiratory Rate is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Respiratory Rate has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When Respiratory Rate has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

eVitals.15 - Respiratory Effort

Definition

The patient's respiratory effort.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E14_12 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-----------------------------------------|
| 3315001 | Apneic |
| 3315003 | Labored |
| 3315005 | Mechanically Assisted (BVM, CPAP, etc.) |
| 3315007 | Normal |
| 3315009 | Rapid |
| 3315011 | Shallow |
| 3315013 | Weak/Agonal |

Data Element Comment

State

National

eVitals.16 - End Tidal Carbon Dioxide (ETCO2)

Definition

The numeric value of the patient's exhaled end tidal carbon dioxide (ETCO2) level measured as a unit of pressure in millimeters of mercury (mmHg), percentage or, kilopascal (kPa).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_13 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 - Refused 8801023 - Unable to Complete

ETCO2Type

3340001 - mmHg 3340003 - Percentage 3340005 - kPa

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 0 | 750 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When End Tidal Carbon Dioxide (ETCO2) is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When End Tidal Carbon Dioxide (ETCO2) has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When End Tidal Carbon Dioxide (ETCO2) has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |
| nemSch_e131 | Warning | End Tidal Carbon Dioxide (ETCO2) should be no more than 100 when ETCO2 Type is "Percentage". |
| nemSch_e132 | Warning | End Tidal Carbon Dioxide (ETCO2) should be no more than 100 when ETCO2 Type is "kPa". |
| nemSch_e133 | Warning | End Tidal Carbon Dioxide (ETCO2) should be an integer when ETCO2 Type is "mmHg". |
| nemSch_e134 | Warning | ETCO2 Type should be recorded when End Tidal Carbon Dioxide (ETCO2) is recorded. |

eVitals.17 - Carbon Monoxide (CO)

Definition

The numeric value of the patient's carbon monoxide level measured as a percentage (%) of carboxyhemoglobin (COHb).

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Pertinent Negatives (PN)

8801019 - Refused

8801023 - Unable to Complete

Constraints

| Data Type | minInclusive | maxInclusive | totalDigits | fractionDigits |
|-----------|--------------|--------------|-------------|----------------|
| decimal | 0 | 100 | 3 | 1 |

Data Element Comment

Version 3 Changes Implemented

Added to allow use of new patient monitoring devices.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Carbon Monoxide (CO) is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Carbon Monoxide (CO) has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When Carbon Monoxide (CO) has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

eVitals.18 - Blood Glucose Level

Definition

The patient's blood glucose level.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_14 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Pediatric Stroke

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 - Refused 8801023 - Unable to Complete

Constraints

Pattern

[2][0][0][0][1][0-9][0-9][0-9][1-9][0-9][0-9][1-9][0-9][0-9]High|Low

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Blood Glucose Level is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Blood Glucose Level has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When Blood Glucose Level has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

State

National

eVitals.19 - Glasgow Coma Score-Eye

Definition

The patient's Glasgow Coma Score Eye opening response.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_15 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 - Refused

8801023 - Unable to Complete

Code List

| Code | Description |
|------|----------------------------------------------------|
| 1 | No eye movement when assessed (All Age Groups) |
| 2 | Opens Eyes to painful stimulation (All Age Groups) |
| 3 | Opens Eyes to verbal stimulation (All Age Groups) |
| 4 | Opens Eyes spontaneously (All Age Groups) |

Data Element Comment

Definitions now based on the National Trauma Data Standard (NTDS).

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Glasgow Coma Score-Eye is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Glasgow Coma Score-Eye has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When Glasgow Coma Score-Eye has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

State

National

eVitals.20 - Glasgow Coma Score-Verbal

Definition

The patient's Glasgow Coma Score Verbal response.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_16 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 - Refused 8801023 - Unable to Complete

Code List

| Code | Description |
|------|-----------------------------------------------------------------------------|
| 1 | No verbal/vocal response (All Age Groups) |
| 2 | Incomprehensible sounds (>2 Years); Inconsolable, agitated |
| 3 | Inappropriate words (>2 Years); Inconsistently consolable, moaning |
| 4 | Confused (>2 Years); Cries but is consolable, inappropriate interactions |
| 5 | Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts |

Data Element Comment

Definitions now based on the National Trauma Data Standard (NTDS).

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Glasgow Coma Score-Verbal is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Glasgow Coma Score-Verbal has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When Glasgow Coma Score-Verbal has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

State

National

eVitals.21 - Glasgow Coma Score-Motor

Definition

The patient's Glasgow Coma Score Motor response.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_17 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 - Refused 8801023 - Unable to Complete

Code List

| Code | Description |
|------|---------------------------------------------------------------|
| 1 | No Motor Response (All Age Groups) |
| 2 | Extension to pain (All Age Groups) |
| 3 | Flexion to pain (All Age Groups) |
| 4 | Withdrawal from pain (All Age Groups) |
| 5 | Localizing pain (All Age Groups) |
| 6 | Obeys commands (>2Years); Appropriate response to stimulation |

Data Element Comment

Definitions now based on the National Trauma Data Standard (NTDS).

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Glasgow Coma Score-Motor is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Glasgow Coma Score-Motor has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When Glasgow Coma Score-Motor has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

State

National

eVitals.22 - Glasgow Coma Score-Qualifier

Definition

Documentation of factors which make the GCS score more meaningful.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_18 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

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

Code List

| Code | Description |
|---------|-----------------------------------------------------------------------------------------|
| 3322001 | Eye Obstruction Prevents Eye Assessment |
| 3322003 | Initial GCS has legitimate values without interventions such as intubation and sedation |
| 3322005 | Patient Chemically Paralyzed |
| 3322007 | Patient Chemically Sedated |
| 3322009 | Patient Intubated |

Data Element Comment

Definitions now based on the National Trauma Data Standard (NTDS).

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Glasgow Coma Score-Qualifier is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Glasgow Coma Score-Qualifier has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e135 | Warning | When Glasgow Coma Score-Qualifier is "Initial GCS has legitimate values without interventions such as intubation and sedation", no other value should be recorded. |

eVitals.23 - Total Glasgow Coma Score

Definition

The patient's total Glasgow Coma Score.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_19 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Pertinent Negatives (PN)

8801019 - Refused

8801023 - Unable to Complete

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 3 | 15 |

Data Element Comment

Can be documented or calculated from EVitals.19 (GCS-Eye), EVitals.20 (GCS-Verbal), and EVitals.21 (GCS-Motor).

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Total Glasgow Coma Score is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Total Glasgow Coma Score has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When Total Glasgow Coma Score has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

eVitals.24 - Temperature

Definition

The patient's body temperature in degrees Celsius/centigrade.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_20 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Pediatric

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Pertinent Negatives (PN)

8801019 - Refused

8801023 - Unable to Complete

Constraints

| Data Type | totalDigits | fractionDigits | minInclusive | maxInclusive |
|-----------|-------------|----------------|--------------|--------------|
| decimal | 3 | 1 | 0 | 50 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Temperature is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Temperature has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When Temperature has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

eVitals.25 - Temperature Method

Definition

The method used to obtain the patient's body temperature.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E14_21 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|------------------------------|
| 3325001 | Axillary |
| 3325003 | Central (Venous or Arterial) |
| 3325005 | Esophageal |
| 3325007 | Oral |
| 3325009 | Rectal |
| 3325011 | Temporal Artery |
| 3325013 | Tympanic |
| 3325015 | Urinary Catheter |
| 3325017 | Skin Probe |

Data Element Comment

State

National

eVitals.26 - Level of Responsiveness (AVPU)

Definition

The patient's highest level of responsiveness.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_22 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|--------------|
| 3326001 | Alert |
| 3326003 | Verbal |
| 3326005 | Painful |
| 3326007 | Unresponsive |

Data Element Comment

Definition changed to indicate highest level of responsiveness.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Level of Responsiveness (AVPU) is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Level of Responsiveness (AVPU) has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

State

National

eVitals.27 - Pain Scale Score

Definition

The patient's indication of pain from a scale of 0-10.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_23 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Pediatric STEMI Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 - Refused 8801023 - Unable to Complete

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 0 | 10 |

Data Element Comment

The Pain Score can be obtained from several pain measurement tools or pain scale types (eVitals.28). The pain scale type used should have a numeric value associated with each diagram as appropriate. If the pain scale type utilizes multiple indicators/categories the total should be calculated and entered for the pain score associated with the patient assessment.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Pain Scale Score is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Pain Scale Score has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When Pain Scale Score has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

eVitals.28 - Pain Scale Type

Definition

The type of pain scale used.

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|--------------------------------------------------|
| 3328001 | FLACC (Face, Legs, Activity, Cry, Consolability) |
| 3328003 | Numeric (0-10) |
| 3328005 | Other |
| 3328007 | Wong-Baker (FACES) |

Data Element Comment

Version 3 Changes Implemented

Added to better document the patient's pain level.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Pain Scale Type is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Pain Scale Type has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

State

National

eVitals.29 - Stroke Scale Score

Definition

The findings or results of the Stroke Scale Type (eVitals.30) used to assess the patient exhibiting stroke-like symptoms.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_24 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Stroke

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 - Refused

8801023 - Unable to Complete

Code List

| Code | Description |
|---------|----------------|
| 3329001 | Negative |
| 3329003 | Non-Conclusive |
| 3329005 | Positive |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Stroke Scale Score is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Stroke Scale Score has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When Stroke Scale Score has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |
| nemSch_e086 | Warning | Date/Time Last Known Well should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Stroke Scale Score is "Positive". |
| nemSch_e172 | Warning | Hospital Capability should be recorded when Type of Destination is "Hospital..." or "Freestanding Emergency Department" and Stroke Scale Score is "Positive". |

State

National

eVitals.30 - Stroke Scale Type

Definition

The type of stroke scale used.

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

Associated Performance Measure Initiatives

Stroke

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|------------------------------------------------|
| 3330001 | Cincinnati Prehospital Stroke Scale (CPSS) |
| 3330004 | Los Angeles Prehospital Stroke Screen (LAPSS) |
| 3330005 | Massachusetts Stroke Scale (MSS) |
| 3330007 | Miami Emergency Neurologic Deficit Exam (MEND) |
| 3330009 | NIH Stroke Scale (NIHSS) |
| 3330011 | Other Stroke Scale Type |
| 3330013 | FAST-ED |
| 3330015 | Boston Stroke Scale (BOSS) |
| 3330017 | Ontario Prehospital Stroke Scale (OPSS) |
| 3330019 | Melbourne Ambulance Stroke Screen (MASS) |
| 3330021 | Rapid Arterial occlusion Evaluation (RACE) |
| 3330023 | Los Angeles Motor Score (LAMS) |

Data Element Comment

Version 3 Changes Implemented

Added to include additional detail on the stroke scale used.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Stroke Scale Type is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Stroke Scale Type has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

State

National

eVitals.31 - Reperfusion Checklist

Definition

The results of the patient's Reperfusion Checklist for potential Thrombolysis use.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E14_25 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

STEMI Stroke

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 - Refused 8801023 - Unable to Complete

Code List

Code Description

3331001 Definite Contraindications to Thrombolytic Use
 3331003 No Contraindications to Thrombolytic Use
 3331005 Possible Contraindications to Thrombolytic Use

Data Element Comment

Name changed from Thrombolytic Screen

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Reperfusion Checklist is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Reperfusion Checklist has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When Reperfusion Checklist has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

eVitals.32 - APGAR

Definition

The patient's total APGAR score (0-10).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E14_26 | Is Nillable | Yes |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes

Pertinent Negatives (PN)

8801023 - Unable to Complete

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 0 | 10 |

Data Element Comment

Recommended to be taken at 1 and 5 minutes after the infants birth

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When APGAR is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e008 | Error | When APGAR has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

eVitals.33 - Revised Trauma Score

Definition

The patient's Revised Trauma Score.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E14_27 | Is Nillable | Yes |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Trauma

Attributes

Pertinent Negatives (PN)

8801019 - Refused

8801023 - Unable to Complete

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 0 | 12 |

Data Element Comment

The Unweighted Revised Trauma Score is a physiological scoring system that is based on the first set of vital signs obtained from the patient, and consists of Glasgow Coma Scale, Systolic Blood Pressure and Respiratory Rate.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Revised Trauma Score is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e008 | Error | When Revised Trauma Score has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

eLabs

Legend

Dataset Level: N National S State D Deprecated

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

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

eLabs

| | | | |
|-------|--------------------------------------------------------|---|---|
| 0 : M | eLabs.LabGroup | | C |
| 0 : 1 | eLabs.01 - Date/Time of Laboratory or Imaging Result | O | |
| 0 : 1 | eLabs.02 - Study/Result Prior to this Unit's EMS Care | O | |
| 0 : M | eLabs.LabResultGroup | | C |
| 0 : 1 | eLabs.03 - Laboratory Result Type | O | |
| 0 : 1 | eLabs.04 - Laboratory Result | O | |
| 0 : M | eLabs.LabImageGroup | | C |
| 0 : 1 | eLabs.05 - Imaging Study Type | O | |
| 0 : 1 | eLabs.06 - Imaging Study Results | O | |
| 0 : M | eLabs.WaveformGraphicGroup | | C |
| 0 : 1 | eLabs.07 - Imaging Study File or Waveform Graphic Type | O | |
| 0 : 1 | eLabs.08 - Imaging Study File or Waveform Graphic | O | |

eLabs

eLabs.01 - Date/Time of Laboratory or Imaging Result

Definition

The data and time for the specific laboratory result.

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

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

Version 3 Changes Implemented

Added to better document patient care.

eLabs.02 - Study/Result Prior to this Unit's EMS Care

Definition

Indicates that the laboratory result occurred prior to this EMS units care.

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

Code List

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

Data Element Comment

Version 3 Changes Implemented

Added to better document EMS care.

eLabs.03 - Laboratory Result Type

Definition

The type of the laboratory value.

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

Code List

| Code | Description |
|---------|---------------------------------------|
| 3403001 | Alanine Transaminase |
| 3403003 | Alcohol-Blood |
| 3403005 | Alcohol-Breath |
| 3403007 | Alkaline Phosphatase |
| 3403009 | Amylase |
| 3403013 | Aspartate Transaminase |
| 3403015 | B-Type Natriuretic Peptide (BNP) |
| 3403017 | Base Excess |
| 3403019 | Bilirubin-Direct |
| 3403021 | Bilirubin-Total |
| 3403023 | BUN |
| 3403025 | Calcium-Ionized |
| 3403027 | Calcium-Serum |
| 3403029 | Carbon Dioxide-Partial Pressure |
| 3403033 | Chloride |
| 3403035 | Creatine Kinase |
| 3403037 | Creatine Kinase-MB |
| 3403039 | Creatinine |
| 3403041 | Gamma Glutamyl Transpeptidase |
| 3403043 | Glucose |
| 3403045 | Hematocrit |
| 3403047 | Hemoglobin |
| 3403049 | Human Chorionic Gonadotropin-Serum |
| 3403051 | Human Chorionic Gonadotropin-Urine |
| 3403053 | International Normalized Ratio (INR) |
| 3403055 | Lactate Dehydrogenase |
| 3403057 | Lactate-Arterial |
| 3403059 | Lactate-Venous |
| 3403061 | Lipase |
| 3403063 | Magnesium |
| 3403065 | Oxygen-Partial Pressure |
| 3403067 | Partial Thromboplastin Time |
| 3403071 | pH-ABG |
| 3403073 | pH-Venous |
| 3403075 | Platelets |
| 3403077 | Potassium |
| 3403079 | Prothrombin Time |
| 3403081 | Red Blood Cells |
| 3403083 | Sodium |
| 3403085 | Troponin |
| 3403087 | White Blood Cells |
| 3403089 | Ammonia |
| 3403091 | Bicarbonate (HCO ₃) |
| 3403093 | Carboxyhemoglobin |
| 3403095 | CO ₂ , Total (Bicarbonate) |
| 3403097 | CRP (C-Reactive Protein) |
| 3403099 | Dilantin |
| 3403101 | Leukocytes |
| 3403103 | Nitrates |
| 3403105 | Phenobarbital |
| 3403107 | Protein |

| | |
|---------|--------------------------------------------------|
| 3403109 | Salicylate |
| 3403111 | Specific Gravity |
| 3403113 | Tylenol |
| 3403115 | ACT Celite (ACTc) |
| 3403117 | ACT Kaolin (ACTk) |
| 3403119 | Bands |
| 3403121 | Basophils |
| 3403123 | Creatine Phosphokinase (CK) |
| 3403125 | Eosinophils |
| 3403127 | Erythrocyte Count |
| 3403129 | Erythrocyte Morphology |
| 3403131 | Erythrocyte Sedimentation Rate |
| 3403133 | High-Sensitivity C-reactive Protein (hs-CRP) |
| 3403135 | Lymphocytes |
| 3403137 | Mean Corpuscular Hemoglobin (MCH) |
| 3403139 | Mean Corpuscular Hemoglobin Concentration (MCHC) |
| 3403141 | Mean Corpuscular Volume (MCV) |
| 3403143 | Monocytes |
| 3403145 | Myoglobin |
| 3403147 | Neutrophils |
| 3403149 | Oxygen Saturation (SaO2) |
| 3403151 | Oxygen Volume/Content (SVO2) |
| 3403153 | Phosphorus (PO4) |
| 3403155 | Prothrombin test time (PT/INR) |
| 3403157 | Red Cell Distribution Width (RDW) |
| 3403159 | Reticulocyte Count |
| 3403161 | Tropoin T (cTnT) |

| |
|----------------------|
| Data Element Comment |
|----------------------|

| |
|-------------------------------|
| Version 3 Changes Implemented |
|-------------------------------|

Added to provide for the documentation of laboratory results obtained prior to or during and EMS patient encounter.

eLabs.04 - Laboratory Result

Definition

The value or result of the laboratory test (Units may vary).

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

Constraints

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

Data Element Comment

Version 3 Changes Implemented

Added to better document EMS care.

eLabs.05 - Imaging Study Type

Definition

The type of x-ray or imaging study.

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

Code List

| Code | Description |
|---------|----------------------------------|
| 3405001 | CAT Scan |
| 3405003 | Magnetic Resonance Imaging (MRI) |
| 3405005 | Other |
| 3405007 | PET Scan |
| 3405009 | Ultrasound |
| 3405011 | X-ray |
| 3405013 | Angiography |

Data Element Comment

Version 3 Changes Implemented

Added to better describe the EMS patient care.

eLabs.06 - Imaging Study Results

Definition

The description or interpretation of the results of the imaging study.

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

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 3 | 5000 |

Data Element Comment

Version 3 Changes Implemented

Added to better describe the EMS Patient Care

eLabs.07 - Imaging Study File or Waveform Graphic Type

Definition

The description of the image study file or waveform graphic stored in Imaging Study File or Waveform Graphic (eLabs.08).

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest STEMI

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 255 |

Data Element Comment

The description is defined as the extension of the file type. Examples of file name extensions include "doc", "jpeg", "tiff", etc. For a list of additional extensions reference the following website(s):

3D Image formats: http://www.fileinfo.com/filetypes/3d_image

Raster Image formats: http://www.fileinfo.com/filetypes/raster_image

Vector Image formats: http://www.fileinfo.com/filetypes/vector_image

Video formats: <http://www.fileinfo.com/filetypes/video>

Audio formats: <http://www.fileinfo.com/filetypes/audio>

Comparison of formats:

Image: http://en.wikipedia.org/wiki/Comparison_of_image_file_formats

Audio: http://en.wikipedia.org/wiki/Audio_file_format

Container: http://en.wikipedia.org/wiki/Comparison_of_container_formats

A general list of image formats: http://en.wikipedia.org/wiki/Image_file_formats

Mime Types: http://en.wikipedia.org/wiki/Internet_media_type

eLabs.08 - Imaging Study File or Waveform Graphic

Definition

The imaging study file.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest STEMI

Constraints

Data Type

base64Binary

Data Element Comment

Added to allow the imaging file to be uploaded and better document patient care.

eExam

Legend

Dataset Level: N National S State D Deprecated

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

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

eExam

| | | | | |
|-------|-------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------|
| 0 : 1 | eExam.01 - Estimated Body Weight in Kilograms | S | E | N, L, P |
| 0 : 1 | eExam.02 - Length Based Tape Measure | S | E | N, L, P |
| 0 : M | eExam.AssessmentGroup | | | C |
| 0 : 1 | eExam.03 - Date/Time of Assessment | | O | |
| 0 : M | eExam.04 - Skin Assessment | | O | P, C |
| 0 : M | eExam.05 - Head Assessment | | O | P, C |
| 0 : M | eExam.06 - Face Assessment | | O | P, C |
| 0 : M | eExam.07 - Neck Assessment | | O | P, C |
| 0 : M | eExam.09 - Heart Assessment | | O | P, C |
| 0 : M | eExam.AbdomenGroup | | | C |
| 0 : 1 | eExam.10 - Abdominal Assessment Finding Location | | O | |
| 0 : M | eExam.11 - Abdomen Assessment | | O | P, C |
| 0 : M | eExam.12 - Pelvis/Genitourinary Assessment | | O | P, C |
| 0 : M | eExam.SpineGroup | | | C |
| 0 : 1 | eExam.13 - Back and Spine Assessment Finding Location | | O | |
| 0 : M | eExam.14 - Back and Spine Assessment | | O | P, C |
| 0 : M | eExam.ExtremityGroup | | | C |
| 0 : 1 | eExam.15 - Extremity Assessment Finding Location | | O | |
| 0 : M | eExam.16 - Extremities Assessment | | O | P, C |
| 0 : M | eExam.EyeGroup | | | C |
| 0 : 1 | eExam.17 - Eye Assessment Finding Location | | O | |
| 0 : M | eExam.18 - Eye Assessment | | O | P, C |
| 0 : M | eExam.LungGroup | | | |
| 0 : 1 | eExam.22 - Lung Assessment Finding Location | | O | |
| 0 : M | eExam.23 - Lung Assessment | | O | P, C |
| 0 : M | eExam.ChestGroup | | | |
| 0 : 1 | eExam.24 - Chest Assessment Finding Location | | O | |
| 0 : M | eExam.25 - Chest Assessment | | O | P, C |
| 0 : M | eExam.19 - Mental Status Assessment | | O | P, C |
| 0 : M | eExam.20 - Neurological Assessment | | O | P, C |
| 0 : 1 | eExam.21 - Stroke/CVA Symptoms Resolved | S | E | N, L, P |

eExam

eExam.01 - Estimated Body Weight in Kilograms

Definition

The patient's body weight in kilograms either measured or estimated.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E16_01 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Pediatric

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Pertinent Negatives (PN)

8801023 - Unable to Complete

Constraints

| Data Type | totalDigits | fractionDigits | minInclusive | maxInclusive |
|-----------|-------------|----------------|--------------|--------------|
| decimal | 4 | 1 | 0.1 | 999.9 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Estimated Body Weight in Kilograms is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Estimated Body Weight in Kilograms has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When Estimated Body Weight in Kilograms has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

eExam.02 - Length Based Tape Measure

Definition

The length-based color as taken from the tape.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E16_02 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Pediatric

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Pertinent Negatives (PN)

8801019 - Refused

8801023 - Unable to Complete

Code List

| Code | Description |
|---------|-------------|
| 3502001 | Blue |
| 3502003 | Green |
| 3502005 | Grey |
| 3502007 | Orange |
| 3502009 | Pink |
| 3502011 | Purple |
| 3502013 | Red |
| 3502015 | White |
| 3502017 | Yellow |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Length Based Tape Measure is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Length Based Tape Measure has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When Length Based Tape Measure has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

eExam.03 - Date/Time of Assessment

Definition

The date/time of the assessment.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E16_03 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Stroke Cardiac Arrest

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

eExam.04 - Skin Assessment

Definition

The assessment findings associated with the patient's skin.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E16_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

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

Code List

| Code | Description |
|---------|-----------------------------------------------|
| 3504001 | Clammy |
| 3504003 | Cold |
| 3504005 | Cyanotic |
| 3504007 | Diaphoretic |
| 3504009 | Dry |
| 3504011 | Flushed |
| 3504013 | Hot |
| 3504015 | Jaundiced |
| 3504017 | Lividity |
| 3504019 | Mottled |
| 3504021 | Normal |
| 3504023 | Not Done |
| 3504025 | Pale |
| 3504027 | Poor Turgor |
| 3504029 | Red (Erythematous) |
| 3504031 | Tenting |
| 3504033 | Warm |
| 3504035 | Capillary Nail Bed Refill less than 2 seconds |
| 3504037 | Capillary Nail Bed Refill 2-4 seconds |
| 3504039 | Capillary Nail Bed Refill more than 4 seconds |

Data Element Comment

Element eExam.04 - Skin Assessment represents Version 2.2.1 elements E15_01 NHTSA Injury Matrix External/Skin and E16_04 Skin Assessment. The element value choices have been combined and expanded.

eExam.05 - Head Assessment

Definition

The assessment findings associated with the patient's head.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E16_05 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|-----------------------|
| 3505001 | Abrasion |
| 3505003 | Avulsion |
| 3505005 | Bleeding Controlled |
| 3505007 | Bleeding Uncontrolled |
| 3505009 | Burn-Blistering |
| 3505011 | Burn-Charring |
| 3505013 | Burn-Redness |
| 3505015 | Burn-White/Waxy |
| 3505017 | Decapitation |
| 3505019 | Deformity |
| 3505021 | Drainage |
| 3505023 | Foreign Body |
| 3505029 | Laceration |
| 3505031 | Mass/Lesion |
| 3505033 | Normal |
| 3505035 | Not Done |
| 3505037 | Pain |
| 3505039 | Puncture/Stab Wound |
| 3505045 | Gunshot Wound |
| 3505047 | Crush Injury |
| 3505049 | Swelling |
| 3505051 | Contusion |
| 3505053 | Tenderness |

Data Element Comment

Element eExam.05 - Head Assessment represents Version 2.2.1 elements E15_02 NHTSA Injury Matrix Head and E16_05 Head/Face Assessment. The element value choices have been combined and expanded.

eExam.06 - Face Assessment

Definition

The assessment findings associated with the patient's face.

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

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

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

Code List

| Code | Description |
|---------|---------------------------|
| 3506001 | Abrasion |
| 3506003 | Asymmetric Smile or Droop |
| 3506005 | Avulsion |
| 3506007 | Bleeding Controlled |
| 3506009 | Bleeding Uncontrolled |
| 3506011 | Burn-Blistering |
| 3506013 | Burn-Charring |
| 3506015 | Burn-Redness |
| 3506017 | Burn-White/Waxy |
| 3506021 | Deformity |
| 3506023 | Drainage |
| 3506025 | Foreign Body |
| 3506031 | Laceration |
| 3506033 | Mass/Lesion |
| 3506035 | Normal |
| 3506037 | Not Done |
| 3506039 | Pain |
| 3506041 | Puncture/Stab Wound |
| 3506047 | Gunshot Wound |
| 3506049 | Crush Injury |
| 3506051 | Tenderness |
| 3506053 | Swelling |
| 3506055 | Contusion |

Data Element Comment

Element eExam.06 - Face Assessment represents Version 2.2.1 element E15_03 NHTSA Injury Matrix Face The element value choices have been expanded.

eExam.07 - Neck Assessment

Definition

The assessment findings associated with the patient's neck.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E16_06 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

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

Code List

| Code | Description |
|---------|--------------------------|
| 3507001 | Abrasion |
| 3507003 | Avulsion |
| 3507005 | Bleeding Controlled |
| 3507007 | Bleeding Uncontrolled |
| 3507009 | Burn-Blistering |
| 3507011 | Burn-Charring |
| 3507013 | Burn-Redness |
| 3507015 | Burn-White/Waxy |
| 3507017 | Decapitation |
| 3507019 | Foreign Body |
| 3507025 | JVD |
| 3507027 | Laceration |
| 3507029 | Normal |
| 3507031 | Not Done |
| 3507033 | Pain |
| 3507035 | Puncture/Stab Wound |
| 3507037 | Stridor |
| 3507039 | Subcutaneous Air |
| 3507045 | Tracheal Deviation-Left |
| 3507047 | Tracheal Deviation-Right |
| 3507049 | Gunshot Wound |
| 3507051 | Crush Injury |
| 3507053 | Swelling |
| 3507055 | Contusion |
| 3507057 | Deformity |
| 3507059 | Tenderness |

Data Element Comment

Element eExam.07 - Neck Assessment represents Version 2.2.1 elements E15_04 NHTSA Injury Matrix Neck and E16_06 Neck Assessment. The element value choices have been combined and expanded.

eExam.09 - Heart Assessment

Definition

The assessment findings associated with the patient's heart.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E16_08 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|------------------------|
| 3509001 | Clicks |
| 3509003 | Heart Sounds Decreased |
| 3509005 | Murmur-Diastolic |
| 3509007 | Murmur-Systolic |
| 3509009 | Normal |
| 3509011 | Not Done |
| 3509013 | Rubs |
| 3509015 | S1 |
| 3509017 | S2 |
| 3509019 | S3 |
| 3509021 | S4 |

Data Element Comment

Element eExam.09 - Heart Assessment represents Version 2.2.1 element E16_08 Heart Assessment. The element value choices have been expanded.

eExam.10 - Abdominal Assessment Finding Location

Definition

The location of the patient's abdomen assessment findings.

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

Code List

| Code | Description |
|---------|----------------------|
| 3510001 | Generalized |
| 3510003 | Left Lower Quadrant |
| 3510005 | Left Upper Quadrant |
| 3510007 | Periumbilical |
| 3510009 | Right Lower Quadrant |
| 3510011 | Right Upper Quadrant |
| 3510013 | Epigastric |

Data Element Comment

"Element eExam.10 - Abdominal Assessment Finding Location represents Version 2.2.1 elements E15_06 NHTSA Injury Matrix Abdomen AND E16_09 Abdomen Left Upper Assessment, E16_10 Abdomen Left Lower Assessment, E16_11 Abdomen Right Upper Assessment, and E16_12 Abdomen Right Lower Assessment. The element value choices have been combined and expanded."

eExam.11 - Abdomen Assessment

Definition

The assessment findings associated with the patient's abdomen.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E16_09 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--------------------------|
| 3511001 | Abrasion |
| 3511003 | Avulsion |
| 3511005 | Bleeding Controlled |
| 3511007 | Bleeding Uncontrolled |
| 3511009 | Bowel Sounds-Absent |
| 3511011 | Bowel Sounds-Present |
| 3511013 | Burn-Blistering |
| 3511015 | Burn-Charring |
| 3511017 | Burn-Redness |
| 3511019 | Burn-White/Waxy |
| 3511021 | Distention |
| 3511023 | Foreign Body |
| 3511025 | Guarding |
| 3511031 | Laceration |
| 3511033 | Mass/Lesion |
| 3511035 | Mass-Pulsating |
| 3511037 | Normal |
| 3511039 | Not Done |
| 3511041 | Pain |
| 3511043 | Pregnant-Palpable Uterus |
| 3511045 | Puncture/Stab Wound |
| 3511051 | Tenderness |
| 3511053 | Gunshot Wound |
| 3511055 | Crush Injury |
| 3511057 | Swelling |
| 3511059 | Contusion |
| 3511061 | Deformity |
| 3511063 | Rebound Tenderness |
| 3511065 | Rigidity |

Data Element Comment

"Element eExam.11 - Abdomen Assessment represents Version 2.2.1 elements E15_06 NHTSA Injury Matrix Abdomen AND E16_09 Abdomen Left Upper Assessment, E16_10 Abdomen Left Lower Assessment, E16_11 Abdomen Right Upper Assessment, and E16_12 Abdomen Right Lower Assessment. The element value choices have been combined and expanded."

eExam.12 - Pelvis/Genitourinary Assessment

Definition

The assessment findings associated with the patient's pelvis/genitourinary.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E16_13 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--------------------------|
| 3512001 | Abrasion |
| 3512003 | Avulsion |
| 3512005 | Bleeding Controlled |
| 3512007 | Bleeding Uncontrolled |
| 3512009 | Bleeding-Rectal |
| 3512011 | Bleeding-Urethral |
| 3512013 | Bleeding-Vaginal |
| 3512015 | Burn-Blistering |
| 3512017 | Burn-Charring |
| 3512019 | Burn-Redness |
| 3512021 | Burn-White/Waxy |
| 3512023 | Deformity |
| 3512025 | Foreign Body |
| 3512027 | Genital Injury |
| 3512033 | Laceration |
| 3512035 | Mass/Lesion |
| 3512037 | Normal |
| 3512039 | Not Done |
| 3512041 | Pain |
| 3512043 | Pelvic Fracture |
| 3512045 | Pelvic Instability |
| 3512047 | Penile Priapism/Erection |
| 3512049 | Pregnant-Crowning |
| 3512051 | Puncture/Stab Wound |
| 3512057 | Tenderness |
| 3512059 | Gunshot Wound |
| 3512061 | Crush Injury |
| 3512063 | Swelling |
| 3512065 | Contusion |

Data Element Comment

Element eExam.12 - Pelvis/Genitourinary Assessment represents Version 2.2.1 elements E15_09 NHTSA Injury Matrix Pelvis and E16_13 GU Assessment. The element value choices have been combined and expanded.

eExam.13 - Back and Spine Assessment Finding Location

Definition

The location of the patient's back and spine assessment findings.

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

Code List

| Code | Description |
|---------|------------------|
| 3513001 | Back-General |
| 3513003 | Cervical-Left |
| 3513005 | Cervical-Midline |
| 3513007 | Cervical-Right |
| 3513009 | Lumbar-Left |
| 3513011 | Lumbar-Midline |
| 3513013 | Lumbar-Right |
| 3513015 | Thoracic-Left |
| 3513017 | Thoracic-Midline |
| 3513019 | Thoracic-Right |
| 3513021 | Sacral-Left |
| 3513023 | Sacral-Midline |
| 3513025 | Sacral-Right |

Data Element Comment

Element eExam.14 - Back and Spine Assessment represents Version 2.2.1 NHTSA Injury Matrix elements E15_07 Spine and E15_05 Thorax AND E16_14 Back Cervical Assessment, E16_15 Back Thoracic Assessment, and E16_16 Back Lumbar/Sacral Assessment. The element value choices have been combined and expanded.

eExam.14 - Back and Spine Assessment

Definition

The assessment findings associated with the patient's spine (Cervical, Thoracic, Lumbar, and Sacral) and back exam.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E16_14 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

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

Code List

| Code | Description |
|---------|------------------------------------|
| 3514001 | Abrasion |
| 3514003 | Avulsion |
| 3514005 | Bleeding Controlled |
| 3514007 | Bleeding Uncontrolled |
| 3514009 | Burn-Blistering |
| 3514011 | Burn-Charring |
| 3514013 | Burn-Redness |
| 3514015 | Burn-White/Waxy |
| 3514017 | Deformity |
| 3514019 | Foreign Body |
| 3514025 | Laceration |
| 3514027 | Normal |
| 3514029 | Not Done |
| 3514031 | Pain |
| 3514033 | Pain with Range of Motion |
| 3514035 | Puncture/Stab Wound |
| 3514041 | Tenderness Costovertebral Angle |
| 3514043 | Tenderness Midline Spinous Process |
| 3514045 | Tenderness Paraspinous |
| 3514047 | Gunshot Wound |
| 3514049 | Crush Injury |
| 3514051 | Swelling |
| 3514053 | Contusion |
| 3514055 | Tenderness |

Data Element Comment

Element eExam.14 - Back and Spine Assessment represents Version 2.2.1 NHTSA Injury Matrix elements E15_07 Spine and E15_05 Thorax AND E16_14 Back Cervical Assessment, E16_15 Back Thoracic Assessment, and E16_16 Back Lumbar/Sacral Assessment. The element value choices have been combined and expanded.

eExam.15 - Extremity Assessment Finding Location

Definition

The location of the patient's extremity assessment findings.

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

Code List

| Code | Description |
|---------|------------------------------|
| 3515001 | Ankle-Left |
| 3515003 | Ankle-Right |
| 3515005 | Arm-Upper-Left |
| 3515007 | Arm-Upper-Right |
| 3515009 | Elbow-Left |
| 3515011 | Elbow-Right |
| 3515013 | Finger-2nd (Index)-Left |
| 3515015 | Finger-2nd (Index)-Right |
| 3515017 | Finger-3rd (Middle)-Left |
| 3515019 | Finger-3rd (Middle)-Right |
| 3515021 | Finger-4th (Ring)-Left |
| 3515023 | Finger-4th (Ring)-Right |
| 3515025 | Finger-5th (Smallest)-Left |
| 3515027 | Finger-5th (Smallest)-Right |
| 3515029 | Foot-Dorsal-Left |
| 3515031 | Foot-Dorsal-Right |
| 3515033 | Foot-Plantar-Left |
| 3515035 | Foot-Plantar-Right |
| 3515037 | Arm-Lower-Left |
| 3515039 | Arm-Lower-Right |
| 3515041 | Hand-Dorsal-Left |
| 3515043 | Hand-Dorsal-Right |
| 3515045 | Hand-Palm-Left |
| 3515047 | Hand-Palm-Right |
| 3515049 | Hip-Left |
| 3515051 | Hip-Right |
| 3515053 | Knee-Left |
| 3515055 | Knee-Right |
| 3515057 | Leg-Lower-Left |
| 3515059 | Leg-Lower-Right |
| 3515061 | Leg-Upper-Left |
| 3515063 | Leg-Upper-Right |
| 3515065 | Shoulder-Left |
| 3515067 | Shoulder-Right |
| 3515069 | Thumb-Left |
| 3515071 | Thumb-Right |
| 3515073 | Toe-1st (Big)-Left |
| 3515075 | Toe-1st (Big)-Right |
| 3515077 | Toe-2nd-Left |
| 3515079 | Toe-2nd-Right |
| 3515081 | Toe-3rd-Left |
| 3515083 | Toe-3rd-Right |
| 3515085 | Toe-4th-Left |
| 3515087 | Toe-4th-Right |
| 3515089 | Toe-5th (Smallest)-Left |
| 3515091 | Toe-5th (Smallest)-Right |
| 3515093 | Wrist-Left |
| 3515095 | Wrist-Right |
| 3515097 | Arm-Whole Arm and Hand-Left |
| 3515099 | Arm-Whole Arm and Hand-Right |
| 3515101 | Hand-Whole Hand-Left |

3515103 Hand-Whole Hand-Right
3515105 Leg-Whole Leg-Left
3515107 Leg-Whole Leg-Right
3515109 Foot-Whole Foot-Left
3515111 Foot-Whole Foot-Right

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Data Element Comment |
| Element eExam.16 - Extremities Assessment represents Version 2.2.1 NHTSA Injury Matrix elements E15_08 Upper Extremities and E15_10 Lower Extremities AND E16_17 Extremities-Right Upper Assessment, E16_18 Extremities-Right Lower Assessment, E16_19 Extremities-Left Upper Assessment, and E16_20 Extremities-Left Lower Assessment. The element value choices have been combined and expanded. |

eExam.16 - Extremities Assessment

Definition

The assessment findings associated with the patient's extremities.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E16_17 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|----------------------------------|
| 3516001 | Abrasion |
| 3516003 | Amputation-Acute |
| 3516005 | Amputation-Previous |
| 3516007 | Avulsion |
| 3516009 | Bleeding Controlled |
| 3516011 | Bleeding Uncontrolled |
| 3516013 | Burn-Blistering |
| 3516015 | Burn-Charring |
| 3516017 | Burn-Redness |
| 3516019 | Burn-White/Waxy |
| 3516021 | Clubbing (of fingers) |
| 3516023 | Crush Injury |
| 3516025 | Deformity |
| 3516027 | Dislocation |
| 3516029 | Edema |
| 3516031 | Foreign Body |
| 3516033 | Fracture-Closed |
| 3516035 | Fracture-Open |
| 3516041 | Laceration |
| 3516043 | Motor Function-Abnormal/Weakness |
| 3516045 | Motor Function-Absent |
| 3516047 | Motor Function-Normal |
| 3516049 | Normal |
| 3516051 | Not Done |
| 3516053 | Pain |
| 3516055 | Paralysis |
| 3516057 | Pulse-Abnormal |
| 3516059 | Pulse-Absent |
| 3516061 | Pulse-Normal |
| 3516063 | Puncture/Stab Wound |
| 3516065 | Sensation-Abnormal |
| 3516067 | Sensation-Absent |
| 3516069 | Sensation-Normal |
| 3516075 | Tenderness |
| 3516077 | Gunshot Wound |
| 3516079 | Swelling |
| 3516081 | Contusion |
| 3516083 | Arm Drift |

Data Element Comment

Element eExam.16 - Extremities Assessment represents Version 2.2.1 NHTSA Injury Matrix elements E15_08 Upper Extremities and E15_10 Lower Extremities AND E16_17 Extremities-Right Upper Assessment, E16_18 Extremities-Right Lower Assessment, E16_19 Extremities-Left Upper Assessment, and E16_20 Extremities-Left Lower Assessment. The element value choices have been combined and expanded.

eExam.17 - Eye Assessment Finding Location

Definition

The location of the patient's eye assessment findings.

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

Code List

| Code | Description |
|---------|-------------|
| 3517001 | Bilateral |
| 3517003 | Left |
| 3517005 | Right |

Data Element Comment

Element eExam.17 - Eye Assessment Finding Location represents Version 2.2.1 elements E16_21 Eyes-Left Assessment and E16_22 Eyes-Right Assessment. The eye location value choices have been expanded.

eExam.18 - Eye Assessment

Definition

The assessment findings of the patient's eye examination.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E16_21 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

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

Code List

| Code | Description |
|---------|--------------------------|
| 3518001 | 1-mm |
| 3518003 | 2-mm |
| 3518005 | 3-mm |
| 3518007 | 4-mm |
| 3518009 | 5-mm |
| 3518011 | 6-mm |
| 3518013 | 7-mm |
| 3518015 | 8-mm or > |
| 3518017 | Blind |
| 3518019 | Cataract Present |
| 3518021 | Clouded |
| 3518023 | Deformity |
| 3518025 | Dysconjugate Gaze |
| 3518027 | Foreign Body |
| 3518029 | Glaucoma Present |
| 3518031 | Hyphema |
| 3518033 | Jaundiced Sclera |
| 3518035 | Missing |
| 3518037 | Non-Reactive |
| 3518039 | Not Done |
| 3518041 | Non-Reactive Prosthetic |
| 3518043 | Nystagmus Noted |
| 3518045 | Open Globe |
| 3518047 | PERRL |
| 3518049 | Pupil-Irregular/Teardrop |
| 3518051 | Reactive |
| 3518053 | Sluggish |
| 3518055 | Swelling |
| 3518057 | Contusion |
| 3518059 | Puncture/Stab Wound |
| 3518061 | Dilated |
| 3518063 | Pin Point |

Data Element Comment

Element eExam.18 - Eye Assessment represents Version 2.2.1 elements E16_21 Eyes-Left Assessment and E16_22 Eyes-Right Assessment. The eye assessment value choices have been combined and expanded.

eExam.22 - Lung Assessment Finding Location**Definition**

The location of the patient's lung assessment findings.

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

Code List

| Code | Description |
|---------|-------------|
| 3522001 | Left |
| 3522003 | Right |
| 3522005 | Bilateral |

Data Element Comment

eExam.23 - Lung Assessment

Definition

The assessment findings associated with the patient's lungs.

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

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

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

Code List

| Code | Description |
|---------|---------------------------------|
| 3523001 | Breath Sounds-Absent |
| 3523003 | Breath Sounds-Decreased |
| 3523005 | Breath Sounds-Equal |
| 3523007 | Breath Sounds-Normal |
| 3523009 | Foreign Body |
| 3523011 | Increased Respiratory Effort |
| 3523013 | Normal |
| 3523015 | Not Done |
| 3523017 | Pain |
| 3523019 | Pain with Inspiraton/Expiration |
| 3523021 | Rales |
| 3523023 | Rhonchi |
| 3523025 | Rhonchi/Wheezing |
| 3523027 | Stridor |
| 3523029 | Wheezing-Expiratory |
| 3523031 | Wheezing-Inspiratory |

Data Element Comment

eExam.24 - Chest Assessment Finding Location

Definition

The location of the patient's chest assessment findings.

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

Code List

| Code | Description |
|---------|---------------------|
| 3524001 | Left - Anterior |
| 3524003 | Left - Posterior |
| 3524005 | Right - Anterior |
| 3524007 | Right - Posterior |
| 3524009 | General - Anterior |
| 3524011 | General - Posterior |
| 3524013 | Left - Side |
| 3524015 | Right - Side |

Data Element Comment

eExam.25 - Chest Assessment

Definition

The assessment findings associated with the patient's chest.

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

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

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

Code List

| Code | Description |
|---------|---------------------------------------|
| 3525001 | Abrasion |
| 3525003 | Avulsion |
| 3525005 | Accessory Muscles Used with Breathing |
| 3525007 | Bleeding Controlled |
| 3525009 | Bleeding Uncontrolled |
| 3525011 | Burn-Blistering |
| 3525013 | Burn-Charring |
| 3525015 | Burn-Redness |
| 3525017 | Burn-White/Waxy |
| 3525019 | Crush Injury |
| 3525021 | Deformity |
| 3525023 | Flail Segment |
| 3525025 | Implanted Device |
| 3525027 | Laceration |
| 3523029 | Normal |
| 3525031 | Not Done |
| 3525033 | Pain |
| 3525035 | Pain with Inspiration/Expiration |
| 3525037 | Puncture/Stab Wound |
| 3523039 | Retraction |
| 3525041 | Tenderness |
| 3525043 | Gunshot Wound |
| 3525045 | Swelling |
| 3525047 | Contusion |
| 3523049 | Tenderness-General |

Data Element Comment

eExam.19 - Mental Status Assessment

Definition

The assessment findings of the patient's mental status examination.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E16_23 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Cardiac Arrest Stroke

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

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

Code List

| Code | Description |
|---------|--------------------------------------------------|
| 3519001 | Combative |
| 3519003 | Confused |
| 3519005 | Hallucinations |
| 3519007 | Normal Baseline for Patient |
| 3519009 | Not Done |
| 3519011 | Oriented-Person |
| 3519013 | Oriented-Place |
| 3519015 | Oriented-Event |
| 3519017 | Oriented-Time |
| 3519021 | Unresponsive |
| 3519023 | Agitation |
| 3519025 | Somnolent |
| 3519027 | Stupor |
| 3519029 | Altered mental status, unspecified |
| 3519031 | Developmentally Impaired |
| 3519033 | Disorientation, unspecified |
| 3519035 | Pharmacologically Paralyzed |
| 3519037 | Pharmacologically Sedated |
| 3519039 | Psychologically Impaired |
| 3519041 | Slowness and poor responsiveness |
| 3519043 | State of emotional shock and stress, unspecified |
| 3519045 | Strange and inexplicable behavior |
| 3519047 | Uncooperative |
| 3519049 | Unspecified coma |

Data Element Comment

Element eExam.19 - Mental Status Assessment represents Version 2.2.1 element E16_23 Mental Status Assessment. The element value choices have been expanded.

eExam.20 - Neurological Assessment

Definition

The assessment findings of the patient's neurological examination.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | No |
| Version 2 Element | E16_24 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Cardiac Arrest Stroke

Attributes

Pertinent Negatives (PN)

8801005 - Exam Finding Not Present

CorrelationID

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

Code List

| Code | Description |
|---------|------------------------------|
| 3520001 | Aphagia |
| 3520003 | Aphasia |
| 3520005 | Cerebellar Function-Abnormal |
| 3520007 | Cerebellar Function-Normal |
| 3520009 | Decerebrate Posturing |
| 3520011 | Decorticate Posturing |
| 3520013 | Gait-Abnormal |
| 3520015 | Gait-Normal |
| 3520017 | Hemiplegia-Left |
| 3520019 | Hemiplegia-Right |
| 3520021 | Normal Baseline for Patient |
| 3520023 | Not Done |
| 3520026 | Status Seizure |
| 3520055 | Other Seizures |
| 3520027 | Speech Normal |
| 3520029 | Speech Slurring |
| 3520031 | Strength-Asymmetric |
| 3520033 | Strength-Normal |
| 3520035 | Strength-Symmetric |
| 3520037 | Tremors |
| 3520039 | Weakness-Facial Droop-Left |
| 3520041 | Weakness-Facial Droop-Right |
| 3520043 | Weakness-Left Sided |
| 3520045 | Weakness-Right Sided |
| 3520051 | Arm Drift-Left |
| 3520053 | Arm Drift-Right |

Data Element Comment

Element eExam.20 - Neurological Assessment represents Version 2.2.1 element E16_24 Neurological Assessment. The element value choices have been expanded.

eExam.21 - Stroke/CVA Symptoms Resolved

Definition

Indication if the Stroke/CVA Symptoms resolved and when.

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

Associated Performance Measure Initiatives

Stroke

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Pertinent Negatives (PN)

8801023 - Unable to Complete

Code List

Code Description

3521001 No
 3521003 Yes-Resolved Prior to EMS Arrival
 3521005 Yes-Resolved in EMS Presence

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Stroke/CVA Symptoms Resolved is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Stroke/CVA Symptoms Resolved has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When Stroke/CVA Symptoms Resolved has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |

eProtocols

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

| eProtocols | | | | |
|------------|---------------------------------------|----------------|----------------|----------------------------------|
| 1 : M | eProtocols.ProtocolGroup | | | C |
| 1 : 1 | eProtocols.01 - Protocols Used | N | S | R N, L |
| 0 : 1 | eProtocols.02 - Protocol Age Category | S | E | N, L |
| eProtocols | | | | |

eProtocols.01 - Protocols Used

Definition

The protocol used by EMS personnel to direct the clinical care of the patient.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E17_01 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|----------------------------------------------------------------------------|
| 9914001 | Airway |
| 9914003 | Airway-Failed |
| 9914005 | Airway-Obstruction/Foreign Body |
| 9914007 | Airway-Rapid Sequence Induction (RSI-Paralytic) |
| 9914009 | Airway-Sedation Assisted (Non-Paralytic) |
| 9914011 | Cardiac Arrest-Asystole |
| 9914013 | Cardiac Arrest-Hypothermia-Therapeutic |
| 9914015 | Cardiac Arrest-Pulseless Electrical Activity |
| 9914017 | Cardiac Arrest-Ventricular Fibrillation/ Pulseless Ventricular Tachycardia |
| 9914019 | Cardiac Arrest-Post Resuscitation Care |
| 9914021 | Environmental-Altitude Sickness |
| 9914023 | Environmental-Cold Exposure |
| 9914025 | Environmental-Frostbite/Cold Injury |
| 9914027 | Environmental-Heat Exposure/Exhaustion |
| 9914029 | Environmental-Heat Stroke/Hyperthermia |
| 9914031 | Environmental-Hypothermia |
| 9914033 | Exposure-Airway/Inhalation Irritants |
| 9914035 | Exposure-Biological/Infectious |
| 9914037 | Exposure-Blistering Agents |
| 9914041 | Exposure-Chemicals to Eye |
| 9914043 | Exposure-Cyanide |
| 9914045 | Exposure-Explosive/ Blast Injury |
| 9914047 | Exposure-Nerve Agents |
| 9914049 | Exposure-Radiologic Agents |
| 9914051 | General-Back Pain |
| 9914053 | General-Behavioral/Patient Restraint |
| 9914055 | General-Cardiac Arrest |
| 9914057 | General-Dental Problems |
| 9914059 | General-Epistaxis |
| 9914061 | General-Fever |
| 9914063 | General-Individualized Patient Protocol |
| 9914065 | General-Indwelling Medical Devices/Equipment |
| 9914067 | General-IV Access |
| 9914069 | General-Medical Device Malfunction |
| 9914071 | General-Pain Control |
| 9914073 | General-Spinal Immobilization/Clearance |
| 9914075 | General-Universal Patient Care/ Initial Patient Contact |
| 9914077 | Injury-Amputation |
| 9914079 | Injury-Bites and Envenomations-Land |
| 9914081 | Injury-Bites and Envenomations-Marine |
| 9914083 | Injury-Bleeding/ Hemorrhage Control |

9914085 Injury-Burns-Thermal
9914087 Injury-Cardiac Arrest
9914089 Injury-Crush Syndrome
9914091 Injury-Diving Emergencies
9914093 Injury-Drowning/Near Drowning
9914095 Injury-Electrical Injuries
9914097 Injury-Extremity
9914099 Injury-Eye
9914101 Injury-Head
9914103 Injury-Impaled Object
9914105 Injury-Multisystem
9914107 Injury-Spinal Cord
9914109 Medical-Abdominal Pain
9914111 Medical-Allergic Reaction/Anaphylaxis
9914113 Medical-Altered Mental Status
9914115 Medical-Bradycardia
9914117 Medical-Cardiac Chest Pain
9914119 Medical-Diarrhea
9914121 Medical-Hyperglycemia
9914123 Medical-Hypertension
9914125 Medical-Hypoglycemia/Diabetic Emergency
9914127 Medical-Hypotension/Shock (Non-Trauma)
9914129 Medical-Influenza-Like Illness/ Upper Respiratory Infection
9914131 Medical-Nausea/Vomiting
9914133 Medical-Newborn/ Neonatal Resuscitation
9914135 General-Overdose/Poisoning/Toxic Ingestion
9914137 Medical-Pulmonary Edema/CHF
9914139 Medical-Respiratory Distress/Asthma/COPD/Reactive Airway
9914141 Medical-Seizure
9914143 Medical-ST-Elevation Myocardial Infarction (STEMI)
9914145 Medical-Stroke/TIA
9914147 Medical-Supraventricular Tachycardia (Including Atrial Fibrillation)
9914149 Medical-Syncope
9914151 Medical-Ventricular Tachycardia (With Pulse)
9914153 Not Done
9914155 OB/GYN-Childbirth/Labor/Delivery
9914157 OB/GYN-Eclampsia
9914159 OB/GYN-Gynecologic Emergencies
9914161 OB/GYN-Pregnancy Related Emergencies
9914163 OB/GYN-Post-partum Hemorrhage
9914165 Other
9914167 Exposure-Carbon Monoxide
9914169 Cardiac Arrest-Do Not Resuscitate
9914171 Cardiac Arrest-Special Resuscitation Orders
9914173 Exposure-Smoke Inhalation
9914175 General-Community Paramedicine / Mobile Integrated Healthcare
9914177 General-Exception Protocol
9914179 General-Extended Care Guidelines
9914181 General-Interfacility Transfers
9914183 General-Law Enforcement - Blood for Legal Purposes
9914185 General-Law Enforcement - Assist with Law Enforcement Activity
9914187 General-Neglect or Abuse Suspected
9914189 General-Refusal of Care
9914191 Injury-Mass/Multiple Casualties
9914193 Injury-Thoracic
9914195 Medical-Adrenal Insufficiency
9914197 Medical-Apparent Life Threatening Event (ALTE)
9914199 Medical-Tachycardia
9914201 Cardiac Arrest-Determination of Death / Withholding Resuscitative Efforts
9914203 Injury-Conducted Electrical Weapon (e.g., Taser)
9914205 Injury-Facial Trauma
9914207 Injury-General Trauma Management
9914209 Injury-Lightning/Lightning Strike
9914211 Injury-SCUBA Injury/Accidents
9914213 Injury-Topical Chemical Burn
9914215 Medical-Beta Blocker Poisoning/Overdose
9914217 Medical-Calcium Channel Blocker Poisoning/Overdose
9914219 Medical-Opioid Poisoning/Overdose
9914221 Medical-Respiratory Distress-Bronchitis

Data Element Comment

Protocols are grouped into Airway, Environmental, Exposure, General, Injury, Medical, and OB/GYN.

There is a new data element eProtocols.02 to indicate whether the protocol is Adult, Pediatric, or General (both).

State and local entities can add additional protocols to the list but the additional protocols must map to these uniform codes. The protocol code list should be derived from dConfiguration.05 and/or dConfiguration.10

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Protocols Used is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Protocols Used has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eProtocols.02 - Protocol Age Category

Definition

The age group the protocol is written to address.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|----------------|
| 3602001 | Adult Only |
| 3602003 | General |
| 3602005 | Pediatric Only |

Data Element Comment

Protocols are grouped into Airway, Environmental, Exposure, General, Injury, Medical, and OB/GYN. -There is a new data element to indicate whether the protocol is Adult, Pediatric, or General (both).

Version 3 Changes Implemented

Added to better document protocol use.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Protocol Age Category is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Protocol Age Category has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eMedications

Legend

Dataset Level: **N** National **S** State **D** Deprecated

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

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

eMedications

| | | | | | |
|-------|-------------------------------------------------------------------------|--|--|--|---------------|
| 1 : M | eMedications.MedicationGroup | | | | C |
| 1 : 1 | eMedications.01 - Date/Time Medication Administered | | | | N S R N, L |
| 1 : 1 | eMedications.02 - Medication Administered Prior to this Unit's EMS Care | | | | N S R N, L |
| 1 : 1 | eMedications.03 - Medication Administered | | | | N S R N, L, P |
| 1 : 1 | eMedications.04 - Medication Administered Route | | | | N S R N, L, P |
| 1 : 1 | eMedications.DosageGroup | | | | |
| 1 : 1 | eMedications.05 - Medication Dosage | | | | N S R N, L |
| 1 : 1 | eMedications.06 - Medication Dosage Units | | | | N S R N, L |
| 1 : 1 | eMedications.07 - Response to Medication | | | | N S R N, L |
| 1 : M | eMedications.08 - Medication Complication | | | | N S R N, L C |
| 0 : 1 | eMedications.09 - Medication Crew (Healthcare Professionals) ID | | | | S E N, L |
| 1 : 1 | eMedications.10 - Role/Type of Person Administering Medication | | | | N S R N, L |
| 0 : 1 | eMedications.11 - Medication Authorization | | | | O |
| 0 : 1 | eMedications.12 - Medication Authorizing Physician | | | | O |

eMedications

eMedications.01 - Date/Time Medication Administered

Definition

The date/time medication administered to the patient.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E18_01 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Date/Time Medication Administered is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |

| | | |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e002 | Error | When Date/Time Medication Administered has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e136 | Warning | Date/Time Medication Administered should be recorded, unless Medication Administered Prior to this Unit's EMS Care is "Yes". |
| nemSch_e137 | Warning | Date/Time Medication Administered should not be earlier than Unit Notified by Dispatch Date/Time, unless Medication Administered Prior to this Unit's EMS Care is "Yes". |
| nemSch_e138 | Warning | Date/Time Medication Administered should not be earlier than Arrived at Patient Date/Time, unless Medication Administered Prior to this Unit's EMS Care is "Yes". |
| nemSch_e139 | Warning | Date/Time Medication Administered should not be later than Destination Patient Transfer of Care Date/Time. |
| nemSch_e140 | Warning | Date/Time Medication Administered should not be later than Unit Back in Service Date/Time. |
| nemSch_e141 | Warning | Date/Time Medication Administered should not be later than Arrived at Patient Date/Time when Medication Administered Prior to this Unit's EMS Care is "Yes". |

State

National

eMedications.02 - Medication Administered Prior to this Unit's EMS Care

Definition

Indicates that the medication administration which is documented was administered prior to this EMS units care.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E18_02 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

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

Data Element Comment

This is the NEMSIS Version 3 method to document prior aid.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Medication Administered Prior to this Unit's EMS Care is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Medication Administered Prior to this Unit's EMS Care has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e136 | Warning | Date/Time Medication Administered should be recorded, unless Medication Administered Prior to this Unit's EMS Care is "Yes". |
| nemSch_e137 | Warning | Date/Time Medication Administered should not be earlier than Unit Notified by Dispatch Date/Time, unless Medication Administered Prior to this Unit's EMS Care is "Yes". |
| nemSch_e138 | Warning | Date/Time Medication Administered should not be earlier than Arrived at Patient Date/Time, unless Medication Administered Prior to this Unit's EMS Care is "Yes". |
| nemSch_e139 | Warning | Date/Time Medication Administered should not be later than Destination Patient Transfer of Care Date/Time. |
| nemSch_e140 | Warning | Date/Time Medication Administered should not be later than Unit Back in Service Date/Time. |
| nemSch_e141 | Warning | Date/Time Medication Administered should not be later than Arrived at Patient Date/Time when Medication Administered Prior to this Unit's EMS Care is "Yes". |
| nemSch_e146 | Warning | Medication Administered Route should be recorded, unless Medication Administered Prior to this Unit's EMS Care is "Yes". |
| nemSch_e147 | Warning | Medication Dosage should be recorded, unless Medication Administered Prior to this Unit's EMS Care is "Yes". |
| nemSch_e148 | Warning | Medication Dosage Units should be recorded, unless Medication Administered Prior to this Unit's EMS Care is "Yes". |

eMedications.03 - Medication Administered

Definition

The medication administered to the patient.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E18_03 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801001 - Contraindication Noted 8801003 - Denied By Order 8801007 - Medication Allergy
 8801009 - Medication Already Taken 8801019 - Refused 8801023 - Unable to Complete
 8801027 - Order Criteria Not Met

Code Type

9924003 - RxNorm 9924005 - SNOMED-CT

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 9 |

Data Element Comment

List of medications based on RxNorm (RXCU) code and SNOMED-CT codes for blood products.

Reference the NEMSIS Suggested Lists at: <https://nemsis.org/technical-resources/version-3/version-3-resource-repository/>

RxNorm

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

Product - RxNorm Full Monthly Release

SNOMED-CT

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

Product: Product - UMLS Metathesaurus.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Medication Administered is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Medication Administered has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e006 | Error | When Medication Administered has a Pertinent Negative, it should have a value and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |
| nemSch_e142 | Warning | Medication Administered should be recorded when a medication is administered. |
| nemSch_e143 | Error | Medication Administered should be a code of between 2 and 7 digits when Code Type is "RxNorm". |
| nemSch_e144 | Error | Medication Administered should be a SNOMED code specifically allowed in the data dictionary when Code Type is "SNOMED". |

Medication Administered should be an RxNorm code of between 2 and 7 digits or a SNOMED code specifically allowed in the data dictionary.

State

National

eMedications.04 - Medication Administered Route

Definition

The route medication was administered to the patient.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E18_04 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Pertinent Negatives (PN)

8801023 - Unable to Complete

Code List

| Code | Description |
|---------|---------------------------|
| 9927001 | Blow-By |
| 9927003 | Buccal |
| 9927005 | Endotracheal Tube (ET) |
| 9927007 | Gastrostomy Tube |
| 9927009 | Inhalation |
| 9927011 | Intraarterial |
| 9927013 | Intradermal |
| 9927015 | Intramuscular (IM) |
| 9927017 | Intranasal |
| 9927019 | Intraocular |
| 9927021 | Intraosseous (IO) |
| 9927023 | Intravenous (IV) |
| 9927025 | Nasal Cannula |
| 9927027 | Nasogastric |
| 9927029 | Nasotracheal Tube |
| 9927031 | Non-Rebreather Mask |
| 9927033 | Ophthalmic |
| 9927035 | Oral |
| 9927037 | Other/miscellaneous |
| 9927039 | Otic |
| 9927041 | Re-breather mask |
| 9927043 | Rectal |
| 9927045 | Subcutaneous |
| 9927047 | Sublingual |
| 9927049 | Topical |
| 9927051 | Tracheostomy |
| 9927053 | Transdermal |
| 9927055 | Urethral |
| 9927057 | Ventimask |
| 9927059 | Wound |
| 9927061 | Portacath |
| 9927063 | Auto Injector |
| 9927065 | BVM |
| 9927067 | CPAP |
| 9927069 | IV Pump |
| 9927071 | Nebulizer |
| 9927073 | Umbilical Artery Catheter |
| 9927075 | Umbilical Venous Catheter |

Data Element Comment

This medication route list represents a sub-group of values from the Data Elements for Emergency Department Systems (DEEDS), pertaining to prehospital care.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Medication Administered Route is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Medication Administered Route has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e008 | Error | When Medication Administered Route has a Pertinent Negative, it should be empty and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |
| nemSch_e146 | Warning | Medication Administered Route should be recorded, unless Medication Administered Prior to this Unit's EMS Care is "Yes". |

eMedications.05 - Medication Dosage

Definition

The dose or amount of the medication administered to the patient.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E18_05 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Constraints

| | | |
|------------------|--------------------|-----------------------|
| Data Type | totalDigits | fractionDigits |
| decimal | 9 | 3 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Medication Dosage is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Medication Dosage has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e147 | Warning | Medication Dosage should be recorded, unless Medication Administered Prior to this Unit's EMS Care is "Yes". |

eMedications.06 - Medication Dosage Units

Definition

The unit of medication dosage administered to patient.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E18_06 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------------------------------------------|
| 3706001 | Grams (gms) |
| 3706003 | Inches (in) |
| 3706005 | International Units (IU) |
| 3706007 | Keep Vein Open (kvo) |
| 3706009 | Liters (l) |
| 3706013 | Metered Dose (MDI) |
| 3706015 | Micrograms (mcg) |
| 3706017 | Micrograms per Kilogram per Minute (mcg/kg/min) |
| 3706019 | Milliequivalents (mEq) |
| 3706021 | Milligrams (mg) |
| 3706023 | Milligrams per Kilogram Per Minute (mg/kg/min) |
| 3706025 | Milliliters (ml) |
| 3706027 | Milliliters per Hour (ml/hr) |
| 3706029 | Other |
| 3706031 | Centimeters (cm) |
| 3706033 | Drops (gtts) |
| 3706035 | Liters Per Minute (LPM [gas]) |
| 3706037 | Micrograms per Minute (mcg/min) |
| 3706039 | Milligrams per Kilogram (mg/kg) |
| 3706041 | Milligrams per Minute (mg/min) |
| 3706043 | Puffs |
| 3706045 | Units per Hour (units/hr) |
| 3706047 | Micrograms per Kilogram (mcg/kg) |
| 3706049 | Units |
| 3706051 | Units per Kilogram per Hour (units/kg/hr) |
| 3706053 | Units per Kilogram (units/kg) |
| 3706055 | Milligrams per Hour (mg/hr) |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Medication Dosage Units is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Medication Dosage Units has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e148 | Warning | Medication Dosage Units should be recorded, unless Medication Administered Prior to this Unit's EMS Care is "Yes". |

State

National

eMedications.07 - Response to Medication

Definition

The patient's response to the medication.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E18_07 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

Code Description

9916001 Improved
 9916003 Unchanged
 9916005 Worse

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Response to Medication is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Response to Medication has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eMedications.08 - Medication Complication

Definition

Any complication (abnormal effect on the patient) associated with the administration of the medication to the patient by EMS.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E18_08 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

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

Code List

| Code | Description |
|---------|-----------------------|
| 3708001 | Altered Mental Status |
| 3708003 | Apnea |
| 3708005 | Bleeding |
| 3708007 | Bradycardia |
| 3708009 | Bradypnea |
| 3708011 | Diarrhea |
| 3708013 | Extravasation |
| 3708015 | Hypertension |
| 3708017 | Hyperthermia |
| 3708019 | Hypotension |
| 3708021 | Hypothermia |
| 3708023 | Hypoxia |
| 3708025 | Injury |
| 3708029 | Nausea |
| 3708031 | None |
| 3708033 | Other |
| 3708035 | Respiratory Distress |
| 3708037 | Tachycardia |
| 3708039 | Tachypnea |
| 3708041 | Vomiting |
| 3708043 | Itching |
| 3708045 | Urticaria |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Medication Complication is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Medication Complication has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e149 | Warning | When Medication Complication is "None", no other value should be recorded. |

eMedications.09 - Medication Crew (Healthcare Professionals) ID

Definition

The statewide assigned ID number of the EMS crew member giving the treatment to the patient.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E18_09 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

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

Data Element Comment

How should the state ID for an EMS professional be record when working on an event in 2 states. The ID used would typically be based on the EMS agency's state license specific to each EMS professional. Used for eProcedures.09 (Procedure Crew Members ID) as well.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Medication Crew (Healthcare Professionals) ID is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Medication Crew (Healthcare Professionals) ID has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eMedications.10 - Role/Type of Person Administering Medication

Definition

The type (level) of EMS or Healthcare Professional Administering the Medication. For medications administered prior to EMS arrival, this may be a non-EMS healthcare professional.

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|----------------------------------------------|
| 9905001 | Advanced Emergency Medical Technician (AEMT) |
| 9905002 | Emergency Medical Technician - Intermediate |
| 9905003 | Emergency Medical Responder (EMR) |
| 9905005 | Emergency Medical Technician (EMT) |
| 9905007 | Paramedic |
| 9905019 | Other Healthcare Professional |
| 9905021 | Other Non-Healthcare Professional |
| 9905025 | Physician |
| 9905027 | Respiratory Therapist |
| 9905029 | Student |
| 9905031 | Critical Care Paramedic |
| 9905033 | Community Paramedicine |
| 9905035 | Nurse Practitioner |
| 9905037 | Physician Assistant |
| 9905039 | Licensed Practical Nurse (LPN) |
| 9905041 | Registered Nurse |
| 9905043 | Patient |
| 9905045 | Lay Person |
| 9905047 | Law Enforcement |
| 9905049 | Family Member |
| 9905051 | Fire Personnel (non EMS) |

Data Element Comment

Added to document the type of healthcare professional administering the medication. This could be auto-completed from the crew ID but is necessary to document medication administration prior to EMS arrival. State may maintain an enumerated list but must collapse to the National Standard.

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

Version 3 Changes Implemented

Added to better document the type of healthcare professional who administered the medication.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Role/Type of Person Administering Medication is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Role/Type of Person Administering Medication has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e150 | Warning | Role/Type of Person Administering Medication should be recorded, unless Medication Administered Prior to this Unit's EMS Care is "Yes". |

eMedications.11 - Medication Authorization

Definition

The type of treatment authorization obtained.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E18_10 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-----------------------------------|
| 9918001 | On-Line (Remote Verbal Order) |
| 9918003 | On-Scene |
| 9918005 | Protocol (Standing Order) |
| 9918007 | Written Orders (Patient Specific) |

Data Element Comment

eMedications.12 - Medication Authorizing Physician

Definition

The name of the authorizing physician ordering the medication administration if the order was provided by any manner other than protocol (standing order) in eMedications.11.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E18_11 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 255 |

Data Element Comment

eProcedures

Legend

Dataset Level: **N** National **S** State **D** Deprecated

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

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

eProcedures

| 1:M | eProcedures.ProcedureGroup | | | | |
|-----|--------------------------------------------------------------------|---|---|---|---------|
| 1:1 | eProcedures.01 - Date/Time Procedure Performed | N | S | R | N, L |
| 1:1 | eProcedures.02 - Procedure Performed Prior to this Unit's EMS Care | N | S | R | N, L |
| 1:1 | eProcedures.03 - Procedure | N | S | R | N, L, P |
| 0:1 | eProcedures.04 - Size of Procedure Equipment | O | | | |
| 1:1 | eProcedures.05 - Number of Procedure Attempts | N | S | R | N, L |
| 1:1 | eProcedures.06 - Procedure Successful | N | S | R | N, L |
| 1:M | eProcedures.07 - Procedure Complication | N | S | R | N, L, C |
| 1:1 | eProcedures.08 - Response to Procedure | N | S | R | N, L |
| 0:1 | eProcedures.09 - Procedure Crew Members ID | S | E | | N, L |
| 1:1 | eProcedures.10 - Role/Type of Person Performing the Procedure | N | S | R | N, L |
| 0:1 | eProcedures.11 - Procedure Authorization | O | | | |
| 0:1 | eProcedures.12 - Procedure Authorizing Physician | O | | | |
| 0:1 | eProcedures.13 - Vascular Access Location | S | E | | N, L |

eProcedures

eProcedures.01 - Date/Time Procedure Performed

Definition

The date/time the procedure was performed on the patient.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E19_01 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Date/Time Procedure Performed is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |

| | | |
|-------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e002 | Error | When Date/Time Procedure Performed has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e151 | Warning | Date/Time Procedure Performed should be recorded, unless Procedure Performed Prior to this Unit's EMS Care is "Yes". |
| nemSch_e152 | Warning | Date/Time Procedure Performed should not be earlier than Unit Notified by Dispatch Date/Time, unless Procedure Performed Prior to this Unit's EMS Care is "Yes". |
| nemSch_e153 | Warning | Date/Time Procedure Performed should not be earlier than Arrived at Patient Date/Time, unless Procedure Performed Prior to this Unit's EMS Care is "Yes". |
| nemSch_e154 | Warning | Date/Time Procedure Performed should not be later than Destination Patient Transfer of Care Date/Time. |
| nemSch_e155 | Warning | Date/Time Procedure Performed should not be later than Unit Back in Service Date/Time. |
| nemSch_e156 | Warning | Date/Time Procedure Performed should not be later than Arrived at Patient Date/Time when Procedure Performed Prior to this Unit's EMS Care is "Yes". |

eProcedures.02 - Procedure Performed Prior to this Unit's EMS Care

Definition

Indicates that the procedure which was performed and documented was performed prior to this EMS units care.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E19_02 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

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

Data Element Comment

This is the NEMSIS Version 3 method to document prior aid.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Procedure Performed Prior to this Unit's EMS Care is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Procedure Performed Prior to this Unit's EMS Care has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e151 | Warning | Date/Time Procedure Performed should be recorded, unless Procedure Performed Prior to this Unit's EMS Care is "Yes". |
| nemSch_e152 | Warning | Date/Time Procedure Performed should not be earlier than Unit Notified by Dispatch Date/Time, unless Procedure Performed Prior to this Unit's EMS Care is "Yes". |
| nemSch_e153 | Warning | Date/Time Procedure Performed should not be earlier than Arrived at Patient Date/Time, unless Procedure Performed Prior to this Unit's EMS Care is "Yes". |
| nemSch_e154 | Warning | Date/Time Procedure Performed should not be later than Destination Patient Transfer of Care Date/Time. |
| nemSch_e155 | Warning | Date/Time Procedure Performed should not be later than Unit Back in Service Date/Time. |
| nemSch_e156 | Warning | Date/Time Procedure Performed should not be later than Arrived at Patient Date/Time when Procedure Performed Prior to this Unit's EMS Care is "Yes". |
| nemSch_e159 | Warning | Role/Type of Person Performing the Procedure should be recorded, unless Procedure Performed Prior to this Unit's EMS Care is "Yes". |

eProcedures.03 - Procedure

Definition

The procedure performed on the patient.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | Yes |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E19_03 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801001 - Contraindication Noted 8801003 - Denied By Order 8801019 - Refused
8801023 - Unable to Complete 8801027 - Order Criteria Not Met

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | maxInclusive | minInclusive |
| integer | 9999999999999999 | 100000 |

Data Element Comment

Procedures which are recorded as a Vital Sign do not have to be documented in the Procedure Section.
Code list is represented in SNOMEDCT. Reference the NEMSIS Suggested Lists at:
<https://nemsis.org/technical-resources/version-3/version-3-resource-repository/>

SNOMEDCT

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

Product: Product - UMLS Metathesaurus

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Procedure is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Procedure has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e007 | Error | When Procedure has a Pertinent Negative, it should have a value and it should not have a Not Value (Not Applicable, Not Recorded, or Not Reporting). |
| nemSch_e157 | Warning | Procedure should be recorded when a Procedure is performed. |

eProcedures.04 - Size of Procedure Equipment

Definition

The size of the equipment used in the procedure on the patient.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E19_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

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

Data Element Comment

Need business logic to require detail of size appropriate for the procedure.

eProcedures.05 - Number of Procedure Attempts

Definition

The number of attempts taken to complete a procedure or intervention regardless of success.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E19_05 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 1 | 10 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Number of Procedure Attempts is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Number of Procedure Attempts has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eProcedures.06 - Procedure Successful

Definition

Indicates that this individual procedure attempt which was performed on the patient was successful.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E19_06 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

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

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Procedure Successful is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Procedure Successful has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eProcedures.07 - Procedure Complication

Definition

Any complication (abnormal effect on the patient) associated with the performance of the procedure on the patient.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E19_07 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Pediatric Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|-----------------------------------|
| 3907001 | Altered Mental Status |
| 3907003 | Apnea |
| 3907005 | Bleeding |
| 3907007 | Bradypnea |
| 3907009 | Diarrhea |
| 3907011 | Esophageal Intubation-immediately |
| 3907013 | Esophageal Intubation-other |
| 3907015 | Extravasation |
| 3907017 | Hypertension |
| 3907019 | Hyperthermia |
| 3907021 | Hypotension |
| 3907023 | Hypothermia |
| 3907025 | Hypoxia |
| 3907027 | Injury |
| 3907031 | Nausea |
| 3907033 | None |
| 3907035 | Other |
| 3907039 | Respiratory Distress |
| 3907041 | Tachycardia |
| 3907043 | Tachypnea |
| 3907045 | Vomiting |
| 3907047 | Bradycardia |
| 3907049 | Itching |
| 3907051 | Urticaria |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Procedure Complication is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Procedure Complication has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e158 | Warning | When Procedure Complication is "None", no other value should be recorded. |

eProcedures.08 - Response to Procedure

Definition

The patient's response to the procedure.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E19_08 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------|
| 9916001 | Improved |
| 9916003 | Unchanged |
| 9916005 | Worse |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Response to Procedure is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Response to Procedure has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eProcedures.09 - Procedure Crew Members ID

Definition

The statewide assigned ID number of the EMS crew member performing the procedure on the patient.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E19_09 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

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

Data Element Comment

For an incident that occurs in multiple states, the certification ID number the EMS agency would typically use is based on the EMS agency's state license specific to each EMS professional. If the incident needs to be reported to each state, then the EMS Agency Number for each state should be submitted as well as the certification ID numbers for each EMS professional on the unit.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Procedure Crew Members ID is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Procedure Crew Members ID has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

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

Definition

The type (level) of EMS or Healthcare Professional performing the procedure. For procedures performed prior to EMS arrival, this may be a non-EMS healthcare professional.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|----------------------------------------------|
| 9905001 | Advanced Emergency Medical Technician (AEMT) |
| 9905002 | Emergency Medical Technician - Intermediate |
| 9905003 | Emergency Medical Responder (EMR) |
| 9905005 | Emergency Medical Technician (EMT) |
| 9905007 | Paramedic |
| 9905019 | Other Healthcare Professional |
| 9905021 | Other Non-Healthcare Professional |
| 9905025 | Physician |
| 9905027 | Respiratory Therapist |
| 9905029 | Student |
| 9905031 | Critical Care Paramedic |
| 9905033 | Community Paramedicine |
| 9905035 | Nurse Practitioner |
| 9905037 | Physician Assistant |
| 9905039 | Licensed Practical Nurse (LPN) |
| 9905041 | Registered Nurse |
| 9905043 | Patient |
| 9905045 | Lay Person |
| 9905047 | Law Enforcement |
| 9905049 | Family Member |
| 9905051 | Fire Personnel (non EMS) |

Data Element Comment

Added to document the type of healthcare professional administering the medication. This could be auto-completed from the crew ID but is necessary to document medication administration prior to EMS arrival. State may maintain an enumerated list but must collapse to the National Standard.

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

Version 3 Changes Implemented

Added to document the type of healthcare professional performing the procedure.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Role/Type of Person Performing the Procedure is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Role/Type of Person Performing the Procedure has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

nemSch_e159 **Warning** Role/Type of Person Performing the Procedure should be recorded, unless Procedure Performed Prior to this Unit's EMS Care is "Yes".

eProcedures.11 - Procedure Authorization

Definition

The type of treatment authorization obtained.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E19_10 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-----------------------------------|
| 9918001 | On-Line (Remote Verbal Order) |
| 9918003 | On-Scene |
| 9918005 | Protocol (Standing Order) |
| 9918007 | Written Orders (Patient Specific) |

Data Element Comment

eProcedures.12 - Procedure Authorizing Physician

Definition

The name of the authorizing physician ordering the procedure, if the order was provided by any manner other than protocol (standing order) in eProcedures.11.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E19_11 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 255 |

Data Element Comment

eProcedures.13 - Vascular Access Location

Definition

The location of the vascular access site attempt on the patient, if applicable.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E19_12 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|---------------------------------------|
| 3913001 | Antecubital-Left |
| 3913003 | Antecubital-Right |
| 3913005 | External Jugular-Left |
| 3913007 | External Jugular-Right |
| 3913009 | Femoral-Left IV |
| 3913011 | Femoral-Right IV |
| 3913013 | Foot-Right |
| 3913015 | Foot-Left |
| 3913017 | Forearm-Left |
| 3913019 | Forearm-Right |
| 3913021 | Hand-Left |
| 3913023 | Hand-Right |
| 3913025 | Internal Jugular-Left |
| 3913027 | Internal Jugular-Right |
| 3913029 | IO-Iliac Crest-Left |
| 3913031 | IO-Iliac Crest-Right |
| 3913033 | IO-Femoral-Left Distal |
| 3913035 | IO-Femoral-Right Distal |
| 3913037 | IO-Humeral-Left |
| 3913039 | IO-Humeral-Right |
| 3913041 | IO-Tibia-Left Distal |
| 3913043 | IO-Sternum |
| 3913045 | IO-Tibia-Right Distal |
| 3913047 | IO-Tibia-Left Proximal |
| 3913049 | IO-Tibia-Right Proximal |
| 3913051 | Lower Extremity-Left |
| 3913053 | Lower Extremity-Right |
| 3913055 | Other Peripheral |
| 3913057 | Other Central (PICC, Portacath, etc.) |
| 3913059 | Scalp |
| 3913061 | Subclavian-Left |
| 3913063 | Subclavian-Right |
| 3913065 | Umbilical |
| 3913067 | Venous Cutdown-Left Lower Extremity |
| 3913069 | Venous Cutdown-Right Lower Extremity |
| 3913071 | Upper Arm-Left |
| 3913073 | Upper Arm-Right |
| 3913075 | Radial-Left |
| 3913077 | Radial-Right |
| 3913079 | Wrist-Left |
| 3913081 | Wrist-Right |

Data Element Comment

This is now associated with the Date/Time of the procedure and therefore changed to single choice. This allows the location to

be documented with each procedure and attempt. If the vascular access has been established prior to EMS, this should be documented as such.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Vascular Access Location is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Vascular Access Location has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eAirway

Legend

Dataset Level: **N** National **S** State **D** Deprecated

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

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

Legend

Dataset Level: **N** National **S** State **D** Deprecated

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

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

Legend

Dataset Level: **N** National **S** State **D** Deprecated

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

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

Legend

Dataset Level: **N** National **S** State **D** Deprecated

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

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

eAirway

| | | | | | |
|-----|-------------------------------------------------------------------------------|---|---|------|---|
| 0:1 | eAirway.AirwayGroup | | | | |
| 0:M | eAirway.01 - Indications for Invasive Airway | S | E | N, L | C |
| 0:M | eAirway.ConfirmationGroup | | | | C |
| 0:1 | eAirway.02 - Date/Time Airway Device Placement Confirmation | S | E | N, L | |
| 0:1 | eAirway.03 - Airway Device Being Confirmed | S | E | N, L | |
| 0:M | eAirway.04 - Airway Device Placement Confirmed Method | S | E | N, L | |
| 0:1 | eAirway.05 - Tube Depth | | O | | |
| 0:1 | eAirway.06 - Type of Individual Confirming Airway Device Placement | S | E | N, L | |
| 0:1 | eAirway.07 - Crew Member ID | S | E | N, L | |
| 0:M | eAirway.08 - Airway Complications Encountered | S | E | N, L | C |
| 0:M | eAirway.09 - Suspected Reasons for Failed Airway Management | S | O | | C |
| 0:1 | eAirway.10 - Date/Time Decision to Manage the Patient with an Invasive Airway | | O | | |
| 0:1 | eAirway.11 - Date/Time Invasive Airway Placement Attempts Abandoned | | O | | |

eAirway

eAirway.01 - Indications for Invasive Airway

Definition

The clinical indication for performing invasive airway management.

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

Associated Performance Measure Initiatives

Airway

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|-----------------------------------------------------------|
| 4001001 | Adequate Airway Reflexes/Effort, Potential for Compromise |
| 4001003 | Airway Reflex Compromised |
| 4001005 | Apnea or Agonal Respirations |
| 4001007 | Illness Involving Airway |
| 4001009 | Injury Involving Airway |
| 4001011 | Other |
| 4001013 | Ventilatory Effort Compromised |

Data Element Comment

Version 3 Changes Implemented

Added to better document airway management.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Indications for Invasive Airway is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Indications for Invasive Airway has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eAirway.02 - Date/Time Airway Device Placement Confirmation

Definition

The date and time the airway device placement was confirmed.

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

Associated Performance Measure Initiatives

Airway

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

SAD=Supraglottic Airway Device

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

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

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

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

Version 3 Changes Implemented

Added to better document airway management.

Associated Validation Rules

| Rule ID | Level | Message |
|---------|-------|---------|
|---------|-------|---------|

- nemSch_e001 **Error** When Date/Time Airway Device Placement Confirmation is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional).
- nemSch_e002 **Error** When Date/Time Airway Device Placement Confirmation has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty.

eAirway.03 - Airway Device Being Confirmed

Definition

The airway device in which placement is being confirmed.

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

Associated Performance Measure Initiatives

Airway

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|-----------------------|
| 4003001 | Cricothyrotomy Tube |
| 4003003 | Endotracheal Tube |
| 4003005 | Other-Invasive Airway |
| 4003007 | SAD-Combitube |
| 4003009 | SAD-King |
| 4003011 | SAD-LMA |
| 4003013 | SAD-Other |
| 4003015 | Tracheostomy Tube |

Data Element Comment

Version 3 Changes Implemented

Added to better document airway management. SAD means Supraglottic Airway Device.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Airway Device Being Confirmed is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Airway Device Being Confirmed has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eAirway.04 - Airway Device Placement Confirmed Method

Definition

The method used to confirm the airway device placement.

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

Associated Performance Measure Initiatives

Airway

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|------------------------------------------|
| 4004001 | Auscultation |
| 4004003 | Bulb/Syringe Aspiration |
| 4004005 | Colorimetric ETCO2 |
| 4004007 | Condensation in Tube |
| 4004009 | Digital (Numeric) ETCO2 |
| 4004011 | Direct Re-Visualization of Tube in Place |
| 4004013 | Endotracheal Tube Whistle (BAAM, etc.) |
| 4004015 | Other |
| 4004017 | Visualization of Vocal Cords |
| 4004019 | Waveform ETCO2 |
| 4004021 | Chest Rise |

Data Element Comment

If the invasive airway is confirmed via multiple methods each method should be documented individually by time, method, and type of individual.

Version 3 Changes Implemented

Added to better document airway management.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Airway Device Placement Confirmed Method is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Airway Device Placement Confirmed Method has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eAirway.05 - Tube Depth

Definition

The measurement at the patient's teeth/lip of the tube depth in centimeters (cm) of the invasive airway placed.

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

Associated Performance Measure Initiatives

Airway

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 4 | 32 |

Data Element Comment

Tube Depth added to better document the initial placement of the airway device and subsequent assessments.

eAirway.06 - Type of Individual Confirming Airway Device Placement

Definition

The type of individual who confirmed the airway device placement.

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

Associated Performance Measure Initiatives

Airway

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|---------------------------------|
| 4006001 | Another Person on the Same Crew |
| 4006003 | Other |
| 4006005 | Person Performing Intubation |
| 4006007 | Receiving Air Medical/EMS Crew |
| 4006009 | Receiving Hospital Team |

Data Element Comment

Version 3 Changes Implemented

Added to better document airway management.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Type of Individual Confirming Airway Device Placement is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Type of Individual Confirming Airway Device Placement has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eAirway.07 - Crew Member ID

Definition

The statewide assigned ID number of the EMS crew member confirming the airway placement.

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

Associated Performance Measure Initiatives

Airway

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

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

Data Element Comment

Version 3 Changes Implemented

Added to better document airway management.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Crew Member ID is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Crew Member ID has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eAirway.08 - Airway Complications Encountered

Definition

The airway management complications encountered during the patient care episode.

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

Associated Performance Measure Initiatives

Airway

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|---------------------------------------------------------------------------------|
| 4008001 | Adverse Event from Facilitating Drugs |
| 4008003 | Bradycardia (<50) |
| 4008005 | Cardiac Arrest |
| 4008007 | Esophageal Intubation-Delayed Detection (After Tube Secured) |
| 4008009 | Esophageal Intubation-Detected in Emergency Department |
| 4008011 | Failed Intubation Effort |
| 4008013 | Injury or Trauma to Patient from Airway Management Effort |
| 4008015 | Other |
| 4008017 | Oxygen Desaturation (<90%) |
| 4008019 | Patient Vomiting/Aspiration |
| 4008021 | Tube Dislodged During Transport/Patient Care |
| 4008023 | Tube Was Not in Correct Position when EMS Crew/Team Assumed Care of the Patient |

Data Element Comment

Version 3 Changes Implemented

Added to better document airway management.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Airway Complications Encountered is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Airway Complications Encountered has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eAirway.09 - Suspected Reasons for Failed Airway Management

Definition

The reason(s) the airway was unable to be successfully managed.

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

Associated Performance Measure Initiatives

Airway

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|------------------------------------------------------------------------|
| 4009001 | Difficult Patient Airway Anatomy |
| 4009003 | ETI Attempted, but Arrived At Destination Facility Before Accomplished |
| 4009005 | Facial or Oral Trauma |
| 4009007 | Inability to Expose Vocal Cords |
| 4009009 | Inadequate Patient Relaxation/Presence of Protective Airway Reflexes |
| 4009011 | Jaw Clenched (Trismus) |
| 4009013 | Other |
| 4009015 | Poor Patient Access |
| 4009017 | Secretions/Blood/Vomit |
| 4009019 | Unable to Position or Access Patient |

Data Element Comment

Version 3 Changes Implemented

Added to better document airway management.

eAirway.10 - Date/Time Decision to Manage the Patient with an Invasive Airway

Definition

The date and time the decision was made to manage the patient's airway with an invasive airway device.

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

Associated Performance Measure Initiatives

Airway

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

Version 3 Changes Implemented

Added to better document airway management.

eAirway.11 - Date/Time Invasive Airway Placement Attempts Abandoned

Definition

The date and time that the invasive airway attempts were abandoned for the patient.

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

Associated Performance Measure Initiatives

Airway

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

Version 3 Changes Implemented

Added to better document airway management.

eDevice

Legend

Dataset Level: N National S State D Deprecated

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

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

eDevice

| | | | |
|-------|----------------------------------------------------------------------|---|---|
| 0 : M | eDevice.DeviceGroup | | C |
| 0 : 1 | eDevice.01 - Medical Device Serial Number | O | |
| 0 : 1 | eDevice.02 - Date/Time of Event (per Medical Device) | O | |
| 0 : M | eDevice.03 - Medical Device Event Type | O | C |
| 0 : 1 | eDevice.WaveformGroup | | |
| 0 : 1 | eDevice.04 - Medical Device Waveform Graphic Type | O | |
| 0 : 1 | eDevice.05 - Medical Device Waveform Graphic | O | |
| 0 : 1 | eDevice.06 - Medical Device Mode (Manual, AED, Pacing, CO2, O2, etc) | O | |
| 0 : M | eDevice.07 - Medical Device ECG Lead | O | C |
| 0 : 1 | eDevice.08 - Medical Device ECG Interpretation | O | |
| 0 : 1 | eDevice.ShockGroup | | |
| 0 : 1 | eDevice.09 - Type of Shock | O | |
| 0 : 1 | eDevice.10 - Shock or Pacing Energy | O | |
| 0 : 1 | eDevice.11 - Total Number of Shocks Delivered | O | |
| 0 : 1 | eDevice.12 - Pacing Rate | O | |

eDevice

eDevice.01 - Medical Device Serial Number

Definition

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

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

Constraints

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

Data Element Comment

eDevice.02 - Date/Time of Event (per Medical Device)

Definition

The time of the event recorded by the device's internal clock.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E21_01 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest STEMI

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

eDevice.03 - Medical Device Event Type

Definition

The type of event documented by the medical device.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E21_02 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest STEMI

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|---------------------------|
| 4103001 | 12-Lead ECG |
| 4103003 | Analysis (Button Pressed) |
| 4103005 | CO2 |
| 4103007 | Data Transmitted |
| 4103009 | Defibrillation |
| 4103011 | ECG-Monitor |
| 4103013 | Heart Rate |
| 4103015 | Invasive Pressure 1 |
| 4103017 | Invasive Pressure 2 |
| 4103019 | No Shock Advised |
| 4103021 | Non-Invasive BP |
| 4103023 | Other |
| 4103025 | Pacing Electrical Capture |
| 4103027 | Pacing Started |
| 4103029 | Pacing Stopped |
| 4103031 | Patient Connected |
| 4103033 | Power On |
| 4103035 | Pulse Oximetry |
| 4103037 | Pulse Rate |
| 4103039 | Respiratory Rate |
| 4103041 | Shock Advised |
| 4103043 | Sync Off |
| 4103045 | Sync On |
| 4103047 | Temperature 1 |
| 4103049 | Temperature 2 |

Data Element Comment

Can be displayed in the Vital Signs or Procedure Sections.

eDevice.04 - Medical Device Waveform Graphic Type

Definition

The description of the waveform file stored in Waveform Graphic (eDevice.05).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E21_03 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest STEMI

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 255 |

Data Element Comment

The description is defined as the extension of the file type. Examples of file name extensions include "doc", "jpeg", "tiff", etc. For a list of additional extensions reference the following website(s):

3D Image formats: http://www.fileinfo.com/filetypes/3d_image

Raster Image formats: http://www.fileinfo.com/filetypes/raster_image

Vector Image formats: http://www.fileinfo.com/filetypes/vector_image

Video formats: <http://www.fileinfo.com/filetypes/video>

Audio formats: <http://www.fileinfo.com/filetypes/audio>

Comparison of formats:

Image: http://en.wikipedia.org/wiki/Comparison_of_image_file_formats

Audio: http://en.wikipedia.org/wiki/Audio_file_format

Container: http://en.wikipedia.org/wiki/Comparison_of_container_formats

A general list of image formats: http://en.wikipedia.org/wiki/Image_file_formats

Mime Types: http://en.wikipedia.org/wiki/Internet_media_type

eDevice.05 - Medical Device Waveform Graphic

Definition

The graphic waveform file.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E21_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest STEMI

Constraints

Data Type

base64Binary

Data Element Comment

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

Definition

The mode of operation the device is operating in during the defibrillation, pacing, or rhythm analysis by the device (if appropriate for the event).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E21_05 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-------------|
| 4106001 | Advisory |
| 4106003 | Automated |
| 4106005 | Demand |
| 4106007 | Manual |
| 4106009 | Mid-Stream |
| 4106011 | Sensing |
| 4106013 | Side-Stream |

Data Element Comment

eDevice.07 - Medical Device ECG Lead

Definition

The lead or source which the medical device used to obtain the rhythm (if appropriate for the event).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E21_06 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest STEMI

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

Code Description

4107001 I
 4107003 II
 4107005 III
 4107007 AVR
 4107009 AVL
 4107011 AVF
 4107013 Paddle
 4107015 Pads
 4107017 V1
 4107019 V2
 4107021 V3
 4107023 V3r
 4107025 V4
 4107027 V4r
 4107029 V5
 4107031 V5r
 4107033 V6
 4107035 V6r
 4107037 V7
 4107039 V8
 4107041 V9

Data Element Comment

Can be displayed in the Vital Signs or Procedure Sections.

eDevice.08 - Medical Device ECG Interpretation

Definition

The interpretation of the rhythm by the device (if appropriate for the event).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E21_07 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest STEMI

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 2000 |

Data Element Comment

The rhythm interpretation text imported from the device.

eDevice.09 - Type of Shock

Definition

The type of shock used by the device for the defibrillation (if appropriate for the event).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E21_08 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Cardiac Arrest

Code List

| Code | Description |
|---------|-------------|
| 4109001 | Biphasic |
| 4109003 | Monophasic |

Data Element Comment

eDevice.10 - Shock or Pacing Energy

Definition

The energy (in joules) used for the shock or pacing (if appropriate for the event).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E21_09 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Cardiac Arrest

Constraints

| Data Type | totalDigits | fractionDigits | minInclusive | maxInclusive |
|-----------|-------------|----------------|--------------|--------------|
| decimal | 5 | 1 | 1 | 9000 |

Data Element Comment

eDevice.11 - Total Number of Shocks Delivered

Definition

The number of times the patient was defibrillated, if the patient was defibrillated during the patient encounter.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E21_10 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Cardiac Arrest

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 1 | 100 |

Data Element Comment

eDevice.12 - Pacing Rate

Definition

The rate the device was calibrated to pace during the event, if appropriate.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E21_11 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 1 | 1000 |

Data Element Comment

eDisposition

Legend

Dataset Level: N National S State D Deprecated

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

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

eDisposition

| | | | | | |
|-------|---------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 : 1 | eDisposition.DestinationGroup | | | | |
| 0 : 1 | eDisposition.01 - Destination/Transferred To, Name | S | E | N | L |
| 0 : 1 | eDisposition.02 - Destination/Transferred To, Code | S | E | N | L |
| 0 : 1 | eDisposition.03 - Destination Street Address | S | O | | |
| 0 : 1 | eDisposition.04 - Destination City | S | O | | |
| 1 : 1 | eDisposition.05 - Destination State | N | S | R | N , L |
| 1 : 1 | eDisposition.06 - Destination County | N | S | R | N , L |
| 1 : 1 | eDisposition.07 - Destination ZIP Code | N | S | R | N , L |
| 0 : 1 | eDisposition.08 - Destination Country | | O | | |
| 0 : 1 | eDisposition.09 - Destination GPS Location | | O | | |
| 0 : 1 | eDisposition.10 - Destination Location US National Grid Coordinates | | O | | |
| 0 : 1 | eDisposition.11 - Number of Patients Transported in this EMS Unit | S | E | N , L | |
| 1 : 1 | eDisposition.IncidentDispositionGroup | | | | |
| 1 : 1 | eDisposition.27 - Unit Disposition | N | S | M | |
| 1 : 1 | eDisposition.28 - Patient Evaluation/Care | N | S | R | N , L |
| 1 : 1 | eDisposition.29 - Crew Incident Disposition | N | S | R | N , L |
| 1 : 1 | eDisposition.30 - Transport Disposition | N | S | R | N , L |
| 0 : M | eDisposition.31 - Reason for Refusal/Release | | O | | |
| 0 : M | eDisposition.13 - How Patient Was Moved to Ambulance | | O | C | |
| 0 : M | eDisposition.14 - Position of Patient During Transport | | O | C | |
| 0 : M | eDisposition.15 - How Patient Was Moved From Ambulance | | O | | |
| 1 : 1 | eDisposition.16 - EMS Transport Method | N | S | R | N , L |
| 1 : 1 | eDisposition.17 - Transport Mode from Scene | N | S | R | N , L |
| 1 : M | eDisposition.18 - Additional Transport Mode Descriptors | N | S | R | N , L , C |
| 1 : 1 | eDisposition.19 - Final Patient Acuity | N | S | R | N , L |
| 1 : M | eDisposition.20 - Reason for Choosing Destination | N | S | R | N , L , C |
| 1 : 1 | eDisposition.21 - Type of Destination | N | S | R | N , L |
| 1 : 1 | eDisposition.22 - Hospital In-Patient Destination | N | S | R | N , L |
| 1 : M | eDisposition.23 - Hospital Capability | N | S | R | N , L |
| 1 : M | eDisposition.HospitalTeamActivationGroup | | | | C |
| 1 : 1 | eDisposition.24 - Destination Team Pre-Arrival Alert or Activation | N | S | R | N , L |
| 1 : 1 | eDisposition.25 - Date/Time of Destination Prearrival Alert or Activation | N | S | R | N , L |

| | | | | | |
|-------|-------------------------------------------------------|---|---|---|------|
| 0 : M | eDisposition.26 - Disposition Instructions Provided | O | C | | |
| 1 : 1 | eDisposition.32 - Level of Care Provided per Protocol | N | S | R | N, L |

eDisposition

eDisposition.01 - Destination/Transferred To, Name

Definition

The destination the patient was delivered or transferred to.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E20_01 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

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

Data Element Comment

Recommended State data element since no national code for destination. May be populated from the list in dFacility.02 (Facility Name).

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Destination/Transferred To, Name is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Destination/Transferred To, Name has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eDisposition.02 - Destination/Transferred To, Code

Definition

The code of the destination the patient was delivered or transferred to.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E20_02 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

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

Data Element Comment

May be populated from list in dFacility.03 (Facility Location Code) or dFacility.05 (Facility National Provider Identifier) if a health care facility.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Destination/Transferred To, Code is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Destination/Transferred To, Code has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eDisposition.03 - Destination Street Address

Definition

The street address of the destination the patient was delivered or transferred to.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E20_03 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes

StreetAddress2

Data Type: string **minLength:** 1 **maxLength:** 255

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 255 |

Data Element Comment

May be auto-populated if list created in dFacility.07 (Facility Street Address).

eDisposition.04 - Destination City

Definition

The city of the destination the patient was delivered or transferred to (physical address).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | E20_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Data Element Comment

City codes are based on GNIS Feature Class. The primary Feature Class to use is "Civil" with "Populated Place" and "Military" code as additional options.

Definitions for each GNIS City Feature Class can be found on the GNIS Codes website.

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

eDisposition.05 - Destination State

Definition

The state of the destination the patient was delivered or transferred to.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E20_05 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Pattern

[0-9]{2}

Data Element Comment

Based on the ANSI Code. May be auto-populated if list created in dFacility.09 (Facility State).

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Destination State is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Destination State has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e160 | Warning | Destination State should be recorded when Transport Disposition is "Transport by This EMS Unit..." |
| nemSch_e162 | Warning | Destination County should belong within the Destination State. |

eDisposition.06 - Destination County

Definition

The destination county in which the patient was delivered or transferred to.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E20_06 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Pattern

[0-9]{5}

Data Element Comment

May be auto-populated if list created in dFacility.11 (Facility County). Based on the ANSI Code Single Choice based on the County Name but stored as the ANSI code (combined 5 digit State and County codes) Should be required if there is a patient associated with the event.

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Destination County is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Destination County has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e161 | Warning | Destination County should be recorded when Transport Disposition is "Transport by This EMS Unit..." |
| nemSch_e162 | Warning | Destination County should belong within the Destination State. |

eDisposition.07 - Destination ZIP Code

Definition

The destination ZIP code in which the patient was delivered or transferred to.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E20_07 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Pattern

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

Data Element Comment

May be auto-populated if list created in dFacility.10 (Facility ZIP Code).

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

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Destination ZIP Code is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Destination ZIP Code has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e163 | Warning | Destination ZIP Code should be recorded when Transport Disposition is "Transport by This EMS Unit..." |

eDisposition.08 - Destination Country

Definition

The country of the destination.

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

Constraints

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

Data Element Comment

May be auto-populated if list created in dFacility.12 (Facility Country).

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

Version 3 Changes Implemented

Added for improved international compatibility.

eDisposition.09 - Destination GPS Location

Definition

The destination GPS Coordinates to which the patient was delivered or transferred to.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E20_08 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

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

Data Element Comment

May be auto-populated if list created in dFacility.13 (Facility GPS Location).

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

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

eDisposition.10 - Destination Location US National Grid Coordinates

Definition

The US National Grid Coordinates for the Destination Location. This may be the Healthcare Facility US National Grid Coordinates.

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

Constraints

Pattern

((1-9)[1-5][0-9]{60})[C-HJ-NP-X][A-HJ-NP-Z][A-HJ-NP-V][0-9]{8}

Data Element Comment

Standard found at www.fgdc.gov/usng.

Through programming this may be partially auto-populated if the list is created in dFacility.14 (Facility US National Grid Coordinates).

eDisposition.11 - Number of Patients Transported in this EMS Unit

Definition

The number of patients transported by this EMS crew and unit.

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------------|--------------|--------------|
| positiveInteger | 1 | 100 |

Data Element Comment

Added to document multiple patients being transported with the same vehicle and crew.

Version 3 Changes Implemented

Added to document multiple patients being transported with the same vehicle and crew.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Number of Patients Transported in this EMS Unit is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Number of Patients Transported in this EMS Unit has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

State

National

eDisposition.27 - Unit Disposition

Definition

The patient disposition for an EMS event identifying whether patient contact was made.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|---------------------------------------------|
| 4227001 | Patient Contact Made |
| 4227003 | Cancelled on Scene |
| 4227005 | Cancelled Prior to Arrival at Scene |
| 4227007 | No Patient Contact |
| 4227009 | No Patient Found |
| 4227011 | Non-Patient Incident (Not Otherwise Listed) |

Data Element Comment

Grouped with Incident and Transport dispositions. Who provided care or services is defined in Incident Disposition.

Version 3 Changes Implemented

Element added with the release of v3.5.0

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e018 | Warning | Unit En Route Date/Time should be recorded unless Unit Disposition is "Cancelled Prior to Arrival at Scene". |
| nemSch_e020 | Warning | Unit Arrived on Scene Date/Time should be recorded unless Unit Disposition is "Cancelled Prior to Arrival at Scene". |
| nemSch_e023 | Warning | Arrived at Patient Date/Time should be recorded when Unit Disposition is "Patient Contact Made". |
| nemSch_e025 | Warning | Unit Left Scene Date/Time should be recorded unless Unit Disposition is "Cancelled Prior to Arrival at Scene". |
| nemSch_e067 | Warning | Number of Patients at Scene should be "Multiple" or "Single" when Unit Disposition is "Patient Contact Made". |
| nemSch_e070 | Warning | Incident Location Type should be recorded unless Unit Disposition is "Cancelled Prior to Arrival at Scene". |
| nemSch_e071 | Warning | Incident State should be recorded unless Unit Disposition is "Cancelled Prior to Arrival at Scene". |
| nemSch_e072 | Warning | Incident ZIP Code should be recorded unless Unit Disposition is "Cancelled Prior to Arrival at Scene". |
| nemSch_e073 | Warning | Incident County should be recorded unless Unit Disposition is "Cancelled Prior to Arrival at Scene". |
| nemSch_e180 | Warning | Unit Disposition should be "Patient Contact Made" when Patient Evaluation/Care is "Patient Evaluated..." or "Patient Refused Evaluation/Care". |

- nemSch_e181 **Warning** Unit Disposition should be "Patient Contact Made" when Crew Incident Disposition contains "... Primary Care..." or "Provided Care Supporting Primary EMS Crew".
- nemSch_e182 **Warning** Unit Disposition should be "Patient Contact Made" when Transport Disposition is a value other than "Non-Patient Transport (Not Otherwise Listed)" or "No Transport".
- nemSch_e183 **Warning** Patient Evaluation/Care should be recorded when Unit Disposition is "Patient Contact Made".
- nemSch_e185 **Warning** Crew Incident Disposition should be recorded when Unit Disposition is "Patient Contact Made".
- nemSch_e186 **Warning** Transport Disposition should be recorded when Unit Disposition is "Patient Contact Made".

eDisposition.28 - Patient Evaluation/Care

Definition

The patient disposition for an EMS event identifying whether a patient was evaluated and care or services were provided.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------------------------------|
| 4228001 | Patient Evaluated and Care Provided |
| 4228003 | Patient Evaluated and Refused Care |
| 4228005 | Patient Evaluated, No Care Required |
| 4228007 | Patient Refused Evaluation/Care |
| 4228009 | Patient Support Services Provided |

Data Element Comment

Grouped with Incident and Transport Dispositions. Who provided care or services is defined in Incident Disposition.

Version 3 Changes Implemented

Element added with the release of v3.5.0

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Patient Evaluation/Care is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Patient Evaluation/Care has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e057 | Warning | Patient's Home County should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided". |
| nemSch_e059 | Warning | Patient's Home State should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided". |
| nemSch_e060 | Warning | Patient's Home ZIP Code should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided". |
| nemSch_e061 | Warning | Gender should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided". |
| nemSch_e062 | Warning | Race should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided". |
| nemSch_e063 | Warning | Age should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided". |
| nemSch_e064 | Warning | Age Units should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided". |

Provided".

| | | |
|-------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e075 | Warning | Date/Time of Symptom Onset should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided". |
| nemSch_e076 | Warning | Possible Injury should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided". |
| nemSch_e078 | Warning | Chief Complaint Anatomic Location should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided". |
| nemSch_e079 | Warning | Chief Complaint Organ System should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided". |
| nemSch_e080 | Warning | Primary Symptom should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided". |
| nemSch_e082 | Warning | Provider's Primary Impression should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided". |
| nemSch_e084 | Warning | Initial Patient Acuity should be recorded when Type of Service Requested is "Emergency Response (Primary Response Area)" and Patient Evaluation/Care is "Patient Evaluated and Care Provided". |
| nemSch_e085 | Warning | Date/Time Last Known Well should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Cardiac Arrest is "Yes...". |
| nemSch_e086 | Warning | Date/Time Last Known Well should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Stroke Scale Score is "Positive". |
| nemSch_e087 | Warning | Date/Time Last Known Well should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Cardiac Rhythm / Electrocardiography (ECG) is "STEMI...". |
| nemSch_e089 | Warning | Cause of Injury should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Possible Injury is "Yes". |
| nemSch_e093 | Warning | Cardiac Arrest Etiology should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Cardiac Arrest is "Yes...". |
| nemSch_e095 | Warning | Resuscitation Attempted By EMS should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Cardiac Arrest is "Yes...". |
| nemSch_e100 | Warning | Arrest Witnessed By should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Cardiac Arrest is "Yes...". |
| nemSch_e103 | Warning | AED Use Prior to EMS Arrival should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Cardiac Arrest is "Yes...". |
| nemSch_e108 | Warning | Any Return of Spontaneous Circulation should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Cardiac Arrest is "Yes...". |
| nemSch_e115 | Warning | End of EMS Cardiac Arrest Event should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided" and Cardiac Arrest is "Yes...". |
| nemSch_e168 | Warning | Final Patient Acuity should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided". |
| nemSch_e180 | Warning | Unit Disposition should be "Patient Contact Made" when Patient Evaluation/Care is "Patient Evaluated..." or "Patient Refused Evaluation/Care". |
| nemSch_e183 | Warning | Patient Evaluation/Care should be recorded when Unit Disposition is "Patient Contact Made". |
| nemSch_e184 | Warning | Patient Evaluation/Care should be "Patient Evaluated and Care Provided" when Crew Incident Disposition contains "... Primary Care..." or "Provided Care Supporting Primary EMS Crew". |

eDisposition.29 - Crew Incident Disposition

Definition

The crew disposition for this EMS event identifying which crew provided primary patient care or whether support services were required.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|------------------------------------------------------------|
| 4229001 | Initiated and Continued Primary Care |
| 4229003 | Initiated Primary Care and Transferred to Another EMS Crew |
| 4229005 | Provided Care Supporting Primary EMS Crew |
| 4229007 | Assumed Primary Care from Another EMS Crew |
| 4229009 | Incident Support Services Provided (Including Standby) |
| 4229011 | Back in Service, No Care/Support Services Required |
| 4229013 | Back in Service, Care/Support Services Refused |

Data Element Comment

Grouped with Patient and Transport Dispositions. A "Referral Agency" is intended for use with specialty referral programs (such as "Safe Baby Haven", mental health or addiction, or similar programs) where EMS provides an initial medical screening as part of the intake process for the various services or programs. Depending on context of the Value, "Unit" could be Vehicle or Service/Agency.

Version 3 Changes Implemented

Element added with the release of v3.5.0

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Crew Incident Disposition is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Crew Incident Disposition has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e181 | Warning | Unit Disposition should be "Patient Contact Made" when Crew Incident Disposition contains "... Primary Care..." or "Provided Care Supporting Primary EMS Crew". |
| nemSch_e184 | Warning | Patient Evaluation/Care should be "Patient Evaluated and Care Provided" when Crew Incident Disposition contains "... Primary Care..." or "Provided Care Supporting Primary EMS Crew". |
| nemSch_e185 | Warning | Crew Incident Disposition should be recorded when Unit Disposition is "Patient Contact Made". |

State

National

eDisposition.30 - Transport Disposition

Definition

The transport disposition for an EMS event identifying whether a transport occurred and by which unit.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|-----------------------------------------------------------|
| 4230001 | Transport by This EMS Unit (This Crew Only) |
| 4230003 | Transport by This EMS Unit, with a Member of Another Crew |
| 4230005 | Transport by Another EMS Unit |
| 4230007 | Transport by Another EMS Unit, with a Member of This Crew |
| 4230009 | Patient Refused Transport |
| 4230011 | Non-Patient Transport (Not Otherwise Listed) |
| 4230013 | No Transport |

Data Element Comment

Grouped with Patient and Incident Dispositions. Provides a rapid filter for transport or no transport for incident evaluation, business entry rules and Schematron rules.

Version 3 Changes Implemented

Element added with the release of v3.5.0

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Transport Disposition is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Transport Disposition has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e030 | Warning | Patient Arrived at Destination Date/Time should be recorded when Transport Disposition is "Transport by This EMS Unit..." |
| nemSch_e036 | Warning | Destination Patient Transfer of Care Date/Time should be recorded when Transport Disposition is "Transport by This EMS Unit..." |
| nemSch_e066 | Warning | Primary Method of Payment should be recorded when Transport Disposition is "Transport by This EMS Unit..." |
| nemSch_e113 | Warning | Cardiac Rhythm on Arrival at Destination should be recorded when Transport Disposition is "Transport by This EMS Unit..." and Cardiac Arrest is "Yes..." |
| nemSch_e160 | Warning | Destination State should be recorded when Transport Disposition is "Transport by This EMS Unit..." |
| nemSch_e161 | Warning | Destination County should be recorded when Transport Disposition is "Transport by This EMS Unit..." |

| | | |
|-------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e163 | Warning | Destination ZIP Code should be recorded when Transport Disposition is "Transport by This EMS Unit..." |
| nemSch_e164 | Warning | EMS Transport Method should be recorded when Transport Disposition is "Transport by This EMS Unit..." |
| nemSch_e165 | Warning | EMS Transport Method should not be recorded when Transport Disposition is "Patient Refused Transport" or "No Transport". |
| nemSch_e166 | Warning | Transport Mode from Scene should be recorded when Transport Disposition is "Transport by This EMS Unit..." |
| nemSch_e167 | Warning | Transport Mode from Scene should not be recorded when Transport Disposition is "Patient Refused Transport" or "No Transport". |
| nemSch_e169 | Warning | Reason for Choosing Destination should be recorded when Transport Disposition is "Transport by This EMS Unit..." |
| nemSch_e170 | Warning | Type of Destination should be recorded when Transport Disposition is "Transport by This EMS Unit..." |
| nemSch_e182 | Warning | Unit Disposition should be "Patient Contact Made" when Transport Disposition is a value other than "Non-Patient Transport (Not Otherwise Listed)" or "No Transport". |
| nemSch_e186 | Warning | Transport Disposition should be recorded when Unit Disposition is "Patient Contact Made". |

eDisposition.31 - Reason for Refusal/Release

Definition

Describes reason(s) for the patient's refusal of care/transport OR the EMS clinician's decision to release the patient.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

Code Description

4231001 Against Medical Advice
 4231003 Patient/Guardian Indicates Ambulance Transport is Not Necessary
 4231005 Released Following Protocol Guidelines
 4231007 Released to Law Enforcement
 4231009 Patient/Guardian States Intent to Transport by Other Means
 4231011 DNR
 4231013 Medical/Physician Orders for Life Sustaining Treatment
 4231015 Other, Not Listed

Data Element Comment

This works in combination with the dispositions and signatures to provide general categories for the patient refusal. Specific legal refusal language should be developed by the agency's legal counsel and provided to the patient or guardian upon refusal per local policies.

Version 3 Changes Implemented

Element added with the release of v3.5.0

eDisposition.13 - How Patient Was Moved to Ambulance

Definition

The method by which the patient was moved to the ambulance from the scene.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E20_11 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|---------------|
| 9909001 | Assisted/Walk |
| 9909003 | Backboard |
| 9909005 | Chair |
| 9909007 | Carried |
| 9909009 | Other |
| 9909011 | Stairchair |
| 9909013 | Stretcher |
| 9909015 | Wheelchair |

Data Element Comment

eDisposition.14 - Position of Patient During Transport

Definition

The position of the patient during transport from the scene.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E20_12 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--------------------------------|
| 4214001 | Car Seat |
| 4214003 | Fowlers (Semi-Upright Sitting) |
| 4214005 | Lateral Left |
| 4214007 | Lateral Right |
| 4214009 | Other |
| 4214011 | Prone |
| 4214013 | Semi-Fowlers |
| 4214015 | Sitting |
| 4214017 | Supine |
| 4214019 | Trendelenburg |

Data Element Comment

eDisposition.15 - How Patient Was Moved From Ambulance

Definition

The method by which the patient was moved from the ambulance to the destination.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E20_13 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Code List

| Code | Description |
|---------|---------------|
| 9909001 | Assisted/Walk |
| 9909003 | Backboard |
| 9909005 | Chair |
| 9909007 | Carried |
| 9909009 | Other |
| 9909011 | Stairchair |
| 9909013 | Stretcher |
| 9909015 | Wheelchair |

Data Element Comment

eDisposition.16 - EMS Transport Method

Definition

The method of transport by this EMS Unit.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|----------------------------------|
| 4216001 | Air Medical-Fixed Wing |
| 4216003 | Air Medical-Rotor Craft |
| 4216005 | Ground-Ambulance |
| 4216007 | Ground-ATV or Rescue Vehicle |
| 4216009 | Ground-Bariatric |
| 4216011 | Ground-Other Not Listed |
| 4216013 | Ground-Mass Casualty Bus/Vehicle |
| 4216015 | Ground-Wheelchair Van |
| 4216017 | Water-Boat |

Data Element Comment

Required if the patient is transported by EMS.

Version 3 Changes Implemented

Added to better describe Air and Ground Transport methods.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When EMS Transport Method is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When EMS Transport Method has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e164 | Warning | EMS Transport Method should be recorded when Transport Disposition is "Transport by This EMS Unit..." |
| nemSch_e165 | Warning | EMS Transport Method should not be recorded when Transport Disposition is "Patient Refused Transport" or "No Transport". |

eDisposition.17 - Transport Mode from Scene

Definition

Indication whether the transport was emergent or non-emergent.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E20_14 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------------------------------|
| 4217001 | Emergent (Immediate Response) |
| 4217003 | Emergent Downgraded to Non-Emergent |
| 4217005 | Non-Emergent |
| 4217007 | Non-Emergent Upgraded to Emergent |

Data Element Comment

Information now split between eDisposition.17 (Transport Mode from Scene) and eDisposition.18 (Additional Transport Mode Descriptors). Element eDisposition.18 (Additional Transport Mode Descriptors) has been added to document the use of lights and sirens or other descriptive information.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Transport Mode from Scene is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Transport Mode from Scene has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e166 | Warning | Transport Mode from Scene should be recorded when Transport Disposition is "Transport by This EMS Unit..." |
| nemSch_e167 | Warning | Transport Mode from Scene should not be recorded when Transport Disposition is "Patient Refused Transport" or "No Transport". |

State

National

eDisposition.18 - Additional Transport Mode Descriptors

Definition

The documentation of transport mode techniques for this EMS response.

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

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

Code List

| Code | Description |
|---------|------------------------------------------------------------------|
| 4218001 | Intersection Navigation-Against Normal Light Patterns |
| 4218003 | Intersection Navigation-With Automated Light Changing Technology |
| 4218005 | Intersection Navigation-With Normal Light Patterns |
| 4218007 | Speed-Enhanced per Local Policy |
| 4218009 | Speed-Normal Traffic |
| 4218011 | Lights and Sirens |
| 4218013 | Lights and No Sirens |
| 4218015 | No Lights or Sirens |
| 4218017 | Initial No Lights or Sirens, Upgraded to Lights and Sirens |
| 4218019 | Initial Lights and Sirens, Downgraded to No Lights or Sirens |

Data Element Comment

Information now split between eDisposition.17 (Transport Mode from Scene) and eDisposition.18 (Additional Transport Mode Descriptors). Element eDisposition.18 (Additional Transport Mode Descriptors) has been added to document the use of lights and sirens or other descriptive information.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Additional Transport Mode Descriptors is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Additional Transport Mode Descriptors has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eDisposition.19 - Final Patient Acuity

Definition

The acuity of the patient's condition after EMS care.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E20_15 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|--------------------------------------------|
| 4219001 | Critical (Red) |
| 4219003 | Emergent (Yellow) |
| 4219005 | Lower Acuity (Green) |
| 4219007 | Dead without Resuscitation Efforts (Black) |
| 4219009 | Dead with Resuscitation Efforts (Black) |
| 4219011 | Non-Acute/Routine |

Data Element Comment

Definitions related to "Critical, Emergent, and Lower Acuity" can be found in the National EMS Core Content document from NHTSA EMS (DOT HS 809-898 July 2005) at

<http://www.nhtsa.gov/people/injury/ems/emscorecontent/images/EMSCoreContent.pdf>

Dead without Resuscitation Efforts would be appropriate if resuscitation was initiated by non-EMS personnel but discontinued immediately upon evaluation by first arriving EMS personnel.

"Non-Acute/Routine" added for use with patients with no clinical issues-such as a refusal for a life assist-or for routine transfers. "Dead with Resuscitation Efforts (Black)" added for EMS units that arrived and provided resuscitation to a critical patient, but who was deceased at the end of the event (such as in a cardiac arrest).

Version 3 Changes Implemented

With the release of v3.5.0 additional values were added to meet the needs of EMS.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Final Patient Acuity is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Final Patient Acuity has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e168 | Warning | Final Patient Acuity should be recorded when Patient Evaluation/Care is "Patient Evaluated and Care Provided". |

State

National

eDisposition.20 - Reason for Choosing Destination

Definition

The reason the unit chose to deliver or transfer the patient to the destination.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E20_16 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

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

Code List

| Code | Description |
|---------|------------------------------------|
| 4220001 | Closest Facility |
| 4220003 | Diversion |
| 4220005 | Family Choice |
| 4220007 | Insurance Status/Requirement |
| 4220009 | Law Enforcement Choice |
| 4220011 | On-Line/On-Scene Medical Direction |
| 4220013 | Other |
| 4220015 | Patient's Choice |
| 4220017 | Patient's Physician's Choice |
| 4220019 | Protocol |
| 4220021 | Regional Specialty Center |

Data Element Comment

Required if the patient was transported.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Reason for Choosing Destination is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Reason for Choosing Destination has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e169 | Warning | Reason for Choosing Destination should be recorded when Transport Disposition is "Transport by This EMS Unit..." |

State

National

eDisposition.21 - Type of Destination

Definition

The type of destination the patient was delivered or transferred to.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E20_17 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|---------------------------------------------|
| 4221001 | Home |
| 4221003 | Hospital-Emergency Department |
| 4221005 | Hospital-Non-Emergency Department Bed |
| 4221007 | Clinic |
| 4221009 | Morgue/Mortuary |
| 4221013 | Other |
| 4221015 | Other EMS Responder (air) |
| 4221017 | Other EMS Responder (ground) |
| 4221019 | Police/Jail |
| 4221021 | Urgent Care |
| 4221023 | Freestanding Emergency Department |
| 4221025 | Dialysis Center |
| 4221027 | Diagnostic Services |
| 4221029 | Assisted Living Facility |
| 4221031 | Mental Health Facility |
| 4221033 | Nursing Home |
| 4221035 | Other Recurring Care Center |
| 4221037 | Physical Rehabilitation Facility |
| 4221039 | Drug and/or Alcohol Rehabilitation Facility |
| 4221041 | Skilled Nursing Facility |

Data Element Comment

Required if Patient Transported by EMS.

Version 3 Changes Implemented

With the release of v3.5.0 additional values were added to meet the needs of EMS.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Type of Destination is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Type of Destination has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e170 | Warning | Type of Destination should be recorded when Transport Disposition is "Transport by This EMS Unit..." |
| nemSch_e171 | Warning | Hospital Capability should be recorded when Type of Destination is "Hospital..." or "Freestanding Emergency Department" and Cardiac Arrest is "Yes..." |

nemSch_e172 **Warning** Hospital Capability should be recorded when Type of Destination is "Hospital..." or "Freestanding Emergency Department" and Stroke Scale Score is "Positive".

nemSch_e173 **Warning** Hospital Capability should be recorded when Type of Destination is "Hospital..." or "Freestanding Emergency Department" and Cardiac Rhythm / Electrocardiography (ECG) is "STEMI...".

eDisposition.22 - Hospital In-Patient Destination

Definition

The location within the hospital that the patient was taken directly by EMS (e.g., Cath Lab, ICU, etc.).

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|--------------------------------------|
| 4222001 | Hospital-Burn |
| 4222003 | Hospital-Cath Lab |
| 4222005 | Hospital-CCU |
| 4222007 | Hospital-Endoscopy |
| 4222009 | Hospital-Hospice |
| 4222011 | Hospital-Hyperbaric Oxygen Treatment |
| 4222013 | Hospital-ICU |
| 4222015 | Hospital-Labor & Delivery |
| 4222017 | Hospital-Med/Surg |
| 4222019 | Hospital-Mental Health |
| 4222021 | Hospital-MICU |
| 4222023 | Hospital-NICU |
| 4222025 | Hospital-Nursery |
| 4222027 | Hospital-Peds (General) |
| 4222029 | Hospital-Peds ICU |
| 4222031 | Hospital-OR |
| 4222033 | Hospital-Orthopedic |
| 4222035 | Hospital-Other |
| 4222037 | Hospital-Out-Patient Bed |
| 4222039 | Hospital-Radiology Services - MRI |
| 4222041 | Hospital-Radiology Services - CT/PET |
| 4222043 | Hospital-Radiology Services - X-Ray |
| 4222045 | Hospital-Radiation |
| 4222047 | Hospital-Rehab |
| 4222049 | Hospital-SICU |
| 4222051 | Hospital-Oncology |
| 4222053 | Hospital-Outpatient Surgery |

Data Element Comment

To be documented when in eDisposition.21 "Hospital-Non-Emergency Department Bed" is selected.

Version 3 Changes Implemented

Added to identify the location within the hospital that the patient was directly taken to by EMS.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Hospital In-Patient Destination is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Hospital In-Patient Destination has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

State

National

eDisposition.23 - Hospital Capability

Definition

The primary hospital capability associated with the patient's condition for this transport (e.g., Trauma, STEMI, Peds, etc.).

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------------------------------------------|
| 9908001 | Behavioral Health |
| 9908003 | Burn Center |
| 9908005 | Critical Access Hospital |
| 9908007 | Hospital (General) |
| 9908009 | Neonatal Center |
| 9908011 | Pediatric Center |
| 9908019 | Rehab Center |
| 9908021 | Trauma Center Level 1 |
| 9908023 | Trauma Center Level 2 |
| 9908025 | Trauma Center Level 3 |
| 9908027 | Trauma Center Level 4 |
| 9908029 | Trauma Center Level 5 |
| 9908031 | Cardiac-STEMI/PCI Capable |
| 9908033 | Cardiac-STEMI/PCI Capable (24/7) |
| 9908035 | Cardiac-STEMI/Non-PCI Capable |
| 9908037 | Stroke-Acute Stroke Ready Hospital (ASRH) |
| 9908039 | Stroke-Primary Stroke Center (PSC) |
| 9908041 | Stroke-Thrombectomy-Capable Stroke Center (TSC) |
| 9908043 | Stroke-Comprehensive Stroke Center (CSC) |
| 9908045 | Cancer Center |
| 9908047 | Labor and Delivery |

Data Element Comment

To be documented when eDisposition.21 (Type of Destination) is 1) Hospital-Emergency Department, 2) Hospital-Non-Emergency Department Bed, or 3) Freestanding Emergency Department.

Stroke Center classifications based on Joint Commission stroke certification:

https://www.jointcommission.org/facts_about_joint_commission_stroke_certification/

Version 3 Changes Implemented

Added to aid in determining if patients are transported to the appropriate hospital based on provider impression, assessment, and treatment.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Hospital Capability is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Hospital Capability has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e171 | Warning | Hospital Capability should be recorded when Type of Destination is "Hospital..." or "Freestanding |

Emergency Department" and Cardiac Arrest is "Yes...".

nemSch_e172 **Warning** Hospital Capability should be recorded when Type of Destination is "Hospital..." or "Freestanding Emergency Department" and Stroke Scale Score is "Positive".

nemSch_e173 **Warning** Hospital Capability should be recorded when Type of Destination is "Hospital..." or "Freestanding Emergency Department" and Cardiac Rhythm / Electrocardiography (ECG) is "STEMI...".

eDisposition.24 - Destination Team Pre-Arrival Alert or Activation

Definition

Indication that an alert (or activation) was called by EMS to the appropriate destination healthcare facility team. The alert (or activation) should occur prior to the EMS Unit arrival at the destination with the patient.

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

Associated Performance Measure Initiatives

Cardiac Arrest STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|----------------------|
| 4224001 | No |
| 4224003 | Yes-Adult Trauma |
| 4224005 | Yes-Cardiac Arrest |
| 4224007 | Yes-Obstetrics |
| 4224009 | Yes-Other |
| 4224011 | Yes-Pediatric Trauma |
| 4224013 | Yes-STEMI |
| 4224015 | Yes-Stroke |
| 4224017 | Yes-Trauma (General) |

Data Element Comment

Version 3 Changes Implemented

Added to better document performance measure for acute time dependent illness and injury systems of care.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Destination Team Pre-Arrival Alert or Activation is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Destination Team Pre-Arrival Alert or Activation has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e174 | Warning | When Destination Team Pre-Arrival Alert or Activation is "None", no other value should be recorded. |
| nemSch_e175 | Warning | Destination Team Pre-Arrival Alert or Activation should be recorded when Date/Time of Destination Prearrival Alert or Activation is recorded. |
| nemSch_e176 | Warning | Date/Time of Destination Prearrival Alert or Activation should be recorded when Destination Team Pre-Arrival Alert or Activation is recorded with a value other than "None". |

eDisposition.25 - Date/Time of Destination Prearrival Alert or Activation

Definition

The Date/Time EMS alerted, notified, or activated the Destination Healthcare Facility prior to EMS arrival. The EMS assessment identified the patient as acutely ill or injured based on exam and possibly specified alert criteria.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

Version 3 Changes Implemented

Added to better document performance measure for acute time dependent illness and injury systems of care.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Date/Time of Destination Prearrival Alert or Activation is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Date/Time of Destination Prearrival Alert or Activation has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e175 | Warning | Destination Team Pre-Arrival Alert or Activation should be recorded when Date/Time of Destination Prearrival Alert or Activation is recorded. |
| nemSch_e176 | Warning | Date/Time of Destination Prearrival Alert or Activation should be recorded when Destination Team Pre-Arrival Alert or Activation is recorded with a value other than "None". |
| nemSch_e177 | Warning | Date/Time of Destination Prearrival Alert or Activation should not be earlier than Unit Notified by Dispatch Date/Time. |
| nemSch_e178 | Warning | Date/Time of Destination Prearrival Alert or Activation should not be later than Destination Patient Transfer of Care Date/Time. |
| nemSch_e179 | Warning | Date/Time of Destination Prearrival Alert or Activation should not be later than Unit Back in Service Date/Time. |

eDisposition.26 - Disposition Instructions Provided

Definition

Information provided to patient during disposition for patients not transported or treated.

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

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

Code Description

4226001 Contact 911 or see your Doctor if problem returns
 4226003 Contact 911 or see your Doctor if problem worsens
 4226005 Other Not Listed (Described in Narrative)
 4226007 Problem Specific Instructions Provided
 4226009 See Your Doctor or the Emergency Department immediately
 4226011 See Your Doctor or the Emergency Department in the next 24 hours
 4226013 See Your Doctor or the Emergency Department in the next 4 hours
 4226015 See Your Doctor within the next one week

Data Element Comment

Version 3 Changes Implemented

Added to better document instructions given to patients not transported by EMS.

eDisposition.32 - Level of Care Provided per Protocol

Definition

The general level of care provided to this patient as defined per provider level in local EMS protocols or clinical guidelines.

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|---------------------------------|
| 4232001 | BLS - All Levels |
| 4232003 | ALS - AEMT/Intermediate |
| 4232005 | ALS - Paramedic |
| 4232007 | EMS and Other Health-Care Staff |
| 4232009 | Critical Care |
| 4232011 | Integrated Health Care |
| 4232013 | No Care Provided |

Data Element Comment

The level of care should be defined by the situation, medications, and procedures provided to the patient based on what is allowed in the local EMS protocols. This definition can vary between regions; what may be allowed for BLS providers in one region may be considered ALS care in another. This is not a reflection of the provider levels providing care, but the actual care given-for example, BLS care provided by a paramedic would be entered as "BLS". This element benefits reviews of performance, resource demand and utilization, and reimbursement coding.

Version 3 Changes Implemented

Element added with the release of v3.5.0

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Level of Care Provided per Protocol is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Level of Care Provided per Protocol has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_e187 | Warning | Level of Care Provided per Protocol should be recorded (with a value other than "No Care Provided") when Patient Evaluation/Care is "Patient Evaluated and Care Provided". |

eOutcome

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

eOutcome

| | | | | | |
|-------|------------------------------------------------------------------|----------------|----------------|----------------|----------------------|
| 1 : 1 | eOutcome.01 - Emergency Department Disposition | N | S | R | N, L |
| 1 : 1 | eOutcome.02 - Hospital Disposition | N | S | R | N, L |
| 0 : M | eOutcome.ExternalDataGroup | | | | C |
| 0 : 1 | eOutcome.03 - External Report ID/Number Type | | | O | |
| 0 : 1 | eOutcome.04 - External Report ID/Number | | | O | |
| 0 : 1 | eOutcome.05 - Other Report Registry Type | | | O | |
| 0 : M | eOutcome.EmergencyDepartmentProceduresGroup | | | | |
| 0 : 1 | eOutcome.09 - Emergency Department Procedures | N | S | R | N, L, C |
| 0 : 1 | eOutcome.19 - Date/Time Emergency Department Procedure Performed | N | S | R | N, L |
| 0 : M | eOutcome.10 - Emergency Department Diagnosis | N | S | R | N, L, C |
| 0 : 1 | eOutcome.11 - Date/Time of Hospital Admission | N | S | R | N, L |
| 0 : M | eOutcome.HospitalProceduresGroup | | | | |
| 0 : 1 | eOutcome.12 - Hospital Procedures | N | S | R | N, L, C |
| 0 : 1 | eOutcome.20 - Date/Time Hospital Procedure Performed | N | S | R | N, L |
| 0 : M | eOutcome.13 - Hospital Diagnosis | N | S | R | N, L, C |
| 0 : 1 | eOutcome.16 - Date/Time of Hospital Discharge | N | S | R | N, L |
| 0 : 1 | eOutcome.18 - Date/Time of Emergency Department Admission | N | S | R | N, L |

eOutcome

eOutcome.01 - Emergency Department Disposition

Definition

The known disposition of the patient from the Emergency Department (ED).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E22_01 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|------|--------------------------------------------------------------------------------------------------------------------------------|
| 01 | Discharged to home or self care (routine discharge) |
| 02 | Discharged/transferred to another short term general hospital for inpatient care |
| 03 | Discharged/transferred to a skilled nursing facility (SNF) |
| 04 | Discharged/transferred to an intermediate care facility (ICF) |
| 05 | Discharged/transferred to another type of institution not defined elsewhere in this code list |
| 06 | Discharged/transferred to home under care of organized home health service organization in anticipation of covered skills care |
| 07 | Left against medical advice or discontinued care |
| 09 | Admitted as an inpatient to this hospital. |
| 20 | Deceased/Expired (or did not recover - Religious Non Medical Health Care Patient) |
| 21 | Discharged/transferred to court/law enforcement |
| 30 | Still a patient or expected to return for outpatient services. |
| 43 | Discharged/transferred to a Federal Health Care Facility (e.g., VA or federal health care facility) |
| 50 | Discharged/transferred to Hospice - home. |
| 51 | Discharged/transferred to Hospice - medical facility |
| 61 | Discharged/transferred within this institution to a hospital based Medicare approved swing bed. |
| 62 | Discharged/transferred to a inpatient rehabilitation facility including distinct part units of a hospital. |
| 63 | Discharged/transferred to long term care hospitals |
| 64 | Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare |
| 65 | Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital. |
| 66 | Discharged/transferred to a Critical Access Hospital (CAH). |
| 70 | Discharged/transferred to another type of health care institution not defined elsewhere in the code list. |

Data Element Comment

The list of values and codes is based on and in compliance with the Medicare Claims Processing Manual Chapter 25 Completing and Processing the Form CMS-1450 Data Set, referencing the Uniform Bill - Form CMS-1450 (UB-04) and the FL 17 - Patient Discharge Status Required. (For all Part A inpatient, SNF, hospice, home health agency (HHA) and outpatient hospital services.) This code indicates the patient's status as of the "Through" date of the billing period (FL 6).

<https://www.cms.gov/transmittals/downloads/R1104CP.pdf> Page 35-36

Codes are available from Medicare contractors and the National Uniform Billing company (NUBC <http://www.nubc.org>) via the NUBC's Official UB-04 Data Specifications Manual. Contractor site, Knowledge Trek: http://www.ub04.net/downloads/Medicare_Pub_Ch_25.pdf Please reference the section "FL 17 - Patient Status" found on page 23-25 of 126.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Emergency Department Disposition is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for |

the element), or it should be omitted (if the element is optional).

nemSch_e002 **Error**

When Emergency Department Disposition has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty.

eOutcome.02 - Hospital Disposition

Definition

The known disposition of the patient from the hospital, if admitted.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E22_02 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|------|--------------------------------------------------------------------------------------------------------------------------------|
| 01 | Discharged to home or self care (routine discharge) |
| 02 | Discharged/transferred to another short term general hospital for inpatient care |
| 03 | Discharged/transferred to a skilled nursing facility (SNF) |
| 04 | Discharged/transferred to an intermediate care facility (ICF) |
| 05 | Discharged/transferred to another type of institution not defined elsewhere in this code list |
| 06 | Discharged/transferred to home under care of organized home health service organization in anticipation of covered skills care |
| 07 | Left against medical advice or discontinued care |
| 20 | Deceased/Expired (or did not recover - Religious Non Medical Health Care Patient) |
| 21 | Discharged/transferred to court/law enforcement |
| 30 | Still a patient or expected to return for outpatient services. |
| 43 | Discharged/transferred to a Federal Health Care Facility (e.g., VA or federal health care facility) |
| 50 | Discharged/transferred to Hospice - home. |
| 51 | Discharged/transferred to Hospice - medical facility |
| 61 | Discharged/transferred within this institution to a hospital based Medicare approved swing bed. |
| 62 | Discharged/transferred to a inpatient rehabilitation facility including distinct part units of a hospital. |
| 63 | Discharged/transferred to long term care hospitals |
| 64 | Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare |
| 65 | Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital. |
| 66 | Discharged/transferred to a Critical Access Hospital (CAH). |
| 70 | Discharged/transferred to another type of health care institution not defined elsewhere in the code list. |

Data Element Comment

The list of values and codes is based on and in compliance with the Medicare Claims Processing Manual Chapter 25 Completing and Processing the Form CMS-1450 Data Set, referencing the Uniform Bill - Form CMS-1450 (UB-04) and the FL 17 - Patient Discharge Status Required. (For all Part A inpatient, SNF, hospice, home health agency (HHA) and outpatient hospital services.) This code indicates the patient's status as of the "Through" date of the billing period (FL 6).

<https://www.cms.gov/transmittals/downloads/R1104CP.pdf> Page 35-36

Codes are available from Medicare contractors and the National Uniform Billing company (NUBC <http://www.nubc.org>) via the NUBC's Official UB-04 Data Specifications Manual.

Contractor site, Knowledge Trek: http://www.ub04.net/downloads/Medicare_Pub_Ch_25.pdf Please reference the section "FL 17 - Patient Status" found on page 23-25 of 126.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Hospital Disposition is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), |

or it should be omitted (if the element is optional).

nemSch_e002 **Error**

When Hospital Disposition has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty.

eOutcome.03 - External Report ID/Number Type

Definition

The Type of External Report or Record associated with the Report/ID Number.

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

Code List

| Code | Description |
|---------|-------------------------------|
| 4303001 | Disaster Tag |
| 4303003 | Fire Incident Report |
| 4303005 | Hospital-Receiving |
| 4303007 | Hospital-Transferring |
| 4303009 | Law Enforcement Report |
| 4303011 | Other |
| 4303013 | Other Registry |
| 4303015 | Other Report |
| 4303017 | Patient ID |
| 4303019 | Prior EMS Patient Care Report |
| 4303021 | STEMI Registry |
| 4303023 | Stroke Registry |
| 4303025 | Trauma Registry |

Data Element Comment

This data element is a merge based on the following Version 2.2.1 elements: E22_03, E22_04, E22_05, and E22_06

Version 3 Changes Implemented

Added to allow documentation of external record and identification numbers.

eOutcome.04 - External Report ID/Number**Definition**

The ID or Number of the external report or record in eOutcome.03.

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

Constraints

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

Data Element Comment

This data element is a merge based on the following Version 2.2.1 elements: E22_03, E22_04, E22_05, and E22_06

Version 3 Changes Implemented

Added to allow documentation of external record and identification numbers.

eOutcome.05 - Other Report Registry Type**Definition**

The type of external report/registry that was documented as "other" in eOutcome.03

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

Constraints

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

Data Element Comment

This element should be used only when other-report or other-registry is used eOutcome.03.

eOutcome.09 - Emergency Department Procedures

Definition

The procedures performed on the patient during the emergency department visit.

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

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

Constraints

Pattern

[0-9A-HJ-NP-Z]{3,7}

Data Element Comment

ICD-10-PCS has a seven character alphanumeric code structure. Each character contains up to 34 possible values. Each value represents a specific option for the general character definition (e.g., stomach is one of the values for the body part character). The ten digits 0-9 and the 24 letters A-H,J-N and P-Z may be used in each character. The letters O and I are not used in order to avoid confusion with the digits 0 and 1.

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

Product - UMLS Metathesaurus

Version 3 Changes Implemented

Added to better evaluate EMS care.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Emergency Department Procedures is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Emergency Department Procedures has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eOutcome.19 - Date/Time Emergency Department Procedure Performed

Definition

The date/time the emergency department procedure was performed on the patient.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Date/Time Emergency Department Procedure Performed is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |

eOutcome.10 - Emergency Department Diagnosis

Definition

The practitioner's description of the condition or problem for which Emergency Department services were provided.

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

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

Constraints

Pattern

[A-Z][0-9][0-9A-Z](\.[0-9A-Z]{1,4})?

Data Element Comment

Code list is represented in ICD-10-CM: Diagnosis Codes.

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

Product - UMLS Metathesaurus

Version 3 Changes Implemented

Added to better evaluate EMS care.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Emergency Department Diagnosis is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Emergency Department Diagnosis has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eOutcome.11 - Date/Time of Hospital Admission

Definition

The date and time the patient was admitted to the hospital.

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

Version 3 Changes Implemented

Added to better evaluate EMS care.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Date/Time of Hospital Admission is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |

When Date/Time of Hospital Admission has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty.

eOutcome.12 - Hospital Procedures

Definition

Hospital Procedures performed on the patient during the hospital admission.

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

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

Constraints

Pattern

[0-9A-HJ-NP-Z]{3,7}

Data Element Comment

ICD-10-PCS has a seven character alphanumeric code structure. Each character contains up to 34 possible values. Each value represents a specific option for the general character definition (e.g., stomach is one of the values for the body part character). The ten digits 0-9 and the 24 letters A-H, J-N and P-Z may be used in each character. The letters O and I are not used in order to avoid confusion with the digits 0 and 1.

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

Product - UMLS Metathesaurus

Version 3 Changes Implemented

Added to better evaluate EMS care.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Hospital Procedures is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Hospital Procedures has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eOutcome.20 - Date/Time Hospital Procedure Performed

Definition

The date/time the hospital procedure was performed on the patient.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Date/Time Hospital Procedure Performed is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |

When Date/Time Hospital Procedure Performed has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty.

eOutcome.13 - Hospital Diagnosis

Definition

The hospital diagnosis of the patient associated with the hospital admission.

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

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

Constraints

Pattern

[A-Z][0-9][0-9A-Z](\[0-9A-Z]{1,4})?)

Data Element Comment

Code list is represented in ICD-10-CM: Diagnosis Codes.

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

Product - UMLS Metathesaurus

Version 3 Changes Implemented

Added to better evaluate EMS care.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Hospital Diagnosis is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Hospital Diagnosis has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eOutcome.16 - Date/Time of Hospital Discharge

Definition

The date the patient was discharged from the hospital.

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

Version 3 Changes Implemented

Added to better measure patient outcome.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Date/Time of Hospital Discharge is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |

When Date/Time of Hospital Discharge has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty.

eOutcome.18 - Date/Time of Emergency Department Admission

Definition

The date and time the patient was admitted to the emergency department.

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|---------------------------|---------------------------|
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Date/Time of Emergency Department Admission is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Date/Time of Emergency Department Admission has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eCustomResults

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

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

eCustomResults.01 - Custom Data Element Result

Definition

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

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

Attributes

NOT Values (NV)

Pertinent Negatives (PN)

NV

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

PN

8801001 - Contraindication Noted

8801003 - Denied By Order

8801005 - Exam Finding Not Present

8801007 - Medication Allergy

8801009 - Medication Already Taken

8801013 - No Known Drug Allergy

8801015 - None Reported

8801017 - Not Performed by EMS

8801019 - Refused

8801021 - Unresponsive

8801023 - Unable to Complete

8801025 - Not Immunized

8801027 - Order Criteria Not Met

8801029 - Approximate

8801031 - Symptom Not Present

Constraints

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

Data Element Comment

Version 3 Changes Implemented

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Custom Data Element Result is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Custom Data Element Result has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eCustomResults.02 - Custom Element ID Referenced

Definition

References the CustomElementID attribute for eCustomConfiguration.CustomGroup.

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

Constraints

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

Data Element Comment

eCustomResults.03 - CorrelationID of PatientCareReport Element or Group

Definition

References the CorrelationID attribute of an element or group in the PatientCareReport section.

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

Constraints

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

Data Element Comment

eOther

Legend

Dataset Level: N National S State D Deprecated

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

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

eOther

| | | |
|-------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0 : 1 | eOther.01 - Review Requested | O |
| 0 : M | eOther.02 - Potential System of Care/Specialty/Registry Patient | O C |
| 0 : M | eOther.EMSCrewMemberGroup | C |
| 0 : M | eOther.03 - Personal Protective Equipment Used | O C |
| 0 : 1 | eOther.04 - EMS Professional (Crew Member) ID | O |
| 0 : 1 | eOther.05 - Suspected EMS Work Related Exposure, Injury, or Death | S E N, L |
| 0 : M | eOther.06 - The Type of Work-Related Injury, Death or Suspected Exposure | S E N, L C |
| 0 : M | eOther.07 - Natural, Suspected, Intentional, or Unintentional Disaster | O C |
| 0 : 1 | eOther.08 - Crew Member Completing this Report | S E N, L |
| 0 : M | eOther.FileGroup | C |
| 0 : 1 | eOther.09 - External Electronic Document Type | O |
| 0 : 1 | eOther.10 - File Attachment Type | O |
| 0 : 1 | eOther.11 - File Attachment Image | O |
| 0 : 1 | eOther.22 - File Attachment Name | O |
| 0 : M | eOther.SignatureGroup | C |
| 0 : 1 | eOther.12 - Type of Person Signing | O |
| 0 : M | eOther.13 - Signature Reason | O C |
| 0 : 1 | eOther.14 - Type Of Patient Representative | O |
| 0 : 1 | eOther.15 - Signature Status | O |
| 0 : 1 | eOther.16 - Signature File Name | O |
| 0 : 1 | eOther.17 - Signature File Type | O |
| 0 : 1 | eOther.18 - Signature Graphic | O |
| 0 : 1 | eOther.19 - Date/Time of Signature | O |
| 0 : 1 | eOther.20 - Signature Last Name | O |
| 0 : 1 | eOther.21 - Signature First Name | O |

eOther

eOther.01 - Review Requested

Definition

Indication of whether the PCR needs review by anyone.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E23_01 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

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

Data Element Comment

eOther.02 - Potential System of Care/Specialty/Registry Patient

Definition

An indication if the patient may meet the entry criteria for an injury or illness specific registry.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E23_02 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|------------------------|
| 4502001 | Airway |
| 4502003 | Burn |
| 4502005 | Cardiac/MI |
| 4502007 | CVA/Stroke |
| 4502009 | Drowning |
| 4502011 | Other |
| 4502013 | Spinal Cord Injury |
| 4502015 | STEMI/Acute Cardiac |
| 4502017 | Trauma |
| 4502019 | Traumatic Brain Injury |

Data Element Comment

eOther.03 - Personal Protective Equipment Used

Definition

The personal protective equipment which was used by EMS personnel during this EMS patient contact.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E23_03 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|------------------------------|
| 4503001 | Eye Protection |
| 4503003 | Gloves |
| 4503005 | Helmet |
| 4503007 | Level A Suit |
| 4503009 | Level B Suit |
| 4503011 | Level C Suit |
| 4503013 | Level D Suit (Turn out gear) |
| 4503015 | Mask-N95 |
| 4503017 | Mask-Surgical (Non-Fitted) |
| 4503019 | Other |
| 4503021 | PAPR |
| 4503023 | Reflective Vest |

Data Element Comment

eOther.04 - EMS Professional (Crew Member) ID**Definition**

The ID number of the EMS Crew Member associated with eOther.03, eOther.05, eOther.06.

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

Constraints

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

Data Element Comment

Added to allow documentation of PPE and work related health and safety down to the individual level within each EMS crew.

Version 3 Changes Implemented

Added to better document EMS workplace health and safety issues.

eOther.05 - Suspected EMS Work Related Exposure, Injury, or Death

Definition

Indication of an EMS work related exposure, injury, or death associated with this EMS event.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E23_05 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

Code Description

9923001 No

9923003 Yes

Data Element Comment

Associated with eOther.04 (EMS Professional (Crew Member) ID)

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Suspected EMS Work Related Exposure, Injury, or Death is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Suspected EMS Work Related Exposure, Injury, or Death has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eOther.06 - The Type of Work-Related Injury, Death or Suspected Exposure

Definition

The type of EMS crew member work-related injury, death, or suspected exposure related to the EMS response.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E23_06 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

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

Code List

| Code | Description |
|---------|-----------------------------------------------------------------|
| 4506001 | Death-Cardiac Arrest |
| 4506003 | Death-Injury Related |
| 4506005 | Death-Other |
| 4506007 | Exposure-Airborne Respiratory/Biological/Aerosolized Secretions |
| 4506009 | Exposure-Body Fluid Contact to Broken Skin |
| 4506011 | Exposure-Body Fluid Contact with Eye |
| 4506013 | Exposure-Body Fluid Contact with Intact Skin |
| 4506015 | Exposure-Body Fluid Contact with Mucosal Surface |
| 4506017 | Exposure-Needle Stick with Body Fluid Injection |
| 4506019 | Exposure-Needle Stick without Body Fluid Injection |
| 4506021 | Exposure-Toxin/Chemical/Hazmat |
| 4506023 | Injury-Lifting/Back/Musculoskeletal |
| 4506025 | Injury-Other |
| 4506027 | None |
| 4506029 | Other |

Data Element Comment

Associated with eOther.04 (EMS Professional (Crew Member) ID).

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When The Type of Work-Related Injury, Death or Suspected Exposure is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When The Type of Work-Related Injury, Death or Suspected Exposure has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eOther.07 - Natural, Suspected, Intentional, or Unintentional Disaster

Definition

Event caused by natural forces or Suspected and Intentional/Unintentional Disasters (terrorism).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | E23_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Trauma

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|------------------------------|
| 4507001 | Biologic Agent |
| 4507003 | Building Failure |
| 4507005 | Chemical Agent |
| 4507007 | Explosive Device |
| 4507009 | Fire |
| 4507011 | Hostage Event |
| 4507013 | Mass Gathering |
| 4507015 | Mass Illness |
| 4507017 | Nuclear Agent |
| 4507019 | Radioactive Device |
| 4507021 | Secondary Destructive Device |
| 4507023 | Shooting/Sniper |
| 4507025 | Vehicular |
| 4507027 | Weather (Other) |
| 4507029 | Earthquake |
| 4507031 | Flood |
| 4507033 | Land Slide |
| 4507035 | Winter Storm |
| 4507037 | Tornado |
| 4507039 | Hurricane |

Data Element Comment

Based on FEMA website

eOther.08 - Crew Member Completing this Report

Definition

The statewide assigned ID number of the EMS crew member which completed this patient care report.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | E23_10 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

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

Data Element Comment

If the EMS Professional has a specific ID associated with two states, the ID used would typically be based on the EMS Agencies state license.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Crew Member Completing this Report is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Crew Member Completing this Report has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

eOther.09 - External Electronic Document Type

Definition

Document type which has been electronically stored with PCR.

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

Code List

| Code | Description |
|---------|----------------------------------------|
| 4509001 | Other Audio Recording |
| 4509003 | Billing Information |
| 4509005 | Diagnostic Image (CT, X-ray, US, etc.) |
| 4509006 | DNR |
| 4509008 | Living Will |
| 4509009 | ECG/Lab Results |
| 4509011 | Guardianship/Power of Attorney |
| 4509013 | Other Healthcare Record |
| 4509015 | Other |
| 4509017 | Patient Identification |
| 4509019 | Patient Refusal Sheet |
| 4509021 | Other Picture/Graphic |
| 4509025 | Other Video/Movie |
| 4509027 | ePCR |

Data Element Comment

Added to allow an improved implementation of electronic healthcare records.

Version 3 Changes Implemented

Added to allow an improved implementation of electronic healthcare records.

eOther.10 - File Attachment Type

Definition

The description of the file attachment stored in File Attachment Image (eOther.11).

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

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 255 |

Data Element Comment

The description is defined as the extension of the file type. Examples of file name extensions include "doc", "jpeg", "tiff", etc. For a list of additional extensions reference the following website(s):

3D Image formats: http://www.fileinfo.com/filetypes/3d_image

Raster Image formats: http://www.fileinfo.com/filetypes/raster_image

Vector Image formats: http://www.fileinfo.com/filetypes/vector_image

Video formats: <http://www.fileinfo.com/filetypes/video>

Audio formats: <http://www.fileinfo.com/filetypes/audio>

Comparison of formats:

Image: http://en.wikipedia.org/wiki/Comparison_of_image_file_formats

Audio: http://en.wikipedia.org/wiki/Audio_file_format

Container: http://en.wikipedia.org/wiki/Comparison_of_container_formats

A general list of image formats: http://en.wikipedia.org/wiki/Image_file_formats

Mime Types: http://en.wikipedia.org/wiki/Internet_media_type

Version 3 Changes Implemented

Added to allow an improved implementation of electronic healthcare records.

eOther.11 - File Attachment Image**Definition**

The file that is attached electronically to the patient care report.

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

Constraints**Data Type**

base64Binary

Data Element Comment

Associated with eOther.09 (External Electronic Documents) and eOther.10 (File Attachment Type).

Version 3 Changes Implemented

Added to allow an improved implementation of electronic healthcare records.

eOther.22 - File Attachment Name

Definition

The name of the attached file.

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

Constraints

| | |
|------------------|------------------|
| Data Type | maxLength |
| string | 255 |

Data Element Comment

eOther.12 - Type of Person Signing

Definition

The individual's signature associated with eOther.15 (Signature Status).

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

Code List

| Code | Description |
|---------|------------------------------------------------|
| 4512001 | EMS Crew Member (Other) |
| 4512003 | EMS Primary Care Provider (for this event) |
| 4512005 | Healthcare Provider |
| 4512007 | Medical Director |
| 4512009 | Non-Healthcare Provider |
| 4512011 | Online Medical Control Healthcare Practitioner |
| 4512013 | Other |
| 4512015 | Patient |
| 4512017 | Patient Representative |
| 4512019 | Witness |

Data Element Comment

Version 3 Changes Implemented

Added to better document disposition and billing information.

eOther.13 - Signature Reason

Definition

The reason for the individuals signature.

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

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--------------------------------------|
| 4513001 | HIPAA acknowledgement/Release |
| 4513003 | Permission to Treat |
| 4513005 | Release for Billing |
| 4513007 | Transfer of Patient Care |
| 4513009 | Refusal of Care |
| 4513011 | Controlled Substance, Administration |
| 4513013 | Controlled Substance, Waste |
| 4513015 | Airway Verification |
| 4513017 | Patient Belongings (Receipt) |
| 4513019 | Permission to Transport |
| 4513021 | Refusal of Transport |
| 4513023 | Other |

Data Element Comment

eOther.14 - Type Of Patient Representative

Definition

If Patient Representative is chosen as the owner of the signature, this documents the relationship of the individual signing to the patient.

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

Code List

| Code | Description |
|---------|--------------------------------------------------|
| 4514001 | Aunt |
| 4514003 | Brother |
| 4514005 | Daughter |
| 4514007 | Discharge Planner |
| 4514009 | Domestic Partner |
| 4514011 | Father |
| 4514013 | Friend |
| 4514015 | Grandfather |
| 4514017 | Grandmother |
| 4514019 | Guardian |
| 4514021 | Husband |
| 4514023 | Law Enforcement |
| 4514025 | MD/DO |
| 4514027 | Mother |
| 4514029 | Nurse (RN) |
| 4514031 | Nurse Practitioner (NP) |
| 4514033 | Other Care Provider (Home health, hospice, etc.) |
| 4514035 | Other |
| 4514037 | Physician's Assistant (PA) |
| 4514039 | Power of Attorney |
| 4514041 | Other Relative |
| 4514043 | Self |
| 4514045 | Sister |
| 4514047 | Son |
| 4514049 | Uncle |
| 4514051 | Wife |

Data Element Comment

Required for Billing.

Version 3 Changes Implemented

Added to improve documentation on disposition and billing.

eOther.15 - Signature Status

Definition

Indication that the signature for the Type of Person Signing and Signature Reason has been collected or attempted to be collected.

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

Code List

| Code | Description |
|---------|-------------------------------------------------------------|
| 4515001 | Not Signed - Crew Called out to another call |
| 4515003 | Not Signed - Deceased |
| 4515005 | Not Signed - Due to Distress Level |
| 4515007 | Not Signed - Equipment Failure |
| 4515009 | Not Signed - In Law Enforcement Custody |
| 4515011 | Not Signed - Language Barrier |
| 4515013 | Not Signed - Mental Status/Impaired |
| 4515015 | Not Signed - Minor/Child |
| 4515017 | Not Signed - Physical Impairment of Extremities |
| 4515019 | Not Signed - Refused |
| 4515021 | Not Signed - Transferred Care/No Access to Obtain Signature |
| 4515023 | Not Signed - Unconscious |
| 4515025 | Not Signed -Visually Impaired |
| 4515027 | Physical Signature/Paper Copy Obtained |
| 4515031 | Signed |
| 4515033 | Signed-Not Patient |
| 4515035 | Not Signed-Illiterate (Unable to Read) |
| 4515037 | Not Signed-Restrained |
| 4515039 | Not Signed-Combative or Uncooperative |

Data Element Comment

Version 3 Changes Implemented

Added to better document disposition and billing.

eOther.16 - Signature File Name

Definition

The name of the graphic file for the signature.

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

Constraints

| | |
|------------------|------------------|
| Data Type | maxLength |
| string | 255 |

Data Element Comment

eOther.17 - Signature File Type

Definition

The description of the file attachment stored in Signature Graphic (eOther.18).

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

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 255 |

Data Element Comment

The description is defined as the extension of the file type. Examples of file name extensions include "doc", "jpeg", "tiff", etc. For a list of additional extensions reference the following website(s):

3D Image formats: http://www.fileinfo.com/filetypes/3d_image

Raster Image formats: http://www.fileinfo.com/filetypes/raster_image

Vector Image formats: http://www.fileinfo.com/filetypes/vector_image

Video formats: <http://www.fileinfo.com/filetypes/video>

Audio formats: <http://www.fileinfo.com/filetypes/audio>

Comparison of formats:

Image: http://en.wikipedia.org/wiki/Comparison_of_image_file_formats

Audio: http://en.wikipedia.org/wiki/Audio_file_format

Container: http://en.wikipedia.org/wiki/Comparison_of_container_formats

A general list of image formats: http://en.wikipedia.org/wiki/Image_file_formats

Mime Types: http://en.wikipedia.org/wiki/Internet_media_type

eOther.18 - Signature Graphic**Definition**

The graphic file for the signature.

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

Constraints**Data Type**

base64Binary

Data Element Comment**Version 3 Changes Implemented**

Added to better document disposition and billing.

eOther.19 - Date/Time of Signature

Definition

The date and time the signature was captured.

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

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| Data Type | minInclusive | maxInclusive |
| dateTime | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

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

Data Element Comment

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

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

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

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

Version 3 Changes Implemented

Added to better document disposition and billing.

eOther.20 - Signature Last Name

Definition

The last name of the individual who signed the associated signature.

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

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 60 |

Data Element Comment

Version 3 Changes Implemented

Added to better document disposition and billing.

eOther.21 - Signature First Name

Definition

The first name of the individual associated with the signature.

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

Constraints

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

Data Element Comment

Version 3 Changes Implemented

Added to better document disposition and billing.

dCustomConfiguration

Legend

Dataset Level: N National S State D Deprecated

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

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

dCustomConfiguration

| | | |
|-------|----------------------------------------------------------------------------------------|---|
| 0 : M | dCustomConfiguration.CustomGroup | |
| 1 : 1 | dCustomConfiguration.01 - Custom Data Element Title | M |
| 1 : 1 | dCustomConfiguration.02 - Custom Definition | M |
| 1 : 1 | dCustomConfiguration.03 - Custom Data Type | M |
| 1 : 1 | dCustomConfiguration.04 - Custom Data Element Recurrence | M |
| 1 : 1 | dCustomConfiguration.05 - Custom Data Element Usage | M |
| 0 : M | dCustomConfiguration.06 - Custom Data Element Potential Values | O |
| 0 : M | dCustomConfiguration.07 - Custom Data Element Potential NOT Values (NV) | O |
| 0 : M | dCustomConfiguration.08 - Custom Data Element Potential Pertinent Negative Values (PN) | O |
| 0 : 1 | dCustomConfiguration.09 - Custom Data Element Grouping ID | O |

dCustomConfiguration

dCustomConfiguration.01 - Custom Data Element Title

Definition

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

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

Attributes

nemsisElement

Data Type: anySimpleType **whiteSpace:** preserve

Constraints

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

Data Element Comment

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

Version 3 Changes Implemented

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

dCustomConfiguration.02 - Custom Definition

Definition

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

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

Constraints

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

Data Element Comment

dCustomConfiguration.03 - Custom Data Type

Definition

The data type of the custom element.

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

Code List

| Code | Description |
|---------|----------------|
| 9902001 | Binary |
| 9902003 | Date/Time |
| 9902005 | Integer/Number |
| 9902007 | Other |
| 9902009 | Text/String |
| 9902011 | Boolean |

Data Element Comment

dCustomConfiguration.04 - Custom Data Element Recurrence

Definition

Indication if the data element will accept multiple values.

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

Code List

Code Description

9923001 No
9923003 Yes

Data Element Comment

Version 3 Changes Implemented

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

dCustomConfiguration.05 - Custom Data Element Usage

Definition

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

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

Code List

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

Data Element Comment

Mandatory = Must be completed and will not accept null values

Required = Must be completed but will accept null values

Recommended = Not required but if collected will accept null values

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

Version 3 Changes Implemented

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

dCustomConfiguration.06 - Custom Data Element Potential Values

Definition

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

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

Attributes

nemsisCode

Data Type: anySimpleType **whiteSpace:** preserve

customValueDescription

Data Type: anySimpleType **whiteSpace:** preserve

Constraints

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

Data Element Comment

Version 3 Changes Implemented

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

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

Definition

NOT Values (NV) associated with the custom element.

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

Code List

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

Data Element Comment

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

Definition

Pertinent Negative Values (PN) associated with the custom element.

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

Code List

| Code | Description |
|---------|--------------------------|
| 8801001 | Contraindication Noted |
| 8801003 | Denied By Order |
| 8801005 | Exam Finding Not Present |
| 8801007 | Medication Allergy |
| 8801009 | Medication Already Taken |
| 8801013 | No Known Drug Allergy |
| 8801015 | None Reported |
| 8801017 | Not Performed by EMS |
| 8801019 | Refused |
| 8801021 | Unresponsive |
| 8801023 | Unable to Complete |
| 8801025 | Not Immunized |
| 8801027 | Order Criteria Not Met |
| 8801029 | Approximate |
| 8801031 | Symptom Not Present |

Data Element Comment

dCustomConfiguration.09 - Custom Data Element Grouping ID

Definition

ID for custom element grouping.

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

Constraints

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

Data Element Comment

dAgency

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

dAgency

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

dAgency

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|------------------------------------------------------|----------------------------------|
| nemSch_d005 | Error | UUID must be universally unique. |

State

National

dAgency.01 - EMS Agency Unique State ID

Definition

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

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

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

Data Element Comment

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

State

National

dAgency.02 - EMS Agency Number

Definition

The state-assigned provider number of the responding agency

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

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

Data Element Comment

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

dAgency.03 - EMS Agency Name

Definition

The formal name of the agency.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

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

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When EMS Agency Name is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When EMS Agency Name has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dAgency.04 - EMS Agency State

Definition

The state/territory which assigned the EMS agency number.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

Pattern

[0-9]{2}

Data Element Comment

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

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d010 | Warning | There should be a configuration group where State Associated with this Configuration is the state recorded in EMS Agency State. |
| nemSch_d012 | Warning | EMS Certification Levels Permitted to Perform Each Procedure, within the configuration group for the state recorded in EMS Agency State, should include the level recorded in Level of Service. |
| nemSch_d013 | Warning | EMS Certification Levels Permitted to Administer Each Medication, within the configuration group for the state recorded in EMS Agency State, should include the level recorded in Level of Service. |

dAgency.05 - EMS Agency Service Area States

Definition

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

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

Constraints

Pattern

[0-9]{2}

Data Element Comment

Each state is captured as a group where the EMS agency provides service. The group includes dAgency.05, dAgency.06, dAgency.07, and Agency.08.

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

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

Associated Validation Rules

| Rule ID | Level | Message |
|---------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_consistency_dAgency.ServiceGroup_dAgency.07_dAgency.06 | Warning | EMS Agency Census Tracts should belong to a county recorded in EMS Agency Service Area County(ies) in the state with which it is grouped. |
| nemSch_d006 | Error | EMS Agency Service Area County(ies) should belong to the state with which it is grouped. |

State

National

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

Definition

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

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

CorrelationID

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

Constraints

Pattern

[0-9]{5}

Data Element Comment

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

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

Associated Validation Rules

| Rule ID | Level | Message |
|---------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_consistency_dAgency.ServiceGroup_dAgency.07_dAgency.06 | Warning | EMS Agency Census Tracts should belong to a county recorded in EMS Agency Service Area County(ies) in the state with which it is grouped. |
| nemSch_d006 | Error | EMS Agency Service Area County(ies) should belong to the state with which it is grouped. |

State

National

dAgency.07 - EMS Agency Census Tracts

Definition

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

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

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

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

Constraints

Pattern

[0-9]{11}

Data Element Comment

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

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

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

Census Tract Data Website (files and descriptions): http://www.census.gov/geo/maps-data/data/tract_rel_download.html

Associated Validation Rules

| Rule ID | Level | Message |
|---------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_consistency_dAgency.ServiceGroup_dAgency.07_dAgency.06 | Warning | EMS Agency Census Tracts should belong to a county recorded in EMS Agency Service Area County(ies) in the state with which it is grouped. |
| nemSch_d001 | Error | When EMS Agency Census Tracts is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When EMS Agency Census Tracts has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dAgency.08 - EMS Agency Service Area ZIP Codes

Definition

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

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

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

Constraints

Pattern

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

Data Element Comment

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

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

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When EMS Agency Service Area ZIP Codes is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When EMS Agency Service Area ZIP Codes has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

State

National

dAgency.09 - Primary Type of Service

Definition

The primary service type provided by the agency.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

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

Data Element Comment

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

dAgency.10 - Other Types of Service

Definition

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

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

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

Code List

Code Description

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

Data Element Comment

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When Other Types of Service is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When Other Types of Service has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

State

National

dAgency.11 - Level of Service

Definition

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

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|----------------------------------------------|
| 9917001 | Advanced Emergency Medical Technician (AEMT) |
| 9917002 | Emergency Medical Technician - Intermediate |
| 9917003 | Emergency Medical Responder (EMR) |
| 9917005 | Emergency Medical Technician (EMT) |
| 9917007 | Paramedic |
| 9917019 | Physician |
| 9917021 | Critical Care Paramedic |
| 9917023 | Community Paramedicine |
| 9917025 | Nurse Practitioner |
| 9917027 | Physician Assistant |
| 9917029 | Licensed Practical Nurse (LPN) |
| 9917031 | Registered Nurse |

Data Element Comment

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

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d012 | Warning | EMS Certification Levels Permitted to Perform Each Procedure, within the configuration group for the state recorded in EMS Agency State, should include the level recorded in Level of Service. |
| nemSch_d013 | Warning | EMS Certification Levels Permitted to Administer Each Medication, within the configuration group for the state recorded in EMS Agency State, should include the level recorded in Level of Service. |

State

National

dAgency.12 - Organization Status

Definition

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

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

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

Data Element Comment

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

State

National

dAgency.13 - Organizational Type

Definition

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

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

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

Data Element Comment

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

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|--------------------------------------------------------------------------------------------------|
| nemSch_d008 | Warning | Fire Department ID Number should be recorded when Organizational Type is "Fire Department". |
| nemSch_d009 | Warning | Fire Department ID Number should only be recorded when Organizational Type is "Fire Department". |

State

National

dAgency.14 - EMS Agency Organizational Tax Status

Definition

The EMS Agencies business/corporate organizational tax status.

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

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|--------------------------|
| 1018001 | For Profit |
| 1018003 | Other (e.g., Government) |
| 1018005 | Not For Profit |

Data Element Comment

Associated with the EMS Agency for the specific EMS Agency Number (dAgency.02).

dAgency.15 - Statistical Calendar Year

Definition

The calendar year to which the information pertains for the EMS Agency and the specific EMS Agency Number (dAgency.02).

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D01_10 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 1900 | 2050 |

Data Element Comment

Added Calendar Year to the definition to remove confusion noted in draft comments. Will allow multiple entry to allow data to be stored on several years. This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02) and elements dAgency.16 through dAgency.22.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When Statistical Calendar Year is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When Statistical Calendar Year has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dAgency.16 - Total Primary Service Area Size

Definition

The total square miles in the agency's service area.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D01_12 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701005 - Not Reporting

7701003 - Not Recorded

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------------|--------------|--------------|
| positiveInteger | 1 | 400,000,000 |

Data Element Comment

This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02). A value should be associated with each with (dAgency.15) Statistical Calendar Year

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When Total Primary Service Area Size is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When Total Primary Service Area Size has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dAgency.17 - Total Service Area Population

Definition

The total population in the agency's service area based if possible on year 2010 census data.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D01_13 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701005 - Not Reporting

7701003 - Not Recorded

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------------|--------------|--------------|
| positiveInteger | 1 | 400,000,000 |

Data Element Comment

This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02). A value should be associated with each with (dAgency.15) Statistical Calendar Year.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When Total Service Area Population is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When Total Service Area Population has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dAgency.18 - 911 EMS Call Center Volume per Year

Definition

The number of 911 calls received by the call center during the last calendar year.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D01_14 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------------|--------------|--------------|
| positiveInteger | 1 | 400,000,000 |

Data Element Comment

This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02). A value should be associated with each with (dAgency.15) Statistical Calendar Year.

Version 3 Changes Implemented

Name Clarified with "Call Center"

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When 911 EMS Call Center Volume per Year is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When 911 EMS Call Center Volume per Year has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dAgency.19 - EMS Dispatch Volume per Year

Definition

The number of EMS dispatches during the last calendar year.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D01_15 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------------|--------------|--------------|
| positiveInteger | 1 | 400,000,000 |

Data Element Comment

This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02). A value should be associated with each with (dAgency.15) Statistical Calendar Year.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When EMS Dispatch Volume per Year is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When EMS Dispatch Volume per Year has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dAgency.20 - EMS Patient Transport Volume per Year

Definition

The number of EMS transports per year based on last calendar year.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D01_16 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------------|--------------|--------------|
| positiveInteger | 1 | 400,000,000 |

Data Element Comment

This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02). A value should be associated with each with (dAgency.15) Statistical Calendar Year.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When EMS Patient Transport Volume per Year is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When EMS Patient Transport Volume per Year has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dAgency.21 - EMS Patient Contact Volume per Year

Definition

The number of EMS patient contacts per year based on last calendar year.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D01_17 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------------|--------------|--------------|
| positiveInteger | 1 | 400,000,000 |

Data Element Comment

This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02). A value should be associated with each with (dAgency.15) Statistical Calendar Year.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When EMS Patient Contact Volume per Year is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When EMS Patient Contact Volume per Year has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dAgency.22 - EMS Billable Calls per Year

Definition

The number of EMS patient encounters which are billable based on the last calendar year.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D01_18 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------------|--------------|--------------|
| positiveInteger | 1 | 400,000,000 |

Data Element Comment

This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02). A value should be associated with each with (dAgency.15) Statistical Calendar Year.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When EMS Billable Calls per Year is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When EMS Billable Calls per Year has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dAgency.23 - EMS Agency Time Zone

Definition

The time zone for the EMS Agency.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D01_19 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|--------------------------------|
| 1027001 | All other time zones |
| 1027003 | GMT-04:00 Atlantic Time |
| 1027005 | GMT-05:00 Eastern Time |
| 1027007 | GMT-06:00 Central Time |
| 1027009 | GMT-07:00 Mountain Time |
| 1027011 | GMT-08:00 Pacific Time |
| 1027013 | GMT-09:00 Alaska |
| 1027015 | GMT-10:00 Hawaii |
| 1027017 | GMT-11:00 Midway Island, Samoa |

Data Element Comment

Associated with each of the EMS Agency Number (dAgency.02). If more than one Time Zone is located within the EMS Agency service area, please chose the time zone covering the greatest volume of EMS events.

dAgency.24 - EMS Agency Daylight Savings Time Use

Definition

Indicate if the EMS Agency conforms to Daylight Savings Time.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D01_20 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-------------|
| 9923001 | No |
| 9923003 | Yes |

Data Element Comment

Associated with each of the EMS Agency Number (dAgency.02). If the EMS Agency service area contains areas with variations in Daylight Savings Time implementation, choose the response which best represents the majority of the EMS events.

State

National

dAgency.25 - National Provider Identifier

Definition

The National Provider Identifier issued by CMS.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D01_21 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Constraints

| Data Type | length |
|-----------|--------|
| string | 10 |

Data Element Comment

Only EMS Agencies billing for service will have an NPI number.

CMS (Centers for Medicare and Medicaid Services) NPI Registry lookup:

<https://npiregistry.cms.hhs.gov/>

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When National Provider Identifier is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When National Provider Identifier has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

State

National

dAgency.26 - Fire Department ID Number

Definition

The state assigned Fire Department ID Number for EMS Agency(ies) operating within a Fire Department.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 20 |

Data Element Comment

Fire Department ID was added to better integrate Fire Department EMS Agencies and linkage to other EMS related data systems such as NFIRS.

Version 3 Changes Implemented

Added to better associate Fire and EMS licensure and operational identifiers.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When Fire Department ID Number is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When Fire Department ID Number has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_d008 | Warning | Fire Department ID Number should be recorded when Organizational Type is "Fire Department". |
| nemSch_d009 | Warning | Fire Department ID Number should only be recorded when Organizational Type is "Fire Department". |

dContact

Legend

Dataset Level: **N** National **S** State **D** Deprecated

Usage: **M** = Mandatory , **R** = Required , **E** = Recommended, or **O** = Optional

Attributes: **N** = Not Values, **P** = Pertinent Negatives , **L** = Nillable, **C** = Correlation ID, and/or **U** = UUID

Legend

Dataset Level: **N** National **S** State **D** Deprecated

Usage: **M** = Mandatory , **R** = Required , **E** = Recommended, or **O** = Optional

Attributes: **N** = Not Values, **P** = Pertinent Negatives , **L** = Nillable, **C** = Correlation ID, and/or **U** = UUID

Legend

Dataset Level: **N** National **S** State **D** Deprecated

Usage: **M** = Mandatory , **R** = Required , **E** = Recommended, or **O** = Optional

Attributes: **N** = Not Values, **P** = Pertinent Negatives , **L** = Nillable, **C** = Correlation ID, and/or **U** = UUID

Legend

Dataset Level: **N** National **S** State **D** Deprecated

Usage: **M** = Mandatory , **R** = Required , **E** = Recommended, or **O** = Optional

Attributes: **N** = Not Values, **P** = Pertinent Negatives , **L** = Nillable, **C** = Correlation ID, and/or **U** = UUID

dContact

| | | | | | |
|-------|----------------------------------------------------------------|---|---|------|---|
| 0 : M | dContact.ContactInfoGroup | | | C | U |
| 0 : 1 | dContact.01 - Agency Contact Type | S | E | N, L | |
| 0 : 1 | dContact.02 - Agency Contact Last Name | S | E | N, L | |
| 0 : 1 | dContact.03 - Agency Contact First Name | S | E | N, L | |
| 0 : 1 | dContact.04 - Agency Contact Middle Name/Initial | O | | | |
| 0 : 1 | dContact.05 - Agency Contact Address | S | E | N, L | |
| 0 : 1 | dContact.06 - Agency Contact City | S | E | N, L | |
| 0 : 1 | dContact.07 - Agency Contact State | S | E | N, L | |
| 0 : 1 | dContact.08 - Agency Contact ZIP Code | S | E | N, L | |
| 0 : 1 | dContact.09 - Agency Contact Country | O | | | |
| 0 : M | dContact.10 - Agency Contact Phone Number | S | E | N, L | C |
| 0 : M | dContact.11 - Agency Contact Email Address | S | E | N, L | C |
| 0 : 1 | dContact.12 - EMS Agency Contact Web Address | S | E | N, L | |
| 0 : 1 | dContact.EMSMedicalDirectorGroup | | | | |
| 0 : 1 | dContact.13 - Agency Medical Director Degree | S | E | N, L | |
| 0 : M | dContact.14 - Agency Medical Director Board Certification Type | S | E | N, L | |
| 0 : 1 | dContact.15 - Medical Director Compensation | O | | | |
| 0 : 1 | dContact.16 - EMS Medical Director Fellowship Trained Status | O | | | |

dContact

| Associated Validation Rules |
|-----------------------------|
|-----------------------------|

| Rule ID | Level | Message |
|-------------|-------|----------------------------------|
| nemSch_d005 | Error | UUID must be universally unique. |

dContact.01 - Agency Contact Type

Definition

The contact type within the EMS agency.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|-------------------------------------------------------|
| 1101001 | Administrative Assistant |
| 1101003 | EMS Agency Director/Chief/Lead Administrator/CEO |
| 1101005 | EMS Assistant Agency Director/Chief/Administrator/CEO |
| 1101007 | EMS Assistant Medical Director |
| 1101009 | EMS IT/Data Specialist |
| 1101011 | EMS Medical Director |
| 1101013 | EMS Quality/Performance Improvement Specialist |
| 1101015 | EMS Training/Education Specialist |
| 1101017 | Other |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When Agency Contact Type is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When Agency Contact Type has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dContact.02 - Agency Contact Last Name

Definition

The last name of the agency's primary contact.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D02_01 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 60 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When Agency Contact Last Name is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When Agency Contact Last Name has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dContact.03 - Agency Contact First Name

Definition

The first name of the agency's primary contact.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D02_03 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When Agency Contact First Name is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When Agency Contact First Name has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dContact.04 - Agency Contact Middle Name/Initial**Definition**

The middle name or initial of the agency's primary contact.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D02_02 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|------------------|------------------|------------------|
| string | 1 | 50 |

Data Element Comment

dContact.05 - Agency Contact Address

Definition

The street address of the agency contact's mailing address.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D02_04 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

StreetAddress2**Data Type:** string**minLength:** 1**maxLength:** 255

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 255 |

Data Element Comment

The address for the director/chief/lead administrator/CEO/ should be the main address for the EMS agency.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When Agency Contact Address is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When Agency Contact Address has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dContact.06 - Agency Contact City

Definition

The city of the EMS contact's mailing address.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D02_05 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Data Element Comment

The city should be the mailing address for each contact type for the EMS agency. The EMS agency primary address information (e.g., City) should be entered for the Agency Contact Type (dContact.05) "EMS Agency Director/Chief/Lead Administrator/CEO".

City codes are based on GNIS Feature Class. The primary Feature Class to use is "Civil" with "Populated Place" and "Military" code as additional options.

Definitions for each GNIS City Feature Class can be found on the GNIS Codes website.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When Agency Contact City is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When Agency Contact City has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dContact.07 - Agency Contact State

Definition

The state of the Agency contact's mailing address.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D02_06 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

Pattern

[0-9]{2}

Data Element Comment

The address for the director/chief/lead administrator/CEO/ should be the main address for the EMS agency. Based on the state ANSI Code. For individuals living outside the USA full address to be entered in the address line.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When Agency Contact State is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When Agency Contact State has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dContact.08 - Agency Contact ZIP Code

Definition

The ZIP code of the Agency's contact's mailing address.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D02_07 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

Pattern

[0-9]{5}||[0-9]{5}-[0-9]{4}||[0-9]{5}-[0-9]{5}||[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Data Element Comment

The address for the director/chief/lead administrator/CEO/ should be the main address for the EMS agency.

Zip Codes Product Website: <https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/>
Product: USA - 5-digit ZIP Code Database, Commercial Edition.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When Agency Contact ZIP Code is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When Agency Contact ZIP Code has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dContact.09 - Agency Contact Country

Definition

The Country code of the Agency's contact's mailing address.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|------|---------------|
| CA | Canada |
| MX | Mexico |
| US | United States |

Data Element Comment

The International Organization for Standardization (ISO) ISO 3166-1-alpha-2 code element for the country. The address for the director/chief/lead administrator/CEO/ should be the main address for the EMS agency. For individuals living outside the USA full address to be entered in the address line.

ANSI Country Codes (ISO 3166): http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

dContact.10 - Agency Contact Phone Number

Definition

Agency contact phone number.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D02_08 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255**PhoneNumberType**

9913001 - Fax

9913003 - Home

9913005 - Mobile

9913007 - Pager

9913009 - Work

Constraints

Pattern

[2-9][0-9][0-9]-[2-9][0-9][0-9]-[0-9][0-9][0-9][0-9]

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When Agency Contact Phone Number is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When Agency Contact Phone Number has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dContact.11 - Agency Contact Email Address

Definition

The primary email address of the Agency contact.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D02_10 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255**EmailAddressType**

9904001 - Personal

9904003 - Work

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 3 | 100 |

Pattern

.+@.+

Data Element Comment

The address for the director/chief/lead administrator/CEO/ should be the main address for the EMS agency.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When Agency Contact Email Address is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When Agency Contact Email Address has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dContact.12 - EMS Agency Contact Web Address

Definition

The primary website address of the agency.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D02_11 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 3 | 255 |

Data Element Comment

The EMS agency website address should be entered for the Agency Contact Type (dContact.05) "EMS Agency Director/Chief/Lead Administrator/CEO". The EMS agency website address or other websites are optional for other contact types (e.g., Administrative Assistant, EMS Medical Director, etc.).

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When EMS Agency Contact Web Address is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When EMS Agency Contact Web Address has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dContact.13 - Agency Medical Director Degree

Definition

The medical school degree type of the EMS Medical Director.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|----------------------|
| 1113001 | Doctor of Medicine |
| 1113003 | Doctor of Osteopathy |

Data Element Comment

The Medical Director Information has been merged into Section dContact. This data element is now associated with the Medical Director and Assistant Medical Director Contacts in Section dContact.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When Agency Medical Director Degree is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When Agency Medical Director Degree has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dContact.14 - Agency Medical Director Board Certification Type

Definition

Documentation of the type of board certification of the EMS Agency Medical Director.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|--------------------------------------|
| 1114001 | Allergy and Immunology |
| 1114003 | Anesthesiology |
| 1114005 | Colon and Rectal Surgery |
| 1114007 | Dermatology |
| 1114009 | Emergency Medicine |
| 1114011 | Family Medicine |
| 1114013 | Internal Medicine |
| 1114015 | Neurological Surgery |
| 1114017 | Neurology |
| 1114019 | None (Not Board Certified) |
| 1114021 | Obstetrics and Gynecology |
| 1114023 | Ophthalmology |
| 1114025 | Orthopedic Surgery |
| 1114027 | Otolaryngology |
| 1114029 | Pediatrics |
| 1114031 | Physical Medicine and Rehabilitation |
| 1114033 | Plastic Surgery |
| 1114035 | Psychiatry |
| 1114037 | Surgery |
| 1114039 | Thoracic Surgery |
| 1114041 | Urology |
| 1114043 | Vascular Surgery |

Data Element Comment

This is based on the American Board of Medical Specialties List of Certifications. The Medical Director Information from Section D02 of NEMSIS Version 2.2.1 has been merged into Version 3 Section dContact.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When Agency Medical Director Board Certification Type is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When Agency Medical Director Board Certification Type has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dContact.15 - Medical Director Compensation

Definition

Indication of Medical Director's Compensation.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-----------------|
| 1115001 | Compensated |
| 1115003 | Non-Compensated |

Data Element Comment

This element applies to the Medical Director(s) for an EMS agency (EMS Medical Director and EMS Assistant Medical Director).

dContact.16 - EMS Medical Director Fellowship Trained Status**Definition**

Indication if the EMS Medical Director is Fellowship trained.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-------------|
| 9923001 | No |
| 9923003 | Yes |

Data Element Comment

dConfiguration

Legend

Dataset Level: **N** National **S** State **D** Deprecated

Usage: **M** = Mandatory , **R** = Required , **E** = Recommended, or **O** = Optional

Attributes: N = Not Values, P = Pertinent Negatives , L = Nillable, C = Correlation ID, and/or U = UUID

dConfiguration

| | | | |
|-------|------------------------------------------------------------------------------------------|---|----------|
| 1 : M | dConfiguration.ConfigurationGroup | C | U |
| 1 : 1 | dConfiguration.01 - State Associated with this Configuration | N | S M |
| 1 : M | dConfiguration.ProcedureGroup | C | U |
| 1 : 1 | dConfiguration.06 - EMS Certification Levels Permitted to Perform Each Procedure | N | S M |
| 1 : M | dConfiguration.07 - EMS Agency Procedures | N | S M C |
| 1 : M | dConfiguration.MedicationGroup | C | U |
| 1 : 1 | dConfiguration.08 - EMS Certification Levels Permitted to Administer Each Medication | N | S M |
| 1 : M | dConfiguration.09 - EMS Agency Medications | N | S M C |
| 1 : M | dConfiguration.10 - EMS Agency Protocols | N | S M C |
| 0 : M | dConfiguration.11 - EMS Agency Specialty Service Capability | S | E N, L C |
| 0 : 1 | dConfiguration.12 - Billing Status | O | |
| 1 : 1 | dConfiguration.13 - Emergency Medical Dispatch (EMD) Provided to EMS Agency Service Area | N | S M |
| 0 : M | dConfiguration.14 - EMD Vendor | S | E N, L C |
| 0 : M | dConfiguration.15 - Patient Monitoring Capability(ies) | S | E N, L C |
| 1 : M | dConfiguration.16 - Crew Call Sign | N | S M C |
| 0 : M | dConfiguration.17 - Dispatch Center (CAD) Name or ID | O | C |

dConfiguration

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------|
| nemSch_d005 | Error | UUID must be universally unique. |

dConfiguration.01 - State Associated with this Configuration

Definition

The state associated with this configuration.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Constraints

Pattern

[0-9]{2}

Data Element Comment

Associated with the state (dAgency.04 - EMS Agency State).

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

The state EMS system does not need to import this information into their database. Reference the Demographic Dataset Submission Guide for further details.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d010 | Warning | There should be a configuration group where State Associated with this Configuration is the state recorded in EMS Agency State. |
| nemSch_d011 | Warning | State Associated with this Configuration should be unique (the same state should not be listed more than once). |
| nemSch_d012 | Warning | EMS Certification Levels Permitted to Perform Each Procedure, within the configuration group for the state recorded in EMS Agency State, should include the level recorded in Level of Service. |
| nemSch_d013 | Warning | EMS Certification Levels Permitted to Administer Each Medication, within the configuration group for the state recorded in EMS Agency State, should include the level recorded in Level of Service. |

State

National

dConfiguration.06 - EMS Certification Levels Permitted to Perform Each Procedure

Definition

EMS certification levels which are permitted to perform the procedure listed in dConfiguration.07.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | D04_05 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|----------------------------------------------|
| 9917001 | Advanced Emergency Medical Technician (AEMT) |
| 9917002 | Emergency Medical Technician - Intermediate |
| 9917003 | Emergency Medical Responder (EMR) |
| 9917005 | Emergency Medical Technician (EMT) |
| 9917007 | Paramedic |
| 9917019 | Physician |
| 9917021 | Critical Care Paramedic |
| 9917023 | Community Paramedicine |
| 9917025 | Nurse Practitioner |
| 9917027 | Physician Assistant |
| 9917029 | Licensed Practical Nurse (LPN) |
| 9917031 | Registered Nurse |

Data Element Comment

Using each certification level within the agency, indicate the approved procedures allowed utilizing dConfiguration.07 (EMS Agency Procedures).

The category EMT-Intermediate includes EMS professionals with an "85" or "99" certification level.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d012 | Warning | EMS Certification Levels Permitted to Perform Each Procedure, within the configuration group for the state recorded in EMS Agency State, should include the level recorded in Level of Service. |
| nemSch_d013 | Warning | EMS Certification Levels Permitted to Administer Each Medication, within the configuration group for the state recorded in EMS Agency State, should include the level recorded in Level of Service. |

dConfiguration.07 - EMS Agency Procedures

Definition

A list of all procedures that the agency has implemented and available for use by any/all EMS certification levels.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | D04_04 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

CorrelationID

Data Type: string **minLength:** 0 **maxLength:** 255

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | maxInclusive | minInclusive |
| integer | 9999999999999999 | 100000 |

Data Element Comment

This is associated with the EMS Agency Number (dAgency.02) since each EMS Agency Number may have different capabilities. Each procedure is associated with the EMS professional certification levels permitted to perform the procedure.

EMS Agencies may identify additional SNOMEDCT procedure codes based on medical direction and their own need. If an agency resides in a state with statewide approved procedures, they should be listed/implemented here.

Code list is represented in SNOMEDCT: Reference the NEMSIS Suggested Lists at:

<https://nemsis.org/technical-resources/version-3/version-3-resource-repository/>

SNOMEDCT

Website: http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html

Product: Product - UMLS Metathesaurus

State

National

dConfiguration.08 - EMS Certification Levels Permitted to Administer Each Medication

Definition

All EMS certification levels which are permitted to administer the medications listed in dConfiguration.09 (EMS Agency Medications).

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | D04_07 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|----------------------------------------------|
| 9917001 | Advanced Emergency Medical Technician (AEMT) |
| 9917002 | Emergency Medical Technician - Intermediate |
| 9917003 | Emergency Medical Responder (EMR) |
| 9917005 | Emergency Medical Technician (EMT) |
| 9917007 | Paramedic |
| 9917019 | Physician |
| 9917021 | Critical Care Paramedic |
| 9917023 | Community Paramedicine |
| 9917025 | Nurse Practitioner |
| 9917027 | Physician Assistant |
| 9917029 | Licensed Practical Nurse (LPN) |
| 9917031 | Registered Nurse |

Data Element Comment

Using each certification level within the agency, indicate the approved medications allowed utilizing dConfiguration.09 (EMS Agency Medications).

The category EMT-Intermediate includes EMS professionals with an "85" or "99" certification level.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d012 | Warning | EMS Certification Levels Permitted to Perform Each Procedure, within the configuration group for the state recorded in EMS Agency State, should include the level recorded in Level of Service. |
| nemSch_d013 | Warning | EMS Certification Levels Permitted to Administer Each Medication, within the configuration group for the state recorded in EMS Agency State, should include the level recorded in Level of Service. |

dConfiguration.09 - EMS Agency Medications

Definition

A list of all medications the agency has implemented and have available for use.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | D04_06 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

Code Type

9924003 - RxNorm

9924005 - SNOMED-CT

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 9 |

Data Element Comment

The medication list is stored as the RxNorm (RXCUI) Code. This is associated with the EMS Agency Number (dAgency.02) since each EMS Agency Number may have different capabilities.

List of medications based on RxNorm (RXCUI) code. List of medications based on RxNorm (RXCUI) code.

Reference the NEMSIS Suggested Lists at: <https://nemsis.org/technical-resources/version-3/version-3-resource-repository/>

RxNorm

Website - <http://www.nlm.nih.gov/research/umls/rxnorm/docs/rxnormfiles.html>

Product - RxNorm Full Monthly Release

SNOMED-CT

Website: http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html

Product: Product - UMLS Metathesaurus.

Allowable SNOMED-CT codes are:

116762002 Administration of blood product
 116795008 Transfusion of cryoprecipitate
 116861002 Transfusion of fresh frozen plasma
 116865006 Administration of albumin
 180208003 Intravenous blood transfusion of platelets
 33389009 Transfusion of whole blood
 71493000 Transfusion of packed red blood cells

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d014 | Error | EMS Agency Medications should be a code of between 2 and 7 digits when Code Type is "RxNorm". |
| nemSch_d015 | Error | EMS Agency Medications should be a SNOMED code specifically allowed in the data dictionary when Code Type is "SNOMED". |
| nemSch_d016 | Error | EMS Agency Medications should be an RxNorm code of between 2 and 7 digits or a SNOMED code specifically allowed in the data dictionary. |

State

National

dConfiguration.10 - EMS Agency Protocols

Definition

A list of all of the EMS field protocols that the agency has in place and available for use.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | D04_08 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|----------------------------------------------------------------------------|
| 9914001 | Airway |
| 9914003 | Airway-Failed |
| 9914005 | Airway-Obstruction/Foreign Body |
| 9914007 | Airway-Rapid Sequence Induction (RSI-Paralytic) |
| 9914009 | Airway-Sedation Assisted (Non-Paralytic) |
| 9914011 | Cardiac Arrest-Asystole |
| 9914013 | Cardiac Arrest-Hypothermia-Therapeutic |
| 9914015 | Cardiac Arrest-Pulseless Electrical Activity |
| 9914017 | Cardiac Arrest-Ventricular Fibrillation/ Pulseless Ventricular Tachycardia |
| 9914019 | Cardiac Arrest-Post Resuscitation Care |
| 9914021 | Environmental-Altitude Sickness |
| 9914023 | Environmental-Cold Exposure |
| 9914025 | Environmental-Frostbite/Cold Injury |
| 9914027 | Environmental-Heat Exposure/Exhaustion |
| 9914029 | Environmental-Heat Stroke/Hyperthermia |
| 9914031 | Environmental-Hypothermia |
| 9914033 | Exposure-Airway/Inhalation Irritants |
| 9914035 | Exposure-Biological/Infectious |
| 9914037 | Exposure-Blistering Agents |
| 9914041 | Exposure-Chemicals to Eye |
| 9914043 | Exposure-Cyanide |
| 9914045 | Exposure-Explosive/ Blast Injury |
| 9914047 | Exposure-Nerve Agents |
| 9914049 | Exposure-Radiologic Agents |
| 9914051 | General-Back Pain |
| 9914053 | General-Behavioral/Patient Restraint |
| 9914055 | General-Cardiac Arrest |
| 9914057 | General-Dental Problems |
| 9914059 | General-Epistaxis |
| 9914061 | General-Fever |
| 9914063 | General-Individualized Patient Protocol |
| 9914065 | General-Indwelling Medical Devices/Equipment |
| 9914067 | General-IV Access |
| 9914069 | General-Medical Device Malfunction |
| 9914071 | General-Pain Control |
| 9914073 | General-Spinal Immobilization/Clearance |
| 9914075 | General-Universal Patient Care/ Initial Patient Contact |
| 9914077 | Injury-Amputation |
| 9914079 | Injury-Bites and Envenomations-Land |
| 9914081 | Injury-Bites and Envenomations-Marine |
| 9914083 | Injury-Bleeding/ Hemorrhage Control |

9914085 Injury-Burns-Thermal
9914087 Injury-Cardiac Arrest
9914089 Injury-Crush Syndrome
9914091 Injury-Diving Emergencies
9914093 Injury-Drowning/Near Drowning
9914095 Injury-Electrical Injuries
9914097 Injury-Extremity
9914099 Injury-Eye
9914101 Injury-Head
9914103 Injury-Impaled Object
9914105 Injury-Multisystem
9914107 Injury-Spinal Cord
9914109 Medical-Abdominal Pain
9914111 Medical-Allergic Reaction/Anaphylaxis
9914113 Medical-Altered Mental Status
9914115 Medical-Bradycardia
9914117 Medical-Cardiac Chest Pain
9914119 Medical-Diarrhea
9914121 Medical-Hyperglycemia
9914123 Medical-Hypertension
9914125 Medical-Hypoglycemia/Diabetic Emergency
9914127 Medical-Hypotension/Shock (Non-Trauma)
9914129 Medical-Influenza-Like Illness/ Upper Respiratory Infection
9914131 Medical-Nausea/Vomiting
9914133 Medical-Newborn/ Neonatal Resuscitation
9914135 General-Overdose/Poisoning/Toxic Ingestion
9914137 Medical-Pulmonary Edema/CHF
9914139 Medical-Respiratory Distress/Asthma/COPD/Reactive Airway
9914141 Medical-Seizure
9914143 Medical-ST-Elevation Myocardial Infarction (STEMI)
9914145 Medical-Stroke/TIA
9914147 Medical-Supraventricular Tachycardia (Including Atrial Fibrillation)
9914149 Medical-Syncope
9914151 Medical-Ventricular Tachycardia (With Pulse)
9914153 Not Done
9914155 OB/GYN-Childbirth/Labor/Delivery
9914157 OB/GYN-Eclampsia
9914159 OB/GYN-Gynecologic Emergencies
9914161 OB/GYN-Pregnancy Related Emergencies
9914163 OB/GYN-Post-partum Hemorrhage
9914165 Other
9914167 Exposure-Carbon Monoxide
9914169 Cardiac Arrest-Do Not Resuscitate
9914171 Cardiac Arrest-Special Resuscitation Orders
9914173 Exposure-Smoke Inhalation
9914175 General-Community Paramedicine / Mobile Integrated Healthcare
9914177 General-Exception Protocol
9914179 General-Extended Care Guidelines
9914181 General-Interfacility Transfers
9914183 General-Law Enforcement - Blood for Legal Purposes
9914185 General-Law Enforcement - Assist with Law Enforcement Activity
9914187 General-Neglect or Abuse Suspected
9914189 General-Refusal of Care
9914191 Injury-Mass/Multiple Casualties
9914193 Injury-Thoracic
9914195 Medical-Adrenal Insufficiency
9914197 Medical-Apparent Life Threatening Event (ALTE)
9914199 Medical-Tachycardia
9914201 Cardiac Arrest-Determination of Death / Withholding Resuscitative Efforts
9914203 Injury-Conducted Electrical Weapon (e.g., Taser)
9914205 Injury-Facial Trauma
9914207 Injury-General Trauma Management
9914209 Injury-Lightning/Lightning Strike
9914211 Injury-SCUBA Injury/Accidents
9914213 Injury-Topical Chemical Burn
9914215 Medical-Beta Blocker Poisoning/Overdose
9914217 Medical-Calcium Channel Blocker Poisoning/Overdose
9914219 Medical-Opioid Poisoning/Overdose
9914221 Medical-Respiratory Distress-Bronchitis

9914223 Medical-Respiratory Distress-Croup
9914225 Medical-Stimulant Poisoning/Overdose

| Data Element Comment |
|----------------------|
|----------------------|

This is associated with the EMS Agency Number (dAgency.02) since each EMS Agency Number may have different capabilities.

State and local entities can add additional protocols to the list but the additional protocols must map to these uniform codes.

The list is defined by the NASEMSO State Medical Directors.

dConfiguration.11 - EMS Agency Specialty Service Capability

Definition

Special training or services provided by the EMS Agency and available to the EMS service area/community.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|------------------------------------------------|
| 1211001 | Air Rescue |
| 1211003 | CBRNE |
| 1211005 | Community Health Medicine |
| 1211007 | Disaster Medical Assistance Team (DMAT) |
| 1211009 | Disaster Mortuary (DMORT) |
| 1211011 | Dive Rescue |
| 1211013 | Farm Rescue |
| 1211015 | High Angle Rescue |
| 1211017 | Machinery Disentanglement |
| 1211019 | None |
| 1211021 | Ski / Snow Rescue |
| 1211023 | Tactical EMS |
| 1211025 | Trench / Confined Space Rescue |
| 1211027 | Urban Search and Rescue (USAR) |
| 1211029 | Vehicle Extrication |
| 1211031 | Veterinary Medical Assistance Team (VMAT) |
| 1211033 | Water or Ice Related Rescue (Incl Swift Water) |
| 1211035 | Wilderness Search and Rescue |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When EMS Agency Specialty Service Capability is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When EMS Agency Specialty Service Capability has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dConfiguration.12 - Billing Status

Definition

Indication of whether the EMS agency routinely bills for any segment of the patient population.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D04_10 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-------------|
| 9923001 | No |
| 9923003 | Yes |

Data Element Comment

Billing status is associated with each EMS Agency for the specific EMS Agency Number (dAgency.02).

State

National

dConfiguration.13 - Emergency Medical Dispatch (EMD) Provided to EMS Agency Service Area

Definition

Indication as to whether Emergency Medical Dispatch is provided to the EMS Agency's service area.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|------------------------------------------------------|
| 1213001 | No |
| 1213003 | Yes, 100% of the EMS Agency's Service Area |
| 1213005 | Yes, Less than 100% of the EMS Agency's Service Area |

Data Element Comment

Added to better document the implementation of Emergency Medical Dispatch. Associated with each EMS Agency and the specific EMS Agency Number (dAgency.02).

dConfiguration.14 - EMD Vendor

Definition

The vendor or company associated with the EMD Card set and algorithms.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D04_17 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When EMD Vendor is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When EMD Vendor has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dConfiguration.15 - Patient Monitoring Capability(ies)

Definition

The EMS Agency's patient monitoring capability which can be provided to any/all patients presenting to EMS.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|-----------------------------------------------------------|
| 1215001 | Capnography-Numeric |
| 1215003 | Capnography-Waveform |
| 1215005 | ECG-12 Lead or Greater |
| 1215007 | ECG-Less than 12 Lead (Cardiac Monitor) |
| 1215009 | Oximetry-Carbon Monoxide |
| 1215011 | Oximetry-Oxygen |
| 1215013 | Pressure Measurement-Invasive (Arterial, CVP, Swan, etc.) |
| 1215015 | Pressure Measurement-Non-Invasive (Blood Pressure, etc.) |
| 1215017 | Ventilator-Transport |
| 1215019 | Vital Sign Monitoring |

Data Element Comment

Added to identify the patient monitoring capability of the EMS Agency. Associated with each EMS Agency Number (dAgency.02) since each EMS Agency Number may have a different capability within each EMS Agency. Other patient monitoring capability may exist but NEMSIS Version 3 only includes these specific capabilities.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When Patient Monitoring Capability(ies) is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When Patient Monitoring Capability(ies) has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

State

National

dConfiguration.16 - Crew Call Sign

Definition

The EMS crew call sign used to dispatch and communicate with the unit. This may be the same as the EMS Unit/Vehicle Number in many agencies.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | D04_02 | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : M |

Attributes

CorrelationID

Data Type: string **minLength:** 0 **maxLength:** 255

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-------------------------------------------------------------------------------------------|
| nemSch_d017 | Warning | Crew Call Sign should be unique (the same call sign should not be listed more than once). |

dConfiguration.17 - Dispatch Center (CAD) Name or ID

Definition

The name or ID of the dispatch center (Primary or Secondary Service Answering Point - PSAP) that dispatches the EMS agency.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string **minLength:** 0 **maxLength:** 255

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

This element can be used to identify the dispatch center (Primary or Secondary Service Answering Point - PSAP) that dispatches the EMS agency. If the EMS agency is able to populate the Patient Care Report (PCR) with CAD specific details (times, incident address information, crew information, EMD, etc.) the name or ID of the dispatch center should be documented. Information in dConfiguration.17 may be used to populate eDispatch.04 - Computer Aided Dispatch (CAD) Name or ID if a CAD integration exists.

Version 3 Changes Implemented

Added to the dataset to assist in identifying the CAD / dispatch center providing information to the EMS agency and ePCR when there are multiple dispatch centers sending resources to the same EMS incident.

dLocation

Legend

Dataset Level: N National S State D Deprecated

Usage: M = Mandatory , R = Required , E = Recommended, or O = Optional

Attributes: N = Not Values, P = Pertinent Negatives , L = Nillable, C = Correlation ID, and/or U = UUID

dLocation

| | | | |
|-------|----------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| 0 : M | dLocation.LocationGroup | | C U |
| 0 : 1 | dLocation.01 - EMS Location Type | O | |
| 0 : 1 | dLocation.02 - EMS Location Name | O | |
| 0 : 1 | dLocation.03 - EMS Location Number | O | |
| 0 : 1 | dLocation.04 - EMS Location GPS | O | |
| 0 : 1 | dLocation.05 - EMS Location US National Grid Coordinates | O | |
| 0 : 1 | dLocation.06 - EMS Location Address | O | |
| 0 : 1 | dLocation.07 - EMS Location City | O | |
| 0 : 1 | dLocation.08 - EMS Location State | O | |
| 0 : 1 | dLocation.09 - EMS Station or Location ZIP Code | O | |
| 0 : 1 | dLocation.10 - EMS Location County | O | |
| 0 : 1 | dLocation.11 - EMS Location Country | O | |
| 0 : M | dLocation.12 - EMS Location Phone Number | O | C |

dLocation

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|--------------------------------------------------------------------|----------------------------------|
| nemSch_d005 | Error | UUID must be universally unique. |

dLocation.01 - EMS Location Type

Definition

The type of EMS Location which could be a fixed station or a pre-determined staging area.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|-------------------------|
| 1301001 | EMS Agency Headquarters |
| 1301003 | EMS Staging Area |
| 1301005 | EMS Station |
| 1301007 | Other |

Data Element Comment

This is associated with the EMS Agency associated with the EMS Agency Number (dAgency.02).

Version 3 Changes Implemented

Added to allow multiple locations to be documented for an EMS Agency.

dLocation.02 - EMS Location Name

Definition

The name of the EMS Location.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D05_01 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

dLocation.03 - EMS Location Number**Definition**

The ID number of the EMS Location.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D05_02 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|------------------|------------------|------------------|
| string | 1 | 50 |

Data Element Comment

dLocation.04 - EMS Location GPS

Definition

The GPS coordinate of the EMS location.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D05_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

(\+|-)?(90(\.[0]{1,6})?|([1-8][0-9][0-9])(\.[0-9]{1,6})?),(\+|-)?(180(\.[0]{1,6})?|(1[0-7][0-9][1-9][0-9][0-9])(\.[0-9]{1,6})?)

Data Element Comment

The pattern for GPS location is in the format "*latitude,longitude*" where:

- *latitude* has a minimum of -90 and a maximum of 90 with up to 6 decimal places
- *longitude* has a minimum of -180 and a maximum of 180 with up to 6 decimal places

dLocation.05 - EMS Location US National Grid Coordinates

Definition

The US National Grid Coordinates of the EMS location.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

((1-9)[1-5][0-9]{60})[C-HJ-NP-X][A-HJ-NP-Z][A-HJ-NP-V][0-9]{8}

Data Element Comment

For more information go to www.fgdc.gov/usng.

dLocation.06 - EMS Location Address

Definition

The address of the EMS Location.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D05_05 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes

StreetAddress2

Data Type: string **minLength:** 1 **maxLength:** 255

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 255 |

Data Element Comment

dLocation.07 - EMS Location City

Definition

The city of the EMS location type (e.g., Fixed station, sub-station, staging area, etc.).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D05_06 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Data Element Comment

City codes are based on GNIS Feature Class. The primary Feature Class to use is "Civil" with "Populated Place" and "Military" code as additional options.

Definitions for each GNIS City Feature Class can be found on the GNIS Codes website.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

dLocation.08 - EMS Location State

Definition

The state of the EMS Location.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D05_07 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

[0-9]{2}

Data Element Comment

Based on the ANSI State Code.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

dLocation.09 - EMS Station or Location ZIP Code

Definition

The ZIP code of the EMS Location.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D05_08 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

[0-9]{5}||[0-9]{5}-[0-9]{4}||[0-9]{5}-[0-9]{5}||[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Data Element Comment

Zip Codes Product Website: <https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/>
Product: USA - 5-digit ZIP Code Database, Commercial Edition

dLocation.10 - EMS Location County

Definition

The county of the EMS Location.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

[0-9]{5}

Data Element Comment

Based on the ANSI Code Single Choice based on the County Name but stored as the ANSI code (combined 5 digit State and County codes).

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

dLocation.11 - EMS Location Country

Definition

The country of the EMS location.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|------|---------------|
| CA | Canada |
| MX | Mexico |
| US | United States |

Data Element Comment

The International Organization for Standardization (ISO) ISO 3166-1-alpha-2 code element for the country.

ANSI Country Codes (ISO 3166) Website: <https://www.iso.org/iso-3166-country-codes.html>

Version 3 Changes Implemented

Added to improve international implementations.

dLocation.12 - EMS Location Phone Number

Definition

The phone number of the EMS Location.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D05_09 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255**PhoneNumberType**

9913001 - Fax

9913003 - Home

9913005 - Mobile

9913007 - Pager

9913009 - Work

Constraints

Pattern

[2-9][0-9][0-9]-[2-9][0-9][0-9][0-9][0-9][0-9]

Data Element Comment

dVehicle

Legend

Dataset Level: **N** National **S** State **D** Deprecated

Usage: **M** = Mandatory , **R** = Required , **E** = Recommended, or **O** = Optional

Attributes: N = Not Values, P = Pertinent Negatives , L = Nillable, C = Correlation ID, and/or U = UUID

dVehicle

| | | | | | |
|-------|--------------------------------------------------------------------------------------------------|---|---|------|---|
| 0 : M | dVehicle.VehicleGroup | | | C | U |
| 0 : 1 | dVehicle.01 - Unit/Vehicle Number | S | E | N, L | |
| 0 : 1 | dVehicle.02 - Vehicle Identification Number | | O | | |
| 0 : 1 | dVehicle.03 - EMS Unit Call Sign | | O | | |
| 0 : 1 | dVehicle.04 - Vehicle Type | S | E | N, L | |
| 0 : M | dVehicle.VehicleCertificationLevelsGroup | | | C | U |
| 0 : 1 | dVehicle.05 - Crew State Certification/Licensure Levels | | O | | |
| 0 : 1 | dVehicle.06 - Number of Each EMS Personnel Level on Normal 911 Ambulance Response | | O | | |
| 0 : 1 | dVehicle.07 - Number of Each EMS Personnel Level on Normal 911 Response (Non-Transport) Vehicle | | O | | |
| 0 : 1 | dVehicle.08 - Number of Each EMS Personnel Level on Normal Medical (Non-911) Transport Ambulance | | O | | |
| 0 : 1 | dVehicle.09 - Vehicle Initial Cost | | O | | |
| 0 : 1 | dVehicle.10 - Vehicle Model Year | S | E | N, L | |
| 0 : M | dVehicle.YearGroup | | | C | U |
| 0 : 1 | dVehicle.11 - Year Miles/Kilometers Hours Accrued | | O | | |
| 0 : 1 | dVehicle.12 - Annual Vehicle Hours | | O | | |
| 0 : 1 | dVehicle.13 - Annual Vehicle Miles/Kilometers | | O | | |

dVehicle

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------|
| nemSch_d005 | Error | UUID must be universally unique. |

dVehicle.01 - Unit/Vehicle Number

Definition

The unique ID number for the unit which is specific for each vehicle. This ID number may be the state's vehicle's permit number.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D06_01 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 25 |

Data Element Comment

This element can be used in EMS PCR documentation to document the vehicle. This element should be used to populate eResponse.13 (EMS Vehicle (Unit) Number).

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When Unit/Vehicle Number is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When Unit/Vehicle Number has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dVehicle.02 - Vehicle Identification Number**Definition**

The manufacturer's VIN associated with the vehicle.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|------------------|------------------|------------------|
| string | 17 | 17 |

Data Element Comment

Consider VIN standard ISO-3779 and ISO-3780.

dVehicle.03 - EMS Unit Call Sign

Definition

The EMS unit number used to dispatch and communicate with the unit. This may be the same as the EMS Unit/Vehicle Number in many agencies.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

dVehicle.04 - Vehicle Type

Definition

The vehicle type of the unit (ambulance, fire, truck, etc.).

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D06_03 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|--------------------------------------------------------------------------|
| 1404001 | Ambulance |
| 1404003 | ATV |
| 1404005 | Bicycle |
| 1404007 | Fire Apparatus |
| 1404009 | Fixed Wing |
| 1404011 | Motorcycle |
| 1404013 | Other |
| 1404015 | Personal Vehicle |
| 1404017 | Quick Response Vehicle (Non-Transport Vehicle other than Fire Apparatus) |
| 1404019 | Rescue |
| 1404021 | Rotor Craft |
| 1404023 | Snow Vehicle |
| 1404025 | Watercraft |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When Vehicle Type is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When Vehicle Type has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dVehicle.05 - Crew State Certification/Licensure Levels

Definition

The certification/licensure level of the ambulance by the state or the certification/licensure level at which the vehicle is most commonly staffed.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D06_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|----------------------------------------------|
| 9917001 | Advanced Emergency Medical Technician (AEMT) |
| 9917002 | Emergency Medical Technician - Intermediate |
| 9917003 | Emergency Medical Responder (EMR) |
| 9917005 | Emergency Medical Technician (EMT) |
| 9917007 | Paramedic |
| 9917019 | Physician |
| 9917021 | Critical Care Paramedic |
| 9917023 | Community Paramedicine |
| 9917025 | Nurse Practitioner |
| 9917027 | Physician Assistant |
| 9917029 | Licensed Practical Nurse (LPN) |
| 9917031 | Registered Nurse |

Data Element Comment

The category Emergency Medical Technician - Intermediate includes EMS professionals with an "85" or "99" certification level.

dVehicle.06 - Number of Each EMS Personnel Level on Normal 911 Ambulance Response**Definition**

The number of each personnel level associated with the vehicle crew.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D06_05 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minInclusive | maxInclusive |
|------------------|---------------------|---------------------|
| positiveInteger | 1 | 12 |

Data Element Comment

Indicate the number of each of the following EMS Personnel levels on the crew. Associated with each Certification/Licensure Level in dVehicle.05 (Crew State Certification/Licensure Levels).

dVehicle.07 - Number of Each EMS Personnel Level on Normal 911 Response (Non-Transport) Vehicle**Definition**

The number of each personnel level for your EMS Agency's Medical (Non-911) Non-Transport Ambulance.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minInclusive | maxInclusive |
|------------------|---------------------|---------------------|
| positiveInteger | 1 | 12 |

Data Element Comment

Indicate the number of each of the following EMS Personnel levels on the crew. Associated with each Certification/Licensure Level in dVehicle.05 (Crew State Certification/Licensure Levels).

dVehicle.08 - Number of Each EMS Personnel Level on Normal Medical (Non-911) Transport Ambulance**Definition**

The number of each personnel level for your EMS Agency's Medical (Non-911) Transport Ambulance.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| positiveInteger | 1 | 12 |

Data Element Comment

Indicate the number of each of the following EMS Personnel levels on the crew. Associated with each Certification/Licensure Level in dVehicle.05(Crew State Certification/Licensure Levels).

dVehicle.09 - Vehicle Initial Cost

Definition

Initial costs of vehicles held by agency excluding all medical and other equipment not associated with the vehicle. This cost should be inclusive of all sources of funding including grants, donations, and any other capital.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D06_06 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------------|--------------|--------------|
| positiveInteger | 1 | 10,000,000 |

Data Element Comment

dVehicle.10 - Vehicle Model Year

Definition

The year the vehicle was manufactured.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D06_07 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 1900 | 2050 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When Vehicle Model Year is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When Vehicle Model Year has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dVehicle.11 - Year Miles/Kilometers Hours Accrued**Definition**

The year the hours and miles/kilometers were accumulated.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D06_08 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| integer | 1900 | 2050 |

Data Element Comment

The grouping dVehicle.YearGroup, allows multiple year information to be stored for each EMS vehicle. This includes elements dVehicle.11 - Year Miles/Kilometers Hours Accrued, dVehicle.12 - Annual Vehicle Hours, and dVehicle.13 - Annual Vehicle Miles/Kilometers.

dVehicle.12 - Annual Vehicle Hours

Definition

The number of hours the vehicle was in service for the agency for the defined year.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D06_09 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------------|--------------|--------------|
| positiveInteger | 1 | 10,000 |

Data Element Comment

Associated with each year of element dVehicle.11 (Year Miles/Hours Accrued).

dVehicle.13 - Annual Vehicle Miles/Kilometers

Definition

The number of miles/kilometers the vehicle accumulated in service for the agency for the defined year (Odometer Reading).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D06_10 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes

DistanceUnit

9929001 - Kilometers

9929003 - Miles

Constraints

| Data Type | totalDigits | fractionDigits |
|-----------|-------------|----------------|
| decimal | 7 | 1 |

Data Element Comment

Associated with each year of (dVehicle.11) Year Miles/Kilometers Hours Accrued.

dPersonnel

Legend

Dataset Level: N National S State D Deprecated

Usage: M = Mandatory, R = Required, E = Recommended, or O = Optional

Attributes: N = Not Values, P = Pertinent Negatives, L = Nillable, C = Correlation ID, and/or U = UUID

dPersonnel

| | | | | | |
|-------|---------------------------------------------------------------------------|---|---|---------|---|
| 0 : M | dPersonnel.PersonnelGroup | | | C | U |
| 0 : 1 | dPersonnel.NameGroup | | | | |
| 0 : 1 | dPersonnel.01 - EMS Personnel's Last Name | S | E | N, L | |
| 0 : 1 | dPersonnel.02 - EMS Personnel's First Name | S | E | N, L | |
| 0 : 1 | dPersonnel.03 - EMS Personnel's Middle Name/Initial | S | E | N, L | |
| 0 : 1 | dPersonnel.AddressGroup | | | | |
| 0 : 1 | dPersonnel.04 - EMS Personnel's Mailing Address | | O | | |
| 0 : 1 | dPersonnel.05 - EMS Personnel's City of Residence | | O | | |
| 0 : 1 | dPersonnel.06 - EMS Personnel's State | | O | | |
| 0 : 1 | dPersonnel.07 - EMS Personnel's ZIP Code | | O | | |
| 0 : 1 | dPersonnel.08 - EMS Personnel's Country | | O | | |
| 0 : M | dPersonnel.09 - EMS Personnel's Phone Number | | O | C | |
| 0 : M | dPersonnel.10 - EMS Personnel's Email Address | | O | C | |
| 0 : 1 | dPersonnel.11 - EMS Personnel's Date of Birth | S | E | N, L | |
| 0 : 1 | dPersonnel.12 - EMS Personnel's Gender | S | E | N, L | |
| 0 : M | dPersonnel.13 - EMS Personnel's Race | S | E | N, L, C | |
| 0 : 1 | dPersonnel.14 - EMS Personnel's Citizenship | | O | | |
| 0 : 1 | dPersonnel.15 - EMS Personnel's Highest Educational Degree | | O | | |
| 0 : M | dPersonnel.16 - EMS Personnel's Degree Subject/Field of Study | | O | C | |
| 0 : M | dPersonnel.17 - EMS Personnel's Motor Vehicle License Type | | O | C | |
| 0 : M | dPersonnel.ImmunizationsGroup | | | C | U |
| 0 : 1 | dPersonnel.18 - EMS Personnel's Immunization Status | | O | | |
| 0 : 1 | dPersonnel.19 - EMS Personnel's Immunization Year | | O | | |
| 0 : M | dPersonnel.20 - EMS Personnel's Foreign Language Ability | | O | C | |
| 0 : 1 | dPersonnel.21 - EMS Personnel's Agency ID Number | | O | | |
| 0 : M | dPersonnel.LicensureGroup | | | C | U |
| 0 : 1 | dPersonnel.22 - EMS Personnel's State of Licensure | S | E | N, L | |
| 0 : 1 | dPersonnel.23 - EMS Personnel's State's Licensure ID Number | S | E | N, L | |
| 0 : 1 | dPersonnel.24 - EMS Personnel's State EMS Certification Licensure Level | S | E | N, L | |
| 0 : 1 | dPersonnel.25 - EMS Personnel's State EMS Current Certification Date | | O | | |
| 0 : 1 | dPersonnel.26 - EMS Personnel's Initial State's Licensure Issue Date | | O | | |
| 0 : 1 | dPersonnel.27 - EMS Personnel's Current State's Licensure Expiration Date | | O | | |

| | | |
|-------|---------------------------------------------------------------------------|------------|
| 0 : 1 | dPersonnel.28 - EMS Personnel's National Registry Number | O |
| 0 : 1 | dPersonnel.29 - EMS Personnel's National Registry Certification Level | O |
| 0 : 1 | dPersonnel.30 - EMS Personnel's Current National Registry Expiration Date | O |
| 0 : 1 | dPersonnel.31 - EMS Personnel's Employment Status | S E N, L |
| 0 : 1 | dPersonnel.32 - EMS Personnel's Employment Status Date | S E N, L |
| 0 : 1 | dPersonnel.33 - EMS Personnel's Hire Date | O |
| 0 : 1 | dPersonnel.34 - EMS Personnel's Primary EMS Job Role | S E N, L |
| 0 : M | dPersonnel.35 - EMS Personnel's Other Job Responsibilities | S E N, L C |
| 0 : 1 | dPersonnel.36 - EMS Personnel's Total Length of Service in Years | O |
| 0 : 1 | dPersonnel.37 - EMS Personnel's Date Length of Service Documented | O |
| 0 : M | dPersonnel.CertificationLevelGroup | C U |
| 0 : 1 | dPersonnel.38 - EMS Personnel's Practice Level | O |
| 0 : 1 | dPersonnel.39 - Date of Personnel's Certification or Licensure for Agency | O |

dPersonnel

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------|
| nemSch_d005 | Error | UUID must be universally unique. |

dPersonnel.01 - EMS Personnel's Last Name

Definition

The last name of the personnel.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D08_01 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 60 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When EMS Personnel's Last Name is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When EMS Personnel's Last Name has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dPersonnel.02 - EMS Personnel's First Name

Definition

The first name of the personnel.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D08_03 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When EMS Personnel's First Name is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When EMS Personnel's First Name has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dPersonnel.03 - EMS Personnel's Middle Name/Initial

Definition

The middle name or initial of the personnel.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D08_02 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When EMS Personnel's Middle Name/Initial is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When EMS Personnel's Middle Name/Initial has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dPersonnel.04 - EMS Personnel's Mailing Address**Definition**

The Street or PO Box of the personnel's mailing address.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D08_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes**StreetAddress2**

Data Type: string **minLength:** 1 **maxLength:** 255

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 255 |

Data Element Comment

For individuals living outside the USA the full address can be entered in the address line.

dPersonnel.05 - EMS Personnel's City of Residence**Definition**

The city of the personnel's mailing address.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D08_05 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Data Element Comment

City codes are based on GNIS Feature Class. The primary Feature Class to use is "Civil" with "Populated Place" and "Military" code as additional options.

Definitions for each GNIS City Feature Class can be found on the GNIS Codes website.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

dPersonnel.06 - EMS Personnel's State

Definition

The state of the personnel's mailing address.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D08_06 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

[0-9]{2}

Data Element Comment

Based on ANSI Code.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

dPersonnel.07 - EMS Personnel's ZIP Code**Definition**

The ZIP code of the personnel's mailing address.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D08_07 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints**Pattern**

[0-9]{5}||[0-9]{5}-[0-9]{4}||[0-9]{5}-[0-9]{5}||[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Data Element Comment

Zip Codes Product Website: <https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/>

Product: USA - 5-digit ZIP Code Database, Commercial Edition

dPersonnel.08 - EMS Personnel's Country

Definition

The country of the personnel mailing address.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|------|---------------|
| CA | Canada |
| MX | Mexico |
| US | United States |

Data Element Comment

Based on ANSI Code.

ANSI Country Codes (ISO 3166) Website: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

dPersonnel.09 - EMS Personnel's Phone Number

Definition

The phone number for the personnel.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D08_08 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255**PhoneNumberType**

9913001 - Fax

9913003 - Home

9913005 - Mobile

9913007 - Pager

9913009 - Work

Constraints

Pattern

[2-9][0-9][0-9]-[2-9][0-9][0-9][0-9][0-9][0-9]

Data Element Comment

dPersonnel.10 - EMS Personnel's Email Address

Definition

The primary email address of the personnel.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D08_10 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255**EmailAddressType**

9904001 - Personal

9904003 - Work

Constraints

| Data Type | minLength | maxLength |
|------------------|------------------|------------------|
| string | 3 | 100 |

Pattern

.+@.+

Data Element Comment

dPersonnel.11 - EMS Personnel's Date of Birth

Definition

The personnel's date of birth.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D08_11 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| date | 1900-01-01 | 2050-01-01 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When EMS Personnel's Date of Birth is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When EMS Personnel's Date of Birth has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dPersonnel.12 - EMS Personnel's Gender

Definition

The personnel's gender.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D08_12 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|-------------------------------------------|
| 9906001 | Female |
| 9906003 | Male |
| 9906007 | Female-to-Male, Transgender Male |
| 9906009 | Male-to-Female, Transgender Female |
| 9906011 | Other, neither exclusively male or female |
| 9906005 | Unknown (Unable to Determine) |

Data Element Comment

Code list referenced from: <https://www.healthit.gov/isa/sex-birth-sexual-orientation-and-gender-identity>

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When EMS Personnel's Gender is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When EMS Personnel's Gender has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dPersonnel.13 - EMS Personnel's Race

Definition

The personnel's race as defined by the OMB (US Office of Management and Budget).

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D08_13 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|-------------------------------------------|
| 1513001 | American Indian or Alaska Native |
| 1513003 | Asian |
| 1513005 | Black or African American |
| 1513007 | Hispanic or Latino |
| 1513009 | Native Hawaiian or Other Pacific Islander |
| 1513011 | White |

Data Element Comment

OMB requirements are provided at: <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-089.html>. A single multiple choice question methodology is being implemented to improve the completion of ethnicity information. Ethnicity (Version 2.1.1: D08_14) has been merged with this data element and retired.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When EMS Personnel's Race is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When EMS Personnel's Race has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dPersonnel.14 - EMS Personnel's Citizenship

Definition

The documentation of the personnel's citizenship.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 2 |

Data Element Comment

Website: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

dPersonnel.15 - EMS Personnel's Highest Educational Degree

Definition

The highest educational degree completed by the personnel.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|------------------------------------------------------|
| 1515001 | No Schooling Completed |
| 1515003 | Nursery School to 4th Grade |
| 1515005 | 5th Grade or 6th Grade |
| 1515007 | 7th Grade or 8th Grade |
| 1515009 | 9th Grade |
| 1515011 | 10th Grade |
| 1515013 | 11th Grade |
| 1515015 | 12th Grade, No Diploma |
| 1515017 | High School Graduate-Diploma or the Equivalent (GED) |
| 1515019 | Some College Credit, but Less than 1 Year |
| 1515021 | 1 or More Years of College, No Degree |
| 1515023 | Associate Degree |
| 1515025 | Bachelor's Degree |
| 1515027 | Master's Degree |
| 1515029 | Professional Degree (i.e. MD, DDS, DVM, LLB, JD) |
| 1515031 | Doctorate Degree (i.e. PhD, EdD) |

Data Element Comment

Based on Census 2000 Educational Attainment Question.

dPersonnel.16 - EMS Personnel's Degree Subject/Field of Study

Definition

The area of the personnel's post high-school (post-secondary) degree.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|--------------------------------------------------------------------------------------------|
| 1516001 | Agriculture and Natural Resources |
| 1516003 | Architecture and Related Services |
| 1516005 | Area, Ethnic, Cultural, and Gender Studies |
| 1516007 | Biological and Biomedical Sciences |
| 1516009 | Business |
| 1516011 | Communication, Journalism, and Related Programs |
| 1516013 | Communications Technologies |
| 1516015 | Computer and Information Sciences |
| 1516017 | Education |
| 1516019 | Emergency Medical Services |
| 1516021 | Engineering |
| 1516023 | Engineering Technologies |
| 1516025 | English Language and Literature/Letters |
| 1516027 | Family and Consumer Sciences/Human Sciences |
| 1516029 | Fire Science |
| 1516031 | Foreign Languages, Literatures, and Linguistics |
| 1516033 | Health Professions and Related Clinical Sciences, Not Including Emergency Medical Services |
| 1516035 | Legal Professions and Studies |
| 1516037 | Liberal Arts and Sciences, General Studies, and Humanities |
| 1516039 | Library Science |
| 1516041 | Mathematics and Statistics |
| 1516043 | Military Technologies |
| 1516045 | Multi/Interdisciplinary Studies |
| 1516047 | Not Classified by Field of Study |
| 1516049 | None |
| 1516051 | Parks, Recreation, Leisure and Fitness Studies |
| 1516053 | Philosophy and Religious Studies |
| 1516055 | Physical Sciences and Science Technologies |
| 1516057 | Precision Production |
| 1516059 | Psychology |
| 1516061 | Public Administration and Social Services |
| 1516063 | Security and Protective Services, Not Including Fire Science |
| 1516065 | Social Sciences and History |
| 1516067 | Theology and Religious Vocations |
| 1516069 | Transportation and Materials Moving |
| 1516071 | Visual and Performing Arts |

Data Element Comment

dPersonnel.17 - EMS Personnel's Motor Vehicle License Type

Definition

The type of motor vehicle license (i.e. Class A, B, Pilot, etc.) of the EMS personnel.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|---------------------------|
| 1517001 | All-Terrain Vehicle (ATV) |
| 1517003 | Commercial Class A |
| 1517005 | Commercial Class B |
| 1517007 | Commercial Class C |
| 1517009 | Motorcycle-Class M |
| 1517011 | None |
| 1517013 | Operator Class D (Normal) |
| 1517015 | Other |
| 1517017 | Pilot-Rotor Wing Air |
| 1517019 | Pilot-Fixed Wing Air |
| 1517021 | Snowmobile |
| 1517023 | Taxi and Livery Class E |

Data Element Comment

dPersonnel.18 - EMS Personnel's Immunization Status

Definition

The type of immunization status.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|---------------------------------------------|
| 9910001 | Anthrax |
| 9910003 | Cholera |
| 9910005 | DPT / TDaP (Diphtheria, Pertussis, Tetanus) |
| 9910007 | Hemophilus Influenza B |
| 9910009 | Hepatitis A |
| 9910011 | Hepatitis B |
| 9910013 | Human Papilloma Virus (HPV) |
| 9910015 | Influenza-H1N1 |
| 9910017 | Influenza-Other |
| 9910019 | Influenza-Seasonal (In past 12 months) |
| 9910021 | Lyme Disease |
| 9910023 | Meningococcus |
| 9910025 | MMR (Measles, Mumps, Rubella) |
| 9910027 | Other-Not Listed |
| 9910029 | Plague |
| 9910031 | Pneumococcal (Pneumonia) |
| 9910033 | Polio |
| 9910035 | Rabies |
| 9910037 | Rotavirus |
| 9910039 | Shingles |
| 9910041 | Small Pox |
| 9910043 | Tetanus |
| 9910045 | Tuberculosis |
| 9910047 | Typhoid |
| 9910049 | Varicella (Chickenpox) |
| 9910051 | Yellow Fever |
| 9910053 | None |

Data Element Comment

dPersonnel.19 - EMS Personnel's Immunization Year

Definition

The year associated with each immunization type.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| integer | 1900 | 2050 |

Data Element Comment

dPersonnel.20 - EMS Personnel's Foreign Language Ability

Definition

The languages spoken (other than English) by the personnel with at least an elementary level of proficiency.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|------|-------------------------------------|
| amh | Amharic |
| ara | Arabic |
| arm | Armenian |
| ben | Bengali |
| crp | Cajun (Creole and Pidgins) |
| chi | Chinese |
| hrv | Croatian |
| cze | Czech |
| dan | Danish |
| dut | Dutch |
| fin | Finnish |
| tai | Formosan |
| fre | French |
| cpf | French Creole |
| ger | German |
| gre | Greek |
| guj | Gujarati |
| heb | Hebrew |
| hin | Hindi (Urdu) |
| hun | Hungarian |
| ilo | Ilocano |
| itl | Italian |
| jpn | Japanese |
| kor | Korean |
| kro | Kru |
| lit | Lithuanian |
| mal | Malayalam |
| hmn | Miao (Hmong) |
| mkh | Mon-Khmer (Cambodian) |
| nav | Navaho |
| nno | Norwegian |
| pan | Panjabi |
| gem | Pennsylvania Dutch (Germanic Other) |
| per | Persian |
| pol | Polish |
| por | Portuguese |
| rum | Romanian |
| rus | Russian |
| smo | Samoan |
| srp | Serbo-Croatian |
| slo | Slovak |
| spa | Spanish |
| swe | Swedish |
| syr | Syriac |
| tgl | Tagalog |
| tha | Thai (Laotian) |
| tur | Turkish |

ukr Ukrainian
vie Vietnamese
yid Yiddish

Data Element Comment

Version 3 Changes Implemented

Added to better describe the EMS workforce.

dPersonnel.21 - EMS Personnel's Agency ID Number**Definition**

The local agency ID number for the personnel.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D07_01 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|------------------|------------------|------------------|
| string | 2 | 50 |

Data Element Comment

This is a local ID and not the ID associated with the state credential. This may be the same as the state credential ID depending on the state and local implementation. This should be a unique number and not reused.

dPersonnel.22 - EMS Personnel's State of Licensure

Definition

The state of the certification/licensure ID number assigned to the personnel member.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

Pattern

[0-9]{2}

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When EMS Personnel's State of Licensure is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When EMS Personnel's State of Licensure has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dPersonnel.23 - EMS Personnel's State's Licensure ID Number

Definition

The state's licensure/certification ID number for the personnel.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D07_02 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 50 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When EMS Personnel's State's Licensure ID Number is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When EMS Personnel's State's Licensure ID Number has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dPersonnel.24 - EMS Personnel's State EMS Certification Licensure Level

Definition

The personnel's state EMS certification level.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D08_15 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|----------------------------------------------|
| 9925001 | Advanced Emergency Medical Technician (AEMT) |
| 9925002 | Emergency Medical Technician - Intermediate |
| 9925003 | Emergency Medical Responder (EMR) |
| 9925005 | Emergency Medical Technician (EMT) |
| 9925007 | Paramedic |
| 9925023 | Other Healthcare Professional |
| 9925025 | Other Non-Healthcare Professional |
| 9925027 | Physician |
| 9925029 | Respiratory Therapist |
| 9925031 | Student |
| 9925033 | Critical Care Paramedic |
| 9925035 | Community Paramedicine |
| 9925037 | Nurse Practitioner |
| 9925039 | Physician Assistant |
| 9925041 | Licensed Practical Nurse (LPN) |
| 9925043 | Registered Nurse |

Data Element Comment

The category Emergency Medical Technician - Intermediate includes EMS professionals with an "85" or "99" certification level.

Some listed health care providers may not have an EMS certification/licensure number, however their level should be indicated from the list above and the state licensure number should be indicated in dPersonnel.23 - EMS Personnel's State's Licensure ID Number.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When EMS Personnel's State EMS Certification Licensure Level is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When EMS Personnel's State EMS Certification Licensure Level has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dPersonnel.25 - EMS Personnel's State EMS Current Certification Date**Definition**

The date of the personnel's current EMS certification/licensure.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D08_17 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| date | 1900-01-01 | 2050-01-01 |

Data Element Comment

Clarified as the current certification/licensure.

dPersonnel.26 - EMS Personnel's Initial State's Licensure Issue Date**Definition**

The date on which the EMS personnel's state's EMS certification/licensure was originally issued. This is the date of the first certification/licensure for the EMS level.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D08_18 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minInclusive | maxInclusive |
|------------------|---------------------|---------------------|
| date | 1900-01-01 | 2050-01-01 |

Data Element Comment

Clarified as the FIRST (original) certification/licensure date.

dPersonnel.27 - EMS Personnel's Current State's Licensure Expiration Date**Definition**

The date on which the EMS personnel's (highest) state EMS certification/licensure expires.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| date | 1900-01-01 | 2050-01-01 |

Data Element Comment

dPersonnel.28 - EMS Personnel's National Registry Number

Definition

The National Registry number associated with the level of certification/licensure obtained through NREMT.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

[A-Z][A-Z0-9][0-9]{6}

Data Element Comment

dPersonnel.29 - EMS Personnel's National Registry Certification Level

Definition

The level of the current National Registry of Emergency Medical Technicians (NREMT) certification.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|----------------------------------------------|
| 1529001 | Advanced Emergency Medical Technician (AEMT) |
| 1529002 | Emergency Medical Technician - Intermediate |
| 1529003 | Emergency Medical Responder (EMR) |
| 1529005 | Emergency Medical Technician (EMT) |
| 1529007 | Paramedic |

Data Element Comment

The category EMT-Intermediate includes EMS professionals with an "85" or "99" certification level.

dPersonnel.30 - EMS Personnel's Current National Registry Expiration Date**Definition**

The date on which the EMS Personnel's National Registry of EMTs certification/licensure expires.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| date | 1900-01-01 | 2050-01-01 |

Data Element Comment

dPersonnel.31 - EMS Personnel's Employment Status

Definition

The personnel's primary employment status for this agency.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D07_03 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

Code Description

1531001 Full Time Paid Employee
 1531003 Part Time Paid Employee
 1531005 Volunteer
 1531007 Neither an Employee Nor a Volunteer

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When EMS Personnel's Employment Status is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When EMS Personnel's Employment Status has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dPersonnel.32 - EMS Personnel's Employment Status Date

Definition

The personnel's employment status date.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D07_04 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| date | 1900-01-01 | 2050-01-01 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When EMS Personnel's Employment Status Date is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When EMS Personnel's Employment Status Date has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dPersonnel.33 - EMS Personnel's Hire Date**Definition**

The date the employee was hired by the EMS agency for this current job.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| date | 1900-01-01 | 2050-01-01 |

Data Element Comment

This is intended to collect information based on the current employment/job. If the EMS personnel has a come and go status, this should reflect the most recent employment/job.

dPersonnel.34 - EMS Personnel's Primary EMS Job Role

Definition

The individuals primary/main EMS role at the EMS agency. This is the function which is performed the majority of the time for the EMS personnel.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|-----------------------|
| 1534001 | Administrator/Manager |
| 1534003 | Driver/Pilot |
| 1534005 | Educator/Preceptor |
| 1534007 | Fire Suppression |
| 1534009 | First-Line Supervisor |
| 1534011 | Law Enforcement |
| 1534013 | Other |
| 1534015 | Patient Care Provider |
| 1534017 | Rescue |

Data Element Comment

This is a single choice data element which should reflect the EMS Personnel's primary/main job role for which he/she functions. It is understood that most EMS personnel perform more than one role as a part of their position. Other roles should be documented in dPersonnel.35 (EMS Personnel's Other Job Responsibilities).

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When EMS Personnel's Primary EMS Job Role is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When EMS Personnel's Primary EMS Job Role has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dPersonnel.35 - EMS Personnel's Other Job Responsibilities

Definition

The EMS personnel's other job responsibilities at the agency beyond their primary role documented in dPersonnel.34 (EMS Personnel's Primary EMS Job Role).

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Code List

| Code | Description |
|---------|-----------------------|
| 1534001 | Administrator/Manager |
| 1534003 | Driver/Pilot |
| 1534005 | Educator/Preceptor |
| 1534007 | Fire Suppression |
| 1534009 | First-Line Supervisor |
| 1534011 | Law Enforcement |
| 1534013 | Other |
| 1534015 | Patient Care Provider |
| 1534017 | Rescue |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When EMS Personnel's Other Job Responsibilities is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When EMS Personnel's Other Job Responsibilities has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dPersonnel.36 - EMS Personnel's Total Length of Service in Years

Definition

The personnel's total length of EMS service at any level (years).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D08_19 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minInclusive | maxInclusive |
|-----------|--------------|--------------|
| integer | 0 | 80 |

Data Element Comment

dPersonnel.37 - EMS Personnel's Date Length of Service Documented**Definition**

The date which the length of EMS service was documented.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D08_20 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| date | 1900-01-01 | 2050-01-01 |

Data Element Comment

Associated with dPersonnel.37 (EMS Personnel's Total Length of Service in Years).

dPersonnel.38 - EMS Personnel's Practice Level

Definition

The EMS certification level at which the individual is providing patient care services for the EMS agency.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D07_05 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|----------------------------------------------|
| 9925001 | Advanced Emergency Medical Technician (AEMT) |
| 9925002 | Emergency Medical Technician - Intermediate |
| 9925003 | Emergency Medical Responder (EMR) |
| 9925005 | Emergency Medical Technician (EMT) |
| 9925007 | Paramedic |
| 9925023 | Other Healthcare Professional |
| 9925025 | Other Non-Healthcare Professional |
| 9925027 | Physician |
| 9925029 | Respiratory Therapist |
| 9925031 | Student |
| 9925033 | Critical Care Paramedic |
| 9925035 | Community Paramedicine |
| 9925037 | Nurse Practitioner |
| 9925039 | Physician Assistant |
| 9925041 | Licensed Practical Nurse (LPN) |
| 9925043 | Registered Nurse |

Data Element Comment

The category EMT-Intermediate includes EMS professionals with an "85" or "99" certification level.

dPersonnel.39 - Date of Personnel's Certification or Licensure for Agency**Definition**

The date that the Certification/Licensure was achieved for the local EMS agency.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D07_06 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| date | 1900-01-01 | 2050-01-01 |

Data Element Comment

dDevice

| | | | | |
|--------|----------------|---------------------------------------------------------------------------------------------|---------|--------------|
| Legend | Dataset Level: | N National | S State | D Deprecated |
| | Usage: | M = Mandatory , R = Required , E = Recommended, or O = Optional | | |
| | Attributes: | N = Not Values, P = Pertinent Negatives , L = Nillable, C = Correlation ID, and/or U = UUID | | |

dDevice

| | | | | |
|-------|-------------------------------------------|--|---|---|
| 0 : M | dDevice.DeviceGroup | | C | U |
| 0 : 1 | dDevice.01 - Medical Device Serial Number | | O | |
| 0 : 1 | dDevice.02 - Medical Device Name or ID | | O | |
| 0 : M | dDevice.03 - Medical Device Type | | O | C |
| 0 : 1 | dDevice.04 - Medical Device Manufacturer | | O | |
| 0 : 1 | dDevice.05 - Medical Device Model Number | | O | |
| 0 : 1 | dDevice.06 - Medical Device Purchase Date | | O | |

dDevice

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------|
| nemSch_d005 | Error | UUID must be universally unique. |

dDevice.01 - Medical Device Serial Number**Definition**

The unique manufacturer's serial number associated with a medical device.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D09_01 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 2 | 50 |

Data Element Comment

dDevice.02 - Medical Device Name or ID**Definition**

The local number or configurable Name/ID of the medical device.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D09_02 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 2 | 50 |

Data Element Comment

dDevice.03 - Medical Device Type

Definition

The type of medical device.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|-----------------------------------------|
| 1603001 | Capnography-Numeric |
| 1603003 | Capnography-Waveform |
| 1603005 | Chemistry Measurement-Blood or Serum |
| 1603007 | Chemistry Measurement-Glucometer |
| 1603009 | Chemistry Measurement-Urine |
| 1603011 | CPR-External Device |
| 1603013 | Defibrillator-Automated |
| 1603015 | Defibrillator-Manual |
| 1603017 | ECG-12 Lead or Greater |
| 1603019 | ECG-Less than 12 Lead (Cardiac Monitor) |
| 1603021 | Medication Infusion Pump |
| 1603023 | Other |
| 1603025 | Oximetry-Carbon Monoxide |
| 1603027 | Oximetry-Oxygen |
| 1603029 | Pressure Monitors-Invasive |
| 1603031 | Pressure Monitors-Non-Invasive |
| 1603033 | Respirator (BLS) |
| 1603035 | Ventilator (ALS) |
| 1603037 | Ventilator Assistance-BiPAP |
| 1603039 | Ventilator Assistance-CPAP |

Data Element Comment

This is multiple choice to allow documentation of various multifunction device configurations.

dDevice.04 - Medical Device Manufacturer**Definition**

The manufacturer of the medical device.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D09_03 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 2 | 50 |

Data Element Comment

dDevice.05 - Medical Device Model Number**Definition**

The specific manufacturer's model number associated with medical device.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D09_04 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 2 | 50 |

Data Element Comment

dDevice.06 - Medical Device Purchase Date**Definition**

The date the device was purchased or placed in service by the EMS agency.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D09_05 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | minInclusive | maxInclusive |
| date | 1900-01-01 | 2050-01-01 |

Data Element Comment

dFacility

| | |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Legend | Dataset Level: N National S State D Deprecated |
| | Usage: M = Mandatory , R = Required , E = Recommended, or O = Optional |
| | Attributes: N = Not Values, P = Pertinent Negatives , L = Nillable, C = Correlation ID, and/or U = UUID |

| dFacility | | |
|-----------|------------------------------------------------------|-----|
| 0 : M | dFacilityGroup | C U |
| 0 : 1 | dFacility.01 - Type of Facility | O |
| 0 : M | dFacility.FacilityGroup | C U |
| 0 : 1 | dFacility.02 - Facility Name | O |
| 0 : 1 | dFacility.03 - Facility Location Code | O |
| 0 : M | dFacility.04 - Hospital Designations | O C |
| 0 : M | dFacility.05 - Facility National Provider Identifier | O C |
| 0 : 1 | dFacility.06 - Facility Room, Suite, or Apartment | O |
| 0 : 1 | dFacility.07 - Facility Street Address | O |
| 0 : 1 | dFacility.08 - Facility City | O |
| 0 : 1 | dFacility.09 - Facility State | O |
| 0 : 1 | dFacility.10 - Facility ZIP Code | O |
| 0 : 1 | dFacility.11 - Facility County | O |
| 0 : 1 | dFacility.12 - Facility Country | O |
| 0 : 1 | dFacility.13 - Facility GPS Location | O |
| 0 : 1 | dFacility.14 - Facility US National Grid Coordinates | O |
| 0 : M | dFacility.15 - Facility Phone Number | O C |

| dFacility | | |
|-----------------------------|-------|----------------------------------|
| Associated Validation Rules | | |
| Rule ID | Level | Message |
| nemSch_d005 | Error | UUID must be universally unique. |

dFacility.01 - Type of Facility

Definition

The type of facility (healthcare or other) that the EMS agency transports patients to or from.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D04_15 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|---------|---------------------------------------------|
| 1701001 | Assisted Living Facility |
| 1701003 | Clinic |
| 1701005 | Hospital |
| 1701007 | Nursing Home |
| 1701009 | Other |
| 1701011 | Urgent Care |
| 1701013 | Physical Rehabilitation Facility |
| 1701015 | Mental Health Facility |
| 1701017 | Dialysis Center |
| 1701019 | Diagnostic Services |
| 1701021 | Freestanding Emergency Department |
| 1701023 | Morgue/Mortuary |
| 1701025 | Police/Jail |
| 1701027 | Other EMS Responder (air) |
| 1701029 | Other EMS Responder (ground) |
| 1701031 | Other Recurring Care Center |
| 1701033 | Drug and/or Alcohol Rehabilitation Facility |
| 1701035 | Skilled Nursing Facility |

Data Element Comment

Version 3 Changes Implemented

With the release of v3.5.0 additional values were added to meet the needs of EMS. Reconciled the health care facility descriptions to match those in eDisposition.21 - Type of Destination.

dFacility.02 - Facility Name

Definition

The name of the facility.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D04_11 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

dFacility.03 - Facility Location Code

Definition

The code of the facility as assigned by the state or the EMS agency.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | D04_12 | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 50 |

Data Element Comment

The information contained within this element could be used to populate eScene.10 (Incident Facility Code) or eDisposition.02 (Destination/Transferred To, Code) via a drop down list created at either the EMS Agency or State level.

dFacility.04 - Hospital Designations

Definition

The designation(s) associated with the hospital (e.g., Trauma, STEMI, Peds, etc.)

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|-------------------------------------------------|
| 9908001 | Behavioral Health |
| 9908003 | Burn Center |
| 9908005 | Critical Access Hospital |
| 9908007 | Hospital (General) |
| 9908009 | Neonatal Center |
| 9908011 | Pediatric Center |
| 9908019 | Rehab Center |
| 9908021 | Trauma Center Level 1 |
| 9908023 | Trauma Center Level 2 |
| 9908025 | Trauma Center Level 3 |
| 9908027 | Trauma Center Level 4 |
| 9908029 | Trauma Center Level 5 |
| 9908031 | Cardiac-STEMI/PCI Capable |
| 9908033 | Cardiac-STEMI/PCI Capable (24/7) |
| 9908035 | Cardiac-STEMI/Non-PCI Capable |
| 9908037 | Stroke-Acute Stroke Ready Hospital (ASRH) |
| 9908039 | Stroke-Primary Stroke Center (PSC) |
| 9908041 | Stroke-Thrombectomy-Capable Stroke Center (TSC) |
| 9908043 | Stroke-Comprehensive Stroke Center (CSC) |
| 9908045 | Cancer Center |
| 9908047 | Labor and Delivery |

Data Element Comment

Stroke Center classifications based on Joint Commission stroke certification:

https://www.jointcommission.org/facts_about_joint_commission_stroke_certification/

dFacility.05 - Facility National Provider Identifier

Definition

The facility National Provider Identifier associated with National Provider System (NPS).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 10 |

Data Element Comment

dFacility.06 - Facility Room, Suite, or Apartment**Definition**

The number of the specific room, suite, or apartment of the facility.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 1 | 15 |

Data Element Comment

dFacility.07 - Facility Street Address

Definition

The address where the facility is located.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes

StreetAddress2

Data Type: string **minLength:** 1 **maxLength:** 255

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 255 |

Data Element Comment

The information contained within this element could be used to populate the address information within eScene.18 (Incident State) and/or eDisposition.03 (Destination Street Address) as appropriate.

dFacility.08 - Facility City

Definition

The city where the facility is located (physical address).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Data Element Comment

The information contained within this element could be used to populate the address information within eScene.17 (Incident City) and/or eDisposition.04 (Destination City) as appropriate.

City codes are based on GNIS Feature Class. The primary Feature Class to use is "Civil" with "Populated Place" and "Military" code as additional options.

Definitions for each GNIS City Feature Class can be found on the GNIS Codes website.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

dFacility.09 - Facility State

Definition

The state where the facility is located.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

[0-9]{2}

Data Element Comment

Based on the ANSI Code. The information contained within this element could be used to populate the address information within eScene.18 (Incident State) and/or eDisposition.05 (Destination State) as appropriate.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

dFacility.10 - Facility ZIP Code

Definition

The zip code where the facility is located.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

[0-9]{5}||[0-9]{5}-[0-9]{4}||[0-9]{5}-[0-9]{5}||[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Data Element Comment

The information contained within this element could be used to populate the address information within eScene.19 (Incident ZIP Code) and/or eDisposition.07 (Destination ZIP Code) as appropriate.

ZIP Codes Product Website: <https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/>
Product: USA - 5-digit ZIP Code Database, Commercial Edition

dFacility.11 - Facility County

Definition

The county where the facility is located.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

[0-9]{5}

Data Element Comment

Based on the ANSI Code. The information contained within this element could be used to populate the address information within eScene.21 (Incident County) and/or eDisposition.06 (Destination County) as appropriate.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

dFacility.12 - Facility Country

Definition

The country where the facility is located.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|------|---------------|
| CA | Canada |
| MX | Mexico |
| US | United States |

Data Element Comment

Based on the ANSI Code. The information contained within this element could be used to populate the address information within eScene.22 (Incident Country) and/or eDisposition.08 (Destination Country) as appropriate.

ANSI Country Codes (ISO 3166) Website: <https://www.iso.org/iso-3166-country-codes.html>

dFacility.13 - Facility GPS Location

Definition

The facility GPS Coordinates.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

(\+|-)?(90(\.[0]{1,6})?|([1-8][0-9][0-9])(\.[0-9]{1,6})?),(\+|-)?(180(\.[0]{1,6})?|(1[0-7][0-9][1-9][0-9][0-9])(\.[0-9]{1,6})?)

Data Element Comment

The information contained within this element could be used to populate the address information within eScene.10 (Scene GPS Location) and/or eDisposition.09 (Destination GPS Location) as appropriate.

The pattern for GPS location is in the format "*latitude,longitude*" where:

- *latitude* has a minimum of -90 and a maximum of 90 with up to 6 decimal places
- *longitude* has a minimum of -180 and a maximum of 180 with up to 6 decimal places

dFacility.14 - Facility US National Grid Coordinates

Definition

The facility's US National Grid coordinates.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

((1-9)[1-5][0-9]{60})[C-HJ-NP-X][A-HJ-NP-Z][A-HJ-NP-V][0-9]{8}

Data Element Comment

Standard found at www.fgdc.gov/usng. The information contained within this element could be used to populate the address information within eScene.11 (Scene US National Grid Coordinates) and/or eDisposition.10 (Disposition Location US National Grid Coordinates) as appropriate.

dFacility.15 - Facility Phone Number

Definition

The facility's phone number.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

CorrelationID**Data Type:** string**minLength:** 0**maxLength:** 255**PhoneNumberType**

9913001 - Fax

9913003 - Home

9913005 - Mobile

9913007 - Pager

9913009 - Work

Constraints

Pattern

[2-9][0-9][0-9]-[2-9][0-9][0-9][0-9][0-9][0-9]

Data Element Comment

This element contains an attribute to define what type of phone number is being documented (e.g., Fax, Home, Mobile, Pager, and Work).

dCustomResults

| | | | | |
|--------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| Legend | Dataset Level: | N National | S State | D Deprecated |
| | Usage: | M = Mandatory , R = Required , E = Recommended, or O = Optional | | |
| | Attributes: | N = Not Values, P = Pertinent Negatives , L = Nillable, C = Correlation ID, and/or U = UUID | | |

| dCustomResults | | | | |
|----------------|-------------------------------------------------------------------------|--|--|-----------|
| 0 : M | dCustomResults.ResultsGroup | | | C |
| 1 : M | dCustomResults.01 - Custom Data Element Result | | | M N, L, P |
| 1 : 1 | dCustomResults.02 - Custom Element ID Referenced | | | M |
| 0 : 1 | dCustomResults.03 - CorrelationID of DemographicReport Element or Group | | | O |

| dCustomResults | | |
|-----------------------------|--|--|
| Associated Validation Rules | | |

| Rule ID | Level | Message |
|-------------|-------|----------------------------------------------------------------------------------------------------------------------------|
| nemSch_d004 | Error | The timestamp of the DemographicReport should not be in the future (the current time according to this system is (value)). |

dCustomResults.01 - Custom Data Element Result

Definition

The actual value or values chosen (if values listed in dCustomConfiguration.06) or result (free text, Date/Time, or number) documented for the Custom Data Element.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | Yes |
| State Element | No | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Mandatory | Recurrence | 1 : M |

Attributes

NOT Values (NV)

Pertinent Negatives (PN)

NV

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

PN

8801001 - Contraindication Noted

8801003 - Denied By Order

8801005 - Exam Finding Not Present

8801007 - Medication Allergy

8801009 - Medication Already Taken

8801013 - No Known Drug Allergy

8801015 - None Reported

8801017 - Not Performed by EMS

8801019 - Refused

8801021 - Unresponsive

8801023 - Unable to Complete

8801025 - Not Immunized

8801027 - Order Criteria Not Met

8801029 - Approximate

8801031 - Symptom Not Present

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 100000 |

Data Element Comment

Version 3 Changes Implemented

Added to allow customized data elements to be inserted and collected from within the NEMSIS Version 3 standard.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_d001 | Error | When Custom Data Element Result is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_d002 | Error | When Custom Data Element Result has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

dCustomResults.02 - Custom Element ID Referenced

Definition

References the CustomElementID attribute for dCustomConfiguration.CustomGroup.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 0 | 255 |

Data Element Comment

dCustomResults.03 - CorrelationID of DemographicReport Element or Group**Definition**

References the CorrelationID attribute of an element or group in the DemographicReport section.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | No | Pertinent Negatives (PN) | No |
| State Element | No | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| | | |
|------------------|------------------|------------------|
| Data Type | minLength | maxLength |
| string | 0 | 255 |

Data Element Comment

sState

Legend

Dataset Level:
N National
S State
D Deprecated

Usage:
 M = Mandatory , R = Required , E = Recommended, or O = Optional

Attributes:
 N = Not Values, P = Pertinent Negatives , L = Nillable, C = Correlation ID, and/or U = UUID

sState

1 : 1

sState.01 - State

N
S
M

sState

sState.01 - State

Definition

The state associated with the state data set.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Constraints

Pattern

[0-9]{2}

Data Element Comment

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

Used to populate the following data elements:

dAgency.04 EMS Agency State

dConfiguration.01 State Associated with this Configuration.

seCustomConfiguratio n

Legend

Dataset Level: N National S State D Deprecated

Usage: M = Mandatory , R = Required , E = Recommended, or O = Optional

Attributes: N = Not Values, P = Pertinent Negatives , L = Nillable, C = Correlation ID, and/or U = UUID

seCustomConfiguration

| | | | | |
|-------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------|
| 0 : M | seCustomConfiguration.CustomGroup | | | |
| 1 : 1 | seCustomConfiguration.01 - Patient Care Report Custom Data Element Title | N | S | M |
| 1 : 1 | seCustomConfiguration.02 - Patient Care Report Custom Definition | N | S | M |
| 1 : 1 | seCustomConfiguration.03 - Patient Care Report Custom Data Type | N | S | M |
| 1 : 1 | seCustomConfiguration.04 - Patient Care Report Custom Data Element Recurrence | N | S | M |
| 1 : 1 | seCustomConfiguration.05 - Patient Care Report Custom Data Element Usage | N | S | M |
| 0 : M | seCustomConfiguration.06 - Patient Care Report Custom Data Element Potential Values | N | S | O |
| 0 : M | seCustomConfiguration.07 - Patient Care Report Custom Data Element Potential NOT Values (NV) | N | S | O |
| 0 : M | seCustomConfiguration.08 - Patient Care Report Custom Data Element Potential Pertinent Negative Values (PN) | N | S | O |
| 0 : 1 | seCustomConfiguration.09 - Patient Care Report Custom Data Element Grouping ID | N | S | O |

seCustomConfiguration

State

National

seCustomConfiguration.01 - Patient Care Report Custom Data Element Title

Definition

This is the title of the patient care report custom data element created to collect information that is not defined formally in NEMSIS Version 3.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Attributes

nemsisElement

Data Type: anySimpleType **whiteSpace:** preserve

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

Used to populate eCustomConfiguration.01 Custom Data Element Title.

Version 3 Changes Implemented

Added to allow customized data elements to be inserted and collected from within the NEMSIS Version 3 standard.

State

National

seCustomConfiguration.02 - Patient Care Report Custom Definition

Definition

The definition of the patient care report custom data element and how it should be used.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 0 | 255 |

Data Element Comment

Used to populate eCustomConfiguration.02 Custom Definition.

State

National

seCustomConfiguration.03 - Patient Care Report Custom Data Type

Definition

The data type of the patient care report custom data element.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Code List

| Code | Description |
|---------|----------------|
| 9902001 | Binary |
| 9902003 | Date/Time |
| 9902005 | Integer/Number |
| 9902007 | Other |
| 9902009 | Text/String |
| 9902011 | Boolean |

Data Element Comment

Used to populate eCustomConfiguration.03 Custom Data Type.

State

National

seCustomConfiguration.04 - Patient Care Report Custom Data Element Recurrence

Definition

Indication if the patient care report custom data element will accept multiple values.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Code List

Code Description

9923001 No
9923003 Yes

Data Element Comment

Used to populate eCustomConfiguration.04 Custom Data Element Recurrence.

Version 3 Changes Implemented

Added to allow customized data elements to be inserted and collected from within the NEMSIS Version 3 standard.

seCustomConfiguration.05 - Patient Care Report Custom Data Element Usage

Definition

The state-level usage (Mandatory, Required, Recommended, or Optional) for the patient care report custom data element.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Code List

| Code | Description |
|---------|-------------|
| 9903001 | Mandatory |
| 9903003 | Required |
| 9903005 | Recommended |
| 9903007 | Optional |

Data Element Comment

Mandatory = Must be completed and will not accept null values.
 Required = Must be completed but will accept null values.
 Recommended = Not required but if collected will accept null values.
 Optional = Not required but if collected, it cannot be a null value.

Used to populate eCustomConfiguration.05 Custom Data Element Usage.

Version 3 Changes Implemented

Added to allow customized data elements to be inserted and collected from within the NEMSIS Version 3 standard.

State

National

seCustomConfiguration.06 - Patient Care Report Custom Data Element Potential Values

Definition

The values which are associated with the patient care report custom data element. Values would be the choices provided to the user when they document the custom data element.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

nemsisCode

Data Type: anySimpleType **whiteSpace:** preserve

customValueDescription

Data Type: anySimpleType **whiteSpace:** preserve

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 100 |

Data Element Comment

Used to populate eCustomConfiguration.06 Custom Data Element Potential Values.

Version 3 Changes Implemented

Added to allow customized data elements to be inserted and collected from within the NEMSIS Version 3 standard.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s011 | Error | Patient Care Report Custom Data Element Potential Values should be unique (the same value should not be listed more than once). |
| nemSch_s012 | Error | The Custom Value Description for Patient Care Report Custom Data Element Potential Values should be unique (the same description should not be listed more than once). |

State

National

seCustomConfiguration.07 - Patient Care Report Custom Data Element Potential NOT Values (NV)

Definition

NOT Values (NV) associated with the patient care report custom data element.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Code List

| Code | Description |
|---------|----------------|
| 7701001 | Not Applicable |
| 7701003 | Not Recorded |
| 7701005 | Not Reporting |

Data Element Comment

Used to populate eCustomConfiguration.07 Custom Data Element Potential NOT Values (NV).

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s013 | Error | Patient Care Report Custom Data Element Potential NOT Values (NV) should be unique (the same value should not be listed more than once). |

State

National

seCustomConfiguration.08 - Patient Care Report Custom Data Element Potential Pertinent Negative Values (PN)

Definition

Pertinent Negative Values (PN) associated with the patient care report custom data element.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Code List

| Code | Description |
|---------|--------------------------|
| 8801001 | Contraindication Noted |
| 8801003 | Denied By Order |
| 8801005 | Exam Finding Not Present |
| 8801007 | Medication Allergy |
| 8801009 | Medication Already Taken |
| 8801013 | No Known Drug Allergy |
| 8801015 | None Reported |
| 8801017 | Not Performed by EMS |
| 8801019 | Refused |
| 8801021 | Unresponsive |
| 8801023 | Unable to Complete |
| 8801025 | Not Immunized |
| 8801027 | Order Criteria Not Met |
| 8801029 | Approximate |
| 8801031 | Symptom Not Present |

Data Element Comment

Used to populate eCustomConfiguration.08 Custom Data Element Potential Pertinent Negative Values (PN).

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s014 | Error | Patient Care Report Custom Data Element Potential Pertinent Negative Values (PN) should be unique (the same value should not be listed more than once). |

State

National

seCustomConfiguration.09 - Patient Care Report Custom Data Element Grouping ID

Definition

ID for patient care report custom data element grouping.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 0 | 255 |

Data Element Comment

Used to populate eCustomConfiguration.09 Custom Data Element Grouping ID.

sdCustomConfiguratio n

Legend

Dataset Level: N National S State D Deprecated

Usage: M = Mandatory , R = Required , E = Recommended, or O = Optional

Attributes: N = Not Values, P = Pertinent Negatives , L = Nillable, C = Correlation ID, and/or U = UUID

sdCustomConfiguration

| | | | | |
|-------|------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------|-----------------------------------------------------------------|
| 0 : M | sdCustomConfiguration.CustomGroup | | | |
| 1 : 1 | sdCustomConfiguration.01 - Agency Demographic Custom Data Element Title | N | S | M |
| 1 : 1 | sdCustomConfiguration.02 - Agency Demographic Custom Definition | N | S | M |
| 1 : 1 | sdCustomConfiguration.03 - Agency Demographic Custom Data Type | N | S | M |
| 1 : 1 | sdCustomConfiguration.04 - Agency Demographic Custom Data Element Recurrence | N | S | M |
| 1 : 1 | sdCustomConfiguration.05 - Agency Demographic Custom Data Element Usage | N | S | M |
| 0 : M | sdCustomConfiguration.06 - Agency Demographic Custom Data Element Potential Values | N | S | O |
| 0 : M | sdCustomConfiguration.07 - Agency Demographic Custom Data Element Potential NOT Values (NV) | N | S | O |
| 0 : M | sdCustomConfiguration.08 - Agency Demographic Custom Data Element Potential Pertinent Negative Values (PN) | N | S | O |
| 0 : 1 | sdCustomConfiguration.09 - Agency Demographic Custom Data Element Grouping ID | N | S | O |

sdCustomConfiguration

State

National

sdCustomConfiguration.01 - Agency Demographic Custom Data Element Title

Definition

This is the title of the custom data element created to collect information that is not defined formally in NEMSIS Version 3.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Attributes

nemsisElement

Data Type: anySimpleType **whiteSpace:** preserve

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

Used to populate dCustomConfiguration.01 Custom Data Element Title.

Version 3 Changes Implemented

Added to allow customized data elements to be inserted and collected from within the NEMSIS Version 3 standard.

State

National

sdCustomConfiguration.02 - Agency Demographic Custom Definition

Definition

The definition of the agency demographic custom data element and how it should be used.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 0 | 255 |

Data Element Comment

Used to populate dCustomConfiguration.02 Custom Definition.

State

National

sdCustomConfiguration.03 - Agency Demographic Custom Data Type

Definition

The data type of the agency demographic custom element.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Code List

| Code | Description |
|---------|----------------|
| 9902001 | Binary |
| 9902003 | Date/Time |
| 9902005 | Integer/Number |
| 9902007 | Other |
| 9902009 | Text/String |
| 9902011 | Boolean |

Data Element Comment

Used to populate dCustomConfiguration.03 Custom Data Type.

State

National

sdCustomConfiguration.04 - Agency Demographic Custom Data Element Recurrence

Definition

Indication if the agency demographic custom data element will accept multiple values.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Code List

Code Description

9923001 No
9923003 Yes

Data Element Comment

Used to populate dCustomConfiguration.04 Custom Data Element Recurrence.

Version 3 Changes Implemented

Added to allow customized data elements to be inserted and collected from within the NEMSIS Version 3 standard.

sdCustomConfiguration.05 - Agency Demographic Custom Data Element Usage

Definition

The Usage (Mandatory, Required, Recommended, or Optional) for the agency demographic custom data element.

| | | | |
|-------------------|-----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Mandatory | Recurrence | 1 : 1 |

Code List

| Code | Description |
|---------|-------------|
| 9903001 | Mandatory |
| 9903003 | Required |
| 9903005 | Recommended |
| 9903007 | Optional |

Data Element Comment

Mandatory = Must be completed and will not accept null values.
 Required = Must be completed but will accept null values.
 Recommended = Not required but if collected will accept null values.
 Optional = Not required but if collected, it cannot be a null value.

Used to populate dCustomConfiguration.05 Custom Data Element Usage.

Version 3 Changes Implemented

Added to allow customized data elements to be inserted and collected from within the NEMSIS Version 3 standard.

State

National

sdCustomConfiguration.06 - Agency Demographic Custom Data Element Potential Values

Definition

The values which are associated with the agency demographic custom data element. Values would be the choices provided to the user when they document the custom data element.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

nemsisCode

Data Type: anySimpleType **whiteSpace:** preserve

customValueDescription

Data Type: anySimpleType **whiteSpace:** preserve

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 100 |

Data Element Comment

Used to populate dCustomConfiguration.06 Custom Data Element Potential Values.

Version 3 Changes Implemented

Added to allow customized data elements to be inserted and collected from within the NEMSIS Version 3 standard.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s006 | Error | Agency Demographic Custom Data Element Potential Values should be unique (the same value should not be listed more than once). |
| nemSch_s007 | Error | The Custom Value Description for Agency Demographic Custom Data Element Potential Values should be unique (the same description should not be listed more than once). |

State

National

sdCustomConfiguration.07 - Agency Demographic Custom Data Element Potential NOT Values (NV)

Definition

NOT Values (NV) associated with the agency demographic custom element.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Code List

| Code | Description |
|---------|----------------|
| 7701001 | Not Applicable |
| 7701003 | Not Recorded |
| 7701005 | Not Reporting |

Data Element Comment

Used to populate dCustomConfiguration.07 Custom Data Element Potential NOT Values (NV).

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s008 | Error | Agency Demographic Custom Data Element Potential NOT Values (NV) should be unique (the same value should not be listed more than once). |

State

National

sdCustomConfiguration.08 - Agency Demographic Custom Data Element Potential Pertinent Negative Values (PN)

Definition

Pertinent Negative Values (PN) associated with the agency demographic custom element.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Code List

| Code | Description |
|---------|--------------------------|
| 8801001 | Contraindication Noted |
| 8801003 | Denied By Order |
| 8801005 | Exam Finding Not Present |
| 8801007 | Medication Allergy |
| 8801009 | Medication Already Taken |
| 8801013 | No Known Drug Allergy |
| 8801015 | None Reported |
| 8801017 | Not Performed by EMS |
| 8801019 | Refused |
| 8801021 | Unresponsive |
| 8801023 | Unable to Complete |
| 8801025 | Not Immunized |
| 8801027 | Order Criteria Not Met |
| 8801029 | Approximate |
| 8801031 | Symptom Not Present |

Data Element Comment

Used to populate dCustomConfiguration.08 Custom Data Element Potential Pertinent Negative Values (PN).

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s009 | Error | Agency Demographic Custom Data Element Potential Pertinent Negative Values (PN) should be unique (the same value should not be listed more than once). |

State

National

sdCustomConfiguration.09 - Agency Demographic Custom Data Element Grouping ID

Definition

ID for agency demographic custom element grouping.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 0 | 255 |

Data Element Comment

Used to populate dCustomConfiguration.09 Custom Data Element Grouping ID.

sSoftware

| | | | | |
|--------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| Legend | Dataset Level: | N National | S State | D Deprecated |
| | Usage: | M = Mandatory , R = Required , E = Recommended, or O = Optional | | |
| | Attributes: | N = Not Values, P = Pertinent Negatives , L = Nillable, C = Correlation ID, and/or U = UUID | | |

| sSoftware | | | | |
|-----------|-------------------------|---------------------------------|----------------------------------------------|-------------------|
| 1 : 1 | sSoftware.SoftwareGroup | | | |
| | 1 : 1 | sSoftware.01 - Software Creator | N S R | N, L |
| | 1 : 1 | sSoftware.02 - Software Name | N S R | N, L |
| | 1 : 1 | sSoftware.03 - Software Version | N S R | N, L |
| sSoftware | | | | |

State

National

sSoftware.01 - Software Creator

Definition

The name of the vendor, manufacturer, and developer who designed the application that created this state data set record.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s001 | Error | When Software Creator is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_s002 | Error | When Software Creator has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

State

National

sSoftware.02 - Software Name

Definition

The name of the application used to create this state data set record.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s001 | Error | When Software Name is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_s002 | Error | When Software Name has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

State

National

sSoftware.03 - Software Version

Definition

The version of the application used to create this state data set record.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s001 | Error | When Software Version is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_s002 | Error | When Software Version has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

sElement

Legend

Dataset Level:
N National
S State
D Deprecated

Usage:
 M = Mandatory , R = Required , E = Recommended, or O = Optional

Attributes:
 N = Not Values, P = Pertinent Negatives , L = Nillable, C = Correlation ID, and/or U = UUID

sElement

1 : M

sElement.01 - State Collected Element

N
S
R
N, L

sElement

State

National

sElement.01 - State Collected Element

Definition

The data elements that the state collects or requires.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 100 |

Data Element Comment

Used to configure the agency demographic and patient care report data elements that are to be collected and reported to the state by EMS agencies within the state.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s001 | Error | When State Collected Element is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_s002 | Error | When State Collected Element has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_s015 | Warning | State Collected Element should be unique (the same element should not be listed more than once). |

sConfiguration

| | | | | |
|--------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| Legend | Dataset Level: | N National | S State | D Deprecated |
| | Usage: | M = Mandatory , R = Required , E = Recommended, or O = Optional | | |
| | Attributes: | N = Not Values, P = Pertinent Negatives , L = Nillable, C = Correlation ID, and/or U = UUID | | |

sConfiguration

| | | | | | |
|-------|--------------------------------------------------------------------------------------|----------------|----------------|----------------|-------------------|
| 1 : M | sConfiguration.01 - State Certification/Licensure Levels | N | S | R | N, L |
| 1 : M | sConfiguration.ProcedureGroup | | | | |
| 1 : 1 | sConfiguration.02 - EMS Certification Levels Permitted to Perform Each Procedure | N | S | R | N, L |
| 1 : M | sConfiguration.03 - Procedures Permitted by the State | N | S | R | N, L |
| 1 : M | sConfiguration.MedicationGroup | | | | |
| 1 : 1 | sConfiguration.04 - EMS Certification Levels Permitted to Administer Each Medication | N | S | R | N, L |
| 1 : M | sConfiguration.05 - Medications Permitted by the State | N | S | R | N, L |
| 1 : M | sConfiguration.06 - Protocols Permitted by the State | N | S | R | N, L |

sConfiguration

sConfiguration.01 - State Certification/Licensure Levels

Definition

The levels of certification/licensure for EMS personnel recognized by the state.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D04_01 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Code List

| Code | Description |
|---------|----------------------------------------------|
| 9917001 | Advanced Emergency Medical Technician (AEMT) |
| 9917002 | Emergency Medical Technician - Intermediate |
| 9917003 | Emergency Medical Responder (EMR) |
| 9917005 | Emergency Medical Technician (EMT) |
| 9917007 | Paramedic |
| 9917019 | Physician |
| 9917021 | Critical Care Paramedic |
| 9917023 | Community Paramedicine |
| 9917025 | Nurse Practitioner |
| 9917027 | Physician Assistant |
| 9917029 | Licensed Practical Nurse (LPN) |
| 9917031 | Registered Nurse |

Data Element Comment

Used to populate EMS-related values in the following data elements (some data elements contain additional non-EMS-related values, such as "Student" or "Patient" that should be allowed unless specifically instructed otherwise by the state):

dAgency.11 Level of Service

dConfiguration.06 EMS Certification Levels Permitted to Perform Each Procedure

dConfiguration.08 EMS Certification Levels Permitted to Administer Each Medication

dVehicle.05 Crew State Certification/Licensure Levels

dPersonnel.24 EMS Personnel's State EMS Certification Licensure Level

dPersonnel.38 EMS Personnel's Practice Level

ePayment.42 Specialty Care Transport Care Provider

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s001 | Error | When State Certification/Licensure Levels is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_s002 | Error | When State Certification/Licensure Levels has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_s016 | Warning | State Certification/Licensure Levels should be unique (the same level should not be listed more than once). |
| nemSch_s017 | Warning | EMS Certification Levels Permitted to Perform Each Procedure should be on the list of State Certification/Licensure Levels. |
| nemSch_s020 | Warning | EMS Certification Levels Permitted to Administer Each Medication should be on the list of State Certification/Licensure Levels. |

State

National

sConfiguration.02 - EMS Certification Levels Permitted to Perform Each Procedure

Definition

The certification/licensure level that is permitted to perform the procedures listed in sConfiguration.03.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D04_05 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|----------------------------------------------|
| 9917001 | Advanced Emergency Medical Technician (AEMT) |
| 9917002 | Emergency Medical Technician - Intermediate |
| 9917003 | Emergency Medical Responder (EMR) |
| 9917005 | Emergency Medical Technician (EMT) |
| 9917007 | Paramedic |
| 9917019 | Physician |
| 9917021 | Critical Care Paramedic |
| 9917023 | Community Paramedicine |
| 9917025 | Nurse Practitioner |
| 9917027 | Physician Assistant |
| 9917029 | Licensed Practical Nurse (LPN) |
| 9917031 | Registered Nurse |

Data Element Comment

Used to populate dConfiguration.06 EMS Certification Levels Permitted to Perform Each Procedure.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s001 | Error | When EMS Certification Levels Permitted to Perform Each Procedure is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_s002 | Error | When EMS Certification Levels Permitted to Perform Each Procedure has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_s017 | Warning | EMS Certification Levels Permitted to Perform Each Procedure should be on the list of State Certification/Licensure Levels. |
| nemSch_s018 | Warning | EMS Certification Levels Permitted to Perform Each Procedure should be unique (the same level should not be listed more than once). |

State

National

sConfiguration.03 - Procedures Permitted by the State

Definition

Procedures permitted by the state for the certification/licensure level listed in sConfiguration.02.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| | | |
|------------------|---------------------|---------------------|
| Data Type | maxInclusive | minInclusive |
| integer | 9999999999999999 | 100000 |

Data Element Comment

Used to populate dConfiguration.07 EMS Agency Procedures.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s001 | Error | When Procedures Permitted by the State is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_s002 | Error | When Procedures Permitted by the State has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_s019 | Warning | Procedures Permitted by the State should be unique (the same procedure should not be listed more than once for a particular level). |

State

National

sConfiguration.04 - EMS Certification Levels Permitted to Administer Each Medication

Definition

The certification/licensure level that is permitted to administer the medications listed in sConfiguration.05.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D04_07 | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|----------------------------------------------|
| 9917001 | Advanced Emergency Medical Technician (AEMT) |
| 9917002 | Emergency Medical Technician - Intermediate |
| 9917003 | Emergency Medical Responder (EMR) |
| 9917005 | Emergency Medical Technician (EMT) |
| 9917007 | Paramedic |
| 9917019 | Physician |
| 9917021 | Critical Care Paramedic |
| 9917023 | Community Paramedicine |
| 9917025 | Nurse Practitioner |
| 9917027 | Physician Assistant |
| 9917029 | Licensed Practical Nurse (LPN) |
| 9917031 | Registered Nurse |

Data Element Comment

Used to populate dConfiguration.08 EMS Certification Levels Permitted to Administer Each Medication.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s001 | Error | When EMS Certification Levels Permitted to Administer Each Medication is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_s002 | Error | When EMS Certification Levels Permitted to Administer Each Medication has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_s020 | Warning | EMS Certification Levels Permitted to Administer Each Medication should be on the list of State Certification/Licensure Levels. |
| nemSch_s021 | Warning | EMS Certification Levels Permitted to Administer Each Medication should be unique (the same level should not be listed more than once). |

State

National

sConfiguration.05 - Medications Permitted by the State

Definition

Medications permitted by the state for the certification/licensure level listed in sConfiguration.04.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 9 |

Data Element Comment

Used to populate dConfiguration.09 EMS Agency Medications

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s001 | Error | When Medications Permitted by the State is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_s002 | Error | When Medications Permitted by the State has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_s022 | Warning | Medications Permitted by the State should be unique (the same medication should not be listed more than once for a particular level). |
| nemSch_s023 | Error | Medications Permitted by the State should be a code of between 2 and 7 digits when Code Type is "RxNorm". |
| nemSch_s024 | Error | Medications Permitted by the State should be a SNOMED code specifically allowed in the data dictionary when Code Type is "SNOMED". |
| nemSch_s025 | Error | Medications Permitted by the State should be an RxNorm code of between 2 and 7 digits or a SNOMED code specifically allowed in the data dictionary. |

sConfiguration.06 - Protocols Permitted by the State

Definition

Protocols permitted by the state.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Required | Recurrence | 1 : M |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|----------------------------------------------------------------------------|
| 9914001 | Airway |
| 9914003 | Airway-Failed |
| 9914005 | Airway-Obstruction/Foreign Body |
| 9914007 | Airway-Rapid Sequence Induction (RSI-Paralytic) |
| 9914009 | Airway-Sedation Assisted (Non-Paralytic) |
| 9914011 | Cardiac Arrest-Asystole |
| 9914013 | Cardiac Arrest-Hypothermia-Therapeutic |
| 9914015 | Cardiac Arrest-Pulseless Electrical Activity |
| 9914017 | Cardiac Arrest-Ventricular Fibrillation/ Pulseless Ventricular Tachycardia |
| 9914019 | Cardiac Arrest-Post Resuscitation Care |
| 9914021 | Environmental-Altitude Sickness |
| 9914023 | Environmental-Cold Exposure |
| 9914025 | Environmental-Frostbite/Cold Injury |
| 9914027 | Environmental-Heat Exposure/Exhaustion |
| 9914029 | Environmental-Heat Stroke/Hyperthermia |
| 9914031 | Environmental-Hypothermia |
| 9914033 | Exposure-Airway/Inhalation Irritants |
| 9914035 | Exposure-Biological/Infectious |
| 9914037 | Exposure-Blistering Agents |
| 9914041 | Exposure-Chemicals to Eye |
| 9914043 | Exposure-Cyanide |
| 9914045 | Exposure-Explosive/ Blast Injury |
| 9914047 | Exposure-Nerve Agents |
| 9914049 | Exposure-Radiologic Agents |
| 9914051 | General-Back Pain |
| 9914053 | General-Behavioral/Patient Restraint |
| 9914055 | General-Cardiac Arrest |
| 9914057 | General-Dental Problems |
| 9914059 | General-Epistaxis |
| 9914061 | General-Fever |
| 9914063 | General-Individualized Patient Protocol |
| 9914065 | General-Indwelling Medical Devices/Equipment |
| 9914067 | General-IV Access |
| 9914069 | General-Medical Device Malfunction |
| 9914071 | General-Pain Control |
| 9914073 | General-Spinal Immobilization/Clearance |
| 9914075 | General-Universal Patient Care/ Initial Patient Contact |
| 9914077 | Injury-Amputation |
| 9914079 | Injury-Bites and Envenomations-Land |
| 9914081 | Injury-Bites and Envenomations-Marine |
| 9914083 | Injury-Bleeding/ Hemorrhage Control |

9914085 Injury-Burns-Thermal
9914087 Injury-Cardiac Arrest
9914089 Injury-Crush Syndrome
9914091 Injury-Diving Emergencies
9914093 Injury-Drowning/Near Drowning
9914095 Injury-Electrical Injuries
9914097 Injury-Extremity
9914099 Injury-Eye
9914101 Injury-Head
9914103 Injury-Impaled Object
9914105 Injury-Multisystem
9914107 Injury-Spinal Cord
9914109 Medical-Abdominal Pain
9914111 Medical-Allergic Reaction/Anaphylaxis
9914113 Medical-Altered Mental Status
9914115 Medical-Bradycardia
9914117 Medical-Cardiac Chest Pain
9914119 Medical-Diarrhea
9914121 Medical-Hyperglycemia
9914123 Medical-Hypertension
9914125 Medical-Hypoglycemia/Diabetic Emergency
9914127 Medical-Hypotension/Shock (Non-Trauma)
9914129 Medical-Influenza-Like Illness/ Upper Respiratory Infection
9914131 Medical-Nausea/Vomiting
9914133 Medical-Newborn/ Neonatal Resuscitation
9914135 General-Overdose/Poisoning/Toxic Ingestion
9914137 Medical-Pulmonary Edema/CHF
9914139 Medical-Respiratory Distress/Asthma/COPD/Reactive Airway
9914141 Medical-Seizure
9914143 Medical-ST-Elevation Myocardial Infarction (STEMI)
9914145 Medical-Stroke/TIA
9914147 Medical-Supraventricular Tachycardia (Including Atrial Fibrillation)
9914149 Medical-Syncope
9914151 Medical-Ventricular Tachycardia (With Pulse)
9914153 Not Done
9914155 OB/GYN-Childbirth/Labor/Delivery
9914157 OB/GYN-Eclampsia
9914159 OB/GYN-Gynecologic Emergencies
9914161 OB/GYN-Pregnancy Related Emergencies
9914163 OB/GYN-Post-partum Hemorrhage
9914165 Other
9914167 Exposure-Carbon Monoxide
9914169 Cardiac Arrest-Do Not Resuscitate
9914171 Cardiac Arrest-Special Resuscitation Orders
9914173 Exposure-Smoke Inhalation
9914175 General-Community Paramedicine / Mobile Integrated Healthcare
9914177 General-Exception Protocol
9914179 General-Extended Care Guidelines
9914181 General-Interfacility Transfers
9914183 General-Law Enforcement - Blood for Legal Purposes
9914185 General-Law Enforcement - Assist with Law Enforcement Activity
9914187 General-Neglect or Abuse Suspected
9914189 General-Refusal of Care
9914191 Injury-Mass/Multiple Casualties
9914193 Injury-Thoracic
9914195 Medical-Adrenal Insufficiency
9914197 Medical-Apparent Life Threatening Event (ALTE)
9914199 Medical-Tachycardia
9914201 Cardiac Arrest-Determination of Death / Withholding Resuscitative Efforts
9914203 Injury-Conducted Electrical Weapon (e.g., Taser)
9914205 Injury-Facial Trauma
9914207 Injury-General Trauma Management
9914209 Injury-Lightning/Lightning Strike
9914211 Injury-SCUBA Injury/Accidents
9914213 Injury-Topical Chemical Burn
9914215 Medical-Beta Blocker Poisoning/Overdose
9914217 Medical-Calcium Channel Blocker Poisoning/Overdose
9914219 Medical-Opioid Poisoning/Overdose
9914221 Medical-Respiratory Distress-Bronchitis

Data Element Comment

Used to populate dConfiguration.10 EMS Agency Protocols.

Version 3 Changes Implemented

Added to better identify states with statewide protocols and define state EMS capability and care.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s001 | Error | When Protocols Permitted by the State is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_s002 | Error | When Protocols Permitted by the State has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_s026 | Warning | Protocols Permitted by the State should be unique (the same protocol should not be listed more than once). |

sAgency

| | | | | |
|--------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| Legend | Dataset Level: | N National | S State | D Deprecated |
| | Usage: | M = Mandatory , R = Required , E = Recommended, or O = Optional | | |
| | Attributes: | N = Not Values, P = Pertinent Negatives , L = Nillable, C = Correlation ID, and/or U = UUID | | |

| sAgency | | | | |
|---------|-----------------------------------------|----------------|----------------|----------------------------------|
| 0 : M | sAgencyGroup | | | |
| 0 : 1 | sAgency.01 - EMS Agency Unique State ID | N | S | E N, L |
| 0 : 1 | sAgency.02 - EMS Agency Number | N | S | E N, L |
| 0 : 1 | sAgency.03 - EMS Agency Name | N | S | E N, L |
| sAgency | | | | |

State

National

sAgency.01 - EMS Agency Unique State ID

Definition

The unique ID assigned to the EMS Agency which is associated with all state licensure numbers and information.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 50 |

Data Element Comment

Used to populate dAgency.01 EMS Agency Unique State ID.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s001 | Error | When EMS Agency Unique State ID is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_s002 | Error | When EMS Agency Unique State ID has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_s027 | Warning | EMS Agency Unique State ID and EMS Agency Number should be a unique combination for each EMS agency. |

State

National

sAgency.02 - EMS Agency Number

Definition

The state-assigned provider number of the EMS agency.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D01_01 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 15 |

Data Element Comment

This may be the EMS Agency Name or a unique number assigned by the state EMS office. This is required to document multiple license types and numbers associated with the same EMS agency.

Used to populate the following data elements:

dAgency.02 EMS Agency Number

eScene.03 Other EMS or Public Safety Agency ID Number

eDisposition.02 Destination/Transferred To, Code (for transfer of EMS care)

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s001 | Error | When EMS Agency Number is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_s002 | Error | When EMS Agency Number has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_s027 | Warning | EMS Agency Unique State ID and EMS Agency Number should be a unique combination for each EMS agency. |

State

National

sAgency.03 - EMS Agency Name

Definition

The formal name of the EMS agency.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D01_02 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

An EMS agency can have more than one Agency Number within a state. This reflects the ability for an EMS agency to have a different number for each service type or location (based on state implementation).

Used to populate the following data elements:

dAgency.03 EMS Agency Name

eScene.02 - Other EMS or Public Safety Agencies at Scene

eDisposition.01 - Destination/Transferred To, Name (for transfer of EMS care)

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s001 | Error | When EMS Agency Name is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_s002 | Error | When EMS Agency Name has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

sFacility

| | |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Legend | Dataset Level: N National S State D Deprecated |
| | Usage: M = Mandatory , R = Required , E = Recommended, or O = Optional |
| | Attributes: N = Not Values, P = Pertinent Negatives , L = Nillable, C = Correlation ID, and/or U = UUID |

| | |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Legend | Dataset Level: N National S State D Deprecated |
| | Usage: M = Mandatory , R = Required , E = Recommended, or O = Optional |
| | Attributes: N = Not Values, P = Pertinent Negatives , L = Nillable, C = Correlation ID, and/or U = UUID |

| | |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Legend | Dataset Level: N National S State D Deprecated |
| | Usage: M = Mandatory , R = Required , E = Recommended, or O = Optional |
| | Attributes: N = Not Values, P = Pertinent Negatives , L = Nillable, C = Correlation ID, and/or U = UUID |

| | |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Legend | Dataset Level: N National S State D Deprecated |
| | Usage: M = Mandatory , R = Required , E = Recommended, or O = Optional |
| | Attributes: N = Not Values, P = Pertinent Negatives , L = Nillable, C = Correlation ID, and/or U = UUID |

sFacility

| | | | | | |
|-------|------------------------------------------------------|---|---|---|------|
| 0 : M | sFacilityGroup | | | | |
| 0 : 1 | sFacility.01 - Type of Facility | N | S | E | N, L |
| 0 : M | sFacility.FacilityGroup | | | | |
| 0 : 1 | sFacility.02 - Facility Name | N | S | E | N |
| 0 : 1 | sFacility.03 - Facility Location Code | N | S | E | N |
| 0 : M | sFacility.04 - Hospital Designations | N | S | E | N |
| 0 : M | sFacility.05 - Facility National Provider Identifier | N | S | O | |
| 0 : 1 | sFacility.06 - Facility Room, Suite, or Apartment | N | S | O | |
| 0 : 1 | sFacility.07 - Facility Street Address | N | S | O | |
| 0 : 1 | sFacility.08 - Facility City | N | S | O | |
| 0 : 1 | sFacility.09 - Facility State | N | S | E | N |
| 0 : 1 | sFacility.10 - Facility ZIP Code | N | S | E | N |
| 0 : 1 | sFacility.11 - Facility County | N | S | E | N |
| 0 : 1 | sFacility.12 - Facility Country | N | S | O | |
| 0 : 1 | sFacility.13 - Facility GPS Location | N | S | O | |
| 0 : 1 | sFacility.14 - Facility US National Grid Coordinates | N | S | O | |
| 0 : M | sFacility.15 - Facility Phone Number | N | S | O | |

sFacility

State

National

sFacility.01 - Type of Facility

Definition

The type of facility (healthcare or other) that the EMS agency transports patients to or from.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D04_15 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|---------------------------------------------|
| 1701001 | Assisted Living Facility |
| 1701003 | Clinic |
| 1701005 | Hospital |
| 1701007 | Nursing Home |
| 1701009 | Other |
| 1701011 | Urgent Care |
| 1701013 | Physical Rehabilitation Facility |
| 1701015 | Mental Health Facility |
| 1701017 | Dialysis Center |
| 1701019 | Diagnostic Services |
| 1701021 | Freestanding Emergency Department |
| 1701023 | Morgue/Mortuary |
| 1701025 | Police/Jail |
| 1701027 | Other EMS Responder (air) |
| 1701029 | Other EMS Responder (ground) |
| 1701031 | Other Recurring Care Center |
| 1701033 | Drug and/or Alcohol Rehabilitation Facility |
| 1701035 | Skilled Nursing Facility |

Data Element Comment

Used to populate dFacility.01 Type of Facility.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s001 | Error | When Type of Facility is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_s002 | Error | When Type of Facility has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_s028 | Warning | Type of Facility, Facility Location Code, Facility Street Address, Facility City, and Facility State should be a unique combination for each facility. |

State

National

sFacility.02 - Facility Name

Definition

The name of the facility.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D04_11 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 100 |

Data Element Comment

Used to populate dFacility.02 Facility Name

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s001 | Error | When Facility Name is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_s002 | Error | When Facility Name has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

State

National

sFacility.03 - Facility Location Code

Definition

The code of the facility as assigned by the state.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | D04_12 | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 2 | 50 |

Data Element Comment

Used to populate dFacility.03 Facility Location Code.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s001 | Error | When Facility Location Code is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_s002 | Error | When Facility Location Code has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_s028 | Warning | Type of Facility, Facility Location Code, Facility Street Address, Facility City, and Facility State should be a unique combination for each facility. |

State

National

sFacility.04 - Hospital Designations

Definition

The designation(s) associated with the hospital (e.g. Trauma, STEMI, Peds, etc).

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Code List

| Code | Description |
|---------|-------------------------------------------------|
| 9908001 | Behavioral Health |
| 9908003 | Burn Center |
| 9908005 | Critical Access Hospital |
| 9908007 | Hospital (General) |
| 9908009 | Neonatal Center |
| 9908011 | Pediatric Center |
| 9908019 | Rehab Center |
| 9908021 | Trauma Center Level 1 |
| 9908023 | Trauma Center Level 2 |
| 9908025 | Trauma Center Level 3 |
| 9908027 | Trauma Center Level 4 |
| 9908029 | Trauma Center Level 5 |
| 9908031 | Cardiac-STEMI/PCI Capable |
| 9908033 | Cardiac-STEMI/PCI Capable (24/7) |
| 9908035 | Cardiac-STEMI/Non-PCI Capable |
| 9908037 | Stroke-Acute Stroke Ready Hospital (ASRH) |
| 9908039 | Stroke-Primary Stroke Center (PSC) |
| 9908041 | Stroke-Thrombectomy-Capable Stroke Center (TSC) |
| 9908043 | Stroke-Comprehensive Stroke Center (CSC) |
| 9908045 | Cancer Center |
| 9908047 | Labor and Delivery |

Data Element Comment

Used to populate dFacility.04 Hospital Designations.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s001 | Error | When Hospital Designations is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_s002 | Error | When Hospital Designations has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_s029 | Warning | Hospital Designations should be unique (the same designation should not be listed more than once). |

State

National

sFacility.05 - Facility National Provider Identifier

Definition

The facility National Provider Identifier(s) associated with National Provider System (NPS).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Constraints

| | |
|------------------|---------------|
| Data Type | length |
| string | 10 |

Data Element Comment

Used to populate dFacility.05 Facility National Provider Identifier.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-------------------------------------------------------------------------------------------------------------------|
| nemSch_s030 | Warning | Facility National Provider Identifier should be unique (the same identifier should not be listed more than once). |

State

National

sFacility.06 - Facility Room, Suite, or Apartment

Definition

The number of the specific room, suite, or apartment of the facility.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 15 |

Data Element Comment

Used to populate dFacility.06 Facility Room, Suite, or Apartment.

State

National

sFacility.07 - Facility Street Address

Definition

The street address where the facility is located.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Attributes

StreetAddress2**Data Type:** string**minLength:** 1**maxLength:** 255

Constraints

| Data Type | minLength | maxLength |
|-----------|-----------|-----------|
| string | 1 | 255 |

Data Element Comment

Used to populate dFacility.07 Facility Street Address.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s028 | Warning | Type of Facility, Facility Location Code, Facility Street Address, Facility City, and Facility State should be a unique combination for each facility. |

State

National

sFacility.08 - Facility City

Definition

The city where the facility is located (physical address).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Data Element Comment

City codes are based on GNIS Feature Class. The primary Feature Class to use is "Civil" with "Populated Place" and "Military" code as additional options.

Definitions for each GNIS City Feature Class can be found on the GNIS Codes website.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

Used to populate dFacility.08 Facility City.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s028 | Warning | Type of Facility, Facility Location Code, Facility Street Address, Facility City, and Facility State should be a unique combination for each facility. |

State

National

sFacility.09 - Facility State

Definition

The state where the facility is located.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

Pattern

[0-9]{2}

Data Element Comment

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

Used to populate dFacility.09 Facility State.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s001 | Error | When Facility State is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_s002 | Error | When Facility State has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_s028 | Warning | Type of Facility, Facility Location Code, Facility Street Address, Facility City, and Facility State should be a unique combination for each facility. |
| nemSch_s031 | Warning | Facility County should belong within the Facility State. |

State

National

sFacility.10 - Facility ZIP Code

Definition

The zip code where the facility is located.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

Pattern

[0-9]{5}||[0-9]{5}-[0-9]{4}||[0-9]{5}-[0-9]{5}||[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Data Element Comment

ZIP Codes Product Website: <https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/> Product: USA - 5-digit ZIP Code Database, Commercial Edition

Used to populate dFacility.10 Facility ZIP Code.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s001 | Error | When Facility ZIP Code is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_s002 | Error | When Facility ZIP Code has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |

sFacility.11 - Facility County

Definition

The county where the facility is located.

| | | | |
|-------------------|-------------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | Yes |
| Version 2 Element | | Is Nillable | Yes |
| Usage | Recommended | Recurrence | 0 : 1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

Constraints

Pattern

[0-9]{5}

Data Element Comment

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

Used to populate dFacility.11 Facility County.

Associated Validation Rules

| Rule ID | Level | Message |
|-------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_s001 | Error | When Facility County is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_s002 | Error | When Facility County has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty. |
| nemSch_s031 | Warning | Facility County should belong within the Facility State. |

State

National

sFacility.12 - Facility Country

Definition

The country where the facility is located.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Code List

| Code | Description |
|------|---------------|
| CA | Canada |
| MX | Mexico |
| US | United States |

Data Element Comment

ANSI Country Codes (ISO 3166) Website: <https://www.iso.org/iso-3166-country-codes.html>

Used to populate dFacility.12 Facility Country.

sFacility.13 - Facility GPS Location

Definition

The facility GPS Coordinates.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

(\+|-)?(90(\.[0]{1,6})?|([1-8][0-9][0-9])(\.[0-9]{1,6})?),(\+|-)?(180(\.[0]{1,6})?(1[0-7][0-9][1-9][0-9])(\.[0-9]{1,6})?)

Data Element Comment

The pattern for GPS location is in the format "*latitude,longitude*" where:

- *latitude* has a minimum of -90 and a maximum of 90 with up to 6 decimal places
- *longitude* has a minimum of -180 and a maximum of 180 with up to 6 decimal places

Used to populated dFacility.13 Facility GPS Location.

sFacility.14 - Facility US National Grid Coordinates

Definition

The facility US National Grid Coordinates.

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : 1 |

Constraints

Pattern

([1-9][1-5][0-9]{60})[C-HJ-NP-X][A-HJ-NP-Z][A-HJ-NP-V][0-9]{8}

Data Element Comment

Standard found at <http://www.fgdc.gov/usng>.

Used to populate dFacility.14 Facility US National Grid Coordinates.

sFacility.15 - Facility Phone Number

Definition

The facility phone number(s).

| | | | |
|-------------------|----------|--------------------------|-------|
| National Element | Yes | Pertinent Negatives (PN) | No |
| State Element | Yes | NOT Values | No |
| Version 2 Element | | Is Nillable | No |
| Usage | Optional | Recurrence | 0 : M |

Attributes

PhoneNumberType

| | | |
|-----------------|----------------|------------------|
| 9913001 - Fax | 9913003 - Home | 9913005 - Mobile |
| 9913007 - Pager | 9913009 - Work | |

Constraints

Pattern

[2-9][0-9][0-9]-[2-9][0-9][0-9][0-9][0-9][0-9]

Data Element Comment

This element contains an attribute to define what type of phone number is being documented (e.g., Fax, Home, Mobile, Pager, and Work).

Used to populate dFacility.15 Facility Phone Number.

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