

## EMSDataset

### Header

#### DemographicGroup

dAgency.01 - EMS Agency Unique State ID s

dAgency.02 - EMS Agency Number s

dAgency.04 - EMS Agency State 49 - Utah

#### PatientCareReport

##### eRecord

eRecord.01 - Patient Care Report Number it6

##### eRecord.SoftwareApplicationGroup

eRecord.02 - Software Creator r

eRecord.03 - Software Name t

eRecord.04 - Software Version V

##### eResponse

##### eResponse.AgencyGroup

eResponse.01 - EMS Agency Number v

eResponse.02 - EMS Agency Name M3

eResponse.03 - Incident Number qEm

eResponse.04 - EMS Response Number i3x

##### eResponse.ServiceGroup

eResponse.05 - Type of Service Requested 2205005 - Interfacility Transport

eResponse.06 - Standby Purpose 2206021 - Public Safety Support

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

eResponse.08 - Type of Dispatch Delay 2208009 - Location (Inability to Obtain)

eResponse.08 - Type of Dispatch Delay 2208003 - Diversion/Failure (of previous unit)

eResponse.09 - Type of Response Delay 2209027 - Vehicle Failure of this Unit

eResponse.09 - Type of Response Delay 2209025 - Vehicle Crash Involving this Unit

eResponse.09 - Type of Response Delay 2209005 - Distance

eResponse.10 - Type of Scene Delay 2210013 - HazMat

eResponse.10 - Type of Scene Delay 2210015 - Language Barrier

eResponse.10 - Type of Scene Delay 2210003 - Awaiting Ground Unit

eResponse.11 - Type of Transport Delay 2211017 - Route Obstruction (e.g., Train)

eResponse.11 - Type of Transport Delay 2211011 - None/No Delay

eResponse.12 - Type of Turn-Around Delay 2212015 - None/No Delay

eResponse.12 - Type of Turn-Around Delay 2212019 - Rendezvous Transport Unavailable

eResponse.12 - Type of Turn-Around Delay 2212023 - Staff Delay

eResponse.13 - EMS Vehicle (Unit) Number I

eResponse.14 - EMS Unit Call Sign 6

eResponse.15 - Level of Care of This Unit 2215007 - BLS-Intermediate

eResponse.16 - Vehicle Dispatch Location W4

eResponse.17 - Vehicle Dispatch GPS Location 54,-3.2

eResponse.18 - Vehicle Dispatch US National Grid Location 11,GQ42852329

eResponse.19 - Beginning Odometer Reading of Responding Vehicle 562.0

eResponse.20 - On-Scene Odometer Reading of Responding Vehicle 396.0

eResponse.21 - Patient Destination Odometer Reading of Responding Vehicle 993.0

eResponse.22 - Ending Odometer Reading of Responding Vehicle 641.0

eResponse.23 - Response Mode to Scene 2223007 - Non-Emergent Upgraded to Emergent

eResponse.24 - Additional Response Mode Descriptors 2224001 - Intersection Navigation-Against Normal Light Patterns

eResponse.24 - Additional Response Mode Descriptors 2224009 - Speed-Enhanced per Local Policy

##### eDispatch

eDispatch.01 - Complaint Reported by Dispatch 2301047 - Industrial Accident/Inaccessible Incident/Other Entrapments (Non-Vehicle)

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

eDispatch.03 - EMD Card Number q

eDispatch.04 - Dispatch Center Name or ID LQ

eDispatch.05 - Dispatch Priority (Patient Acuity) 2305005 - Priority 3 (Lower Acuity)

##### eCrew

##### eCrew.CrewGroup

eCrew.01 - Crew Member ID bR

eCrew.02 - Crew Member Level 9925035 - Community Paramedicine

eCrew.03 - Crew Member Response Role 2403007 - Other Patient Caregiver-At Scene

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

eCrew.03 - Crew Member Response Role 2403003 - Driver/Pilot-Transport

##### eCrew.CrewGroup

eCrew.01 - Crew Member ID q2

eCrew.02 - Crew Member Level 9925019 - EMT-Paramedic

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

eCrew.03 - Crew Member Response Role 2403003 - Driver/Pilot-Transport

eCrew.03 - Crew Member Response Role 2403007 - Other Patient Caregiver-At Scene

##### eTimes

eTimes.01 - PSAP Call Date/Time 1978-05-14T10:18:58+07:00

eTimes.02 - Dispatch Notified Date/Time 1994-09-16T02:05:13+07:00

eTimes.03 - Unit Notified by Dispatch Date/Time 1973-05-09T02:04:23+07:00

eTimes.04 - Dispatch Acknowledged Date/Time 1999-08-28T09:57:46+07:00  
eTimes.05 - Unit En Route Date/Time 1998-12-19T10:21:34+07:00  
eTimes.06 - Unit Arrived on Scene Date/Time 1977-04-10T09:45:00+07:00  
eTimes.07 - Arrived at Patient Date/Time 1964-11-03T10:29:52+07:00  
eTimes.08 - Transfer of EMS Patient Care Date/Time 2000-10-13T06:52:12+07:00  
eTimes.09 - Unit Left Scene Date/Time 2010-06-07T11:41:31+07:00  
eTimes.10 - Arrival at Destination Landing Area Date/Time 1959-07-01T06:47:20+07:00  
eTimes.11 - Patient Arrived at Destination Date/Time 2009-07-07T05:46:18+07:00  
eTimes.12 - Destination Patient Transfer of Care Date/Time 2012-06-24T01:14:32+07:00  
eTimes.13 - Unit Back in Service Date/Time 1977-11-23T03:17:45+07:00  
eTimes.14 - Unit Canceled Date/Time 1965-06-25T06:45:47+07:00  
eTimes.15 - Unit Back at Home Location Date/Time 1978-04-27T09:40:11+07:00  
eTimes.16 - EMS Call Completed Date/Time 1954-10-05T06:50:21+07:00

#### ePatient

ePatient.01 - EMS Patient ID pu  
ePatient.PatientNameGroup  
ePatient.02 - Last Name M  
ePatient.03 - First Name w  
ePatient.04 - Middle Initial/Name D  
ePatient.05 - Patient's Home Address [ATTRIBUTES: StreetAddress2="5"] O  
ePatient.06 - Patient's Home City 68475 - Pleasant View  
ePatient.07 - Patient's Home County 49057 - Weber  
ePatient.08 - Patient's Home State 49 - Utah  
ePatient.09 - Patient's Home ZIP Code 84414  
ePatient.10 - Patient's Home Country US  
ePatient.11 - Patient Home Census Tract 01168549871  
ePatient.12 - Social Security Number 364443798  
ePatient.13 - Gender 9906005 - Unknown (Unable to Determine)  
ePatient.14 - Race 2514009 - Native Hawaiian or Other Pacific Islander  
ePatient.14 - Race 2514003 - Asian  
ePatient.AgeGroup  
ePatient.15 - Age 4  
ePatient.16 - Age Units 2516003 - Hours  
ePatient.17 - Date of Birth 1952-08-03  
ePatient.18 - Patient's Phone Number [ATTRIBUTES: PhoneNumberType="9913001 - Fax"] 523-547-1464  
ePatient.18 - Patient's Phone Number [ATTRIBUTES: PhoneNumberType="9913007 - Pager"] 922-706-5583  
ePatient.18 - Patient's Phone Number [ATTRIBUTES: PhoneNumberType="9913001 - Fax"] 866-301-4366  
ePatient.19 - Patient's Email Address [ATTRIBUTES: EmailAddressType="9904003 - Work"] gRwwJyUW@abgS.com  
ePatient.19 - Patient's Email Address [ATTRIBUTES: EmailAddressType="9904003 - Work"] 4AERCrEe@yNeo.com  
ePatient.20 - State Issuing Driver's License g4  
ePatient.21 - Driver's License Number Q

#### ePayment

ePayment.01 - Primary Method of Payment 2601009 - Other Government  
ePayment.CertificateGroup  
ePayment.02 - Physician Certification Statement 9922005 - Yes  
ePayment.03 - Date Physician Certification Statement Signed 1955-08-15T01:26:29+07:00  
ePayment.04 - Reason for Physician Certification Statement 2604037 - Unable to sit in chair or wheelchair due to Grade II or greater decubitus ulcers on buttocks.  
ePayment.04 - Reason for Physician Certification Statement 2604005 - Confused, combative, lethargic, comatose  
ePayment.05 - Healthcare Provider Type Signing Physician Certification Statement 2605009 - Registered Nurse  
ePayment.06 - Last Name of Individual Signing Physician Certification Statement Z  
ePayment.07 - First Name of Individual Signing Physician Certification Statement 6  
ePayment.08 - Patient Resides in Service Area 2608003 - Not a Resident Within EMS Service Area  
ePayment.InsuranceGroup  
ePayment.09 - Insurance Company ID xE  
ePayment.10 - Insurance Company Name ij  
ePayment.11 - Insurance Company Billing Priority 2611005 - Secondary  
ePayment.12 - Insurance Company Address [ATTRIBUTES: StreetAddress2="H"] I  
ePayment.13 - Insurance Company City 25271 - Richville  
ePayment.14 - Insurance Company State 49 - Utah  
ePayment.15 - Insurance Company ZIP Code 84050  
ePayment.16 - Insurance Company Country US  
ePayment.17 - Insurance Group ID/Name Nw  
ePayment.18 - Insurance Policy ID Number Tl  
ePayment.19 - Last Name of the Insured T  
ePayment.20 - First Name of the Insured o  
ePayment.21 - Middle Initial/Name of the Insured x  
ePayment.22 - Relationship to the Insured 2622003 - Spouse  
ePayment.InsuranceGroup  
ePayment.09 - Insurance Company ID Vd  
ePayment.10 - Insurance Company Name Ou  
ePayment.11 - Insurance Company Billing Priority 2611005 - Secondary  
ePayment.12 - Insurance Company Address [ATTRIBUTES: StreetAddress2="I"] K

ePayment.13 - Insurance Company City 10330 - Riverside  
ePayment.14 - Insurance Company State 49 - Utah  
ePayment.15 - Insurance Company ZIP Code 84334  
ePayment.16 - Insurance Company Country US  
ePayment.17 - Insurance Group ID/Name Ad  
ePayment.18 - Insurance Policy ID Number 13  
ePayment.19 - Last Name of the Insured v  
ePayment.20 - First Name of the Insured n  
ePayment.21 - Middle Initial/Name of the Insured W  
ePayment.22 - Relationship to the Insured 2622007 - Other

**ePayment.InsuranceGroup**

ePayment.09 - Insurance Company ID FG  
ePayment.10 - Insurance Company Name qJ  
ePayment.11 - Insurance Company Billing Priority 2611003 - Primary  
ePayment.12 - Insurance Company Address [ATTRIBUTES: StreetAddress2="0"] 1  
ePayment.13 - Insurance Company City 58345 - Penrose  
ePayment.14 - Insurance Company State 49 - Utah  
ePayment.15 - Insurance Company ZIP Code 84337  
ePayment.16 - Insurance Company Country US  
ePayment.17 - Insurance Group ID/Name fu  
ePayment.18 - Insurance Policy ID Number 9n  
ePayment.19 - Last Name of the Insured A  
ePayment.20 - First Name of the Insured s  
ePayment.21 - Middle Initial/Name of the Insured 4  
ePayment.22 - Relationship to the Insured 2622007 - Other

**ePayment.ClosestRelativeGroup**

ePayment.23 - Closest Relative/Guardian Last Name z  
ePayment.24 - Closest Relative/ Guardian First Name n  
ePayment.25 - Closest Relative/ Guardian Middle Initial/Name 2  
ePayment.26 - Closest Relative/ Guardian Street Address [ATTRIBUTES: StreetAddress2="c"] c  
ePayment.27 - Closest Relative/ Guardian City 38410 - Diamond Valley  
ePayment.28 - Closest Relative/ Guardian State 49 - Utah  
ePayment.29 - Closest Relative/ Guardian ZIP Code 84770  
ePayment.30 - Closest Relative/ Guardian Country US  
ePayment.31 - Closest Relative/ Guardian Phone Number [ATTRIBUTES: PhoneNumberType="9913005 - Mobile

"] 801-873-1232

ePayment.31 - Closest Relative/ Guardian Phone Number [ATTRIBUTES: PhoneNumberType="9913003 - Home

"] 721-323-9931

ePayment.31 - Closest Relative/ Guardian Phone Number [ATTRIBUTES: PhoneNumberType="9913005 - Mobile

"] 359-405-8458

ePayment.32 - Closest Relative/ Guardian Relationship 2632005 - Father

**ePayment.EmployerGroup**

ePayment.33 - Patient's Employer gD  
ePayment.34 - Patient's Employer's Address [ATTRIBUTES: StreetAddress2="x"] k  
ePayment.35 - Patient's Employer's City 58175 - Midway  
ePayment.36 - Patient's Employer's State 49 - Utah  
ePayment.37 - Patient's Employer's ZIP Code 84049  
ePayment.38 - Patient's Employer's Country US  
ePayment.39 - Patient's Employer's Primary Phone Number [ATTRIBUTES: PhoneNumberType="9913007 - Pager

"] 451-296-2691

ePayment.40 - Response Urgency 2640001 - Immediate

ePayment.41 - Patient Transport Assessment 2641001 - Unable to sit without assistance

ePayment.41 - Patient Transport Assessment 2641003 - Unable to stand without assistance

ePayment.41 - Patient Transport Assessment 2641005 - Unable to walk without assistance

ePayment.42 - Specialty Care Transport Care Provider 2642005 - Nurse Practitioner

ePayment.42 - Specialty Care Transport Care Provider 2642001 - Advanced EMT-Paramedic

ePayment.42 - Specialty Care Transport Care Provider 2642003 - Nurse

ePayment.43 - Ambulance Transport Code 1 - Initial Trip

ePayment.44 - Ambulance Transport Reason Code D - Patient was transported for the care of a specialist or for availability of

equipment

ePayment.44 - Ambulance Transport Reason Code C - Patient was transported for the nearness of family members

ePayment.45 - Round Trip Purpose Description uc

ePayment.46 - Stretcher Purpose Description JR

ePayment.47 - Ambulance Conditions Indicator 8 - Patient had visible hemorrhaging

ePayment.47 - Ambulance Conditions Indicator 5 - Patient was unconscious or in shock

ePayment.47 - Ambulance Conditions Indicator 3 - Patient was bed confined after the ambulance service

ePayment.48 - Mileage to Closest Hospital Facility 677.0

ePayment.49 - ALS Assessment Performed and Warranted 9923001 - No

ePayment.50 - CMS Service Level 2650009 - BLS, Emergency

ePayment.51 - EMS Condition Code O22

ePayment.51 - EMS Condition Code V48

ePayment.52 - CMS Transportation Indicator C1 - Interfacility Transport (Requires Higher level of care)

ePayment.52 - CMS Transportation Indicator C2 - Interfacility Transport (service not available)

ePayment.52 - CMS Transportation Indicator *C4 - Medically Necessary Transport (Facility on Divert or Services Unavailable)*  
ePayment.53 - Transport Authorization Code *bg*  
ePayment.54 - Prior Authorization Code Payer *w*  
ePayment.SupplyItemGroup  
    ePayment.55 - Supply Item Used Name *MS*  
    ePayment.56 - Number of Supply Item(s) Used *13849081*  
ePayment.SupplyItemGroup  
    ePayment.55 - Supply Item Used Name *ad*  
    ePayment.56 - Number of Supply Item(s) Used *7148077*  
ePayment.SupplyItemGroup  
    ePayment.55 - Supply Item Used Name *TR*  
    ePayment.56 - Number of Supply Item(s) Used *19073945*

eScene

eScene.01 - First EMS Unit on Scene *9923003 - Yes*  
eScene.ResponderGroup  
    eScene.02 - Other EMS or Public Safety Agencies at Scene *jV*  
    eScene.03 - Other EMS or Public Safety Agency ID Number *0*  
    eScene.04 - Type of Other Service at Scene *2704005 - First Responder*  
eScene.ResponderGroup  
    eScene.02 - Other EMS or Public Safety Agencies at Scene *8S*  
    eScene.03 - Other EMS or Public Safety Agency ID Number *k*  
    eScene.04 - Type of Other Service at Scene *2704001 - EMS Mutual Aid*  
eScene.ResponderGroup  
    eScene.02 - Other EMS or Public Safety Agencies at Scene *Az*  
    eScene.03 - Other EMS or Public Safety Agency ID Number *v*  
    eScene.04 - Type of Other Service at Scene *2704015 - Other Health Care Provider*  
eScene.05 - Date/Time Initial Responder Arrived on Scene *1959-09-09T08:29:30+07:00*  
eScene.06 - Number of Patients at Scene *2707005 - Single*  
eScene.07 - Mass Casualty Incident *9923001 - No*  
eScene.08 - Triage Classification for MCI Patient *2708009 - Black - Deceased*  
eScene.09 - Incident Location Type *Y92.191 - Dining room in other specified residential institution as the place of occurrence of the*

*external cause*

eScene.10 - Incident Facility Code *Ct*  
eScene.11 - Scene GPS Location *41.929311,-111.932730*  
eScene.12 - Scene US National Grid Coordinates *15,GT33774115*  
eScene.13 - Incident Facility or Location Name *sa*  
eScene.14 - Mile Post or Major Roadway *kW*  
eScene.15 - Incident Street Address [ATTRIBUTES: StreetAddress2="N"] *a*  
eScene.16 - Incident Apartment, Suite, or Room *x*  
eScene.17 - Incident City *58758 - Trenton*  
eScene.18 - Incident State *49 - Utah*  
eScene.19 - Incident ZIP Code *84338*  
eScene.20 - Scene Cross Street or Directions *7z*  
eScene.21 - Incident County *49005 - Cache*  
eScene.22 - Incident Country *US*  
eScene.23 - Incident Census Tract *67216507623*

eSituation

eSituation.01 - Date/Time of Symptom Onset/Last Normal *1968-05-17T09:11:49+07:00*  
eSituation.02 - Possible Injury *9922003 - Unknown*  
eSituation.PatientComplaintGroup  
    eSituation.03 - Complaint Type *2803005 - Secondary*  
    eSituation.04 - Complaint *0*  
    eSituation.05 - Duration of Complaint *324*  
    eSituation.06 - Time Units of Duration of Complaint *2806011 - Months*  
eSituation.PatientComplaintGroup  
    eSituation.03 - Complaint Type *2803001 - Chief (Primary)*  
    eSituation.04 - Complaint *L*  
    eSituation.05 - Duration of Complaint *360*  
    eSituation.06 - Time Units of Duration of Complaint *2806009 - Weeks*  
eSituation.07 - Chief Complaint Anatomic Location *2807005 - Chest*  
eSituation.08 - Chief Complaint Organ System *2808021 - Renal*  
eSituation.09 - Primary Symptom *B06 - Rubella [German measles]*  
eSituation.10 - Other Associated Symptoms *Z89.22 - Disarticulation at elbow*  
eSituation.10 - Other Associated Symptoms *M08.239 - Juvenile rheumatoid arthritis with systemic onset, unspecified wrist*  
eSituation.11 - Provider's Primary Impression *S34.125A - Incomplete lesion of L5 level of lumbar spinal cord, initial encounter*  
eSituation.12 - Provider's Secondary Impressions *I83.93 - Asymptomatic varicose veins of bilateral lower extremities*  
eSituation.12 - Provider's Secondary Impressions *L94.1 - En coup de sabre lesion*  
eSituation.12 - Provider's Secondary Impressions *S06.891 - Other specified intracranial injury with loss of consciousness of 30 minutes*

*or less*

eSituation.13 - Initial Patient Acuity *2813007 - Dead without Resuscitation Efforts (Black)*  
eSituation.WorkRelatedGroup  
    eSituation.14 - Work-Related Illness/Injury *9922001 - No*  
    eSituation.15 - Patient's Occupational Industry *2815029 - Public Administration*

eSituation.16 - Patient's Occupation 2816031 - Management Occupations  
 eSituation.17 - Patient Activity Y93.6A - Activity, kickball  
 eSituation.17 - Patient Activity Y93.C1 - Activity, computer keyboarding  
 eSituation.17 - Patient Activity Y93.59 - Activity, other involving other sports and athletics played individually  
 eInjury  
 eInjury.01 - Cause of Injury W33.02XD - Accidental discharge of hunting rifle, subsequent encounter  
 eInjury.01 - Cause of Injury T44.8X2D - Poisoning by centrally-acting and adrenergic-neuron-blocking agents, intentional self-harm, subsequent encounter  
 eInjury.01 - Cause of Injury T78.2XXA - Anaphylactic shock, unspecified, initial encounter  
 eInjury.02 - Mechanism of Injury 2902007 - Penetrating  
 eInjury.02 - Mechanism of Injury 2902001 - Blunt  
 eInjury.03 - Trauma Center Criteria 2903019 - Systolic Blood Pressure lt;90 mmHg  
 eInjury.03 - Trauma Center Criteria 2903009 - Open or depressed skull fracture  
 eInjury.03 - Trauma Center Criteria 2903007 - Glasgow Coma Score lt; 14  
 eInjury.04 - Vehicular, Pedestrian, or Other Injury Risk Factor 2904015 - Motorcycle Crash gt; 20 MPH  
 eInjury.04 - Vehicular, Pedestrian, or Other Injury Risk Factor 2904003 - Fall Adults: gt; 20 ft. (one story is equal to 10 ft.)  
 eInjury.05 - Main Area of the Vehicle Impacted by the Collision 7  
 eInjury.06 - Location of Patient in Vehicle 2906001 - Front Seat-Left Side (or motorcycle driver)  
 eInjury.07 - Use of Occupant Safety Equipment 2907029 - Lap Belt Only Used  
 eInjury.07 - Use of Occupant Safety Equipment 2907001 - Child Booster Seat  
 eInjury.08 - Airbag Deployment 2908003 - Airbag Deployed Side  
 eInjury.08 - Airbag Deployment 2908001 - Airbag Deployed Front  
 eInjury.08 - Airbag Deployment 2908009 - No Airbag Present  
 eInjury.09 - Height of Fall (feet) 7926  
 eInjury.10 - OSHA Personal Protective Equipment Used 2910009 - Respiratory Protection  
 eInjury.10 - OSHA Personal Protective Equipment Used 2910005 - Head Protection  
 eInjury.10 - OSHA Personal Protective Equipment Used 2910013 - Safety Nets  
 eInjury.CollisionGroup  
 eInjury.11 - ACN System/Company Providing ACN Data V  
 eInjury.12 - ACN Incident ID sU  
 eInjury.13 - ACN Call Back Phone Number [ATTRIBUTES: PhoneNumberType="9913005 - Mobile"] 783-675-5125  
 eInjury.13 - ACN Call Back Phone Number [ATTRIBUTES: PhoneNumberType="9913009 - Work"] 487-847-3862  
 eInjury.13 - ACN Call Back Phone Number [ATTRIBUTES: PhoneNumberType="9913005 - Mobile"] 233-981-2373  
 eInjury.14 - Date/Time of ACN Incident 2005-08-15T02:29:52+07:00  
 eInjury.15 - ACN Incident Location 9,-19.062248  
 eInjury.16 - ACN Incident Vehicle Body Type 17  
 eInjury.17 - ACN Incident Vehicle Manufacturer Q9  
 eInjury.18 - ACN Incident Vehicle Make gf  
 eInjury.19 - ACN Incident Vehicle Model b  
 eInjury.20 - ACN Incident Vehicle Model Year 2043  
 eInjury.21 - ACN Incident Multiple Impacts 9923001 - No  
 eInjury.22 - ACN Incident Delta Velocity [ATTRIBUTES: DeltaVelocityOrdinal="426" VelocityUnit="9921001 - Kilometers per Hour"] 329  
 eInjury.22 - ACN Incident Delta Velocity [ATTRIBUTES: DeltaVelocityOrdinal="357" VelocityUnit="9921003 - Miles per Hour"] 782  
 eInjury.23 - ACN High Probability of Injury 9923001 - No  
 eInjury.24 - ACN Incident PDOF 6  
 eInjury.25 - ACN Incident Rollover N - No  
 eInjury.SeatGroup  
 eInjury.26 - ACN Vehicle Seat Location 2926007 - Second Row Left Seat  
 eInjury.27 - Seat Occupied N - No  
 eInjury.28 - ACN Incident Seatbelt Use N - No  
 eInjury.29 - ACN Incident Airbag Deployed N - No  
 eInjury.SeatGroup  
 eInjury.26 - ACN Vehicle Seat Location 2926017 - Third Row Right Seat  
 eInjury.27 - Seat Occupied Y - Yes  
 eInjury.28 - ACN Incident Seatbelt Use Y - Yes  
 eInjury.29 - ACN Incident Airbag Deployed N - No  
 eArrest  
 eArrest.01 - Cardiac Arrest 3001001 - No  
 eArrest.02 - Cardiac Arrest Etiology 3002011 - Other (Not Listed)  
 eArrest.03 - Resuscitation Attempted By EMS 3003011 - Not Attempted-Signs of Circulation  
 eArrest.03 - Resuscitation Attempted By EMS 3003001 - Attempted Defibrillation  
 eArrest.04 - Arrest Witnessed By 3004003 - Witnessed by Family Member  
 eArrest.04 - Arrest Witnessed By 3004005 - Witnessed by Healthcare Provider  
 eArrest.05 - CPR Care Provided Prior to EMS Arrival 9923003 - Yes  
 eArrest.06 - Who Provided CPR Prior to EMS Arrival 3006007 - Lay Person (Non-Family)  
 eArrest.06 - Who Provided CPR Prior to EMS Arrival 3006001 - Family Member  
 eArrest.06 - Who Provided CPR Prior to EMS Arrival 3006003 - First Responder (Fire, Law, EMS)  
 eArrest.07 - AED Use Prior to EMS Arrival 3007001 - No  
 eArrest.08 - Who Used AED Prior to EMS Arrival 3008001 - Family Member  
 eArrest.08 - Who Used AED Prior to EMS Arrival 3008005 - Healthcare Professional (Non-EMS)  
 eArrest.08 - Who Used AED Prior to EMS Arrival 3008007 - Lay Person (Non-Family)

eArrest.09 - Type of CPR Provided 3009005 - Compressions-External Plunger Type Device  
 eArrest.09 - Type of CPR Provided 3009015 - Ventilation-Impedance Threshold Device  
 eArrest.09 - Type of CPR Provided 3009017 - Ventilation-Mouth to Mouth  
 eArrest.10 - Therapeutic Hypothermia Initiated 9923003 - Yes  
 eArrest.11 - First Monitored Arrest Rhythm of the Patient 3011005 - PEA  
 eArrest.12 - Any Return of Spontaneous Circulation 3012001 - No  
 eArrest.12 - Any Return of Spontaneous Circulation 3012003 - Yes, At Arrival at the ED  
 eArrest.13 - Neurological Outcome at Hospital Discharge 3013001 - CPC 1 Good Cerebral Performance  
 eArrest.14 - Date/Time of Cardiac Arrest 1984-08-23T02:53:24+07:00  
 eArrest.15 - Date/Time Resuscitation Discontinued 1966-06-27T09:40:14+07:00  
 eArrest.16 - Reason CPR/Resuscitation Discontinued 3016003 - Medical Control Order  
 eArrest.17 - Cardiac Rhythm on Arrival at Destination 9901017 - AV Block-3rd Degree  
 eArrest.17 - Cardiac Rhythm on Arrival at Destination 9901013 - AV Block-2nd Degree-Type 1  
 eArrest.17 - Cardiac Rhythm on Arrival at Destination 9901045 - Sinus Bradycardia  
 eArrest.18 - End of EMS Cardiac Arrest Event 3018001 - Expired in ED

#### eHistory

eHistory.01 - Barriers to Patient Care 3101017 - Physically Restrained  
 eHistory.01 - Barriers to Patient Care 3101007 - Language  
 eHistory.PractitionerGroup  
   eHistory.02 - Last Name of Patient's Practitioner H  
   eHistory.03 - First Name of Patient's Practitioner 2  
   eHistory.04 - Middle Name/Initial of Patient's Practitioner w  
 eHistory.PractitionerGroup  
   eHistory.02 - Last Name of Patient's Practitioner i  
   eHistory.03 - First Name of Patient's Practitioner P  
   eHistory.04 - Middle Name/Initial of Patient's Practitioner 2  
 eHistory.PractitionerGroup  
   eHistory.02 - Last Name of Patient's Practitioner i  
   eHistory.03 - First Name of Patient's Practitioner c  
   eHistory.04 - Middle Name/Initial of Patient's Practitioner E  
 eHistory.05 - Advance Directives 3105009 - Other Healthcare Advanced Directive Form  
 eHistory.05 - Advance Directives 3105003 - Living Will  
 eHistory.05 - Advance Directives 3105007 - Other (Not Listed)  
 eHistory.06 - Medication Allergies [ATTRIBUTES: CodeType="9924001"] L84 - Clavus  
 eHistory.06 - Medication Allergies [ATTRIBUTES: CodeType="9924001"] G08 - Septic thrombosis of intracranial or intraspinal  
 venous sinuses and veins  
 eHistory.07 - Environmental/Food Allergies 99787819  
 eHistory.07 - Environmental/Food Allergies 993932835  
 eHistory.08 - Medical/Surgical History K76.9 - Liver disease, unspecified  
 eHistory.08 - Medical/Surgical History L89.92 - Pressure ulcer with abrasion, blister, partial thickness skin loss involving epidermis  
 and/or dermis, unspecified site  
 eHistory.09 - Medical History Obtained From 3109007 - Patient  
 eHistory.09 - Medical History Obtained From 3109003 - Family  
 eHistory.09 - Medical History Obtained From 3109005 - Health Care Personnel  
 eHistory.ImmunizationsGroup  
   eHistory.10 - The Patient's Type of Immunization 9910031 - Pneumococcal (Pneumonia)  
   eHistory.11 - Immunization Date 2041  
 eHistory.ImmunizationsGroup  
   eHistory.10 - The Patient's Type of Immunization 9910021 - Lyme Disease  
   eHistory.11 - Immunization Date 1906  
 eHistory.CurrentMedsGroup  
   eHistory.12 - Current Medications 244426 - clioquinol 3 % / hydrocortisone 0.5 % Topical Ointment  
   eHistory.13 - Current Medication Dose 536.0  
   eHistory.14 - Current Medication Dosage Unit 3114011 - kvo (keep vein open)  
   eHistory.15 - Current Medication Administration Route 9927039 - Otic  
 eHistory.CurrentMedsGroup  
   eHistory.12 - Current Medications 724570 - dimenhydrinate 12.5 MG per 4 ML Oral Solution  
   eHistory.13 - Current Medication Dose 757.0  
   eHistory.14 - Current Medication Dosage Unit 3114007 - inches  
   eHistory.15 - Current Medication Administration Route 9927025 - Nasal Cannula  
 eHistory.CurrentMedsGroup  
   eHistory.12 - Current Medications 880359 - Dextromethorphan 5.6 MG/ML / guaifENesin 77.6 MG/ML / Phenylephrine 2  
 MG/ML Oral Solution  
   eHistory.13 - Current Medication Dose 123.0  
   eHistory.14 - Current Medication Dosage Unit 3114015 - liters  
   eHistory.15 - Current Medication Administration Route 9927055 - Urethral  
 eHistory.16 - Presence of Emergency Information Form 9923001 - No  
 eHistory.17 - Alcohol/Drug Use Indicators 3117001 - Alcohol Containers/Paraphernalia at Scene  
 eHistory.17 - Alcohol/Drug Use Indicators 3117011 - Smell of Alcohol on Breath  
 eHistory.17 - Alcohol/Drug Use Indicators 3117009 - Positive Level known from Law Enforcement or Hospital Record  
 eHistory.18 - Pregnancy 3118001 - No  
 eHistory.19 - Last Oral Intake 2008-11-14T02:48:10+07:00

#### eNarrative

eNarrative.01 - Patient Care Report Narrative p

eVitals

eVitals.VitalGroup

eVitals.01 - Date/Time Vital Signs Taken 1967-10-20T07:40:33+07:00

eVitals.02 - Obtained Prior to this Unit's EMS Care 9923003 - Yes

eVitals.CardiacRhythmGroup

eVitals.03 - Cardiac Rhythm / Electrocardiography (ECG) 9901057 - STEMI Posterior Ischemia

eVitals.03 - Cardiac Rhythm / Electrocardiography (ECG) 9901025 - Non-STEMI Inferior Ischemia

eVitals.03 - Cardiac Rhythm / Electrocardiography (ECG) 9901061 - Torsades De Points

eVitals.04 - ECG Type 3304015 - Other (Not Listed)

eVitals.05 - Method of ECG Interpretation 3305005 - Transmission with No Interpretation

eVitals.05 - Method of ECG Interpretation 3305001 - Computer Interpretation

eVitals.BloodPressureGroup

eVitals.06 - SBP (Systolic Blood Pressure) 77

eVitals.07 - DBP (Diastolic Blood Pressure) 0

eVitals.08 - Method of Blood Pressure Measurement 3308009 - Cuff-Manual Palpated Only

eVitals.09 - Mean Arterial Pressure 414

eVitals.HeartRateGroup

eVitals.10 - Heart Rate 130

eVitals.11 - Method of Heart Rate Measurement 3311003 - Doppler

eVitals.12 - Pulse Oximetry 39

eVitals.13 - Pulse Rhythm 3313001 - Irregularly Irregular

eVitals.14 - Respiratory Rate 31

eVitals.15 - Respiratory Effort 3315009 - Rapid

eVitals.16 - Carbon Dioxide (CO2) 45

eVitals.17 - Carbon Monoxide (CO) 37

eVitals.18 - Blood Glucose Level 838

eVitals.GlasgowScoreGroup

eVitals.19 - Glasgow Coma Score-Eye 2 - Opens Eyes to painful stimulation (All Age Groups)

eVitals.20 - Glasgow Coma Score-Verbal 4 - Confused (gt;2 Years); Cries but is consolable, inappropriate interactions

eVitals.21 - Glasgow Coma Score-Motor 1 - No Motor Response (All Age Groups)

eVitals.22 - Glasgow Coma Score-Qualifier 3322003 - Initial GCS has legitimate values without interventions such as

intubation and sedation

eVitals.22 - Glasgow Coma Score-Qualifier 3322007 - Patient Chemically Sedated

eVitals.22 - Glasgow Coma Score-Qualifier 3322001 - Eye Obstruction Prevents Eye Assessment

eVitals.23 - Total Glasgow Coma Score 14

eVitals.TemperatureGroup

eVitals.24 - Temperature 15.0

eVitals.25 - Temperature Method 3325013 - Tympanic

eVitals.26 - Level of Responsiveness (AVPU) 3326003 - Verbal

eVitals.PainScaleGroup

eVitals.27 - Pain Score 5

eVitals.28 - Pain Scale Type 3328005 - Other (Not Listed)

eVitals.StrokeScaleGroup

eVitals.29 - Stroke Scale Score 3329001 - Negative

eVitals.30 - Stroke Scale Type 3330005 - Massachusetts

eVitals.31 - Reperfusion Checklist 3331005 - Possible Contraindications to Thrombolytic Use

eVitals.32 - APGAR 6

eVitals.33 - Revised Trauma Score 0

eVitals.VitalGroup

eVitals.01 - Date/Time Vital Signs Taken 1973-10-23T10:08:47+07:00

eVitals.02 - Obtained Prior to this Unit's EMS Care 9923003 - Yes

eVitals.CardiacRhythmGroup

eVitals.03 - Cardiac Rhythm / Electrocardiography (ECG) 9901033 - Paced Rhythm

eVitals.03 - Cardiac Rhythm / Electrocardiography (ECG) 9901069 - Ventricular Tachycardia (With Pulse)

eVitals.04 - ECG Type 3304009 - 12 Lead-Right Sided

eVitals.05 - Method of ECG Interpretation 3305007 - Transmission with Remote Interpretation

eVitals.05 - Method of ECG Interpretation 3305005 - Transmission with No Interpretation

eVitals.05 - Method of ECG Interpretation 3305003 - Manual Interpretation

eVitals.BloodPressureGroup

eVitals.06 - SBP (Systolic Blood Pressure) 477

eVitals.07 - DBP (Diastolic Blood Pressure) 0

eVitals.08 - Method of Blood Pressure Measurement 3308011 - Venous Line

eVitals.09 - Mean Arterial Pressure 61

eVitals.HeartRateGroup

eVitals.10 - Heart Rate 344

eVitals.11 - Method of Heart Rate Measurement 3311003 - Doppler

eVitals.12 - Pulse Oximetry 4

eVitals.13 - Pulse Rhythm 3313001 - Irregularly Irregular

eVitals.14 - Respiratory Rate 133

eVitals.15 - Respiratory Effort 3315003 - Labored

eVitals.16 - Carbon Dioxide (CO2) 88

eVitals.17 - Carbon Monoxide (CO) 57

eVitals.18 - Blood Glucose Level 1445

eVitals.GlasgowScoreGroup

eVitals.19 - Glasgow Coma Score-Eye 1 - No eye movement when assessed (All Age Groups)

eVitals.20 - Glasgow Coma Score-Verbal 4 - Confused (gt;2 Years); Cries but is consolable, inappropriate interactions

eVitals.21 - Glasgow Coma Score-Motor 3 - Flexion to pain (All Age Groups)

eVitals.22 - Glasgow Coma Score-Qualifier 3322005 - Patient Chemically Paralyzed

eVitals.22 - Glasgow Coma Score-Qualifier 3322009 - Patient Intubated

eVitals.23 - Total Glasgow Coma Score 14

eVitals.TemperatureGroup

eVitals.24 - Temperature 19.0

eVitals.25 - Temperature Method 3325011 - Temporal Artery

eVitals.26 - Level of Responsiveness (AVPU) 3326003 - Verbal

eVitals.PainScaleGroup

eVitals.27 - Pain Score 4

eVitals.28 - Pain Scale Type 3328005 - Other (Not Listed)

eVitals.StrokeScaleGroup

eVitals.29 - Stroke Scale Score 3329005 - Positive

eVitals.30 - Stroke Scale Type 3330001 - Cincinnati

eVitals.31 - Reperfusion Checklist 3331005 - Possible Contraindications to Thrombolytic Use

eVitals.32 - APGAR 4

eVitals.33 - Revised Trauma Score 7

eLabs

eLabs.LabGroup

eLabs.01 - Date/Time of Laboratory or Imaging Result 1996-10-04T04:23:56+07:00

eLabs.02 - Study/Result Prior to this Unit's EMS Care 9923003 - Yes

eLabs.LabResultGroup

eLabs.03 - Laboratory Result Type 3403071 - pH-ABG

eLabs.04 - Laboratory Result M

eLabs.LabResultGroup

eLabs.03 - Laboratory Result Type 3403065 - Oxygen-Partial Pressure

eLabs.04 - Laboratory Result 8

eLabs.LabImageGroup

eLabs.05 - Imaging Study Type 3405013 - Angiography

eLabs.06 - Imaging Study Results yvk

eLabs.WaveformGraphicGroup

eLabs.07 - Imaging Study File or Waveform Graphic Type 8

eLabs.08 - Imaging Study File or Waveform Graphic

cVlSeGFiamdYa0o0M29vTVIUdEdnQ0s2WXAzNmhzZ3oya3dqS0ZnQzNaZ3F5cUQ3eml=

eLabs.WaveformGraphicGroup

eLabs.07 - Imaging Study File or Waveform Graphic Type d

eLabs.08 - Imaging Study File or Waveform Graphic

bWg1c2ZPVUJTVFVRQmtyMzlsQ2JROWZ3VGZESlZ1b0w0QVR4RjJSMkRuVkh2NE1abGU=

eLabs.LabImageGroup

eLabs.05 - Imaging Study Type 3405013 - Angiography

eLabs.06 - Imaging Study Results fm2

eLabs.WaveformGraphicGroup

eLabs.07 - Imaging Study File or Waveform Graphic Type 6

eLabs.08 - Imaging Study File or Waveform Graphic

OE1qNDBrdDJHQkhjMVFadjCdW14YWpwQlBJUG8wemtONXJnU0JLUGpsSUhTRDhReWs=

eLabs.WaveformGraphicGroup

eLabs.07 - Imaging Study File or Waveform Graphic Type W

eLabs.08 - Imaging Study File or Waveform Graphic

VGZ0d1BCRW1VTEQyTmhXcG9UZ0JldkpXYjFYR2tXbWwxTHdzd001RWdUZVo0TE4zUnc=

eLabs.WaveformGraphicGroup

eLabs.07 - Imaging Study File or Waveform Graphic Type a

eLabs.08 - Imaging Study File or Waveform Graphic

RE1Bb2lhN2FSS0ZndVJvV21XRFP1YktPc3pFeiNuNzlsY1R6SDBxTjc3SzRoWDFKWDA=

eLabs.LabGroup

eLabs.01 - Date/Time of Laboratory or Imaging Result 1986-03-06T06:49:35+07:00

eLabs.02 - Study/Result Prior to this Unit's EMS Care 9923001 - No

eLabs.LabResultGroup

eLabs.03 - Laboratory Result Type 3403049 - Human Chorionic Gonadotropin-Serum

eLabs.04 - Laboratory Result 4

eLabs.LabResultGroup

eLabs.03 - Laboratory Result Type 3403003 - Alcohol-Blood

eLabs.04 - Laboratory Result g

eLabs.LabResultGroup

eLabs.03 - Laboratory Result Type 3403007 - Alkaline Phosphatase

eLabs.04 - Laboratory Result c

eLabs.LabImageGroup

eLabs.05 - Imaging Study Type 3405005 - Other (Not Listed)

eLabs.06 - Imaging Study Results gol

eLabs.WaveformGraphicGroup



eLabs.07 - Imaging Study File or Waveform Graphic Type Q  
eLabs.08 - Imaging Study File or Waveform Graphic  
b0g2ZlpFR0o0MWRhRm9uOWFVbHhxeIFuRDVkn09aTW8xYnNrTlpJTUZ6NHpUSWVSUVQ=  
eLabs.WaveformGraphicGroup  
eLabs.07 - Imaging Study File or Waveform Graphic Type c  
eLabs.08 - Imaging Study File or Waveform Graphic  
Zzk5RXJoTG9sUks0S05oVXlzdWgyZ29pbXI3STdkQ3M0OVFSNmZkWktFcTBFb3RNemU=  
eLabs.WaveformGraphicGroup  
eLabs.07 - Imaging Study File or Waveform Graphic Type A  
eLabs.08 - Imaging Study File or Waveform Graphic  
WFhjMHF0SDhHQXhUcFdGemZRTEw3QWVEWTk5NFJpNHE1bm9xcE9pcFhUM0s3eXJPdkk=  
eLabs.LabImageGroup  
eLabs.05 - Imaging Study Type 3405003 - Magnetic Resonance Imaging (MRI)  
eLabs.06 - Imaging Study Results 9qE  
eLabs.WaveformGraphicGroup  
eLabs.07 - Imaging Study File or Waveform Graphic Type M  
eLabs.08 - Imaging Study File or Waveform Graphic  
Z2JiNU5EOHIXNEZOaXppQIBWNmh6UWZBakljQWN2WTZVTIR5MWdYWW9ubWM1RG04ZUc=  
eLabs.WaveformGraphicGroup  
eLabs.07 - Imaging Study File or Waveform Graphic Type J  
eLabs.08 - Imaging Study File or Waveform Graphic  
cHFORVBUMXFLSIZBS05xT0tueWlpRjBwbFUwTnpPbkZrZmpGaFhOZW10N0xCSFcwZkM=  
eLabs.WaveformGraphicGroup  
eLabs.07 - Imaging Study File or Waveform Graphic Type g  
eLabs.08 - Imaging Study File or Waveform Graphic  
Mkxpc3F5UVdQVXZoNUJkdzFzU0dwRnUybUFhOHZXVFlmSTk2SjhWTjA3M2NUc2VDNnI=  
eLabs.LabImageGroup  
eLabs.05 - Imaging Study Type 3405009 - Ultrasound  
eLabs.06 - Imaging Study Results NiU  
eLabs.WaveformGraphicGroup  
eLabs.07 - Imaging Study File or Waveform Graphic Type H  
eLabs.08 - Imaging Study File or Waveform Graphic  
WU1wOFB0N2k4Qlg4V3NwTEZmYUJZaHRLRFRlMmRaVnFiOXlaVmIwMXVvZ212aEpxVWw=  
eLabs.WaveformGraphicGroup  
eLabs.07 - Imaging Study File or Waveform Graphic Type A  
eLabs.08 - Imaging Study File or Waveform Graphic  
MDJ0OUcyS3BTRGk3ajRiOVhCR0c2NGhYQzNaYmhNdEVHRUEwTFpDemlxNXBQalM1WHM=

**eExam**

eExam.01 - Estimated Body Weight in Kilograms 119.1  
eExam.02 - Length Based Tape Measure 3502007 - Orange  
eExam.AssessmentGroup  
eExam.03 - Date/Time of Assessment 1987-06-12T02:03:21+07:00  
eExam.04 - Skin Assessment 3504023 - Not Done  
eExam.04 - Skin Assessment 3504017 - Lividity  
eExam.05 - Head Assessment 3505009 - Burn-Blistering  
eExam.05 - Head Assessment 3505037 - Pain  
eExam.06 - Face Assessment 3506009 - Bleeding Uncontrolled  
eExam.06 - Face Assessment 3506001 - Abrasion  
eExam.07 - Neck Assessment 3507045 - Tracheal Deviation-Left  
eExam.07 - Neck Assessment 3507025 - JVD  
eExam.08 - Chest/Lungs Assessment 3508097 - Gunshot Wound-Unknown if Entry or Exit  
eExam.08 - Chest/Lungs Assessment 3508015 - Breath Sounds-Decreased Left  
eExam.08 - Chest/Lungs Assessment 3508009 - Bleeding Uncontrolled  
eExam.09 - Heart Assessment 3509011 - Not Done  
eExam.09 - Heart Assessment 3509001 - Clicks  
eExam.AbdomenGroup  
eExam.10 - Abdominal Assessment Finding Location 3510009 - Right Lower Quadrant  
eExam.11 - Abdomen Assessment 3511061 - Deformity  
eExam.11 - Abdomen Assessment 3511051 - Tenderness  
eExam.11 - Abdomen Assessment 3511043 - Pregnant-Palpable Uterus  
eExam.AbdomenGroup  
eExam.10 - Abdominal Assessment Finding Location 3510007 - Periumbilical  
eExam.11 - Abdomen Assessment 3511003 - Avulsion  
eExam.11 - Abdomen Assessment 3511015 - Burn-Charring  
eExam.AbdomenGroup  
eExam.10 - Abdominal Assessment Finding Location 3510009 - Right Lower Quadrant  
eExam.11 - Abdomen Assessment 3511043 - Pregnant-Palpable Uterus  
eExam.11 - Abdomen Assessment 3511033 - Mass/Lesion  
eExam.12 - Pelvis/Genitourinary Assessment 3512031 - Gunshot Wound-Exit  
eExam.12 - Pelvis/Genitourinary Assessment 3512057 - Tenderness  
eExam.SpineGroup  
eExam.13 - Back and Spine Assessment Finding Location 3513027 - Crush Injury  
eExam.14 - Back and Spine Assessment 3514045 - Tenderness Paraspinous

eExam.14 - Back and Spine Assessment 3514041 - Tenderness Costovertebral Angle

eExam.SpineGroup

eExam.13 - Back and Spine Assessment Finding Location 3513019 - Thoracic-Right

eExam.14 - Back and Spine Assessment 3514005 - Bleeding Controlled

eExam.14 - Back and Spine Assessment 3514029 - Not Done

eExam.14 - Back and Spine Assessment 3514025 - Laceration

eExam.SpineGroup

eExam.13 - Back and Spine Assessment Finding Location 3513007 - Cervical-Right

eExam.14 - Back and Spine Assessment 3514005 - Bleeding Controlled

eExam.14 - Back and Spine Assessment 3514003 - Avulsion

eExam.14 - Back and Spine Assessment 3514021 - Gunshot Wound-Entry

eExam.ExtremityGroup

eExam.15 - Extremity Assessment Finding Location 3515055 - Knee-Right

eExam.16 - Extremities Assessment 3516015 - Burn-Charring

eExam.16 - Extremities Assessment 3516013 - Burn-Blistering

eExam.ExtremityGroup

eExam.15 - Extremity Assessment Finding Location 3515003 - Ankle-Right

eExam.16 - Extremities Assessment 3516033 - Fracture-Closed

eExam.16 - Extremities Assessment 3516011 - Bleeding Uncontrolled

eExam.16 - Extremities Assessment 3516077 - Gunshot Wound-Unknown if Entry or Exit

eExam.ExtremityGroup

eExam.15 - Extremity Assessment Finding Location 3515057 - Leg-Lower-Left

eExam.16 - Extremities Assessment 3516007 - Avulsion

eExam.16 - Extremities Assessment 3516003 - Amputation-Acute

eExam.16 - Extremities Assessment 3516019 - Burn-White/Waxy

eExam.EyeGroup

eExam.17 - Eye Assessment Finding Location 3517005 - Right

eExam.18 - Eye Assessment 3518039 - Not Done

eExam.18 - Eye Assessment 3518013 - 7-mm

eExam.18 - Eye Assessment 3518057 - Contusion

eExam.EyeGroup

eExam.17 - Eye Assessment Finding Location 3517003 - Left

eExam.18 - Eye Assessment 3518051 - Reactive

eExam.18 - Eye Assessment 3518045 - Open Globe

eExam.19 - Mental Status Assessment 3519003 - Confused

eExam.19 - Mental Status Assessment 3519011 - Oriented-Person

eExam.19 - Mental Status Assessment 3519005 - Hallucinations

eExam.20 - Neurological Assessment 3520017 - Hemiplegia-Left

eExam.20 - Neurological Assessment 3520023 - Not Done

eExam.AssessmentGroup

eExam.03 - Date/Time of Assessment 1960-03-16T07:47:19+07:00

eExam.04 - Skin Assessment 3504009 - Dry

eExam.04 - Skin Assessment 3504005 - Cyanotic

eExam.04 - Skin Assessment 3504011 - Flushed

eExam.05 - Head Assessment 3505009 - Burn-Blistering

eExam.05 - Head Assessment 3505049 - Swelling

eExam.05 - Head Assessment 3505039 - Puncture/Stab Wound

eExam.06 - Face Assessment 3506053 - Swelling

eExam.06 - Face Assessment 3506001 - Abrasion

eExam.06 - Face Assessment 3506049 - Crush Injury

eExam.07 - Neck Assessment 3507053 - Swelling

eExam.07 - Neck Assessment 3507013 - Burn-Redness

eExam.08 - Chest/Lungs Assessment 3508035 - Deformity

eExam.08 - Chest/Lungs Assessment 3508001 - Abrasion

eExam.08 - Chest/Lungs Assessment 3508023 - Breath Sounds-Normal-Right

eExam.09 - Heart Assessment 3509011 - Not Done

eExam.09 - Heart Assessment 3509019 - S3

eExam.AbdomenGroup

eExam.10 - Abdominal Assessment Finding Location 3510003 - Left Lower Quadrant

eExam.11 - Abdomen Assessment 3511001 - Abrasion

eExam.11 - Abdomen Assessment 3511051 - Tenderness

eExam.AbdomenGroup

eExam.10 - Abdominal Assessment Finding Location 3510011 - Right Upper Quadrant

eExam.11 - Abdomen Assessment 3511057 - Swelling

eExam.11 - Abdomen Assessment 3511033 - Mass/Lesion

eExam.AbdomenGroup

eExam.10 - Abdominal Assessment Finding Location 3510005 - Left Upper Quadrant

eExam.11 - Abdomen Assessment 3511051 - Tenderness

eExam.11 - Abdomen Assessment 3511001 - Abrasion

eExam.12 - Pelvis/Genitourinary Assessment 3512039 - Not Done

eExam.12 - Pelvis/Genitourinary Assessment 3512031 - Gunshot Wound-Exit

eExam.12 - Pelvis/Genitourinary Assessment 3512009 - Bleeding-Rectal

eExam.SpineGroup

eExam.13 - Back and Spine Assessment Finding Location 3513025 - Sacral-Right  
 eExam.14 - Back and Spine Assessment 3514045 - Tenderness Paraspinous  
 eExam.14 - Back and Spine Assessment 3514047 - Gunshot Wound-Unknown if Entry or Exit  
 eExam.14 - Back and Spine Assessment 3514029 - Not Done  
 eExam.SpineGroup  
 eExam.13 - Back and Spine Assessment Finding Location 3513013 - Lumbar-Right  
 eExam.14 - Back and Spine Assessment 3514023 - Gunshot Wound-Exit  
 eExam.14 - Back and Spine Assessment 3514051 - Swelling  
 eExam.SpineGroup  
 eExam.13 - Back and Spine Assessment Finding Location 3513011 - Lumbar-Midline  
 eExam.14 - Back and Spine Assessment 3514031 - Pain  
 eExam.14 - Back and Spine Assessment 3514013 - Burn-Redness  
 eExam.ExtremityGroup  
 eExam.15 - Extremity Assessment Finding Location 3515039 - Forearm-Right  
 eExam.16 - Extremities Assessment 3516081 - Contusion  
 eExam.16 - Extremities Assessment 3516055 - Paralysis  
 eExam.ExtremityGroup  
 eExam.15 - Extremity Assessment Finding Location 3515035 - Foot-Plantar-Right  
 eExam.16 - Extremities Assessment 3516011 - Bleeding Uncontrolled  
 eExam.16 - Extremities Assessment 3516007 - Avulsion  
 eExam.ExtremityGroup  
 eExam.15 - Extremity Assessment Finding Location 3515055 - Knee-Right  
 eExam.16 - Extremities Assessment 3516015 - Burn-Charring  
 eExam.16 - Extremities Assessment 3516051 - Not Done  
 eExam.16 - Extremities Assessment 3516009 - Bleeding Controlled  
 eExam.EyeGroup  
 eExam.17 - Eye Assessment Finding Location 3517005 - Right  
 eExam.18 - Eye Assessment 3518053 - Sluggish  
 eExam.18 - Eye Assessment 3518005 - 3-mm  
 eExam.18 - Eye Assessment 3518055 - Swelling  
 eExam.EyeGroup  
 eExam.17 - Eye Assessment Finding Location 3517005 - Right  
 eExam.18 - Eye Assessment 3518043 - Nystagmus Noted  
 eExam.18 - Eye Assessment 3518059 - Puncture/Stab Wound  
 eExam.18 - Eye Assessment 3518035 - Missing  
 eExam.EyeGroup  
 eExam.17 - Eye Assessment Finding Location 3517001 - Bilateral  
 eExam.18 - Eye Assessment 3518049 - Pupil-Irregular/Teardrop  
 eExam.18 - Eye Assessment 3518009 - 5-mm  
 eExam.18 - Eye Assessment 3518005 - 3-mm  
 eExam.19 - Mental Status Assessment 3519003 - Confused  
 eExam.19 - Mental Status Assessment 3519017 - Oriented-Time  
 eExam.19 - Mental Status Assessment 3519019 - Pharmacologically Sedated/Paralyzed  
 eExam.20 - Neurological Assessment 3520001 - Aphagia  
 eExam.20 - Neurological Assessment 3520003 - Aphasia  
 eExam.20 - Neurological Assessment 3520029 - Speech Slurring  
 eProtocols  
 eProtocols.ProtocolGroup  
 eProtocols.01 - Protocols Used 9914151 - Medical-Ventricular Tachycardia (With Pulse)  
 eProtocols.02 - Protocol Age Category 3602005 - Pediatric Only  
 eProtocols.ProtocolGroup  
 eProtocols.01 - Protocols Used 9914121 - Medical-Hyperglycemia  
 eProtocols.02 - Protocol Age Category 3602003 - General  
 eMedications  
 eMedications.MedicationGroup  
 eMedications.01 - Date/Time Medication Administered 1981-05-27T07:03:40+07:00  
 eMedications.02 - Medication Administered Prior to this Unit's EMS Care 9923001 - No  
 eMedications.03 - Medication Given 334231 - Salicylic Acid 2.5 MG/ML  
 eMedications.04 - Medication Administered Route 9927051 - Tracheostomy  
 eMedications.DosageGroup  
 eMedications.05 - Medication Dosage 41.0  
 eMedications.06 - Medication Dosage Units 3706019 - Milliequivalents  
 eMedications.07 - Response to Medication 9916005 - Worse  
 eMedications.08 - Medication Complication 3708023 - Hypoxia  
 eMedications.08 - Medication Complication 3708003 - Apnea  
 eMedications.08 - Medication Complication 3708033 - Other (Not Listed)  
 eMedications.09 - Medication Crew (Healthcare Professionals) ID v9  
 eMedications.10 - Role/Type of Person Administering Medication 9905023 - Patient/Lay Person  
 eMedications.11 - Medication Authorization 9918003 - On-Scene  
 eMedications.12 - Medication Authorizing Physician 1  
 eMedications.MedicationGroup  
 eMedications.01 - Date/Time Medication Administered 1959-08-10T05:16:26+07:00  
 eMedications.02 - Medication Administered Prior to this Unit's EMS Care 9923001 - No

eMedications.03 - Medication Given 1305620 - Proferrin ES 12 MG Oral Tablet  
eMedications.04 - Medication Administered Route 9927037 - Other/miscellaneous  
eMedications.DosageGroup  
eMedications.05 - Medication Dosage 521.0  
eMedications.06 - Medication Dosage Units 3706015 - Micrograms  
eMedications.07 - Response to Medication 9916005 - Worse  
eMedications.08 - Medication Complication 3708017 - Hyperthermia  
eMedications.08 - Medication Complication 3708039 - Tachypnea  
eMedications.09 - Medication Crew (Healthcare Professionals) ID Sm  
eMedications.10 - Role/Type of Person Administering Medication 9905011 - EMT-Intermediate  
eMedications.11 - Medication Authorization 9918001 - On-Line (Remote Verbal Order)  
eMedications.12 - Medication Authorizing Physician 4  
eMedications.MedicationGroup  
eMedications.01 - Date/Time Medication Administered 1983-12-14T04:01:08+07:00  
eMedications.02 - Medication Administered Prior to this Unit's EMS Care 9923001 - No  
eMedications.03 - Medication Given 1012707 - EPINEPHrine 0.005 MG/ML / Prilocaine Hydrochloride 40 MG/ML Injectable

Solution

eMedications.04 - Medication Administered Route 9927017 - Intranasal  
eMedications.DosageGroup  
eMedications.05 - Medication Dosage 392.0  
eMedications.06 - Medication Dosage Units 3706021 - Milligrams  
eMedications.07 - Response to Medication 9916001 - Improved  
eMedications.08 - Medication Complication 3708033 - Other (Not Listed)  
eMedications.08 - Medication Complication 3708009 - Bradypnea  
eMedications.08 - Medication Complication 3708025 - Injury  
eMedications.09 - Medication Crew (Healthcare Professionals) ID se  
eMedications.10 - Role/Type of Person Administering Medication 9905023 - Patient/Lay Person  
eMedications.11 - Medication Authorization 9918007 - Written Orders (Patient Specific)  
eMedications.12 - Medication Authorizing Physician 8

#### eProcedures

eProcedures.ProcedureGroup  
eProcedures.01 - Date/Time Procedure Performed 1966-06-24T04:02:12+07:00  
eProcedures.02 - Procedure Performed Prior to this Unit's EMS Care 9923003 - Yes  
eProcedures.03 - Procedure 409189152  
eProcedures.04 - Size of Procedure Equipment x  
eProcedures.05 - Number of Procedure Attempts 5  
eProcedures.06 - Procedure Successful 9923003 - Yes  
eProcedures.07 - Procedure Complication 3907021 - Hypotension  
eProcedures.07 - Procedure Complication 3907023 - Hypothermia  
eProcedures.08 - Response to Procedure 9916003 - Unchanged  
eProcedures.09 - Procedure Crew Members ID fD  
eProcedures.10 - Role/Type of Person Performing the Procedure 9905021 - Other Non-Healthcare Professional  
eProcedures.11 - Procedure Authorization 9918001 - On-Line (Remote Verbal Order)  
eProcedures.12 - Procedure Authorizing Physician b  
eProcedures.13 - Vascular Access Location 3913019 - Forearm-Right

eProcedures.ProcedureGroup  
eProcedures.01 - Date/Time Procedure Performed 2000-07-29T08:06:41+07:00  
eProcedures.02 - Procedure Performed Prior to this Unit's EMS Care 9923003 - Yes  
eProcedures.03 - Procedure 938912799  
eProcedures.04 - Size of Procedure Equipment a  
eProcedures.05 - Number of Procedure Attempts 2  
eProcedures.06 - Procedure Successful 9923001 - No  
eProcedures.07 - Procedure Complication 3907017 - Hypertension  
eProcedures.07 - Procedure Complication 3907035 - Other (Not Listed)  
eProcedures.07 - Procedure Complication 3907019 - Hyperthermia  
eProcedures.08 - Response to Procedure 9916005 - Worse  
eProcedures.09 - Procedure Crew Members ID TD  
eProcedures.10 - Role/Type of Person Performing the Procedure 9905011 - EMT-Intermediate  
eProcedures.11 - Procedure Authorization 9918003 - On-Scene  
eProcedures.12 - Procedure Authorizing Physician 7  
eProcedures.13 - Vascular Access Location 3913001 - Antecubital-Left

eProcedures.ProcedureGroup  
eProcedures.01 - Date/Time Procedure Performed 2011-11-27T04:53:32+07:00  
eProcedures.02 - Procedure Performed Prior to this Unit's EMS Care 9923003 - Yes  
eProcedures.03 - Procedure 869252077  
eProcedures.04 - Size of Procedure Equipment 2  
eProcedures.05 - Number of Procedure Attempts 6  
eProcedures.06 - Procedure Successful 9923003 - Yes  
eProcedures.07 - Procedure Complication 3907039 - Respiratory Distress  
eProcedures.07 - Procedure Complication 3907001 - Altered Mental Status  
eProcedures.08 - Response to Procedure 9916005 - Worse  
eProcedures.09 - Procedure Crew Members ID ar  
eProcedures.10 - Role/Type of Person Performing the Procedure 9905011 - EMT-Intermediate

eProcedures.11 - Procedure Authorization 9918005 - Protocol (Standing Order)  
eProcedures.12 - Procedure Authorizing Physician 2  
eProcedures.13 - Vascular Access Location 3913019 - Forearm-Right

eAirway

eAirway.AirwayGroup

eAirway.01 - Indications for Invasive Airway 4001009 - Injury Involving Airway  
eAirway.01 - Indications for Invasive Airway 4001013 - Ventilatory Effort Compromised  
eAirway.01 - Indications for Invasive Airway 4001011 - Other (Not Listed)  
eAirway.ConfirmationGroup [ATTRIBUTES: ProcedureGroupCorrelationID="x"]  
eAirway.02 - Date/Time Airway Device Placement Confirmation 1972-08-25T08:26:43+07:00  
eAirway.03 - Airway Device Being Confirmed 4003001 - Cricothyrotomy Tube  
eAirway.04 - Airway Device Placement Confirmed Method 4004017 - Visualization of Vocal Cords  
eAirway.04 - Airway Device Placement Confirmed Method 4004005 - Colorimetric ETCO2  
eAirway.04 - Airway Device Placement Confirmed Method 4004011 - Direct Re-Visualization of Tube in Place  
eAirway.05 - Tube Depth 29  
eAirway.06 - Type of Individual Confirming Airway Device Placement 4006007 - Receiving Air Medical/EMS Crew  
eAirway.07 - Crew Member ID o8  
eAirway.08 - Airway Complications Encountered 4008021 - Tube Dislodged During Transport/Patient Care  
eAirway.08 - Airway Complications Encountered 4008015 - Other (Not Listed)  
eAirway.08 - Airway Complications Encountered 4008005 - Cardiac Arrest  
eAirway.09 - Suspected Reasons for Failed Airway Procedure 4009005 - Facial or Oral Trauma  
eAirway.09 - Suspected Reasons for Failed Airway Procedure 4009007 - Inability to Expose Vocal Cords  
eAirway.ConfirmationGroup [ATTRIBUTES: ProcedureGroupCorrelationID="r"]  
eAirway.02 - Date/Time Airway Device Placement Confirmation 1963-09-17T10:29:10+07:00  
eAirway.03 - Airway Device Being Confirmed 4003003 - Endotracheal Tube  
eAirway.04 - Airway Device Placement Confirmed Method 4004005 - Colorimetric ETCO2  
eAirway.04 - Airway Device Placement Confirmed Method 4004013 - Endotracheal Tube Whistle (BAAM, etc)  
eAirway.05 - Tube Depth 26  
eAirway.06 - Type of Individual Confirming Airway Device Placement 4006009 - Receiving Hospital Team  
eAirway.07 - Crew Member ID X8  
eAirway.08 - Airway Complications Encountered 4008005 - Cardiac Arrest  
eAirway.08 - Airway Complications Encountered 4008007 - Esophageal Intubation-Delayed Detection (After Tube Secured)  
eAirway.08 - Airway Complications Encountered 4008011 - Failed Intubation Effort  
eAirway.09 - Suspected Reasons for Failed Airway Procedure 4009003 - ETI Attempted, but Arrived At Destination Facility

Before Accomplished

eAirway.09 - Suspected Reasons for Failed Airway Procedure 4009005 - Facial or Oral Trauma  
eAirway.10 - Date/Time Decision to Manage the Patient with an Invasive Airway 1968-03-29T06:43:27+07:00  
eAirway.11 - Date/Time Invasive Airway Placement Attempts Abandoned 2010-09-20T05:58:15+07:00

eDevice

eDevice.DeviceGroup

eDevice.01 - Medical Device Serial Number 9H  
eDevice.02 - Date/Time of Event (per Medical Device) 2002-05-26T09:56:35+07:00  
eDevice.03 - Medical Device Event Type 4103017 - Invasive Pressure 2  
eDevice.03 - Medical Device Event Type 4103013 - Heart Rate  
eDevice.03 - Medical Device Event Type 4103011 - ECG-Monitor  
eDevice.WaveformGroup  
eDevice.04 - Medical Device Waveform Graphic Type K  
eDevice.05 - Medical Device Waveform Graphic  
eDevice.06 - Medical Device Mode (Manual, AED, Pacing, CO2, O2, etc) 4106009 - Mid-Stream  
eDevice.07 - Medical Device ECG Lead 4107009 - AVL  
eDevice.07 - Medical Device ECG Lead 4107001 - I  
eDevice.07 - Medical Device ECG Lead 4107003 - II  
eDevice.08 - Medical Device ECG Interpretation F  
eDevice.ShockGroup  
eDevice.09 - Type of Shock 4109001 - Biphasic  
eDevice.10 - Shock or Pacing Energy 3786.0  
eDevice.11 - Total Number of Shocks Delivered 89  
eDevice.12 - Pacing Rate 692

eDevice.DeviceGroup

eDevice.01 - Medical Device Serial Number fU  
eDevice.02 - Date/Time of Event (per Medical Device) 1964-02-27T02:50:52+07:00  
eDevice.03 - Medical Device Event Type 4103033 - Power On  
eDevice.03 - Medical Device Event Type 4103005 - CO2  
eDevice.03 - Medical Device Event Type 4103007 - Date Transmitted  
eDevice.WaveformGroup  
eDevice.04 - Medical Device Waveform Graphic Type 9  
eDevice.05 - Medical Device Waveform Graphic  
eDevice.06 - Medical Device Mode (Manual, AED, Pacing, CO2, O2, etc) 4106009 - Mid-Stream  
eDevice.07 - Medical Device ECG Lead 4107023 - V3r  
eDevice.07 - Medical Device ECG Lead 4107019 - V2  
eDevice.08 - Medical Device ECG Interpretation d

QUc4TWIlbm9tczRlVmY1RXB3UFJR2E1ZDFrTkZEVGowRWc5UU5JMXdrZ3FGT2Izc24=

THozQ2hDb2NGbWF6RmRWYzhoT3FhUk5ktVUk5aktKQ2pjOUo1Rk9tTU5BNDRDaWJVNUU=

eDevice.ShockGroup  
eDevice.09 - Type of Shock 4109003 - Monophasic  
eDevice.10 - Shock or Pacing Energy 4939.0  
eDevice.11 - Total Number of Shocks Delivered 60  
eDevice.12 - Pacing Rate 481

eDisposition

eDisposition.DestinationGroup

eDisposition.01 - Destination/Transferred To, Name om  
eDisposition.02 - Destination/Transferred To, Code HN  
eDisposition.03 - Destination Street Address [ATTRIBUTES: StreetAddress2="y"] P  
eDisposition.04 - Destination City 58692 - Stockton  
eDisposition.05 - Destination State 49 - Utah  
eDisposition.06 - Destination County 49045 - Tooele  
eDisposition.07 - Destination ZIP Code 84071  
eDisposition.08 - Destination Country US  
eDisposition.09 - Destination GPS Location 40.449676,-112.359074  
eDisposition.10 - Disposition Location US National Grid Coordinates 12,ZK44610231

eDisposition.11 - Number of Patients Transported in this EMS Unit 39

eDisposition.12 - Incident/Patient Disposition 4212025 - Patient Refused Evaluation/Care (Without Transport)

eDisposition.13 - How Patient Was Moved to Ambulance 9909005 - Chair

eDisposition.13 - How Patient Was Moved to Ambulance 9909009 - Other (Not Listed)

eDisposition.14 - Position of Patient During Transport 4214015 - Sitting

eDisposition.14 - Position of Patient During Transport 4214013 - Semi-Fowlers

eDisposition.15 - How Patient Was Transported From Ambulance 9909009 - Other (Not Listed)

eDisposition.16 - EMS Transport Method 4216001 - Air Medical-Fixed Wing

eDisposition.17 - Transport Mode from Scene 4217001 - Emergent (Immediate Response)

eDisposition.18 - Additional Transport Mode Descriptors 4218001 - Intersection Navigation-Against Normal Light Patterns

eDisposition.18 - Additional Transport Mode Descriptors 4218009 - Speed-Normal Traffic

eDisposition.18 - Additional Transport Mode Descriptors 4218007 - Speed-Enhanced per Local Policy

eDisposition.19 - Condition of Patient at Destination 9916001 - Improved

eDisposition.20 - Reason for Choosing Destination 4220001 - Closest Facility

eDisposition.20 - Reason for Choosing Destination 4220007 - Insurance Status/Requirement

eDisposition.20 - Reason for Choosing Destination 4220021 - Regional Specialty Center

eDisposition.21 - Type of Destination 4221013 - Other (Not Listed)

eDisposition.22 - Hospital In-Patient Destination 4222047 - Hospital-Rehab

eDisposition.23 - Hospital Designation 9908005 - Critical Access Hospital

eDisposition.HospitalTeamActivationGroup

eDisposition.24 - Destination Team Pre-Arrival Activation 4224009 - Yes-Other

eDisposition.25 - Date/Time of Destination Prearrival Activation 1967-10-16T08:57:19+07:00

eDisposition.HospitalTeamActivationGroup

eDisposition.24 - Destination Team Pre-Arrival Activation 4224009 - Yes-Other

eDisposition.25 - Date/Time of Destination Prearrival Activation 1990-03-20T09:23:48+07:00

eDisposition.26 - Disposition Instructions Provided 4226003 - Contact 911 or see your Doctor if problem worsens

eDisposition.26 - Disposition Instructions Provided 4226009 - See Your Doctor or the Emergency Department immediately

eOutcome

eOutcome.01 - Emergency Department Disposition 02 - Discharged/transferred to another short term general hospital for inpatient

care

eOutcome.02 - Hospital Disposition 07 - Left against medical advice or discontinued care

eOutcome.ExternalDataGroup

eOutcome.03 - External Report ID/Number Type 4303019 - Prior EMS Patient Care Report

eOutcome.04 - External Report ID/Number oZ

eOutcome.05 - Other Report Registry Type R8

eOutcome.ExternalDataGroup

eOutcome.03 - External Report ID/Number Type 4303013 - Other Registry

eOutcome.04 - External Report ID/Number 8h

eOutcome.05 - Other Report Registry Type t3

eOutcome.06 - Emergency Department Chief Complaint K8

eOutcome.07 - First ED Systolic Blood Pressure 100

eOutcome.08 - Emergency Department Recorded Cause of Injury Y37.330 - Military operations involving flamethrower, military

personnel

eOutcome.09 - Emergency Department Procedures 8828000 - Plication of peripheral vein (procedure)

eOutcome.09 - Emergency Department Procedures 4987001 - Osteoplasty of cranium with flap of bone (procedure)

eOutcome.10 - Emergency Department Diagnosis H33.21 - Serous retinal detachment, right eye

eOutcome.10 - Emergency Department Diagnosis G47.01 - Insomnia due to medical condition

eOutcome.10 - Emergency Department Diagnosis J31.0 - Obstructive rhinitis (chronic)

eOutcome.11 - Date/Time of Hospital Admission 2011-09-16T04:54:23+07:00

eOutcome.12 - Hospital Procedures 1181000 - Excision of tendon for graft (procedure)

eOutcome.12 - Hospital Procedures 3799005 - Radiography of adenoids (procedure)

eOutcome.13 - Hospital Diagnosis Z95.818 - Presence of other cardiac implants and grafts

eOutcome.13 - Hospital Diagnosis T48.293A - Poisoning by other drugs acting on muscles, assault, initial encounter

eOutcome.13 - Hospital Diagnosis Z86.012 - Personal history of benign carcinoid tumor

eOutcome.14 - Total ICU Length of Stay 110

eOutcome.15 - Total Ventilator Days 294

**eOutcome.16 - Date/Time of Hospital Discharge** 2008-08-21T08:55:12+07:00

**eOutcome.17 - Outcome at Hospital Discharge** 4317001 - No Symptoms At All

**eOther**

**eOther.01 - Review Requested** 9923001 - No

**eOther.02 - Potential System of Care/Specialty/Registry Patient** 4502001 - Airway

**eOther.02 - Potential System of Care/Specialty/Registry Patient** 4502011 - Other (Not Listed)

**eOther.02 - Potential System of Care/Specialty/Registry Patient** 4502019 - Traumatic Brain Injury

**eOther.EMSCrewMemberGroup**

**eOther.03 - Personal Protective Equipment Used** 4503003 - Gloves

**eOther.03 - Personal Protective Equipment Used** 4503023 - Reflective Vest

**eOther.04 - EMS Professional (Crew Member) ID** LS

**eOther.05 - Suspected EMS Work Related Exposure, Injury, or Death** 9923001 - No

**eOther.06 - The Type of Work-Related Injury, Death or Suspected Exposure** 4506007 - Exposure-Airborne

*Respiratory/Biological/Aerosolized Secretions*

**eOther.06 - The Type of Work-Related Injury, Death or Suspected Exposure** 4506023 - Injury-Lifting/Back/Musculoskeletal

**eOther.06 - The Type of Work-Related Injury, Death or Suspected Exposure** 4506029 - Other (Not Listed)

**eOther.EMSCrewMemberGroup**

**eOther.03 - Personal Protective Equipment Used** 4503003 - Gloves

**eOther.03 - Personal Protective Equipment Used** 4503023 - Reflective Vest

**eOther.03 - Personal Protective Equipment Used** 4503009 - Level B Suit

**eOther.04 - EMS Professional (Crew Member) ID** Py

**eOther.05 - Suspected EMS Work Related Exposure, Injury, or Death** 9923001 - No

**eOther.06 - The Type of Work-Related Injury, Death or Suspected Exposure** 4506005 - Death-Other (Not Listed)

**eOther.06 - The Type of Work-Related Injury, Death or Suspected Exposure** 4506021 - Exposure-Toxin/Chemical/Hazmat

**eOther.06 - The Type of Work-Related Injury, Death or Suspected Exposure** 4506015 - Exposure-Body Fluid Contact with

*Mucosal Surface*

**eOther.07 - Natural, Suspected, Intentional, or Unintentional Disaster** 4507003 - Building Failure

**eOther.07 - Natural, Suspected, Intentional, or Unintentional Disaster** 4507015 - Mass Illness

**eOther.07 - Natural, Suspected, Intentional, or Unintentional Disaster** 4507007 - Explosive Device

**eOther.08 - Crew Member Completing this Report** tk

**eOther.FileGroup**

**eOther.09 - External Electronic Documents** 4509021 - Picture/Graphic

**eOther.10 - File Attachment Type** u

**eOther.11 - File Attachment Image**

TXZtcDJaTTVqWkIXV0lXUGhqeJRoU3pHQTNEZ25ZdllsMDRnbU4xVVBuZkRlT3BUbFo=

**eOther.FileGroup**

**eOther.09 - External Electronic Documents** 4509011 - Guardianship/Power of Attorney

**eOther.10 - File Attachment Type** i

**eOther.11 - File Attachment Image**

eUQ3a0wyMmE5QXJ6cHJ3OENpTlhOUFJ3MXFucDJSWlpjNENxSGNGekNXdndOZGJPaEE=

**eOther.SignatureGroup**

**eOther.12 - Type of Person Signing** 4512003 - EMS Primary Care Provider (for this event)

**eOther.13 - Signature Reason** 4513005 - Release for Billing

**eOther.14 - Type Of Patient Representative** 4514039 - Power of Attorney

**eOther.15 - Signature Status** 4515029 - Refused

**eOther.16 - Signature File Name**

xjzlffpiwXBoc6kpDHNzNEff8O0dmVZdr1We2KXdJILCUjqT60LPKF9G9thjtGGgfFSKRBbXpzQ19hfNO03XYKBDjZr9Thta8uivedb3YDp5ge8QoZPUaIR

**eOther.17 - Signature File Type** m

**eOther.18 - Signature Graphic**

Zm05MmV4R2xPSFptOXRldW9KRfJFYzBWdVpTejhHcUJlaXN3bGwwMEFGUE9zRHdkQkM=

**eOther.19 - Date/Time of Signature** 1984-08-27T11:34:31+07:00

**eOther.20 - Signature Last Name** l

**eOther.21 - Signature First Name** I

**eOther.SignatureGroup**

**eOther.12 - Type of Person Signing** 4512011 - Online Medical Control Healthcare Practitioner

**eOther.13 - Signature Reason** 4513001 - HIPAA acknowledgement/Release

**eOther.14 - Type Of Patient Representative** 4514031 - Nurse Practitioner (NP)

**eOther.15 - Signature Status** 4515029 - Refused

**eOther.16 - Signature File Name**

3xs89JzkYdcS6AnMuYwfFobB6lGmNv2ZMhZO7H0BmPf8Ex2ME7TfLGo9Mc7GelSWUxYkmQFBZt8vK35Ga71Zp4TBNOCgnGRWw392MUDYZGTm8

**eOther.17 - Signature File Type** x

**eOther.18 - Signature Graphic**

bUhqaFU5OGpRMGIMdHpTRXFSNDF2RjBnWXJsbURsMURkVDBhUDBpQm1rZ0ZxTHZiTGQ=

**eOther.19 - Date/Time of Signature** 2004-11-18T03:07:52+07:00

**eOther.20 - Signature Last Name** 8

**eOther.21 - Signature First Name** 5