

NEMESIS 3.4.0 to 3.3.4 Translation

The NEMESIS 3.4.0 to 3.3.4 Translation provides XSL transformations to translate NEMESIS DEMDataSet and EMSDataSet documents from version 3.4.0 to version 3.3.4.

Elements Removed

The following elements that are new in 3.4.0 are not mapped.

Element No.	Element Name
dCustomConfiguration.09	Custom Data Element Grouping ID
eCustomConfiguration.09	Custom Data Element Grouping ID
dFacility.15	Facility Phone Number
eDispatch.06	Unit Dispatched CAD Record ID
ePayment.57	Payer Type
ePayment.58	Insurance Group Name
eSituation.18	Date/Time Last Known Well
eArrest.19	Date/Time of Initial CPR

AssociatedSymptoms

Pattern change. Values not matching the 3.3.4 pattern are mapped to Not Value 7701003 (Not Recorded).

Element No.	Element Name	Usage
eSituation.09	Primary Symptom	Required
eSituation.10	Other Associated Symptoms	Required

CityGnisCodePayment

Includes only if value is a positive integer (GNIS code). Text values are removed.

Element No.	Element Name	Reason
ePayment.13	Insurance Company City	Optional
ePayment.27	Closest Relative/ Guardian City	Optional
ePayment.35	Patient's Employer's City	Optional

CrewMemberID

Truncates to 15 characters.

Element No.	Element Name	Usage
eCrew.01	Crew Member ID	Recommended
eMedications.09	Medication Crew (Healthcare Professionals) ID	Recommended
eProcedures.09	Procedure Crew Members ID	Recommended

eAirway.07	Crew Member ID	Recommended
eOther.04	EMS Professional (Crew Member) ID	Optional
eOther.08	Crew Member Completing this Report	Recommended
eCrew.01	Crew Member ID	Recommended

CurrentMedicationAdministrationRoute

Maps value 9927061 (Portacath) to 9927023 (Intravenous (IV)).

Element No.	Element Name	Usage
eHistory.15	Current Medication Administration Route	Optional
eMedications.04	Medication Administered Route	Optional

icd10Code

Pattern change. Values not matching the 3.3.4 pattern are removed.

Element No.	Element Name	Usage
ePayment.51	EMS Condition Code	Optional
eOutcome.10	Emergency Department Diagnosis	Optional

PersonLastName

Truncates to 50 characters.

Element No.	Element Name	Usage
dContact.02	Agency Contact Last Name	Recommended
dPersonnel.01	EMS Personnel's Last Name	Recommended
ePatient.02	Last Name	Recommended
ePayment.06	Last Name of Individual Signing Physician Certification Statement	Optional
ePayment.19	Last Name of the Insured	Optional
ePayment.23	Closest Relative/Guardian Last Name	Optional
eHistory.02	Last Name of Patient's Practitioner	Optional
eOther.20	Signature Last Name	Optional

PersonName

Truncates to 50 characters.

Element No.	Element Name	Usage
ePayment.54	Prior Authorization Code Payer	Optional
eMedications.12	Medication Authorizing Physician	Optional
eProcedures.12	Procedure Authorizing Physician	Optional

ProtocolsUsed

Affects the following elements.

Element No.	Element Name	Usage
dConfiguration.05	Protocols Permitted by the State	Required
dConfiguration.10	EMS Agency Protocols	Mandatory
eProtocols.01	Protocols Used	Required

New values are mapped as follows. New values not listed are mapped to 9914165 (Other).

3.4.0 Value	3.4.0 Label	3.3.4 Value	3.3.4 Label
9914203	Injury-Conducted Electrical Weapon (e.g., Taser)	9914095	Injury-Electrical Injuries
9914205	Injury-Facial Trauma	9914101	Injury-Head
9914215	Medical-Beta Blocker Poisoning/Overdose	9914135	Medical-Overdose/Poisoning/Toxic Ingestion
9914217	Medical-Calcium Channel Blocker Poisoning/Overdose		
9914219	Medical-Opioid Poisoning/Overdose		
9914225	Medical-Stimulant Poisoning/Overdose		
9914221	Medical-Respiratory Distress-Bronchiolitis	9914139	Medical-Respiratory Distress/Asthma/COPD/Croup/Reactive Airway
9914223	Medical-Respiratory Distress-Croup		

ProviderImpression

Pattern change. Values not matching the 3.3.4 pattern are mapped to Not Value 7701003 (Not Recorded).

Element No.	Element Name	Usage
eSituation.11	Provider's Primary Impression	Required
eSituation.12	Provider's Secondary Impressions	Required

StreetAddress

Truncates to 55 characters.

Element No.	Element Name	Usage
dContact.05	Agency Contact Address	Recommended
dLocation.06	EMS Location Address	Optional
dPersonnel.04	EMS Personnel's Mailing Address	Optional
dFacility.07	Facility Street Address	Optional

ePatient.05	Patient's Home Address	Optional
ePayment.12	Insurance Company Address	Optional
ePayment.26	Closest Relative/ Guardian Street Address	Optional
ePayment.34	Patient's Employer's Address	Optional
eScene.15	Incident Street Address	Recommended
eDisposition.03	Destination Street Address	Optional
@StreetAddress2		Optional

dAgency.22 - EMS Billable Calls per Year

Maps Not Value 7701005 (Not Reporting) to 7701003 (Not Recorded).

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

Maps Not Value 7701005 (Not Reporting) to 7701003 (Not Recorded).

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

Maps value for 2009 Advanced Emergency Medical Technician(AEMT) from 1529901 to 1529001.

dFacility.01 - Type of Facility

Maps new values to 1701011 (Other).

dFacility.05 - Facility National Provider Identifier

Removes instances after first instance.

Removes @CorrelationID.

eRecord.01 - Patient Care Report Number

Important: Truncates to 32 characters. If the original value is longer than 32 characters, a message is generated by the XSLT processor and a comment is added to the output document. It is not recommended to allow values longer than 32 characters in environments where translation will be necessary.

eResponse.03 - Incident Number

Truncates to 32 characters. If the original value is longer than 32 characters, a comment is added to the output document.

eScene.14 - Mile Post or Major Roadway

If length is 1, “_” is prepended to meet minimum length of 2.

Maps Not Value 7701005 (Not Reporting) to 7701003 (Not Recorded).

eScene.15 - Incident Street Address

Maps Not Value 7701005 (Not Reporting) to 7701003 (Not Recorded).

eScene.16 - Incident Apartment, Suite, or Room

Maps Not Value 7701005 (Not Reporting) to 7701003 (Not Recorded).

eInjury.04 - Vehicular, Pedestrian, or Other Injury Risk Factor

Maps new value to Not Value 7701003 (Not Recorded).

eArrest.10 – Therapeutic Hypothermia Initiated

Element was retired in 3.4.0 but mandatory in 3.3.4. If eProcedures.03 Procedure Performed contains value 430189000 (Hypothermia Induction Therapy), eArrest.10 is included in the output with value 9923003 (Yes). Otherwise, eArrest.10 is included in the output with Not Value 7701003 (Not Recorded).

eHistory.01 - Barriers to Patient Care

Maps new value to Not Value 7701003 (Not Recorded).

eHistory.06 - Medication Allergies

Maps Pertinent Negative value 8801021 (Unresponsive) to 8801023 (Unable to Complete).

eHistory.08 - Medical/Surgical History

Pattern change. Values not matching the 3.3.4 pattern are removed.

Maps Not Value 7701005 (Not Reporting) to 7701003 (Not Recorded).

eHistory.14 - Current Medication Dosage Unit

Maps new values to 3114041 (other (Not Listed)).

eVitals.16 - Carbon Dioxide (CO2)

Values over 100 are changed to 100.

eVitals.17 - Carbon Monoxide (CO)

Values are rounded to the nearest integer.

Maps Not Value 7701005 (Not Reporting) to 7701003 (Not Recorded).

eExam.04 - Skin Assessment

eExam.10 - Abdominal Assessment Finding Location

eExam.11 - Abdomen Assessment

eExam.16 - Extremities Assessment

eExam.19 - Mental Status Assessment

eExam.20 - Neurological Assessment

New values are removed.

eExam.21 - Stroke/CVA Symptoms Resolved

Map "Yes" values to a new instance of eExam.AssessmentGroup with eExam.20 as follows. eExam.21 is removed.

eExam.21 Value	eExam.21 Label	eExam.20 Value	eExam.20 Label
3521003	Yes-Resolved Prior to EMS Arrival	3520047	Reported Stroke Symptoms Resolved Prior to EMS Arrival
3521005	Yes-Resolved in EMS Presence	3520049	Reported Stroke Symptoms

			Resolved in EMS Presence
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eMedications.06 - Medication Dosage Units

Maps new values to 3706029 (Other).

eProcedures.07 - Procedure Complication

Maps new values 3907049 (Itching) and 3907051 (Urticaria) to 3907029 (Itching/Urticaria).

eAirway.08 - Airway Complications Encountered

eAirway.09 - Suspected Reasons for Failed Airway Procedure

Moves to a new instance of eAirway.ConfirmationGroup.

eDisposition.19 - Condition of Patient at Destination

Maps new values to existing values by comparing to eSituation.13 - Initial Patient Acuity. The mapping is not precise. If eSituation.13 is not recorded, eSituation.19 is mapped to Not Value 7701003 (Not Recorded).

3.4.0				3.3.4	
eSituation.13		eDisposition.19		eDisposition.19	
2813001	Critical (Red)	4219001	Critical (Red)	9916003	Unchanged
		4219003	Emergent (Yellow)	9916001	Improved
		4219005	Lower Acuity (Green)	9916001	Improved
		4219007	Dead without Resuscitation Efforts (Black)	9915005	Worse
2813003	Emergent (Yellow)	4219001	Critical (Red)	9915005	Worse
		4219003	Emergent (Yellow)	9916003	Unchanged
		4219005	Lower Acuity (Green)	9916001	Improved
		4219007	Dead without Resuscitation Efforts (Black)	9915005	Worse
2813005	Lower Acuity (Green)	4219001	Critical (Red)	9915005	Worse
		4219003	Emergent (Yellow)	9915005	Worse
		4219005	Lower Acuity (Green)	9916003	Unchanged
		4219007	Dead without Resuscitation Efforts (Black)	9915005	Worse
2813007	Dead without Resuscitation Efforts (Black)	4219001	Critical (Red)	9916001	Improved
		4219003	Emergent (Yellow)	9916001	Improved
		4219005	Lower Acuity (Green)	9916001	Improved
		4219007	Dead without Resuscitation Efforts (Black)	9916003	Unchanged

eDisposition.22 - Hospital In-Patient Destination

Maps new values to 4222035 (Hospital-Other).

eOutcome.08 - Emergency Department Recorded Cause of Injury

Removes instances after first instance.

Removes @CorrelationID.

eOutcome.13 - Hospital Diagnosis

Pattern change. Values not matching the 3.3.4 pattern are removed.

eOther.13 - Signature Reason

Removes instances after first instance.

Removes @CorrelationID.