

### **NEMSIS**

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

# **Based on**NHTSA Version 2.2.1 NHTSA Version 3.4.0

**Revision Date: July 13, 2016** 

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

www.NEMSIS.org

D01\_01 EMS Agency Number

dAgency.01 EMS Agency Unique State ID

### V2 Element V3 Element

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

Comment

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

Mapping

V2 Pattern V3 Replacement

.

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

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

### dAgency.04 EMS Agency State D01\_03 EMS Agency State State **ANSIStateCode Null Values Null Values** No No Is Nillable Is Nillable No No Recurrence 1: M 1:1 Recurrence

### Comment

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

| Mapping  |  |
|--|--|
| V2 Pattern   | V3 Replacement                               |
| matches(normalize-space(.),'^[0-9]{2}\$')                        |  |
|  | 00   |
| This mapping is used when the v3 element is mandatory and the v2 | element is missing or contains a null value. |

### D01\_03 EMS Agency State dAgency.05 EMS Agency Service Area States State **ANSIStateCode Null Values Null Values** No No Is Nillable No Is Nillable No Recurrence 1: M Recurrence 1:1

### Comment

Not precise, but dAgency.05 is mandatory in v3.

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

### Mapping V2 Pattern watches(normalize-space(.),'^[0-9]{2}\$') This mapping is used when the v3 element is mandatory and the v2 element is missing or contains a null value.

### V3 Element V2 Element

| D01_03 EMS Agency State |    | dConfiguration.01 State Associated with the Certification/Licensure Levels |     |  |
|-------------------------|----|--|-----|--|
| State                   |    | ANSIStateCode  |     |  |
| Null Values             | No | Null Values  | No  |  |
| Is Nillable No          |    | Is Nillable  | No  |  |
| Recurrence 1: M         |    | Recurrence   | 1:1 |  |

### Comment

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

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

### Mapping V2 Pattern V3 Replacement matches(normalize-space(.),'^[0-9]{2}\$') 00

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

D01\_04 EMS Agency County

dAgency.06 EMS Agency Service Area County(ies)

### V2 Element V3 Element

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

### Comment

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

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

### Wapping V2 Pattern matches(normalize-space(.),'^[0-9]{5}\$') . 00000 This mapping is used when the v3 element is mandatory and the v2 element is missing or contains a null value.

5680

### V2 Element V3 Element

Speciality Care Transport

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

9920019

Critical Care (Ground)

Critical Care (Ground)

### V2 Element V3 Element

Speciality Care Transport

5760

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

9920019

### V3 Element V2 Element

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

### Comment

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

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

| M  | 2  | n | n  | ın | $\alpha$ |
|----|----|---|----|----|----------|
| IV | ıa | v | וע | ш  | ч        |

| Mapping   |  |  |                    |  |  |
|---|--|--|--------------------|--|--|
| V2 Pattern  |  | V3 Replacement                           |                    |  |  |
|   |  | 9917011                                  | EMT-Basic          |  |  |
| This mapping is used when the v3 element is mandatory and the v2 element is missing or contains a null value. |  |  |                    |  |  |
| 6090  | EMT-Basic                                      | 9917011                                  | EMT-Basic          |  |  |
| 6100  | EMT-Intermediate                               | 9917013                                  | EMT-Intermediate   |  |  |
| 6110  | EMT-Paramedic                                  | 9917015                                  | EMT-Paramedic      |  |  |
| 6111  | Nurse  | 9917031                                  | Registered Nurse   |  |  |
| 991702  | 25 Nurse Practitioner and 9917029 Licensed Pra | actical Nurse (LPN) are also appropriate | e v3 replacements. |  |  |
| 6112  | Physician                                      | 9917019                                  | Physician          |  |  |
| 6120  | First Responder                                | 9917009                                  | First Responder    |  |  |

D01\_07 Level of Service

### V2 Element V3 Element

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

eResponse.15 Level of Care of This Unit

### Comment

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

### Mapping

| V2 Pattern | V3 Replacement |                |
|------------|----------------|----------------|
|            | 2215013        | Al S-Paramedic |

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

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

| D01_08 Organizational Type |                     | dAgency.13 Organ   | nizational  | I Туре         |
|----------------------------|---------------------|--------------------|-------------|----------------|
| OrganizationalType         |                     | OrganizationalType |             |                |
| Null Values                | No                  | Null Values        |             | No             |
| Is Nillable                | No                  | Is Nillable        |             | No             |
| Recurrence                 | 1:1                 | Recurrence         |             | 1:1            |
| Comment                    |                     |                    |             |                |
| Mapping                    |                     |                    |             |                |
| V2 Pattern                 |                     | V3 Replacement     |             |                |
| 5810 Com                   | nmunity, Non-Profit | 9912007            | Private, No | onhospital     |
| 5820 Fire                  | Department          | 9912001            | Fire Depar  | tment          |
| 5830 Gov                   | ernmental, Non-Fire | 9912003            | Governme    | ntal, Non-Fire |
| 5840 Hos                   | pital               | 9912005            | Hospital    |                |
| 5850 Priva                 | ate, Non_Hospital   | 9912007            | Private, No | onhospital     |
| 5860 Triba                 | al                  | 9912009            | Tribal      |                |

D01\_08 Organizational Type

dAgency.14 EMS Agency Organizational Tax

### V2 Element V3 Element

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

### Comment

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

| The proceed and general the manual street |                        |                |                          |  |
|---|------------------------|----------------|--------------------------|--|
| Mapping                                   |                        |                |                          |  |
| V2 Pattern                                |                        | V3 Replacement | t                        |  |
| 5810                                      | Community, Non-Profit  | 1018005        | Not For Profit           |  |
| 5820                                      | Fire Department        | 1018003        | Other (e.g., Government) |  |
| Not precise.                              |                        |                |                          |  |
| 5830                                      | Governmental, Non-Fire | 1018003        | Other (e.g., Government) |  |
| 5840                                      | Hospital               | 1018003        | Other (e.g., Government) |  |
| Not precise.                              |                        |                |                          |  |
| 5850                                      | Private, Non_Hospital  | 1018003        | Other (e.g., Government) |  |
| Not precise.                              |                        |                |                          |  |
| 5860                                      | Tribal                 | 1018003        | Other (e.g., Government) |  |
| Not precise.                              |                        |                |                          |  |

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

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

V2 Pattern V3 Replacement

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

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

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

D01\_14 911 Call Volume per Year

dAgency.18 911 EMS Call Center Volume per Year

### V2 Element V3 Element

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

V2 Pattern V3 Replacement
number(.)<=4000000 .

otherwise 4000000

D01\_15 EMS Dispatch Volume per Year

dAgency.19 EMS Dispatch Volume per Year

### V2 Element V3 Element

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

 V2 Pattern
 V3 Replacement

 number(.)<=400000</td>
 .

 otherwise
 4000000

otherwise

D01\_16 EMS Transport Volume per Year

dAgency.20 EMS Patient Transport Volume per

### V3 Element V2 Element

### Year EMSTransportVolumeYear AnnualAgencyStatistics **Null Values Null Values** Yes No Is Nillable Yes Is Nillable Yes Recurrence 1:1 1:1 Recurrence Comment v2 allows up to 100,000,000. v3 only allows up to 4,000,000. Mapping V2 Pattern V3 Replacement number(.)<=4000000 4000000

1:1

dAgency.21 EMS Patient Contact Volume per Year

### V3 Element V2 Element

1:1

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

Recurrence

### Comment

number(.)<=4000000

Recurrence

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

D01\_17 EMS Patient Contact Volume per Year

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

4000000

otherwise

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

Atlantic Time

5970

### V2 Element V3 Element

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

1027003

GMT-04:00 Atlantic Time

| D01_20 EMS Agency       | Daylight Savings Time Use | dAgency.24<br>Use | EMS Agency Day | light Savings Time |
|-------------------------|---------------------------|-------------------|----------------|--------------------|
| EMSAgencyDaylightSaving | sTimeUse                  | YesNoValues       |                |                    |
| Null Values             | No                        | Null Values       |                | No                 |
| Is Nillable             | No                        | Is Nillable       |                | No                 |
| Recurrence              | 0:1                       | Recurrence        |                | 0:1                |
| Comment                 |                           |                   |                |                    |
| Mapping                 |                           |                   |                |                    |
| V2 Pattern              |                           | V3 Replaceme      | ent            |                    |
| 0 No                    |                           | 9923001           | No             |                    |
| 1 Yes                   |                           | 9923003           | Yes            |                    |

D01\_21 National Provider Identifier

### V2 Element V3 Element

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

### Comment

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

### Mapping

V2 Pattern

V3 Replacement

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

dAgency.25 National Provider Identifier

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

### D02\_02 Agency Contact Middle Name/Initial dContact.04 Agency Contact Middle Name/Initial MiddleInitialName PersonMiddleName **Null Values** Yes **Null Values** No Is Nillable No Is Nillable No Recurrence 0:1 Recurrence 0:1 Comment Mapping V2 Pattern V3 Replacement

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

.

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

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

### Comment

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

### Mapping

V2 Pattern V3 Replacement

51000 City of New York 2395220 City of New York

### dContact.07 Agency Contact State D02\_06 Agency Contact State State **ANSIStateCode Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 0:1 0:1 Recurrence

### Comment

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

| Mapping   |   |
|---|---|
| V2 Pattern  | V3 Replacement                                    |
| matches(normalize-space(.),'^[0-9]{2}\$')                     |   |
|   | 00  |
| This mapping is used when the v3 element is mandatory and the | e v2 element is missing or contains a null value. |

D02\_07 Agency Contact Zip Code

### V2 Element V3 Element

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

### Comment

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

### Mapping

### V2 Pattern

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

### V3 Replacement

dContact.08 Agency Contact ZIP Code

normalize-space(.)

### D02\_08 Agency Contact Telephone Number

### dContact.10 Agency Contact Phone Number

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

### Comment

v3 @PhoneNumberType is set to 9913009 Work.

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

### Mapping

### V2 Pattern

### V3 Replacement

normalize-space(.)

### V2 Element

### D02\_09 Agency Contact Fax Number

### V3 Element

### dContact.10 Agency Contact Phone Number

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

| PhoneNumber |       |  |
|-------------|-------|--|
| Null Values | Yes   |  |
| Is Nillable | Yes   |  |
| Recurrence  | 0 : M |  |

### Comment

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

### Mapping

### V2 Pattern

### V3 Replacement

normalize-space(.)

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

# D02\_11 Agency Contact Web Address dContact.12 EMS Agency Contact Web Address WebAddress WebAddress

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

#### Comment

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

# Mapping

V2 Pattern V3 Replacement

string-length(.)>=3

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

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

V2 Pattern V3 Replacement

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

| D03_04 Agency Medical Director Address |     | dContact.05 Agency Co | dContact.05 Agency Contact Address |  |  |
|--|-----|-----------------------|------------------------------------|--|--|
| StreetAddress                          |     | StreetAddress         |                                    |  |  |
| Null Values                            | Yes | Null Values           | Yes                                |  |  |
| Is Nillable                            | No  | Is Nillable           | Yes                                |  |  |
| Recurrence                             | 0:1 | Recurrence            | 0:1                                |  |  |
| Comment                                |     |                       |                                    |  |  |
| Mapping                                |     |                       |                                    |  |  |
| V2 Pattern                             |     | V3 Replacement        | V3 Replacement                     |  |  |

v2 r ditorr

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

#### Comment

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

#### Mapping

V2 Pattern V3 Replacement

51000 City of New York 2395220 City of New York

#### dContact.07 Agency Contact State D03\_06 Agency Medical Director State State **ANSIStateCode Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 0:1 0:1 Recurrence

#### Comment

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

| Mapping   |   |
|---|---|
| V2 Pattern  | V3 Replacement  |
| matches(normalize-space(.),'^[0-9]{2}\$')             |   |
|   | 00  |
| This mapping is used when the v3 element is mandatory | v and the v2 element is missing or contains a null value. |

D03\_07 Agency Medical Director Zip Code

# V2 Element V3 Element

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

#### Comment

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

# Mapping

#### V2 Pattern

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

# V3 Replacement

dContact.08 Agency Contact ZIP Code

normalize-space(.)

Yes

Yes

0: M

### V2 Element

# V3 Element

# D03\_08 Agency Medical Director Telephone Number

# dContact.10 Agency Contact Phone Number

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

#### Comment

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

# Mapping

#### V2 Pattern

#### V3 Replacement

normalize-space(.)

# D03\_09 Agency Medical Director Fax Number

# dContact.10 Agency Contact Phone Number

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

#### Comment

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

# Mapping

#### V2 Pattern

#### V3 Replacement

normalize-space(.)

Not supported in v3.

**Pediatrics** 

Surgery

6070

6080

D03\_10 Agency Medical Director's Medical

dContact.14 Agency Medical Director Board

**Pediatrics** 

Surgery

# V2 Element V3 Element

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

1114029

1114037

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

V2 Pattern V3 Replacement

D04\_01 State Certification Licensure Levels

dConfiguration.02 State Certification/Licensure

#### V2 Element V3 Element

#### DemographicStateCertificationLicensureLevels LicensureLevels **Null Values Null Values** No No Is Nillable No Is Nillable No Recurrence 0: M Recurrence 1: M Comment v2 also includes DescriptiveText, which is a string of length 2 to 100. Mapping V2 Pattern V3 Replacement 9911019 Other This mapping is used when the v3 element is mandatory and the v2 element is missing or contains a null value.

Levels

6090 **EMT-Basic** 9911009 **EMT-Basic** 6100 **EMT-Intermediate** 9911011 **EMT-Intermediate** 6110 **EMT-Paramedic** 9911013 **EMT-Paramedic** 6111 Nurse 9911033 Registered Nurse 9911027 Nurse Practitioner and 9911031 Licensed Practical Nurse (LPN) are also appropriate v3 replacements 6112 Physician 9911021 Physician 6120 First Responder 9911015 First Responder

D04\_02 EMS Unit Call Sign

# V2 Element V3 Element

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

dConfiguration.16 Crew Call Sign

#### Comment

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

# Mapping

V2 Pattern V3 Replacement

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

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

| D04_04 Procedures |  |  | dConfiguration.07 EMS Agency Procedures    |  |  |  |
|-------------------|--|--|--|--|--|--|
| Demog             | raphicProcedure  |  | snomed                                     |  |  |  |
| Null Values No    |  |  | Null Values                                | Null Values                                      |  |  |
| ls Nillal         | ble  | No   | Is Nillable                                |  | No                                     |  |
| Recurre           |  | 1:1  |  |  | 1 : M                                  |  |
|                   |  | 1.1  | Recurrence 1: M                            |  |  |  |
| Comme             | ent  |  |  |  |  |  |
| Mappin            | ng   |  |  |  |  |  |
| V2 Pati           | tern   |  | V3 Replacement                             |  |  |  |
|                   |  |  | 71388002                                   | Procedure  |  |  |
| 1.181             |  | ne v3 element is mandatory and the v2 one heter-Epidural Maintenance               | element is missing or contains a 424432007 |  | catheter maintenance                   |  |
| 1.182             |  | heter-Intraventricular Maintenance   | 230937006                                  | •  | e for monitoring intracranial pressure |  |
|                   | Not precise.   |  |  |  |  |  |
| 00.100            | Rescue   |  | 83887000                                   | Rescue v   |  |  |
|                   | Rescue vehicle (a device, not efforts made by the responde | t a procedure) should only be used for vers to remove the patient from the environ | 2.2.1 to v3.x mapping purposes onment.     | . This desc                                      | cription does not represent rescue     |  |
| 01.202            | Activation   | •  |  | Medical e  | Medical evaluation for rehabilitation  |  |
| 01.205            | Not precise.   | n-Social Services Notification/Referral  | 306238000                                  | Poforral to                                      | o Social Sarvicas                      |  |
| 01.500            |  | Medical Control  | 304562007                                  | Referral to Social Services                      |  |  |
| 31.110            |  | eedle Cricothyrotomy   | 232689008                                  | Informing doctor  Percutaneous cricothyroidotomy |  |  |
| 31.120            | •  | urgical Cricothyrotomy   | 232692007                                  |  | othyroidotomy                          |  |
| 31.420            | -  | irect Laryngoscopy   | 78121007                                   |  | /ngoscopy                              |  |
| 31.421            |  | ideo Laryngoscopy  | 673005                                     | Ī  | ryngoscopy                             |  |
| 34.041            | •  | ecompression   | 182705007                                  |  | oneumothorax relief                    |  |
| 34.042            | Chest Tu   | be Placement   | 264957007                                  | ·  | of pleural tube drain                  |  |
| 37.000            | Pericardi  | ocentesis  | 309849004                                  | Pericardio                                       | ·                                      |  |
| 37.611            | Intra-Aor  | tic Balloon Pump Maintenance   | 34475007                                   | Intraaortic                                      | balloon pump maintenance               |  |
| 37.612            | Left Vent  | ricular Assist Device Maintenance  | 386237008                                  | Circulator                                       | y care: mechanical assist device       |  |
| 88.910            | Arterial A   | access-Blood Draw  | 55841001                                   | Arterial pu                                      | uncture for withdrawal of blood for    |  |
| 88.990            | Venous A   | Access-Blood Draw  | 396540005                                  | Phlebotor  |  |  |
| 88.991            | Venous A   | Access-Existing Catheter   | 397901004                                  | Pre-existi                                       | ng line accessed                       |  |
| 88.992            | Venous A   | Access-Extremity   | 392230005                                  | Catheteriz                                       | zation of vein                         |  |
| 88.993            | Venous A   | Access-External Jugular Line   | 405427009                                  | Catheteriz                                       | zation of external jugular vein        |  |
| 88.994            | Venous A   | Access-Femoral Line  | 405442007                                  | Catheteriz                                       | zation of common femoral vein          |  |
| 38.995            | Blood Gl   | ucose Analysis   | 33747003                                   | Glucose r  | neasurement, blood                     |  |
| 39.995            | Venous A   | Access-Internal Jugular Line   | 405425001                                  | Catheteriz                                       | zation of internal jugular vein        |  |
| 39.996            | Venous A   | Access-Subclavian Line   | 405430002                                  | Catheteriz                                       | zation of subclavian vein              |  |
| 39.997            | Venous A   | Access-Discontinue   | 103715008                                  | Removal  | of catheter                            |  |
|                   | 424287005 Removal of perip                                 | heral intravenous catheter is also an ap   | propriate v3 replacement.                  |  |  |  |

| 39.998           |                   | Venous Access-Umbilical Vein Cannulation   | 42550007                              | Catheterization of umbilical vein                           |
|------------------|-------------------|--|---------------------------------------|---|
|                  |                   |  |                                       |   |
| 41.920<br>41.921 |                   | Venous Access-Intraosseous Adult  Venous Access-Intraosseous Pediatric             | 430824005                             | Intraosseous cannulation                                    |
|                  |                   |  | 430824005                             | Intraosseous cannulation                                    |
| 57.940           |                   | Urinary Catheterization  | 410024004                             | Insertion of catheter into urinary bladder                  |
| 73.590           |                   | Childbirth   | 236973005                             | Delivery procedure  |
| 79.700           |                   | Joint Reduction/Relocation   | 58825001                              | Closed reduction of dislocation                             |
| 86.090           |                   | Escharotomy  | 70177008                              | Escharotomy   |
| 86.280           |                   | Decontamination  | 409530006                             | Decontamination   |
| 89.391           |                   | Capnography (CO2 Measurement)  | 284029005                             | Respired carbon dioxide monitoring                          |
| 89.392           |                   | Pulse Oximetry   | 252465000                             | Pulse oximetry  |
| 89.510           |                   | Cardiac Monitor  | 88140007                              | Cardiac monitor surveillance                                |
| 89.590           |                   | Orthostatic Blood Pressure Measurement   | 425058005                             | Taking orthostatic vital signs                              |
| 89.599           |                   | "Patient Monitoring of Pre-existing Devices,<br>Equipment, or Ongoing Medications" | 182777000                             | Monitoring of patient                                       |
| 89.610           |                   | Arterial Line Maintenance  | 422744007                             | Arterial catheter care                                      |
| 89.620           |                   | Venous Access-Central Line Maintenance   | 226005007                             | Care of central line  |
| 89.640           |                   | Venous Access-Swan Ganz Maintenance  | 42340005                              | Pulmonary artery wedge pressure monitoring                  |
| 89.700           |                   | Assessment-Adult   | 422440002                             | Adult continuous physical assessment                        |
| 89.701           |                   | Assessment-Pediatric   | 423850004                             | Pediatric continuous physical assessment                    |
| 89.702           | 423589000 Newbor  | n continuous physical assessment may also be an Pain Measurement                   | appropriate v3 replacement. 225399009 | Pain assessment (procedure)                                 |
| 89.703           |                   | Temperature Measurement  | 56342008                              | Temperature taking (procedure)                              |
| 89.704           |                   | ·  |                                       |   |
| 09.704           | Notarosias        | Thrombolytic Screen  | 20135006                              | Screening procedure   |
| 89.820           | Not precise.      | 12 Lead ECG-Obtain   | 268400002                             | 12 lead ECG   |
| 93.055           |                   | Wound Care-Taser Barb Removal  | 302421003                             | Removal of foreign body from skin                           |
|                  | Not precise.      |  |                                       |   |
| 93.056           |                   | Wound Care-Tourniquet  | 20655006                              | Application of tourniquet                                   |
| 93.057           |                   | Wound Care-General   | 225358003                             | Wound care  |
| 93.058           |                   | Wound Care-Irrigation  | 225116006                             | Irrigation of wound   |
| 93.059           |                   | Wound Care-Hemostatic Agent  | 372045002                             | Application of chemical hemostatic agents                   |
| 93.350           |                   | "Patient Warming (Hot Pack, etc.)"   | 431949004                             | Active external warming of subject                          |
| 93.450           |                   | Splinting-Traction   | 302488007                             | Application of traction using a traction device             |
|                  | 59900003 Manual a | and mechanical traction is also an appropriate v3 re                               | placement.                            |   |
| 93.540           |                   | Splinting-Basic  | 79321009                              | Application of splint                                       |
| 93.580           |                   | MAST   | 448970001                             | Application of pressure trouser (procedure)                 |
| 93.591           |                   | Spinal Immobilization  | 426498007                             | Stabilization of spine                                      |
|                  | 398041008 Cervica | I spine immobilization is also an appropriate v3 repl                              | acement.                              |   |
| 93.900           |                   | Airway-CPAP  | 47545007                              | Continuous positive airway pressure ventilation treatment   |
| 93.910           |                   | Airway-Respirator Operation (BLS)  | 40617009                              | Artificial respiration                                      |
| 93.930           |                   | Airway-Bagged (via tube)   | 243140006                             | Lung inflation by intermittent compression of reservoir bag |
| 93.931           |                   | Airway-Bagged (via BVMask)   | 425447009                             | Bag valve mask ventilation                                  |
| 93.940           |                   | Airway-Nebulizer Treatment   | 56251003                              | Nebulizer treatment   |
| 96.010           |                   | Airway-Nasal   | 182692007                             | Nasopharyngeal airway insertion                             |
| 96.020           |                   | Airway-Oral  | 7443007                               | Insertion of oropharyngeal airway                           |
| 96.030           |                   | Airway-EOA/EGTA  | 232673005                             | Obturator airway insertion                                  |
|                  |                   |  |                                       |   |

| 96.040   | Δirwa  | y-Orotracheal Intubation  | 232674004  | Orotracheal intubation   |
|--|--|---|--|--|
| 96.041   | •  | y-Nasotracheal Intubation   | 232679009  | Nasotracheal intubation  |
| 96.042   |  | y-Rapid Sequence Induction  | 241689008  | Rapid sequence induction   |
| 96.051   |  | y-Combitube Blind Insertion Airway  | 429705000  | Insertion of esophageal tracheal combitube   |
| 30.031   | Devic  |   | 420100000  | insertion of esophageal tracineal combitable   |
| 96.052   | Airwa<br>Devic   | y-Laryngeal Mask Blind Insertion Airway<br>e  | 424979004  | Laryngeal mask airway insertion  |
| 96.053   | Airwa  | y-King LT Blind Insertion Airway Device   | 450611000124100  | Insertion of Single Lumen Supraglottic Airway Device   |
| 96.070   | Gastr  | ic Tube Insertion-Inserted Nasally  | 87750000   | Insertion of nasogastric tube  |
| 96.071   | Gastr  | ic Tube Insertion-Inserted Orally   | 235425002  | Insertion of orogastric tube   |
| 96.700   | Airwa  | y-Ventilator Operation  | 8948006  | Assisted ventilation therapy, pressure or volume preset, initiation and management   |
| 96.701   | Airwa  | y-Ventilator with PEEP  | 45851008   | Positive end expiratory pressure ventilation therapy, initiation and management  |
| 96.702   | Airwa  | y-BiPAP   | 243142003  | Dual pressure spontaneous ventilation support  |
| 96.703   | Airwa  | y-Impedence Threshold Device  | 441893003  | Active compression decompression cardiopulmonary resuscitation with use of inspiratory impedance threshold device  |
| 96.790   | Airwa  | y-PEEP  | 45851008   | Positive end expiratory pressure ventilation therapy, initiation and management  |
| 96.991   | Airwa  | y-Intubation Confirm Colorimetric ETCO2   | 428482009  | Colorimetric respired carbon dioxide monitoring  |
| 96.993   | Airwa  | y-Extubation  | 232708009  | Removal of device from airway  |
| 97.230   | Airwa  | y-Change Tracheostomy Tube  | 2267008  | Changing tracheostomy tube   |
| 97.231   | Airwa<br>Stoma   | y-Intubation of Existing Tracheostomy<br>a  | 232685002  | Insertion of tracheostomy tube   |
| 98.130   |  | ay-Cleared, Opened, or Heimlich"  | 232707004  | Removal of foreign body from airway  |
| 98.131   |  | oreign Body Removal also maps to this v3 va<br>y-Foreign Body Removal   | lue. 23690002 Heimlich mane 232707004  | euver is also an appropriate v3 replacement.  Removal of foreign body from airway  |
|  | All Wa   |   |  |  |
| 98 15N   | Δirwa  | V-Suctioning  |  |  |
| 98.150   |  | y-Suctioning  | 230040009  | Airway suction technique   |
| 98.150<br>99.290   | Injecti  | ions-SQ/IM  | 24456005   | Injection of soft tissue   |
|  | Injecti<br>76601001 Intramuscular in   |   | 24456005   | Injection of soft tissue   |
| 99.290   | Injecti<br>76601001 Intramuscular ir<br>CPR-   | ions-SQ/IM<br>njection and 32282008 Subcutaneous injection  | 24456005<br>on are among the children of the   | Injection of soft tissue   |
| 99.290<br>99.600   | Injecti 76601001 Intramuscular ii CPR-I  | ions-SQ/IM  njection and 32282008 Subcutaneous injectic Start Compressions and Ventilations   | 24456005<br>on are among the children of the<br>89666000<br>429283006  | Injection of soft tissue his code. Cardiopulmonary resuscitation   |
| 99.290<br>99.600   | Injection 76601001 Intramuscular in CPR-CPR I  | ions-SQ/IM  njection and 32282008 Subcutaneous injection Start Compressions and Ventilations  by Other External Automated Device  | 24456005<br>on are among the children of the<br>89666000<br>429283006  | Injection of soft tissue his code. Cardiopulmonary resuscitation   |
| 99.290<br>99.600<br>99.601<br>99.602   | Injection 76601001 Intramuscular in CPR-1000 CPR II Unable to distinguish from CPR-1000 CPR-1 | ions-SQ/IM  njection and 32282008 Subcutaneous injection Start Compressions and Ventilations  by Other External Automated Device  AutoPulse or Mechanical Thumper Type De AutoPulse Device  Mechanical Thumper or Other External Autor  | 24456005 on are among the children of the 89666000 429283006 vice. 429283006 omated Device.  | Injection of soft tissue nis code. Cardiopulmonary resuscitation Mechanically assisted chest compression Mechanically assisted chest compression   |
| 99.290<br>99.600<br>99.601   | Injection 76601001 Intramuscular in CPR-1601001 Interest in CPR-1601001 Intramuscular in CPR-1601001 Int | ions-SQ/IM njection and 32282008 Subcutaneous injection Start Compressions and Ventilations by Other External Automated Device n AutoPulse or Mechanical Thumper Type De AutoPulse Device n Mechanical Thumper or Other External Auto Mechanical Thumper Type Device  | 24456005 on are among the children of the 89666000 429283006 vice. 429283006 omated Device. 429283006  | Injection of soft tissue  nis code.  Cardiopulmonary resuscitation  Mechanically assisted chest compression  |
| 99.290<br>99.600<br>99.601<br>99.602   | Injection 76601001 Intramuscular in CPR-1000000000000000000000000000000000000  | ions-SQ/IM  njection and 32282008 Subcutaneous injection Start Compressions and Ventilations  by Other External Automated Device  AutoPulse or Mechanical Thumper Type De AutoPulse Device  Mechanical Thumper or Other External Auto Mechanical Thumper Type Device  AutoPulse or Other External Automated Devi  | 24456005 on are among the children of the 89666000 429283006 vice. 429283006 omated Device. 429283006  | Injection of soft tissue nis code. Cardiopulmonary resuscitation Mechanically assisted chest compression Mechanically assisted chest compression   |
| 99.290<br>99.600<br>99.601<br>99.602<br>99.603   | Injection 76601001 Intramuscular in CPR-1601001  | ions-SQ/IM  njection and 32282008 Subcutaneous injection Start Compressions and Ventilations  by Other External Automated Device  AutoPulse or Mechanical Thumper Type De AutoPulse Device  Mechanical Thumper or Other External Auto Mechanical Thumper Type Device  AutoPulse or Other External Automated Dev Precordial Thump Only  Start Compressions only without  | 24456005 on are among the children of the 89666000 429283006 vice. 429283006 omated Device. 429283006 vice.  | Injection of soft tissue his code. Cardiopulmonary resuscitation Mechanically assisted chest compression Mechanically assisted chest compression Mechanically assisted chest compression   |
| 99.290<br>99.600<br>99.601<br>99.602<br>99.603   | Injection 76601001 Intramuscular in CPR-I CPR I Unable to distinguish from CPR-I Unable to distinguish from CPR-I Unable to distinguish from CPR-I CPR | ions-SQ/IM  njection and 32282008 Subcutaneous injection Start Compressions and Ventilations  by Other External Automated Device  AutoPulse or Mechanical Thumper Type De AutoPulse Device  Mechanical Thumper or Other External Auto Mechanical Thumper Type Device  AutoPulse or Other External Automated Dev Precordial Thump Only  Start Compressions only without  | 24456005 on are among the children of the 89666000 429283006 vice. 429283006 omated Device. 429283006 vice. 225708008  | Injection of soft tissue his code. Cardiopulmonary resuscitation Mechanically assisted chest compression Mechanically assisted chest compression Mechanically assisted chest compression Precordial thump  |
| 99.290<br>99.600<br>99.601<br>99.602<br>99.603<br>99.604<br>99.611   | Injection 76601001 Intramuscular in CPR-Interpretation CPR-Interpretat | ions-SQ/IM  njection and 32282008 Subcutaneous injection Start Compressions and Ventilations  by Other External Automated Device  AutoPulse or Mechanical Thumper Type De AutoPulse Device  Mechanical Thumper or Other External Auto Mechanical Thumper Type Device  AutoPulse or Other External Automated Dev Precordial Thump Only  Start Compressions only without ation  Start Rescue Breathing without  | 24456005 on are among the children of the 89666000 429283006 vice. 429283006 omated Device. 429283006 vice. 225708008 69779005 37113006  | Injection of soft tissue his code. Cardiopulmonary resuscitation Mechanically assisted chest compression Mechanically assisted chest compression Mechanically assisted chest compression Precordial thump Cardiac resuscitation  |
| 99.290<br>99.600<br>99.601<br>99.602<br>99.603<br>99.604<br>99.611<br>99.612                               | Injection 76601001 Intramuscular in CPR-I CPR-I Unable to distinguish from CPR-I Unable to distinguish from CPR-I Unable to distinguish from CPR-I CPR-I CPR-I CPR-I CPR-I CPR-I CPR-I COMPI 11140008 Respiratory assistant  | ions-SQ/IM  njection and 32282008 Subcutaneous injection Start Compressions and Ventilations by Other External Automated Device AutoPulse or Mechanical Thumper Type De AutoPulse Device Mechanical Thumper or Other External Auto Mechanical Thumper Type Device AutoPulse or Other External Automated Dev Precordial Thump Only Start Compressions only without ation Start Rescue Breathing without pressions  | 24456005 on are among the children of the 89666000 429283006 vice. 429283006 omated Device. 429283006 vice. 225708008 69779005 37113006  | Injection of soft tissue his code. Cardiopulmonary resuscitation Mechanically assisted chest compression Mechanically assisted chest compression Mechanically assisted chest compression Precordial thump Cardiac resuscitation  |
| 99.290<br>99.600<br>99.601<br>99.602<br>99.603<br>99.604<br>99.611   | Injection 76601001 Intramuscular in CPR-I CPR-I Unable to distinguish from CPR-I Unable to distinguish from CPR-I Unable to distinguish from CPR-I COmp  | ions-SQ/IM  njection and 32282008 Subcutaneous injection Start Compressions and Ventilations by Other External Automated Device AutoPulse or Mechanical Thumper Type De AutoPulse Device Mechanical Thumper or Other External Auto Mechanical Thumper Type Device AutoPulse or Other External Automated Dev Precordial Thump Only Start Compressions only without lation Start Rescue Breathing without pressions sist, manual is also an appropriate v3 replace rillation-Automated (AED)  | 24456005 on are among the children of the 89666000 429283006 vice. 429283006 omated Device. 429283006 vice. 225708008 69779005 37113006 oment.   | Injection of soft tissue his code. Cardiopulmonary resuscitation Mechanically assisted chest compression Mechanically assisted chest compression Mechanically assisted chest compression Precordial thump Cardiac resuscitation Mouth-to-mouth resuscitation Defibrillation using automated external cardiac   |
| 99.290<br>99.600<br>99.601<br>99.602<br>99.604<br>99.611<br>99.612<br>99.621<br>99.622                     | Injection 76601001 Intramuscular in CPR-16 CPR-16 CPR-16 Unable to distinguish from CPR-16 Unable to distinguish from CPR-16 CPR-16 CPR-16 CPR-17 CPR | ions-SQ/IM  njection and 32282008 Subcutaneous injection Start Compressions and Ventilations by Other External Automated Device AutoPulse or Mechanical Thumper Type De AutoPulse Device Mechanical Thumper or Other External Auto Mechanical Thumper Type Device AutoPulse or Other External Automated Dev Precordial Thump Only Start Compressions only without lation Start Rescue Breathing without bressions sist, manual is also an appropriate v3 replace rillation-Automated (AED)  rillation-Manual automated defibrillation.  | 24456005 on are among the children of the 89666000 429283006 vice. 429283006 omated Device. 429283006 vice. 225708008 69779005 37113006 ment. 450661000124102                                      | Injection of soft tissue his code. Cardiopulmonary resuscitation Mechanically assisted chest compression Mechanically assisted chest compression Mechanically assisted chest compression Precordial thump Cardiac resuscitation Mouth-to-mouth resuscitation Defibrillation using automated external cardiac defibrillator External ventricular defibrillation   |
| 99.290<br>99.600<br>99.601<br>99.602<br>99.603<br>99.604<br>99.611<br>99.612<br>99.621<br>99.622<br>99.623 | Injection 76601001 Intramuscular in CPR-1 CPR-1 Unable to distinguish from CPR-1 Unable to distinguish from CPR-1 Unable to distinguish from CPR-1 CPR-1 CPR-1 CPR-1 COMP 11140008 Respiratory ass Defibrit Defibrit Unable to distinguish from Cardier Cardier Cardier CAR-1 CARDIN CARDI | ions-SQ/IM  njection and 32282008 Subcutaneous injection Start Compressions and Ventilations by Other External Automated Device AutoPulse or Mechanical Thumper Type De AutoPulse Device Mechanical Thumper or Other External Auto Mechanical Thumper Type Device AutoPulse or Other External Automated Dev Precordial Thump Only Start Compressions only without lation Start Rescue Breathing without bressions sist, manual is also an appropriate v3 replace rillation-Automated (AED)  rillation-Manual automated defibrillation. oversion   | 24456005 on are among the children of the 89666000 429283006 vice. 429283006 omated Device. 429283006 vice. 225708008 69779005 37113006 oment. 450661000124102 426220008 250980009                 | Injection of soft tissue his code.  Cardiopulmonary resuscitation Mechanically assisted chest compression  Mechanically assisted chest compression  Mechanically assisted chest compression  Precordial thump Cardiac resuscitation  Mouth-to-mouth resuscitation  Defibrillation using automated external cardiac defibrillator  External ventricular defibrillation  Cardioversion   |
| 99.290 99.600 99.601 99.602 99.603 99.604 99.611 99.621 99.622 99.623 99.623                               | Injection 76601001 Intramuscular in CPR-I CPR-I Unable to distinguish from CPR-I Unable to distinguish from CPR-I Unable to distinguish from CPR-I COmp  | ions-SQ/IM njection and 32282008 Subcutaneous injection Start Compressions and Ventilations by Other External Automated Device AutoPulse or Mechanical Thumper Type De AutoPulse Device Mechanical Thumper or Other External Auto Mechanical Thumper Type Device AutoPulse or Other External Automated Dev Precordial Thump Only Start Compressions only without lation Start Rescue Breathing without bressions sist, manual is also an appropriate v3 replace rillation-Automated (AED) rillation-Manual automated defibrillation. oversion ac Pacing-External  | 24456005 on are among the children of the 89666000 429283006 vice. 429283006 omated Device. 429283006 vice. 225708008 69779005 37113006 ment. 450661000124102 426220008 250980009 59218006         | Injection of soft tissue his code. Cardiopulmonary resuscitation Mechanically assisted chest compression Mechanically assisted chest compression Mechanically assisted chest compression Precordial thump Cardiac resuscitation Mouth-to-mouth resuscitation  Defibrillation using automated external cardiac defibrillator External ventricular defibrillation  Cardioversion Temporary transcutaneous pacing                     |
| 99.290 99.600 99.601 99.602 99.603 99.611 99.612 99.621 99.622 99.623 99.624 99.625                        | Injection 76601001 Intramuscular in CPR-1 CPR-1 Unable to distinguish from CPR-1 Unable to distinguish from CPR-1 Unable to distinguish from CPR-1 CPR-1 CPR-1 CPR-1 CPR-1 CPR-1 CPR-1 COMP 11140008 Respiratory ass Defibit Unable to distinguish from Cardic Cardic Cardic Defibit   | ions-SQ/IM  njection and 32282008 Subcutaneous injection Start Compressions and Ventilations by Other External Automated Device AutoPulse or Mechanical Thumper Type De AutoPulse Device Mechanical Thumper or Other External Auto Mechanical Thumper Type Device AutoPulse or Other External Automated Dev Precordial Thump Only Start Compressions only without lation Start Rescue Breathing without Dressions Sist, manual is also an appropriate v3 replace rillation-Automated (AED)  rillation-Manual Automated defibrillation. Doversion ac Pacing-External rillation-Placement for Monitoring/Analysis | 24456005 on are among the children of the 89666000 429283006 vice. 429283006 mated Device. 429283006 vice. 225708008 69779005 37113006 ment. 450661000124102 426220008 250980009 59218006 23852006 | Injection of soft tissue his code. Cardiopulmonary resuscitation Mechanically assisted chest compression Mechanically assisted chest compression Mechanically assisted chest compression  Precordial thump Cardiac resuscitation Mouth-to-mouth resuscitation  Defibrillation using automated external cardiac defibrillator External ventricular defibrillation  Cardioversion Temporary transcutaneous pacing Cardiac monitoring |
| 99.290 99.600 99.601 99.602 99.603 99.604 99.611 99.621 99.622 99.623 99.623                               | Injection 76601001 Intramuscular in CPR-1 CPR-1 Unable to distinguish from CPR-1 Unable to distinguish from CPR-1 Unable to distinguish from CPR-1 CPR-1 CPR-1 CPR-1 CPR-1 CPR-1 CPR-1 COMP 11140008 Respiratory ass Defibit Unable to distinguish from Cardic Cardic Cardic Defibit   | ions-SQ/IM njection and 32282008 Subcutaneous injection Start Compressions and Ventilations by Other External Automated Device AutoPulse or Mechanical Thumper Type De AutoPulse Device Mechanical Thumper or Other External Auto Mechanical Thumper Type Device AutoPulse or Other External Automated Dev Precordial Thump Only Start Compressions only without lation Start Rescue Breathing without bressions sist, manual is also an appropriate v3 replace rillation-Automated (AED) rillation-Manual automated defibrillation. oversion ac Pacing-External  | 24456005 on are among the children of the 89666000 429283006 vice. 429283006 omated Device. 429283006 vice. 225708008 69779005 37113006 ment. 450661000124102 426220008 250980009 59218006         | Injection of soft tissue his code. Cardiopulmonary resuscitation Mechanically assisted chest compression Mechanically assisted chest compression Mechanically assisted chest compression Precordial thump Cardiac resuscitation Mouth-to-mouth resuscitation  Defibrillation using automated external cardiac defibrillator External ventricular defibrillation  Cardioversion Temporary transcutaneous pacing                     |

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

D04\_04 Procedures

96.700

dConfiguration.15 Patient Monitoring Capability(ies)

Ventilator-Transport

#### V2 Element V3 Element

Airway-Ventilator Operation

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

1215017

D04\_04 Procedures

dCustomResults.01 Custom Data Element Result

# V2 Element V3 Element

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

# Extends dConfiguration.07

| $\sim$        | _             |   |   | _ | -4  |
|---------------|---------------|---|---|---|-----|
| ι.            | റ             | m | m | e | nt. |
| $\overline{}$ | $\overline{}$ |   |   | 0 |     |

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

D04\_05 Personnel Level Permitted to Use the

dConfiguration.06 EMS Certification Levels

#### V3 Element V2 Element

#### Permitted to Perform Each Procedure **Procedure** DemographicStateCertificationLicensureLevels StateCertificationLicensureLevels **Null Values** No **Null Values** No Is Nillable No Is Nillable No Recurrence 0: M 1:1

Recurrence

#### Comment

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

| Mapping    |   |                                      |                        |  |  |
|------------|---|--------------------------------------|------------------------|--|--|
| V2 Pattern |   | V3 Replacemer                        | nt                     |  |  |
|            |   | 9917011                              | EMT-Basic              |  |  |
| This m     | napping is used when the v3 element is mandato  | ory and the v2 element is missing or | contains a null value. |  |  |
| 6090       | EMT-Basic   | 9917011                              | EMT-Basic              |  |  |
| 6100       | EMT-Intermediate  | 9917013                              | EMT-Intermediate       |  |  |
| 6110       | EMT-Paramedic   | 9917015                              | EMT-Paramedic          |  |  |
| 6111       | Nurse   | 9917031                              | Registered Nurse       |  |  |
| 99170      | 9917025 Nurse Practitioner and 9917029 Licensed Practical Nurse (LPN) are also appropriate v3 replacements. |                                      |                        |  |  |
| 6112       | Physician   | 9917019                              | Physician              |  |  |
| 6120       | First Responder   | 9917009                              | First Responder        |  |  |

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

#### Comment

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

| Mapping   |   |  |
|---|---|--|
| V2 Pattern  | V3 Replacement                                |  |
|   | 7806  | Oxygen                                   |
| This mapping is used when the v3 element is mar                 | ndatory and the v2 element is missing or cont | tains a null value.                      |
| 50% Dextrose  | 237653  | Glucose 500 MG/ML Injectable Solution    |
| TTY=SCD.  | 0.40000                                       |  |
| 9% NSS  | 313002  | Sodium Chloride 0.9% Injectable Solution |
| TTY=SCD/SY. V2 value is incorrect; it should be 0 Acetaminophen | 0.9% NSS.<br>161                              | Acetaminophen                            |
| Adenosine   | 296   | Adenosine                                |
| Albuterol   | 435   | Albuterol                                |
| Albuterol 2.5/ Atrovent 0.5                                     | 214199  | Albuterol / Ipratropium                  |
| TTY=MIN.  | 214193  | Abuteror/ ipratropium                    |
| Albuterol Sulfate   | 435   | Albuterol                                |
| Amiodarone  | 703   | Amiodarone                               |
| Amiodarone (Cordarone)  | 703   | Amiodarone                               |
| Amiodorone (Cordarone)  | 703   | Amiodarone                               |
| ASA   | 1191  | Aspirin                                  |
| Aspirin   | 1191  | Aspirin                                  |
| Aspirin (ASA)   | 1191  | Aspirin                                  |
| Aspirin 81-325 mg   | 1191  | Aspirin                                  |
| Ativan  | 6470  | Lorazepam                                |
| Atropine  | 1223  | Atropine                                 |
| Atropine Sulfate  | 1223  | Atropine                                 |
| Atrovent  | 7213  | Ipratropium                              |
| Atrovent (Ipratropium Bromide)                                  | 7213  | Ipratropium                              |
| Atrovent 0.5mg /Albuterol 3.0m                                  | 214199  | Albuterol / Ipratropium                  |
| TTY=MIN.  |   |  |
| Atrovent 0.5mg/Albuterol 3.0mg                                  | 214199  | Albuterol / Ipratropium                  |
| TTY=MIN.  |   |  |
| Baby Aspirin  | 1191  | Aspirin                                  |
| Benadryl  | 3498  | Diphenhydramine                          |

| Calcium Chloride  | 1901         | Calcium Chloride  |
|---|--------------|---|
| Cardizem  | 3443         | Diltiazem   |
| D50   | 237653       | Dextrose 50 % Injectable Solution                         |
| TTY=SCD/SY.   | 20,000       | Doxinoso do 76 injectable Coldiell                        |
| D5W (Dextrose 5% in Water)  | 309778       | Dextrose 5 % Injectable Solution                          |
| TTY=SCD/SY.   |              | ·   |
| D5W w/ 1/2 Normal Saline  TTY=SCD/SY.   | 309806       | Dextrose 5 % / sodium chloride 0.45 % Injectable Solution |
| Dexamethasone (Decadron)  | 3264         | Dexamethasone   |
| Dextrose  | 4850         | Glucose   |
| DEXTROSE 50 %   | 237653       | Dextrose 50 % Injectable Solution                         |
| TTY=SCD/SY.   |              | ,   |
| Dextrose 50%  | 237653       | Dextrose 50 % Injectable Solution                         |
| TTY=SCD/SY.   |              |   |
| Dextrose 50% (D50)  | 237653       | Dextrose 50 % Injectable Solution                         |
| TTY=SCD/SY.   |              |   |
| Diazepam  | 3322         | Diazepam  |
| Diazepam (Valium)   | 3322         | Diazepam  |
| Dilaudid  | 3423         | Hydromorphone   |
| Diltiazem   | 3443         | Diltiazem   |
| Diltiazem (Cardizem)  | 3443         | Diltiazem   |
| Diphenhydramine   | 3498         | diphenhydramine   |
| DIPHENHYDRAMINE (BENADRYL)  | 3498         | diphenhydramine   |
| Diphenhydramine (Benedryl)  | 3498         | diphenhydramine   |
| Dopamine  | 3628         | Dopamine  |
| DuoNeb  | 204199       | Albuterol / Ipratropium                                   |
| TTY=MIN.  |              |   |
| DuoNeb (0.5 Atrovent/3.0 Albut  | 204199       | Albuterol / Ipratropium                                   |
| TTY=MIN. V2 value is contradictory. DuoNeb is not 3.0 albuterol / 0.5           | ipratropium. |   |
| EPI 1:10,000  | 317361       | Epinephrine 0.1 MG/ML                                     |
| TTY=SCDC.   |              |   |
| EPI 1:10000   | 317361       | Epinephrine 0.1 MG/ML                                     |
| TTY=SCDC.   |              |   |
| Epinephrine   | 3992         | Epinephrine   |
| Epinephrine (1:10,000)  | 317361       | Epinephrine 0.1 MG/ML                                     |
| TTY=SCDC.   | 000040       | Follow hates 4 MO/MI                                      |
| Epinephrine 1:1,000   | 328316       | Epinephrine 1 MG/ML                                       |
| TTY=SCDC. Epinephrine 1:10  | 317361       | Epinephrine 0.1 MG/ML                                     |
|   | 317301       | Epinepinine 0.1 MO/ME                                     |
| TTY=SCDC. V2 value is incorrect. It should be 1:10,000.<br>Epinephrine 1:10,000 | 317361       | Epinephrine 0.1 MG/ML                                     |
| TTY=SCDC.   |              | , ,,,,,,,,,   |
| Epinephrine 1:1000  | 328316       | Epinephrine 1 MG/ML                                       |
| TTY=SCDC.   |              |   |
| Epi-Pen Adult   | 328316       | Epinephrine 1 MG/ML                                       |
| TTY=SCDC.   |              |   |
| Etomidate   | 4177         | Etomidate   |
|   |              |   |
| Fentanyl  | 4337         | Fentanyl  |

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

| Nitroglycerine Tabs  | 4917                                    | Nitroglycerin                                 |
|--|---|---|
| Nitrostat  | 4917                                    | Nitroglycerin                                 |
| Norepinephrine   | 7512                                    | NorEpinephrine                                |
| Normal Saline  | 313002                                  | Sodium Chloride 0.9% Injectable Solution      |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacemen                                 | t if it was used for irrigation in      | stead of injection.                           |
| Normal Saline (Respiratory Use   | 379454                                  | Sodium Chloride Inhalant Solution             |
| TTY=SCDF.  | 040000                                  | On the Obligation On the State of the Only in |
| Normal Saline IV Solution  | 313002                                  | Sodium Chloride 0.9% Injectable Solution      |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacemen<br>Normal Saline Solution       | 313002                                  | Sodium Chloride 0.9% Injectable Solution      |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacemen                                 |   | •   |
| Ondansetron  | 26225                                   | Ondansetron                                   |
| Ondansetron (Zofran)   | 26225                                   | Ondansetron                                   |
| Ondensatron  | 26225                                   | Ondansetron                                   |
| Oral Glucose   | 4850                                    | Glucose                                       |
| Oxygen   | 7806                                    | Oxygen  |
| Oxygen (non-rebreather mask)   | 7806                                    | Oxygen  |
| OXYGEN (O2)  | 7806                                    | Oxygen  |
| OXYGEN ADMINISTRATION  | 7806                                    | Oxygen  |
| Oxygen by Blow By  | 7806                                    | Oxygen  |
| Oxygen by BVM  | 7806                                    | Oxygen  |
| Oxygen by Mask   | 7806                                    | Oxygen  |
| Oxygen by Nasal Cannula  | 7806                                    | Oxygen  |
| Oxygen by Nebulizer  | 7806                                    | Oxygen  |
| Oxygen by Non-Rebreather Mask  | 7806                                    | Oxygen  |
| Oxygen by Positive Pressure De   | 7806                                    | Oxygen  |
| PHENERGAN  | 8745                                    | Promethazine                                  |
| plavix   | 32968                                   | clopidogrel                                   |
| PROMETHAZINE   | 8745                                    | Promethazine                                  |
| Promethazine HCI (Phenergan)   | 8745                                    | Promethazine                                  |
| Promethazine HCL (Phenergran)  | 8745                                    | Promethazine                                  |
| PROPOFOL   | 8782                                    | Propofol                                      |
| Rocephin   | 2193                                    | Ceftriaxone                                   |
| Rocuronium Bromide (Zemuron)   | 68139                                   | Rocuronium                                    |
| Saline   | 313002                                  | Sodium Chloride 0.9% Injectable Solution      |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement                                |   | •   |
| Sodium Bicarbonate   | 36676                                   | Sodium Bicarbonate                            |
| SODIUM CHLORIDE 0.9%   | 313002                                  | Sodium Chloride 0.9% Injectable Solution      |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement Solu-Medro (Methylprednisone S | t if it was used for irrigation in 6902 | stead of injection.  Methylprednisolone       |
| Solumedrol   | 6902                                    | Methylprednisolone                            |
| Solu-Medrol  | 6902                                    | Methylprednisolone                            |
| Succinylcholine  | 10154                                   | Succinylcholine                               |
| Succinylcholine (Anectine)   | 10154                                   | Succinylcholine                               |
| Thiamine   | 10454                                   | Thiamine                                      |
|  |   |   |
| TORADOL  | 35827                                   | Ketorolac                                     |

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

D04\_07 Personnel Level Permitted to Use the

dConfiguration.08 EMS Certification Levels

Permitted to Administer Each Medication

# V2 Element V3 Element

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

#### Comment

Medication

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

| VZ also litici | dues Descriptive rext, writer is a string or      | length 2 to 100.                     |                       |  |
|----------------|---|--------------------------------------|-----------------------|--|
| Mapping        |   |                                      |                       |  |
| V2 Pattern     |   | V3 Replacemer                        | nt .                  |  |
|                |   | 9917011                              | EMT-Basic             |  |
| This           | mapping is used when the v3 element is mandatory  | y and the v2 element is missing or o | ontains a null value. |  |
| 6090           | EMT-Basic   | 9917011                              | EMT-Basic             |  |
| 6100           | EMT-Intermediate                                  | 9917013                              | EMT-Intermediate      |  |
| 6110           | EMT-Paramedic                                     | 9917015                              | EMT-Paramedic         |  |
| 6111           | Nurse   | 9917031                              | Registered Nurse      |  |
| 9917           | 7025 Nurse Practitioner and 9917029 Licensed Prac | ctical Nurse (LPN) are also appropri | ate v3 replacements.  |  |
| 6112           | Physician   | 9917019                              | Physician             |  |
| 6120           | First Responder                                   | 9917009                              | First Responder       |  |

D04\_08 Protocol

dConfiguration.10 EMS Agency Protocols

# V2 Element V3 Element

| DemographicProtocolsUsed |   | ProtocolsUsed  |                                      |   |
|--------------------------|---|--|--------------------------------------|---|
| Null Values              | No  | Null Values  |                                      | No                                      |
| Is Nillable              | No  | Is Nillable  |                                      | No                                      |
| Recurrence               | 1:1   | Recurrence   |                                      | 1 : M                                   |
| Comment                  |   |  |                                      |   |
| v2 also includes Descrip | ptiveText, which is a string of length 2 to       | 100.   |                                      |   |
| Mapping                  |   |  |                                      |   |
| V2 Pattern               | V3 Replacement                                    |  |                                      |   |
|                          |   | 9914075  | General-L<br>Contact                 | Iniversal Patient Care/ Initial Patient |
| This mapping is use      | ed when the v3 element is mandatory and the v2 el | lement is missing or contains                            |                                      |   |
| 6720                     | Abdominal Pain                                    | 9914109  | Medical-A                            | bdominal Pain                           |
| 6730                     | Airway  | 9914001  | Airway                               |   |
| 6740                     | Airway-Failed                                     | 9914003  | Airway-Fa                            | iled                                    |
| 6760                     | Airway-RSI  | 9914007 Airway-Rapid Sequence Induction (F<br>Paralytic) |                                      | apid Sequence Induction (RSI-           |
| 6770                     | Allergic Reaction/Anaphylaxis                     |  |                                      | llergic Reaction/Anaphylaxis            |
| 6780                     | Altered Mental Status                             | 9914113  | Medical-Altered Mental Status        |   |
| 6790                     | Asystole  | 9914011  | Cardiac A                            | rrest-Asystole                          |
| 6800                     | Back Pain   | 9914051  | General-Back Pain                    |   |
| 6810                     | Behavorial  | 9914053 Gener  |                                      | Behavioral/Patient Restraint            |
| 6820                     | Bites and Envenomations                           | 9914079  | Injury-Bite                          | s and Envenomations-Land                |
|                          | s and Envenomations-Marine is also an appropriat  |  |                                      |   |
| 6830                     | Bradycardia                                       | 9914115  |                                      | radycardia                              |
| 6840                     | Burns   | 9914085  | Injury-Burns-Thermal                 |   |
| 6850                     | Cardiac Arrest                                    | 9914055  |                                      | Cardiac Arrest                          |
| 6860                     | Cardiac Chest Pain                                | 9914117  |                                      | ardiac Chest Pain                       |
| 6870                     | Childbirth/Labor                                  | 9914155  |                                      | Childbirth/Labor/Delivery               |
| 6875                     | Cold Exposure                                     | 9914023  |                                      | ental-Cold Exposure                     |
| 6880                     | Dental Problems                                   | 9914057  |                                      | Pental Problems                         |
| 6881                     | Device Malfunction                                | 9914069  | General-Medical Device Malfunction   |   |
| 6885                     | Diarrhea  | 9914119  | Medical-Diarrhea                     |   |
| 6890                     | Drowning/Near Drowning                            | 9914093  | Injury-Drowning/Near Drowning        |   |
| 6892                     | Diving Emergencies                                | 9914091  | Injury-Diving Emergencies            |   |
| 6900                     | Electrical Injuries                               | 9914095  |                                      | ctrical Injuries                        |
| 6910                     | Epistaxis   | 9914059  | General-Epistaxis                    |   |
| 6911                     | Exposure-Airway Irritants                         | 9914033  | Exposure-Airway/Inhalation Irritants |   |
| 6912                     | Exposure-Biological/Infectious                    | 9914035  | Exposure-Biological/Infectious       |   |
| 6913                     | Exposure-Blistering Agents                        | 9914037  | Exposure                             | -Blistering Agents                      |

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

# D04\_09 Personnel Level Permitted to Use the Protocol

# dCustomResults.01 Custom Data Element Result

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

# Comment

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

| B 4 |   |   |   |    |   |
|-----|---|---|---|----|---|
| M   | 2 | n | n | ın | a |
| IVI | а | v | v |    | u |

| V2 Pattern  |                  | V3 Replacemen | t                |  |  |
|---|------------------|---------------|------------------|--|--|
| 6090  | EMT-Basic        | 9917011       | EMT-Basic        |  |  |
| 6100  | EMT-Intermediate | 9917013       | EMT-Intermediate |  |  |
| 6110  | EMT-Paramedic    | 9917015       | EMT-Paramedic    |  |  |
| 6111  | Nurse            | 9917031       | Registered Nurse |  |  |
| 9917025 Nurse Practitioner and 9917029 Licensed Practical Nurse (LPN) are also appropriate v3 replacements. |                  |               |                  |  |  |
| 6112  | Physician        | 9917019       | Physician        |  |  |
| 6120  | First Responder  | 9917009       | First Responder  |  |  |
|   |                  |               |                  |  |  |

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

#### D04\_11 Hospitals Served dFacility.02 Facility Name FacilityName FacilityName **Null Values** No **Null Values** No Is Nillable No Is Nillable No Recurrence 1:1 Recurrence 0:1

Comment

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

Mapping

V2 Pattern V3 Replacement

.

D04\_12 Hospital Facility Number

# V2 Element V3 Element

#### 

dFacility.03 Facility Location Code

#### Comment

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

| M  | 2  | n | n | ın | a |
|----|----|---|---|----|---|
| IV | ıa | ν | v | ш  | ч |

V2 Pattern V3 Replacement

.

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

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

| D04_15 Destination Type |                      | dFacility.01 7            | dFacility.01 Type of Facility |            |           |
|-------------------------|----------------------|---------------------------|-------------------------------|------------|-----------|
|                         |                      |                           |                               |            |           |
| FacilityT               | ype                  |                           | TypeOfFacility                |            |           |
| Null Valu               | ies                  | No                        | Null Values                   |            | No        |
| Is Nillabl              | е                    | No                        | Is Nillable                   |            | No        |
| Recurrer                | nce                  | 1:1                       | Recurrence                    |            | 0:1       |
| Commer                  | nt                   |                           |                               |            |           |
| Mapping                 | I                    |                           |                               |            |           |
| V2 Patte                | ern                  |                           | V3 Replacemer                 | nt         |           |
| 7270                    | Home                 |                           | 1701009                       | Other (Not | t Listed) |
|                         | lot supported in v3. |                           |                               |            |           |
| 7280                    | Hospital             |                           | 1701005                       | Hospital   |           |
| 7290                    | Medical              | Office/Clinic             | 1701003                       | Clinic     |           |
| 7300                    | Morgue               |                           | 1701009                       | Other (Not | t Listed) |
| N                       | lot supported in v3. |                           |                               |            |           |
| 7320                    | Nursing              | Home                      | 1701007                       | Nursing H  | ome       |
| 7330                    | Other                |                           | 1701009                       | Other (Not | t Listed) |
| 7340                    | Other El             | Other EMS Responder (air) |                               | Other (Not | t Listed) |
| N                       | lot supported in v3. |                           |                               |            |           |
| 7350                    |                      |                           | 1701009                       | Other (Not | t Listed) |
| N                       | lot supported in v3. |                           |                               |            |           |
| 7360                    | Police/Ja            | ail                       | 1701009                       | Other (Not | t Listed) |

Not supported in v3.

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

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

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

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

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

D05\_04 Station GPS

### V2 Element V3 Element

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

### Comment

### Mapping

### V2 Pattern

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

### V3 Replacement

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

dLocation.04 EMS Location GPS

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

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

### Comment

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

### Mapping

V2 Pattern V3 Replacement

51000 City of New York 2395220 City of New York

| D05_07 Station State |     | dLocation.08 EMS Location State |     |  |
|----------------------|-----|---------------------------------|-----|--|
| State                |     | ANSIStateCode                   |     |  |
| Null Values          | Yes | Null Values No                  |     |  |
| Is Nillable          | No  | Is Nillable No                  |     |  |
| Recurrence           | 1:1 | Recurrence                      | 0:1 |  |

### Comment

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

| Mapping   |   |
|---|---|
| V2 Pattern  | V3 Replacement  |
| matches(normalize-space(.),'^[0-9]{2}\$')           |   |
|   | 00  |
| This mapping is used when the v3 element is mandato | ory and the v2 element is missing or contains a null value. |

dLocation.09 EMS Station or Location ZIP Code

### V2 Element V3 Element

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

### Comment

D05\_08 Station Zip

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

# Mapping

### V2 Pattern

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

### V3 Replacement

normalize-space(.)

D05\_09 Station Telephone Number

### V2 Element V3 Element

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

### Comment

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

### Mapping

### V2 Pattern

### V3 Replacement

normalize-space(.)

dLocation.12 EMS Location Phone Number

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

Comment

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

Mapping

V2 Pattern

V3 Replacement

substring(.,1,25)

Rotor Craft

7480

# V2 Element V3 Element

| D06_03 Vehic | le Type    |  | dVehicle.04 \ | Vehicle Type |   |
|--------------|------------|--|---------------|--------------|---|
| VehicleType  |            |  | VehicleType   |              |   |
| Null Values  |            | No   | Null Values   |              | Yes   |
| Is Nillable  |            | No   | Is Nillable   |              | Yes   |
| Recurrence   |            | 0:1  | Recurrence    |              | 0:1   |
| Comment      |            |  |               |              |   |
| Mapping      |            |  |               |              |   |
| V2 Pattern   |            |  | V3 Replacemer | nt           |   |
| 7370         | Ambulan    | ce   | 1404001       | Ambulanc     | e   |
| 7380         | ATV        |  | 1404003       | ATV          |   |
| 7390         | Bicycle    |  | 1404005       | Bicycle      |   |
| 7400         | Boat       |  | 1404025       | Watercraft   | i e   |
| 7410         | Fire Truc  | k  | 1404007       | Fire Appar   | ratus   |
| 7420         | Fixed Wi   | ng   | 1404009       | Fixed Win    | g   |
| 7430         | Motorcycle |  | 1404011       | Motorcycle   | Э   |
| 7440         | Other      |  | 1404013       | Other        |   |
| 7450         | Private V  | ehicle   | 1404015       | Personal \   | /ehicle   |
| 7460         |            | Quick Response Vechicle (Non-Transport Vehicle other than Fire Truck |               |              | sponse Vehicle (Non-Transport<br>her than Fire Apparatus) |
| 7470         | Rescue     |  | 1404019       | Rescue       |   |

1404021

Rotor Craft

D06\_04 State Certification/Licensure Levels

dVehicle.05 Crew State Certification/Licensure

# V2 Element V3 Element

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

Levels

### Comment

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

| v2 also includ  | v2 also includes Descriptive Lext, which is a string of length 2 to 100. |  |                      |  |  |
|---|--|--|----------------------|--|--|
| Mapping   |  |  |                      |  |  |
| V2 Pattern  |  | V3 Replacement                           |                      |  |  |
|   |  | 9917011                                  | EMT-Basic            |  |  |
| This m  | apping is used when the v3 element is mandato                            | ory and the v2 element is missing or cor | ntains a null value. |  |  |
| 6090  | EMT-Basic  | 9917011                                  | EMT-Basic            |  |  |
| 6100  | EMT-Intermediate   | 9917013                                  | EMT-Intermediate     |  |  |
| 6110  | EMT-Paramedic  | 9917015                                  | EMT-Paramedic        |  |  |
| 6111  | Nurse  | 9917031                                  | Registered Nurse     |  |  |
| 9917025 Nurse Practitioner and 9917029 Licensed Practical Nurse (LPN) are also appropriate v3 replacements. |  |  |                      |  |  |
| 6112  | Physician  | 9917019                                  | Physician            |  |  |
| 6120  | First Responder  | 9917009                                  | First Responder      |  |  |

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

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

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

Comment

Mapping

V2 Pattern V3 Replacement

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

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

.\_. ....

| D06_08 Year Miles/Hours Accrued |     | dVehicle.11 Year Miles/Kilometers Hours Accrued |     |  |  |
|---------------------------------|-----|---|-----|--|--|
| VehicleYear                     |     | Year  |     |  |  |
| Null Values                     | No  | Null Values                                     | No  |  |  |
| Is Nillable                     | No  | Is Nillable                                     | No  |  |  |
| Recurrence                      | 1:1 | Recurrence                                      | 0:1 |  |  |
| Comment                         |     |   |     |  |  |
| Mapping                         |     |   |     |  |  |
| V2 Pattern                      |     | V3 Replacement                                  |     |  |  |

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

D06\_10 Annual Vehicle Miles

dVehicle.13 Annual Vehicle Miles/Kilometers

### V2 Element V3 Element

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

### Comment

v3 @DistanceUnits is set to 9929003 Miles.

# Mapping

V2 Pattern V3 Replacement

.

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

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

7535

Neither an Employee Nor a Volunteer

# V2 Element V3 Element

No Longer Employed by Service

| D07_03 Personner's Employment Status |           |                                   | Status       | .31 EMS Persor | nnei's Employment |
|--------------------------------------|-----------|-----------------------------------|--------------|----------------|-------------------|
| EmploymentStatu                      | ıs        |                                   | EmploymentSt | tatus          |                   |
| Null Values N                        |           | No                                | Null Values  |                | Yes               |
| Is Nillable                          |           | No                                | Is Nillable  |                | Yes               |
| Recurrence                           |           | 1:1                               | Recurrence   |                | 0:1               |
| Comment                              |           |                                   |              |                |                   |
| Mapping                              |           |                                   |              |                |                   |
| V2 Pattern                           |           |                                   | V3 Replaceme | ent            |                   |
| 7490                                 | Full Time | Paid Employee                     | 1531001      | Full Time P    | aid Employee      |
| 7500<br>Not precise.                 |           | Unpaid Employee                   | 1531005      | Volunteer      |                   |
| 7510<br>Not precise.                 | Employe   | e Paid and Part Time Unpaide<br>e | 1531003      | Part Time F    | Paid Employee     |
| 7520                                 |           | e Paid Employee                   | 1531003      | Part Time F    | Paid Employee     |
| 7530<br>Not precise.                 |           | e Unpaid Employee                 | 1531005      | Volunteer      |                   |

1531007

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

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

# dPersonnel.38 EMS Personnel's Practice Level

| DemographicStateCertificationI | MemberLevel |             |
|--------------------------------|-------------|-------------|
| Null Values                    | No          | Null Values |
| Is Nillable                    | No          | Is Nillable |
| Recurrence                     | 1:1         | Recurrence  |

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

### Comment

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

# Mapping

| V2 Pattern  |                  | V3 Replacement | V3 Replacement   |  |
|---|------------------|----------------|------------------|--|
| 6090  | EMT-Basic        | 9925015        | EMT-Basic        |  |
| 6100  | EMT-Intermediate | 9925017        | EMT-Intermediate |  |
| 6110  | EMT-Paramedic    | 9925019        | EMT-Paramedic    |  |
| 6111  | Nurse            | 9925043        | Registered Nurse |  |
| 9925037 Nurse Practitioner and 9925041 Licensed Practical Nurse (LPN) are also appropriate v3 replacements. |                  |                |                  |  |
| 6112  | Physician        | 9925027        | Physician        |  |
| 6120  | First Responder  | 9925013        | First Responder  |  |
|   |                  |                |                  |  |

V2 Pattern

# V2 Element V3 Element

| D07_06 Date of Personnel's Certification or Licensure for Agency |     | dPersonnel.39 Date of<br>Licensure for Agency | dPersonnel.39 Date of Personnel's Certification or<br>Licensure for Agency |  |
|--|-----|---|--|--|
| Date   |     | DateType                                      | DateType   |  |
| Null Values  | No  | Null Values No                                |  |  |
| Is Nillable  | No  | Is Nillable                                   | No   |  |
| Recurrence   | 1:1 | Recurrence                                    | 0:1  |  |
| Comment  |     |   |  |  |
| Mapping  |     |   |  |  |

V3 Replacement

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

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

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

### V3 Element V2 Element

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

V3 Replacement

D08\_05 EMS Personnel's City of Residence

dPersonnel.05 EMS Personnel's City of Residence

### V2 Element V3 Element

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

### Comment

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

### Mapping

V2 Pattern V3 Replacement

51000 City of New York 2395220 City of New York

### V3 Element V2 Element

| D08_06 EMS Personnel's State |     | dPersonnel.06 EMS Personnel's State |     |
|------------------------------|-----|-------------------------------------|-----|
| State                        |     | ANSIStateCode                       |     |
| Null Values                  | Yes | Null Values                         | No  |
| Is Nillable                  | No  | Is Nillable                         | No  |
| Recurrence                   | 1:1 | Recurrence                          | 0:1 |

### Comment

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

| Mapping   |                |  |
|---|----------------|--|
| V2 Pattern  | V3 Replacement |  |
| matches(normalize-space(.),'^[0-9]{2}\$')   |                |  |
|   | 00             |  |
| This mapping is used when the v3 element is mandatory and the v2 element is missing or contains a null value. |                |  |

Page 106 July 13, 2016

D08\_07 EMS Personnel's Zip Code

### V2 Element V3 Element

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

### Comment

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

# Mapping

### V2 Pattern

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

### V3 Replacement

dPersonnel.07 EMS Personnel's ZIP Code

normalize-space(.)

# D08\_08 EMS Personnel's Work Telephone

# dPersonnel.09 EMS Personnel's Phone Number

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

### Comment

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

### Mapping

### V2 Pattern

### V3 Replacement

normalize-space(.)

# D08\_09 EMS Personnel's Home Telephone

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

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

### Comment

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

### Mapping

### V2 Pattern

### V3 Replacement

normalize-space(.)

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

D08\_11 EMS Personnel's Date Of Birth

dPersonnel.11 EMS Personnel's Date of Birth

### V2 Element V3 Element

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

### Comment

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

### Mapping

V2 Pattern

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

V3 Replacement

xs:date(.)

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

Not supported in v3.

# V2 Element V3 Element

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

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

# D08\_15 State EMS Certification Licensure Level dPerson

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

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

| MemberLevel |     |
|-------------|-----|
| Null Values | Yes |
| Is Nillable | Yes |
| Recurrence  | 0:1 |

### Comment

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

| ١ / | _ | -  | _   | in | ~  |
|-----|---|----|-----|----|----|
| VI  | Н | () | ( ) | ш  | (1 |

| V2 Pattern    |   | V3 Replacement                |                  |
|---------------|---|-------------------------------|------------------|
| 6090          | EMT-Basic   | 9925015                       | EMT-Basic        |
| 6100          | EMT-Intermediate                                  | 9925017                       | EMT-Intermediate |
| 6110          | EMT-Paramedic                                     | 9925019                       | EMT-Paramedic    |
| 6111          | Nurse   | 9925043                       | Registered Nurse |
| 9925037 Nurse | Practitioner and 9925041 Licensed Practical Nurse | (LPN) are also appropriate v3 | replacements.    |
| 6112          | Physician   | 9925027                       | Physician        |
| 6120          | First Responder                                   | 9925013                       | First Responder  |
|               |   |                               |                  |

| D08_16 National Registry Credentialed |     | dCustomRes | dCustomResults.01 Custom Data Element Result |                 |       |
|---------------------------------------|-----|------------|--|-----------------|-------|
| YesNoValues                           |     |            | CustomResults                                |                 |       |
| Null Values                           |     | Yes        | Null Values                                  | Null Values Yes |       |
| Is Nillable                           |     | No         | Is Nillable                                  |                 | Yes   |
| Recurrence                            |     | 1:1        | Recurrence                                   |                 | 1 : M |
| Comment                               |     |            |  |                 |       |
| Mapping                               |     |            |  |                 |       |
| V2 Pattern                            |     |            | V3 Replacemer                                | nt              |       |
| 0                                     | No  |            | 9923001                                      | No              |       |
| 1                                     | Yes |            | 9923003                                      | Yes             |       |

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

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

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

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

| D09_01 Device Serial Number |     | dDevice.01 Medical De | dDevice.01 Medical Device Serial Number |  |
|-----------------------------|-----|-----------------------|---|--|
| DeviceSerialNumber          |     | DeviceSerialNumber    |   |  |
| Null Values                 | No  | Null Values No        |   |  |
| Is Nillable                 | No  | Is Nillable           | No                                      |  |
| Recurrence                  | 1:1 | Recurrence            | 0:1                                     |  |
| Comment                     |     |                       |   |  |
| Mapping                     |     |                       |   |  |
| V2 Pattern V3 Replacement   |     |                       |   |  |

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

V2 Fallotti

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

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

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

V2 Pattern V3 Replacement

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

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

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

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

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

| E02_02 Incident Number                |                        | eResponse.03 Incident              | eResponse.03 Incident Number |  |
|---------------------------------------|------------------------|------------------------------------|------------------------------|--|
| IncidentNumber                        |                        | EMSIncidentNumber                  |                              |  |
| Null Values                           | Yes                    | Null Values Yes                    |                              |  |
| Is Nillable                           | No                     | Is Nillable                        | Yes                          |  |
| Recurrence                            | 0:1                    | Recurrence                         | 1:1                          |  |
| Comment                               |                        |                                    |                              |  |
| v2 allows length 2 to 15. v3 a        | allows length 3 to 32. |                                    |                              |  |
| Mapping                               |                        |                                    |                              |  |
| V2 Pattern V3 Replace                 |                        | V3 Replacement                     |                              |  |
| string-length(.)<3 substring(concat(' |                        | substring(concat('',.),string-leng | th(.)+1,3)                   |  |
| otherwise .                           |                        |                                    |                              |  |

string-length(.)<3 otherwise

E02\_03 EMS Unit (Vehicle) Response Number

### V2 Element V3 Element

### EMSUnitResponseNumber EMSResponseNumber **Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 0:1 1:1 Recurrence Comment v2 allows length 1 to 15. v3 allows length 3 to 32. Mapping V2 Pattern V3 Replacement

eResponse.04 EMS Response Number

substring(concat('\_\_\_',.),string-length(.)+1,3)

| E02_04 Type of Service Requested |                        | eResponse.0 | eResponse.05 Type of Service Requested |              |              |  |
|----------------------------------|------------------------|-------------|--|--------------|--------------|--|
| TypeOfServiceRequested           |                        |             | EMSServiceCat                          |              |              |  |
| Null Values                      |                        | No          | Null Values                            |              | No           |  |
| Is Nillable                      |                        | No          | Is Nillable                            |              | No           |  |
| Recurrence                       |                        | 1:1         | Recurrence                             |              | 1:1          |  |
| Comment                          |                        |             |  |              |              |  |
| Mapping                          |                        |             |  |              |              |  |
| V2 Pattern                       |                        |             | V3 Replacemen                          | nt           |              |  |
| 30                               | 911 Response (S        | cene)       | 2205001                                | 911 Resp     | onse (Scene) |  |
| 35 I                             | Intercept              |             | 2205003                                | Intercept    |              |  |
| 40 I                             | InterFacility Transfer |             | 2205005                                | Interfacilit | y Transport  |  |
| 45                               | Medical Transport      |             | 2205007                                | Medical T    | ransport     |  |
| 50                               | Mutual Aid             |             | 2205009                                | Mutual Aid   | d            |  |
| 55                               | Standby                |             | 2205013                                | Standby      |              |  |

### E02\_05 Primary Role of the Unit eResponse.07 Primary Role of the Unit PrimaryRollOfTheUnit PrimaryRoleOfUnit **Null Values Null Values** No No Is Nillable No Is Nillable No Recurrence 1:1 Recurrence 1:1 Comment Mapping V2 Pattern V3 Replacement .=75 and ../../E07/E07\_34=1025 2207013 Air Transport-Fixed Wing This mapping is used when E07\_34 CMS Service Level indicates a fixed wing air ambulance response. .=75 and ../../E07/E07\_34=1030 2207011 Air Transport-Helicopter This mapping is used when E07\_34 CMS Service Level indicates a rotary wing air ambulance response. 60 Non-Transport 2207007 Non-Transport Assistance 65 Rescue 2207009 Non-Transport Rescue 70 Supervisor 2207005 Non-Transport Administrative (e.g., Supervisor) 75 Transport 2207003 **Ground Transport**

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

E02\_06 Type of Dispatch Delay

95

eResponse.08 Type of Dispatch Delay

Location (Inability to Obtain)

### V2 Element V3 Element

Location (Inability to Obtain)

| TypeOfDispatchDelay      | EMSDispatchDelayReason                |                |  |         |
|--------------------------|---------------------------------------|----------------|--|---------|
| Null Values              | Yes                                   | Null Values    |  | Yes     |
| Is Nillable              | No                                    | Is Nillable    |  | Yes     |
| Recurrence               | 1 : M                                 | Recurrence     |  | 1 : M   |
| Comment                  |                                       |                |  |         |
| Mapping                  |                                       |                |  |         |
| V2 Pattern               |                                       | V3 Replacement |  |         |
| 100 No                   | No Units Available                    |                | No EMS Vehicles (Units) Available        |         |
| 105 Nor                  | e                                     | 2208013        | None/No I                                | Delay   |
| 110 Oth                  | er                                    | 2208015        | Other                                    |         |
| v3 supports additional s | pecific values.                       |                |  |         |
| 115 Sce                  | 115 Scene Safety (Not Secure for EMS) |                | Other                                    |         |
| Not supported in v3.     |                                       |                |  |         |
| 120 Tec                  | nnical Failure (Computer, Phone etc.) | 2208017        | Technical Failure (Computer, Phone etc.) |         |
| 80 Call                  | er (Uncooperative)                    | 2208001        | Caller (Uncooperative)                   |         |
| 85 High                  | Call Volume                           | 2208005        | High Call                                | Volume  |
| 90 Lan                   | guage Barrier                         | 2208007        | Language                                 | Barrier |

2208009

185

Weather

# V2 Element V3 Element

| E02_07 Type of Response Delay   |                 | eResponse.      | eResponse.09 Type of Response Delay |              |                              |  |
|---|-----------------|-----------------|-------------------------------------|--------------|------------------------------|--|
| TypeOfResponseDelay   |                 | EMSUnitDelay    | EMSUnitDelayReason                  |              |                              |  |
| Null Values Yes   |                 | Null Values     |                                     | Yes          |                              |  |
| Is Nillable   | Is Nillable No  |                 | Is Nillable                         |              | Yes                          |  |
| Recurrence  | Recurrence 1: M |                 | Recurrence                          |              | 1 : M                        |  |
| Comment   |                 |                 |                                     |              |                              |  |
| Mapping   |                 |                 |                                     |              |                              |  |
| V2 Pattern  |                 | V3 Replaceme    | V3 Replacement                      |              |                              |  |
| 125   | Crowd           | Crowd           |                                     | Crowd        |                              |  |
| 130   | Direction       | Directions      |                                     | Directions/U | Inable to Locate             |  |
| 135   | Distance        | Distance        |                                     | Distance     |                              |  |
| 140   | Diversion       | Diversion       |                                     | Diversion (D | Different Incident)          |  |
| 145   | HazMat          | HazMat          |                                     | HazMat       |                              |  |
| 150   | None            | None            |                                     | None/No De   | elay                         |  |
| 155   | 155 Other       |                 | 2209013                             | Other        |                              |  |
| v3 supports additional specific values.  160 Safety 2209019 Scene Safety (Not Secure for EMS) |                 |                 |                                     |              |                              |  |
| 160   |                 | Safety          |                                     |              | ty (Not Secure for EMS)      |  |
| 165   |                 | Staff Delay     |                                     | Staff Delay  |                              |  |
| 170   | Traffic         | Traffic         |                                     | Traffic      |                              |  |
| 175   | Vehicle C       | Vehicle Crash   |                                     | Vehicle Cras | sh Involving this Unit       |  |
| 180   | Vehicle F       | Vehicle Failure |                                     | Vehicle Fail | Vehicle Failure of this Unit |  |

2209029

Weather

E02\_08 Type of Scene Delay

260

Weather

eResponse.10 Type of Scene Delay

### V2 Element V3 Element

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

2210037

Weather

| E02_09 Type of Transport Delay |   | eResponse.      | eResponse.11 Type of Transport Delay |             |                         |  |  |
|--------------------------------|---|-----------------|--------------------------------------|-------------|-------------------------|--|--|
| TypeOfTransportDelay           |   | EMSTransportl   | EMSTransportUnitDelayReason          |             |                         |  |  |
| Null Values Yes                |   | Yes             | Null Values                          |             | Yes                     |  |  |
| Is Nillable                    |   | No              | Is Nillable                          |             | Yes                     |  |  |
| Recurrence                     |   | 1 : M           | Recurrence                           |             | 1 : M                   |  |  |
| Comment                        |   |                 |                                      |             |                         |  |  |
| Mapping                        |   |                 |                                      |             |                         |  |  |
| V2 Pattern                     |   | V3 Replaceme    | nt                                   |             |                         |  |  |
| 265                            | Crowd                                   |                 | 2211001                              | Crowd       |                         |  |  |
| 270                            | Directions                              | 3               | 2211003                              | Directions/ | Unable to Locate        |  |  |
| 275                            | Distance                                |                 | 2211005                              | Distance    |                         |  |  |
| 280                            | Diversion                               | Diversion       |                                      | Diversion   |                         |  |  |
| 285                            | HazMat                                  | HazMat          |                                      | HazMat      | HazMat                  |  |  |
| 290                            | None                                    |                 | 2211011                              | None/No D   | Delay                   |  |  |
| 295                            | 5 Other                                 |                 | 2211013                              | Other       |                         |  |  |
| v3 suppo                       | v3 supports additional specific values. |                 |                                      |             |                         |  |  |
| 300                            | Safety                                  | Safety          |                                      | Safety      |                         |  |  |
| 305                            | Staff Dela                              | у               | 2211021                              | Staff Delay | /                       |  |  |
| 310                            | Traffic                                 |                 | 2211023                              | Traffic     |                         |  |  |
| 315                            | Vehicle C                               | rash            | 2211025                              | Vehicle Cr  | ash Involving this Unit |  |  |
| 320                            | Vehicle F                               | Vehicle Failure |                                      | Vehicle Fa  | ilure of this Unit      |  |  |
| 325                            | Weather                                 | Weather         |                                      | Weather     | Weather                 |  |  |

Vehicle Failure

375

# V2 Element V3 Element

| E02_10 Type of Turn-Around Delay |   |                         | eResponse.1                  | eResponse.12 Type of Turn-Around Delay |  |  |
|----------------------------------|---|-------------------------|------------------------------|--|--|--|
| TypeOfTurnAroundDelay            |   | EMSTurnaround           | EMSTurnaroundUnitDelayReason |  |  |  |
| Null Values                      |   | Yes                     | Null Values                  | Yes                                    |  |  |
| Is Nillable                      |   | No                      | Is Nillable                  | Yes                                    |  |  |
| Recurrence                       |   | 1 : M                   | Recurrence                   | 1 : M                                  |  |  |
| Comment                          |   |                         |                              |  |  |  |
| Mapping                          |   |                         |                              |  |  |  |
| V2 Pattern                       |   | V3 Replacemen           | nt                           |  |  |  |
| 330                              | Clean-up                                |                         | 2212001                      | Clean-up                               |  |  |
| 335                              | Decontamir                              | Decontamination         |                              | Decontamination                        |  |  |
| 340                              | Documenta                               | Documentation           |                              | Documentation                          |  |  |
| 345                              | ED Overcro                              | ED Overcrowding         |                              | ED Overcrowding / Transfer of Care     |  |  |
| 350                              | Equipment                               | Failure                 | 2212011                      | Equipment Failure                      |  |  |
| 355                              | Equipment                               | Equipment Replenishment |                              | Equipment/Supply Replenishment         |  |  |
| 360                              | None                                    | None                    |                              | None/No Delay                          |  |  |
| 365                              | Other                                   | Other                   |                              | Other                                  |  |  |
| v3 sup                           | v3 supports additional specific values. |                         |                              |  |  |  |
| 370                              | Staff Delay                             | Staff Delay             |                              | Staff Delay                            |  |  |

2212029

Vehicle Failure of this Unit

E02\_11 EMS Unit/Vehicle Number

eResponse.13 EMS Vehicle (Unit) Number

### V2 Element V3 Element

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

### Comment

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

### Mapping

V2 Pattern V3 Replacement
substring(,,25)

-,

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

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

### V3 Element V2 Element

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

July 13, 2016

Page 143

### V2 Element V3 Element

### E02\_14 Vehicle Dispatch Zone eCustomResults.01 Custom Data Element Result ZoneNumber CustomResults **Null Values** Yes **Null Values** Yes Is Nillable No Is Nillable Yes Recurrence 0:1 Recurrence 1: M Comment Mapping V2 Pattern V3 Replacement

E02\_15 Vehicle Dispatch GPS Location

### V2 Element V3 Element

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

### Comment

### Mapping

### V2 Pattern

### V3 Replacement

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

eResponse.17 Vehicle Dispatch GPS Location

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

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

## E02\_18 Patient Destination Odometer Reading of Responding Vehicle OdometerReading EMSMileageOdometer OdometerReading

| 3           |     |             |     |  |
|-------------|-----|-------------|-----|--|
| Null Values | No  | Null Values | No  |  |
| Is Nillable | No  | Is Nillable | No  |  |
| Recurrence  | 0:1 | Recurrence  | 0:1 |  |

Comment

Mapping

V2 Pattern V3 Replacement

| E02_19 Ending Odometer Reading of Responding Vehicle |     | eResponse.22 Ending Responding Vehicle | eResponse.22 Ending Odometer Reading of Responding Vehicle |  |
|--|-----|--|--|--|
| OdometerReading                                      |     | EMSMileageOdometer                     |  |  |
| Null Values  | No  | Null Values                            | No   |  |
| Is Nillable  | No  | Is Nillable                            | No   |  |
| Recurrence   | 0:1 | Recurrence                             | 0:1  |  |
| Comment  |     |  |  |  |
| Mapping  |     |  |  |  |
| V2 Pattern V3 Replacement                            |     |  |  |  |

E02\_20 Response Mode to Scene

## V2 Element V3 Element

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

eResponse.23 Response Mode to Scene

## Comment

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

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

| E02_20 Response Mode to Scene |                           | eResponse.24 Additional Response Mode Descriptors |                 |  |        |
|-------------------------------|---------------------------|---|-----------------|--|--------|
| ResponseModeT                 | oScene                    |   | EMSAdditionalRe | esponseMode  |        |
| Null Values                   |                           | No  | Null Values     | Yes  |        |
| Is Nillable                   |                           | No  | Is Nillable     | Yes  |        |
| Recurrence                    |                           | 1:1   | Recurrence      | 1 : M  |        |
| Comment                       |                           |   |                 |  |        |
| Mapping                       |                           |   |                 |  |        |
| V2 Pattern                    |                           |   | V3 Replacement  | t  |        |
| 380                           | Initial Ligh<br>Lights or | nts and Sirens, Downgraded to No<br>Sirens        | 2224023         | Initial Lights and Sirens, Downgraded to<br>Lights or Sirens | No     |
| 385                           | Initial No and Siren      | Lights or Sirens, Upgraded to Lights s            | 2224021         | Initial No Lights or Sirens, Upgraded to and Sirens          | Lights |
| 390                           | Lights and                | d Sirens  | 2224015         | Lights and Sirens  |        |
| 395                           | No Lights                 | or Sirens   | 2224019         | No Lights or Sirens  |        |

E03\_01 Complaint Reported by Dispatch

eDispatch.01 Complaint Reported by Dispatch

## V2 Element V3 Element

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

## Comment

## Mapping

| V2 Pa | attern             |   | V3 Replacement                 |   |
|-------|--------------------|---|--------------------------------|---|
|       |                    |   | 2301051                        | No Other Appropriate Choice   |
|       | This mapping is us | sed when the v3 element is mandatory and the v2 e                         | element is missing or contains | a null value.   |
| 400   |                    | Abdominal Pain  | 2301001                        | Abdominal Pain/Problems   |
| 405   |                    | Allergies   | 2301003                        | Allergic Reaction/Stings  |
| 410   |                    | Animal Bite   | 2301005                        | Animal Bite   |
| 415   |                    | Assult  | 2301007                        | Assault   |
| 420   |                    | Back Pain   | 2301011                        | Back Pain (Non-Traumatic)   |
| 425   |                    | Breathing Problem   | 2301013                        | Breathing Problem   |
| 430   |                    | Burns   | 2301015                        | Burns/Explosion   |
| 435   |                    | CO Poisoning/Hazmat   | 2301017                        | Carbon Monoxide/Hazmat/Inhalation/CBRN                                    |
| 440   |                    | Cardiac Arrest  | 2301019                        | Cardiac Arrest/Death  |
| 445   |                    | Chest Pain  | 2301021                        | Chest Pain (Non-Traumatic)  |
| 450   |                    | Choking   | 2301023                        | Choking   |
| 455   |                    | Convulsions/Seizure   | 2301025                        | Convulsions/Seizure   |
| 460   |                    | Diabetic Problem  | 2301027                        | Diabetic Problem  |
| 465   |                    | Drowning  | 2301081                        | Drowning/Diving/SCUBA Accident  |
| 470   |                    | Electrocution   | 2301029                        | Electrocution/Lightning   |
| 475   |                    | Eye Problem   | 2301031                        | Eye Problem/Injury  |
| 480   |                    | Fall Victim   | 2301033                        | Falls   |
| 485   |                    | Headache  | 2301037                        | Headache  |
| 490   |                    | Heart Problems  | 2301041                        | Heart Problems/AICD   |
| 495   |                    | Heat/Cold Exposure  | 2301043                        | Heat/Cold Exposure  |
| 500   |                    | Hemorrage/Laceration  | 2301045                        | Hemorrhage/Laceration   |
| 505   |                    | Industrial Accident/Inaccessible Incident/Other Entrapments (non-vehicle) | 2301047                        | Industrial Accident/Inaccessible Incident/Other Entrapments (Non-Vehicle) |
| 510   |                    | Ingestion/Poisoning   | 2301053                        | Overdose/Poisoning/Ingestion  |
| 515   |                    | Pregnacy/Childbirth   | 2301057                        | Pregnancy/Childbirth/Miscarriage  |
| 520   |                    | Psychiatric Problem   | 2301059                        | Psychiatric Problem/Abnormal<br>Behavior/Suicide Attempt                  |
| 525   |                    | Sick Person   | 2301061                        | Sick Person   |
| 530   |                    | Stab/Gunshot Wound  | 2301063                        | Stab/Gunshot Wound/Penetrating Trauma                                     |
| 535   |                    | Stroke/CVA  | 2301067                        | Stroke/CVA  |

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

Not supported in v3.

575

Yes, Without Pre-Arrival Instructions

## V2 Element V3 Element

Yes, Without Pre-Arrival Instructions

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

2302005

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

E03\_03 EMD Card Number

eDispatch.05 Dispatch Priority (Patient Acuity)

## V2 Element V3 Element

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

## Comment

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

| Mapping   |               |  |
|---|---------------|--|
| V2 Pattern  | V3 Replacemer | nt   |
| $\label{eq:upper-case} \begin{array}{l} \text{upper-case(substring(normalize-space(.),string-length(normalize-space(.)),1))='A'} \end{array}$ | 2305005       | Lower Acuity                                   |
| Alpha   |               |  |
| upper-case(substring(normalize-space(.),string-length(normalize-space(.)),1))='B'   | 2305003       | Emergent                                       |
| Bravo   |               |  |
| upper-case(substring(normalize-space(.),string-length(normalize-space(.)),1))='C'   | 2305003       | Emergent                                       |
| Charlie   |               |  |
| upper-case(substring(normalize-space(.),string-length(normalize-space(.)),1))='D'   | 2305001       | Critical                                       |
| Delta   |               |  |
| upper-case(substring(normalize-space(.),string-length(normalize-space(.)),1))='E'   | 2305001       | Critical                                       |
| Echo  |               |  |
| upper-case(substring(normalize-space(.),string-length(normalize-space(.)),1))='O'   | 2305007       | Non-Acute [e.g. Scheduled Transfer or Standby] |
| Omega   |               |  |

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

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

2403005

Other

v3 supports additional specific values.

600

Not precise. See notes in v2 and v3 data dictionaries.

Other

E04\_03 Crew Member Level

## V2 Element V3 Element

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

eCrew.02 Crew Member Level

## Comment

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

| Mapping    |   |                          |   |  |  |
|------------|---|--------------------------|---|--|--|
| V2 Pattern |   | V3 Replaceme             | V3 Replacement                            |  |  |
| 6090       | EMT-Basic   | 9925015                  | EMT-Basic                                 |  |  |
| 6100       | EMT-Intermediate  | 9925017                  | EMT-Intermediate                          |  |  |
| 6110       | EMT-Paramedic   | 9925019                  | EMT-Paramedic                             |  |  |
| 6111       | Nurse   | 9925043                  | Registered Nurse                          |  |  |
| 992503     | 7 Nurse Practitioner and 9925041 Licensed Practical Nurse | se (LPN) are also approp | PN) are also appropriate v3 replacements. |  |  |
| 6112       | Physician   | 9925027                  | Physician                                 |  |  |
| 6120       | First Responder   | 9925013                  | First Responder                           |  |  |
| 635        | Student   | 9925031                  | Student                                   |  |  |
| 640        | Other Healthcare Professional                             | 9925023                  | Other Healthcare Professional             |  |  |
| 645        | Other Non-Healthcare Professional                         | 9925025                  | Other Non-Healthcare Professional         |  |  |

Other Non-Healthcare Professional

### V3 Element V2 Element

Other Non-Healthcare Professional

| E04_03 Crew Member Level |     | eMedications.10 Role/Type of Person<br>Administering Medication |     |
|--------------------------|-----|---|-----|
| CrewMemberLevel          |     | EMSCaregiverLevel   |     |
| Null Values              | Yes | Null Values   | Yes |
| Is Nillable No           |     | Is Nillable   | Yes |
| Recurrence               | 0:1 | Recurrence  | 1:1 |

## Comment

Mapping

645

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

| Марринд    |   |                              |                               |  |
|------------|---|------------------------------|-------------------------------|--|
| V2 Pattern |   | V3 Replaceme                 | V3 Replacement                |  |
| 6090       | EMT-Basic   | 9905009                      | EMT-Basic                     |  |
| 6100       | EMT-Intermediate                                      | 9905011                      | EMT-Intermediate              |  |
| 6110       | EMT-Paramedic   | 9905013                      | EMT-Paramedic                 |  |
| 6111       | Nurse   | 9905041                      | Registered Nurse              |  |
| 990503     | 5 Nurse Practitioner and 9905039 Licensed Practical N | Nurse (LPN) are also appropr | iate v3 replacements.         |  |
| 6112       | Physician   | 9905025                      | Physician                     |  |
| 6120       | First Responder                                       | 9905015                      | First Responder               |  |
| 635        | Student   | 9905029                      | Student                       |  |
| 640        | Other Healthcare Professional                         | 9905019                      | Other Healthcare Professional |  |

9905021

### V2 Element V3 Element

| E04_03 Crew Member Level |     | eProcedures.10 Role/Type of Person Performing the Procedure |     |
|--------------------------|-----|---|-----|
| CrewMemberLevel          |     | EMSCaregiverLevel   |     |
| Null Values              | Yes | Null Values   | Yes |
| Is Nillable No           |     | Is Nillable   | Yes |
| Recurrence               | 0:1 | Recurrence  | 1:1 |

## Comment

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

| M |  |  |  |
|---|--|--|--|
|   |  |  |  |
|   |  |  |  |

| V2 Pattern       |   | V3 Replacement                 |                                   |
|------------------|---|--------------------------------|-----------------------------------|
| 6090             | EMT-Basic   | 9905009                        | EMT-Basic                         |
| 6100             | EMT-Intermediate                                    | 9905011                        | EMT-Intermediate                  |
| 6110             | EMT-Paramedic                                       | 9905013                        | EMT-Paramedic                     |
| 6111             | Nurse   | 9905041                        | Registered Nurse                  |
| 9905035 Nurse Pr | actitioner and 9905039 Licensed Practical Nurse (Li | PN) are also appropriate v3 re | placements.                       |
| 6112             | Physician   | 9905025                        | Physician                         |
| 6120             | First Responder                                     | 9905015                        | First Responder                   |
| 635              | Student   | 9905029                        | Student                           |
| 640              | Other Healthcare Professional                       | 9905019                        | Other Healthcare Professional     |
| 645              | Other Non-Healthcare Professional                   | 9905021                        | Other Non-Healthcare Professional |

E04\_03 Crew Member Level

## V2 Element V3 Element

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

eResponse.15 Level of Care of This Unit

## Comment

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

## Mapping

| V2 Patter | m   | V3 Replacement | •                       |
|-----------|---|----------------|-------------------------|
| 6090      | EMT-Basic   | 2215003        | BLS-Basic/EMT           |
| 6100      | EMT-Intermediate                                      | 2215011        | ALS-Intermediate        |
| 22        | 215007 BLS-Intermediate is also an appropriate v3 rep | placement.     |                         |
| 6110      | EMT-Paramedic   | 2215013        | ALS-Paramedic           |
| 6111      | Nurse   | 2215017        | ALS-Nurse               |
| 6112      | Physician   | 2215019        | ALS-Physician           |
| 6120      | First Responder                                       | 2215001        | BLS-First Responder/EMR |

E05\_01 Incident or Onset Date/Time

## V2 Element V3 Element

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

## Comment

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

## Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

eSituation.01 Date/Time of Symptom Onset

E05\_02 PSAP Call Date/Time

## V2 Element V3 Element

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

## Comment

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

## Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

eTimes.01 PSAP Call Date/Time

E05\_03 Dispatch Notified Date/Time

## V2 Element V3 Element

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

## Comment

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

## Mapping

.!="

V2 Pattern

V3 Replacement

eTimes.02 Dispatch Notified Date/Time

adjust-dateTime-to-timezone(.)

E05\_04 Unit Notified by Dispatch Date/Time

eTimes.03 Unit Notified by Dispatch Date/Time

## V2 Element V3 Element

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

## Comment

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

## Mapping

V2 Pattern

V3 Replacement

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

E05\_05 Unit En Route Date/Time

## V2 Element V3 Element

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

## Comment

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

## Mapping

.!="

V2 Pattern

V3 Replacement

eTimes.05 Unit En Route Date/Time

adjust-dateTime-to-timezone(.)

E05\_06 Unit Arrived on Scene Date/Time

## V2 Element V3 Element

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

## Comment

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

## Mapping

V2 Pattern

V3 Replacement

eTimes.06 Unit Arrived on Scene Date/Time

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

E05\_07 Arrived at Patient Date/Time

## V2 Element V3 Element

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

## Comment

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

## Mapping

V2 Pattern

V3 Replacement

eTimes.07 Arrived at Patient Date/Time

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

E05\_08 Transfer of Patient Care Date/Time

eTimes.08 Transfer of EMS Patient Care Date/Time

## V2 Element V3 Element

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

## Comment

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

## Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

E05\_09 Unit Left Scene Date/Time

## V2 Element V3 Element

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

## Comment

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

## Mapping

V2 Pattern

V3 Replacement

eTimes.09 Unit Left Scene Date/Time

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

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

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

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

## Comment

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

## Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

E05\_11 Unit Back in Service Date/Time

## V2 Element V3 Element

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

## Comment

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

## Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

eTimes.13 Unit Back in Service Date/Time

E05\_12 Unit Cancelled Date/Time

## V2 Element V3 Element

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

## Comment

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

## Mapping

V2 Pattern

V3 Replacement

eTimes.14 Unit Canceled Date/Time

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

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

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

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

## Comment

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

## Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

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

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

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

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

### ePatient.06 Patient's Home City E06\_05 Patient's Home City City CityGnisCode **Null Values** Yes **Null Values** No Is Nillable Is Nillable No No Recurrence 0:1 Recurrence 0:1

### Comment

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

## Mapping

V2 Pattern V3 Replacement

51000 City of New York 2395220 City of New York

### E06\_06 Patient's Home County ePatient.07 Patient's Home County County ANSICountyCode **Null Values** Yes Yes **Null Values** Is Nillable Yes No Is Nillable Recurrence 0:1 1:1 Recurrence

## Comment

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

## Mapping

V2 Pattern

V3 Replacement

matches(normalize-space(.),'^[0-9]{5}\$')

| E06_07 Patient's Home S | tate | ePatient.08 Patient's Home State |     |  |
|-------------------------|------|----------------------------------|-----|--|
| State                   |      | ANSIStateCode                    |     |  |
| Null Values             | Yes  | Null Values Yes                  |     |  |
| Is Nillable No          |      | Is Nillable Yes                  |     |  |
| Recurrence              | 0:1  | Recurrence                       | 1:1 |  |

## Comment

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

| Mapping  |  |
|--|--|
| V2 Pattern   | V3 Replacement   |
| matches(normalize-space(.),'^[0-9]{2}\$')                |  |
|  | 00   |
| This mapping is used when the v3 element is mandatory ar | nd the v2 element is missing or contains a null value. |

E06\_08 Patient's Home Zip Code

### V2 Element V3 Element

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

### Comment

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

# Mapping

### V2 Pattern

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

### V3 Replacement

ePatient.09 Patient's Home ZIP Code

normalize-space(.)

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

### Comment

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

### Mapping

| V2 Pattern         |  | V3 Replaceme | V3 Replacement         |  |  |
|--------------------|--|--------------|------------------------|--|--|
| string-length(norr | malize-space(.))!=2                                    | п            |                        |  |  |
| If length          | n!=2, return no v3 replacement.                        |              |                        |  |  |
| AA                 | Aruba  | AW           | Aruba                  |  |  |
| AC                 | Antigua and Barbuda                                    | AG           | Antigua and Barbuda    |  |  |
| AG                 | Algeria  | DZ           | Algeria                |  |  |
| AJ                 | Azerbaijan   | AZ           | Azerbaijan             |  |  |
| AN                 | Andorra  | AD           | Andorra                |  |  |
| AQ                 | American Samoa   | AS           | American Samoa         |  |  |
| AS                 | Australia  | AU           | Australia              |  |  |
| AU                 | Austria  | AT           | Austria                |  |  |
| AV                 | Anguilla   | Al           | Anguilla               |  |  |
| AX                 | Akrotiri   | GB           | United Kingdom         |  |  |
|                    | rereign Base Area on Cyprus                            |              |                        |  |  |
| AY                 | Antarctica   | AQ           | Antarctica             |  |  |
| ISO def            | fines as the territory south of 60 degrees south latit | ude<br>BH    | Bahrain                |  |  |
|                    |  |              |                        |  |  |
| BC<br>BD           | Botswana<br>Bermuda                                    | BW<br>BM     | Botswana<br>Bermuda    |  |  |
|                    |  |              |                        |  |  |
| BF                 | Bahamas, The   | BS           | Bahamas, The           |  |  |
| BG                 | Bangladesh   | BD           | Bangladesh             |  |  |
| BH                 | Belize   | BZ           | Belize                 |  |  |
| BK                 | Bosnia and Herzegovina                                 | BA           | Bosnia and Herzegovina |  |  |
| BL                 | Bolivia  | ВО           | Bolivia                |  |  |
| BM                 | Burma  | MM           | Myanmar                |  |  |
| BN                 | Benin  | BJ           | Benin                  |  |  |
| ВО                 | Belarus  | ВҮ           | Belarus                |  |  |
| BP                 | Solomon Islands  | SB           | Solomon Islands        |  |  |
|                    |  |              |                        |  |  |

| BU                               | Bulgaria   | BG                                     | Bulgaria  |
|----------------------------------|--|--|---|
| ВХ                               | Brunei   | BN                                     | Brunei  |
| BY                               | Burundi  | BI                                     | Burundi   |
| СВ                               | Cambodia   | KH                                     | Cambodia  |
| CD                               | Chad   | TD                                     | Chad  |
| CE                               | Sri Lanka  | LK                                     | Sri Lanka   |
| CF                               | Congo, Republic of the   | CG                                     | Congo, Republic of the  |
| CG                               | Congo, Democratic Repub  | lic of the CD                          | Congo, Democratic Republic of the   |
|                                  | formerly Zaire   |  | σ., σ.,   |
| СН                               | China  | CN                                     | China   |
|                                  | see also Taiwan  |  |   |
| CI                               | Chile  | CL                                     | Chile   |
| CJ                               | Cayman Islands   | KY                                     | Cayman Islands  |
| CK                               | Cocos (Keeling) Islands  | CC                                     | Cocos (Keeling) Islands   |
| CN                               | Comoros  | KM                                     | Comoros   |
| CQ                               | Northern Mariana Islands   | MP                                     | Northern Mariana Islands  |
| CR                               | Coral Sea Islands  | AU                                     | Australia   |
| 00                               | ISO includes with Australia  | OB                                     | Ocata Bion  |
| CS                               | Costa Rica   | CR                                     | Costa Rica  |
| CT                               | Central African Republic   | CF                                     | Central African Republic  |
| CW                               | Cook Islands   | CK                                     | Cook Islands  |
| DA                               | Denmark  | DK                                     | Denmark   |
| DO                               | Dominica   | DM                                     | Dominica  |
| DR                               | Dominican Republic   | DO                                     | Dominican Republic  |
| DX                               | Dhekelia   | GB                                     | United Kingdom  |
| EI                               | UK Sovereign Base Area on Cyprus  Ireland  | IE                                     | Ireland   |
| EK                               | Equatorial Guinea  | GQ                                     | Equatorial Guinea   |
| EN                               | Estonia  | EE                                     | Estonia   |
| ES                               | El Salvador  | SV                                     | El Salvador   |
| EZ                               | Czech Republic   | CZ                                     | Czech Republic  |
| FG                               | French Guiana  | GF                                     | French Guiana   |
| FP                               | French Polynesia   | PF                                     |   |
|                                  | French Polynesia   | • •                                    | French Polynesia  |
| FS                               | •  | rctic Lands TF                         | French Polynesia  French Southern and Antarctic Lands   |
| FS<br>GA                         | French Southern and Anta   |  | French Southern and Antarctic Lands   |
| GA                               | French Southern and Anta<br>Gambia, The  | GM                                     | French Southern and Antarctic Lands Gambia, The   |
| GA<br>GB                         | French Southern and Anta<br>Gambia, The<br>Gabon   | GM<br>GA                               | French Southern and Antarctic Lands Gambia, The Gabon   |
| GA<br>GB<br>GG                   | French Southern and Anta<br>Gambia, The<br>Gabon<br>Georgia  | GM<br>GA<br>GE                         | French Southern and Antarctic Lands Gambia, The Gabon Georgia   |
| GA<br>GB<br>GG<br>GJ             | French Southern and Anta<br>Gambia, The<br>Gabon<br>Georgia<br>Grenada                                   | GM<br>GA<br>GE<br>GD                   | French Southern and Antarctic Lands Gambia, The Gabon Georgia Grenada   |
| GA<br>GB<br>GG<br>GJ<br>GK       | French Southern and Anta<br>Gambia, The<br>Gabon<br>Georgia<br>Grenada<br>Guernsey                       | GM<br>GA<br>GE<br>GD<br>GG             | French Southern and Antarctic Lands Gambia, The Gabon Georgia Grenada Guernsey  |
| GA<br>GB<br>GG<br>GJ<br>GK<br>GM | French Southern and Anta<br>Gambia, The<br>Gabon<br>Georgia<br>Grenada<br>Guernsey<br>Germany            | GM GA GE GD GG DE                      | French Southern and Antarctic Lands Gambia, The Gabon Georgia Grenada Guernsey Germany  |
| GA<br>GB<br>GG<br>GJ<br>GK<br>GM | French Southern and Anta Gambia, The Gabon Georgia Grenada Guernsey Germany Guam                         | GM<br>GA<br>GE<br>GD<br>GG<br>DE<br>GU | French Southern and Antarctic Lands Gambia, The Gabon Georgia Grenada Guernsey Germany Guam   |
| GA GB GG GJ GK GM GQ GV          | French Southern and Anta Gambia, The Gabon Georgia Grenada Guernsey Germany Guam Guinea                  | GM GA GE GD GG DE GU GN                | French Southern and Antarctic Lands Gambia, The Gabon Georgia Grenada Guernsey Germany Guam Guinea                                      |
| GA GB GG GJ GK GM GQ GV GZ       | French Southern and Anta Gambia, The Gabon Georgia Grenada Guernsey Germany Guam Guinea Gaza Strip       | GM GA GE GD GG GG DE GU GN PS          | French Southern and Antarctic Lands Gambia, The Gabon Georgia Grenada Guernsey Germany Guam Guinea Occupied Palestinian Territory       |
| GA GB GG GJ GK GM GQ GV GZ HA    | French Southern and Anta Gambia, The Gabon Georgia Grenada Guernsey Germany Guam Guinea Gaza Strip Haiti | GM GA GE GD GG DE GU GN PS HT          | French Southern and Antarctic Lands Gambia, The Gabon Georgia Grenada Guernsey Germany Guam Guinea Occupied Palestinian Territory Haiti |
| GA GB GG GJ GK GM GQ GV GZ       | French Southern and Anta Gambia, The Gabon Georgia Grenada Guernsey Germany Guam Guinea Gaza Strip       | GM GA GE GD GG GG DE GU GN PS          | French Southern and Antarctic Lands Gambia, The Gabon Georgia Grenada Guernsey Germany Guam Guinea Occupied Palestinian Territory       |

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

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

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

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

E06\_10 Social Security Number

### V2 Element V3 Element

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

### Comment

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

# Mapping

V2 Pattern

matches(replace(.,'\D',"), '^[0-9]{9}\$')

V3 Replacement

replace(.,'\D',")

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

Not supported in v3.

# V2 Element V3 Element

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

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

July 13, 2016

Page 192

# V2 Element V3 Element

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

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

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

# E06\_17 Primary or Home Telephone Number

### ePatient.18 Patient's Phone Number

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

### Comment

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

### Mapping

### V2 Pattern

### V3 Replacement

normalize-space(.)

### E06\_18 State Issuing Driver's License ePatient.20 State Issuing Driver's License State **ANSIStateCode Null Values Null Values** Yes No Is Nillable Is Nillable No No Recurrence 0:1 0:1 Recurrence

### Comment

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

| Mapping   |   |
|---|---|
| V2 Pattern  | V3 Replacement  |
| matches(normalize-space(.),'^[0-9]{2}\$')             |   |
|   | 00  |
| This mapping is used when the v3 element is mandatory | and the v2 element is missing or contains a null value. |

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

750

# V2 Element V3 Element

Workers Compensation

| E07_01 Primary Metho   | d of Payment            | ePayment.0    | 1 Primary Method of Payment |
|------------------------|-------------------------|---------------|-----------------------------|
| PrimaryMethodOfPayment |                         | PrimaryMethod | dOfPayment                  |
| Null Values            | Yes                     | Null Values   | Yes                         |
| Is Nillable            | No                      | Is Nillable   | Yes                         |
| Recurrence             | 1:1                     | Recurrence    | 1:1                         |
| Comment                |                         |               |                             |
| Mapping                |                         |               |                             |
| V2 Pattern             |                         | V3 Replaceme  | ent                         |
| 720 Insur              | ance                    | 2601001       | Insurance                   |
| 725 Medi               | caid                    | 2601003       | Medicaid                    |
| 730 Medi               | care                    | 2601005       | Medicare                    |
| 735 Not E              | silled (for any reason) | 2601007       | Not Billed (for any reason) |
| 740 Othe               | Goverment               | 2601009       | Other Government            |
| 745 Self I             | Pay                     | 2601011       | Self Pay                    |

2601013

Workers Compensation

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

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

E07\_04 Insurance Company Billing Priority

ePayment.11 Insurance Company Billing Priority

Primary

# V2 Element V3 Element

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

V3 Replacement

2611003

 760
 Secondary
 2611005
 Secondary

 765
 Other
 2611001
 Other

Primary

V2 Pattern

755

v3 supports additional specific values.

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

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

### Comment

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

### Mapping

V2 Pattern

V3 Replacement

| E07_07 Insurance Company State |     | erayment. 14 insurance Company State |     |
|--------------------------------|-----|--------------------------------------|-----|
| State                          |     | ANSIStateCode                        |     |
| Null Values                    | Yes | Null Values                          | No  |
| Is Nillable                    | No  | Is Nillable                          | No  |
| Recurrence                     | 0:1 | Recurrence                           | 0:1 |

### Comment

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

| Mapping   |   |
|---|---|
| V2 Pattern  | V3 Replacement  |
| matches(normalize-space(.),'^[0-9]{2}\$')                 |   |
|   | 00  |
| This mapping is used when the v3 element is mandatory and | d the v2 element is missing or contains a null value. |

E07\_08 Insurance Company Zip Code

### V2 Element V3 Element

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

### Comment

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

# Mapping

### V2 Pattern

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

### V3 Replacement

ePayment.15 Insurance Company ZIP Code

normalize-space(.)

E07\_09 Insurance Group ID/Name

### V2 Element V3 Element

# InsuranceGroupIDName InsuranceGroupID Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 0: 1 Recurrence 0: 1

ePayment.17 Insurance Group ID/Name

### Comment

v2 defines as the ID or name. v3 defines as the ID. V3 also has ePayment.58 Insurance Group Name.

# Mapping

V2 Pattern V3 Replacement

.

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

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

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

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

| E07_14 Relationship to the Insured |                          | ePayment.22 Relationship to the Insured |                |                 |                 |  |
|------------------------------------|--------------------------|---|----------------|-----------------|-----------------|--|
| RelationshipToIn                   | sured                    |   | RelationshipTo | olnsured        |                 |  |
| Null Values                        |                          | Yes                                     | Null Values No |                 | No              |  |
| Is Nillable                        |                          | No                                      | Is Nillable    |                 | No              |  |
| Recurrence                         |                          | 0:1                                     | Recurrence     |                 | 0:1             |  |
| Comment                            |                          |   |                |                 |                 |  |
| Mapping                            |                          |   |                |                 |                 |  |
| V2 Pattern                         |                          |   | V3 Replaceme   | ent             |                 |  |
| 770                                | Self                     |   | 2622001        | Self            |                 |  |
| 775                                | Spouse                   |   | 2622003        | Spouse          |                 |  |
| 780                                | Son/Daughter             |   | 2622005        | Child/Depender  | Child/Dependent |  |
| 785                                | Other                    |   | 2622019        | Other Relations | ship            |  |
| v3 supports                        | additional specific valu | es.                                     |                |                 |                 |  |

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

E07\_16 Patient's Occupational Industry

eSituation.15 Patient's Occupational Industry

### V2 Element V3 Element

# PatientsOccupationalIndustry Null Values Yes Null Values No Is Nillable No Recurrence 0: 1 Recurrence OccupationIndustry No No No Is Nillable No Recurrence 0: 1

### Comment

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

| IV | ld | þ | þΙ | П | g |
|----|----|---|----|---|---|
|    |    |   |    |   |   |

| V2 Patter                               | rn   | V3 Replacement     | t   |  |  |
|---|--|--------------------|---|--|--|
| 790                                     | Construction   | 2815009            | Construction                                  |  |  |
| 795                                     | Finance, Insurance, and Real Estate                            | 2815013            | Finance and Insurance                         |  |  |
| 28                                      | 315031 Real Estate and Rental and Leasing is also an appropria | te v3 replacement. |   |  |  |
| 800                                     | Government   | 2815029            | Public Administration                         |  |  |
| 805                                     | Manufacturing  | 2815021            | Manufacturing                                 |  |  |
| 810                                     | Mining   | 2815023            | Mining, Quarrying, and Oil and Gas Extraction |  |  |
| 815                                     | Retail Trade   | 2815033            | Retail Trade                                  |  |  |
| 820                                     | Services   | 2815025            | Other Services (except Public Administration) |  |  |
| v3 supports additional specific values. |  |                    |   |  |  |
| 825                                     | Transportation and Public Utilities                            | 2815035            | Transportation and Warehousing                |  |  |
| 28                                      | 315037 Utilities is also an appropriate v3 replacement.        |                    |   |  |  |
| 830                                     | Wholesale Trade  | 2815039            | Wholesale Trade                               |  |  |

E07\_17 Patient's Occupation

# V2 Element V3 Element

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

eSituation.16 Patient's Occupation

### Comment

# Mapping

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

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

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

### E07\_20 Middle Initial/Name of the Closest ePayment.25 Closest Relative/ Guardian Middle Relative/ Guardian Initial/Name MiddleInitialName PersonMiddleName **Null Values** Yes **Null Values** No Is Nillable Is Nillable No No Recurrence 0:1 Recurrence 0:1 Comment Mapping

V2 Pattern V3 Replacement

ePayment.26 Closest Relative/ Guardian Street

### V2 Element V3 Element

E07\_21 Closest Relative/ Guardian Street Address

# Address StreetAddress StreetAddress Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 0 : 1 Recurrence 0 : 1

Comment

Mapping

V2 Pattern V3 Replacement

E07\_22 Closest Relative/ Guardian City

ePayment.27 Closest Relative/ Guardian City

### V2 Element V3 Element

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

### Comment

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

### Mapping

V2 Pattern

V3 Replacement

E07\_23 Closest Relative/ Guardian State

ePayment.28 Closest Relative/ Guardian State

### V2 Element V3 Element

# State ANSIStateCode Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 0: 1 Recurrence 0: 1

### Comment

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

| Mapping   |   |
|---|---|
| V2 Pattern  | V3 Replacement  |
| matches(normalize-space(.),'^[0-9]{2}\$')           |   |
|   | 00  |
| This mapping is used when the v3 element is mandato | ory and the v2 element is missing or contains a null value. |

E07\_24 Closest Relative/ Guardian Zip Code

ePayment.29 Closest Relative/ Guardian ZIP Code

### V2 Element V3 Element

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

### Comment

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

### Mapping

### V2 Pattern

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

### V3 Replacement

normalize-space(.)

E07 25 Closest Relative/ Guardian Phone

0: M

### V2 Element V3 Element

0:1

# Number Number TelephoneNumber PhoneNumber Null Values Yes Is Nillable No Is Nillable No

### Comment

Recurrence

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

### Mapping

### V2 Pattern

### V3 Replacement

normalize-space(.)

Recurrence

ePayment.31 Closest Relative/ Guardian Phone

Spouse

975

### V2 Element V3 Element

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

2632015

Spouse

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

### E07\_28 Patient's Employer's Address ePayment.34 Patient's Employer's Address StreetAddress StreetAddress **Null Values** Yes **Null Values** No Is Nillable No Is Nillable No Recurrence 0:1 Recurrence 0:1 Comment Mapping V2 Pattern V3 Replacement

E07 29 Patient's Employer's City

### V2 Element V3 Element

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

### Comment

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

### Mapping

V2 Pattern

V3 Replacement

ePayment.35 Patient's Employer's City

### E07\_30 Patient's Employer's State ePayment.36 Patient's Employer's State State **ANSIStateCode Null Values** Yes **Null Values** No Is Nillable Is Nillable No No Recurrence 0:1 0:1 Recurrence

### Comment

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

| Mapping   |   |
|---|---|
| V2 Pattern  | V3 Replacement  |
| matches(normalize-space(.),'^[0-9]{2}\$')             |   |
|   | 00  |
| This mapping is used when the v3 element is mandatory | and the v2 element is missing or contains a null value. |

E07\_31 Patient's Employer's Zip Code

### V2 Element V3 Element

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

### Comment

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

## Mapping

### V2 Pattern

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

### V3 Replacement

ePayment.37 Patient's Employer's ZIP Code

normalize-space(.)

E07\_32 Patient's Work Telephone Number

### V2 Element V3 Element

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

### Comment

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

### Mapping

### V2 Pattern

### V3 Replacement

normalize-space(.)

ePayment.39 Patient's Employer's Primary Phone

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

995

# V2 Element V3 Element

BLS, Emergency

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

2650009

BLS, Emergency

### ePayment.51 EMS Condition Code E07\_35 Condition Code Number ConditionCodeNumber icd10Code **Null Values** Yes **Null Values** No Is Nillable Is Nillable No No Recurrence 1:1 Recurrence 0: M

### Comment

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

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

| 8020 |                                  | Cardiac Symptoms other than Chest Pain (palpitations) (ALS-785.1)               | R00.2                            | Palpitations   |
|------|----------------------------------|---|----------------------------------|--|
| 8021 |                                  | Cardiac Symptoms othe than Chest Pain (atypical pain) (ALS-536.2)               | R07.1                            | Chest pain on breathing  |
|      | Mapping is based of              | n CMS ICD-9 Alternative Specific Code 786.52 Pa                                 | inful respiration.               |  |
| 8022 |                                  | Heat Exposure (ALS-992.2)   | T67.5                            | Heat exhaustion, unspecified   |
|      |                                  | e should be ALS-992.5. ICD-9 992.5 maps to ICD-1.5 is a non-billable code.      | 0 T67.5XXA (initial encounter    | ), which is a billable code but is not allowed in  |
| 8023 | ·                                | Heat Exposure (BLS-992.2)   | T67.2                            | Heat cramp   |
|      | ICD-9 992.2 maps                 | to ICD-10 T67.2XXA (initial encounter), which is a b                            | pillable code but is not allowed |  |
| 8024 |                                  | Hemorrage (ALS-459.0)   | R58                              | Hemorrhage, not elsewhere classified   |
| 8025 |                                  | Infectious Diseases requiring Isolation/Public Health Risk (BLS-038.9)          | A41.9                            | Sepsis, unspecified organism   |
| 8026 |                                  | Hazmat Exposure (ALS-987.9)   | T59.94                           | Toxic effect of unspecified gases, fumes and vapors, undetermined                                      |
|      | ICD-9 987.9 maps                 | to ICD-10 T59.94XA (initial encounter), which is a b                            | illable code but is not allowed  | in the v3 pattern. T59.94 is a non-billable code.  |
| 8027 |                                  | Medical Device Failure (ALS-996.0)  | Y82.9                            | Unspecified medical devices associated with  |
|      | v2 CMS/ICD-9 code                | e should be BLS-996.00. ICD-9 996.00 maps to ICI                                | O-10 T82 599A (initial encount   | adverse incidents er) which is a billable code but is not allowed in                                   |
|      |                                  | .599 is a non-billable code. However, Y82.9 was ch                              |                                  |  |
| 8028 | ·                                | Medical Device Failure (BLS-996.3)  | T83.498                          | Other mechanical complication of other prosthetic devices, implants and grafts of genital tract        |
|      |                                  | e should be BLS-996.30. ICD-9 996.30 maps to ICI<br>498 is a non-billable code. | D-10 T93.498A (initial encount   | er), which is a billable code but is not allowed in  |
| 8029 |                                  | Neurologic Distress (ALS-436.0)   | 167.89                           | Other cerebrovascular disease  |
|      | v2 CMS/ICD-9 code                | e should be ALS-436.  |                                  |  |
| 8030 |                                  | Pain (Severe) (ALS-780.99)  | R52                              | Pain, unspecified  |
|      | v2 CMS/ICD 0 and                 | e should be ALS-780.96.   |                                  | . ,  |
| 0004 | V2 CIVIS/ICD-9 COOR              |   | ME4.0                            | Danadaia waanasifiad   |
| 8031 |                                  | Back Pain (non-traumatic possible cardiac or vascular) (ALS-724.5)              | M54.9                            | Dorsalgia, unspecified   |
| 8032 |                                  | Back Pain (non-traumatic with neurologic symptoms) (ALS-724.9)                  | M53.9                            | Dorsopathy, unspecified  |
| 8033 |                                  | Posions (all routes) (ALS-977.9)  | T50.904                          | Poisoning by unspecified drugs, medicaments and biological substances, undetermined                    |
|      | ICD-9 977.9 maps                 | to ICD-10 T50.904A (initial encounter), which is a b                            | illable code but is not allowed  | in the v3 pattern. T50.904 is a non-billable code.   |
| 8034 |                                  | Alcohol Intoxication or Drug Overdose (BLS-305.0)                               | F10.229                          | Alcohol dependence with intoxication, unspecified  |
|      | ICD-9 305.0 is a no unspecified. | n-billable code. Mapping is based on CMS ICD-9 A                                | Alternative Specific Code 303.0  | 00 Acute alcoholic intoxication in alcoholism,   |
| 8035 |                                  | Severe Alcohol Intoxication (ALS-977.3)   | T50.991                          | Poisoning by other drugs, medicaments and biological substances, accidental (unintentional)            |
|      | ICD-9 977.3 maps                 | to ICD-10 T50.991A (initial encounter), which is a b                            | illable code but is not allowed  | in the v3 pattern. T50.991 is a non-billable code.   |
| 8036 |                                  | Post-Operative Procedure COmplications (BLS-998.9)                              | T81.9                            | Unspecified complication of procedure  |
|      | ICD-9 998.9 maps                 | to ICD-10 T81.9XXA (initial encounter), which is a b                            | pillable code but is not allowed | in the v3 pattern. T81.9 is a non-billable code.   |
| 8037 |                                  | Pregnacy Complication/Chlidbirth/Labor (ALS-650.0)                              | O80                              | Encounter for full-term uncomplicated delivery   |
|      | v2 CMS/ICD-9 code                | e should be ALS-650.  |                                  |  |
| 8038 |                                  | Psychiatric/Behavioral (abnormal mental status) (ALS-292.9)                     | F19.99                           | Other psychoactive substance use, unspecified with unspecified psychoactive substance-induced disorder |
| 8039 |                                  | Psychiatric/Behavioral (threat to self or others) (BLS-298.9)                   | F29                              | Unspecified psychosis not due to a substance or known physiological condition                          |
| 8040 |                                  | SIck Person-Fever (BLS-036.9)   | A39.9                            | Meningococcal infection, unspecified   |
| 8041 |                                  | Severe Dehydration (ALS-787.01)   | R11.2                            | Nausea with vomiting, unspecified  |
|      |                                  |   |                                  | <b>3</b> . ,   |
| 8042 |                                  | Unconscious/Syncope/Dizziness (ALS-780.02)                                      | R40.4                            | Transient alteration of awareness  |
| 8043 |                                  | Major Trauma (ALS-959.8)  | T07                              | Unspecified multiple injuries  |

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

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

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

8063

IV Medications required en route (ALS)

### V2 Element V3 Element

IV Meds Required (ALS-No ICD code provided)

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

C7

E07\_36 ICD-9 Code for the Condition Code

eCustomResults.01 Custom Data Element Result

# V2 Element V3 Element

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

### Extends ePayment.51

# Comment Mapping

## V2 Pattern V3 Replacement

.

E07\_37 Condition Code Modifier

1044

ePayment.52 CMS Transportation Indicator

Pick up Point not Accessible by Ground

### V2 Element V3 Element

Air-D-Pick up Point not Accessible by Ground

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

D4

E08\_01 Other EMS Agencies at Scene

eScene.02 Other EMS or Public Safety Agencies

### V2 Element V3 Element

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

at Scene

### Comment

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

### Mapping

V2 Pattern V3 Replacement

.

Utilities

1095

## V2 Element V3 Element

| E08_02 Other Services at Scene |                            | eScene.04 T | ype of Other Service at Scene |                            |  |
|--------------------------------|----------------------------|-------------|-------------------------------|----------------------------|--|
| OtherServicesAtS               | Scene                      |             | OtherServices A               | AtScene                    |  |
| Null Values                    |                            | Yes         | Null Values                   | No                         |  |
| Is Nillable                    |                            | No          | Is Nillable                   | No                         |  |
| Recurrence                     |                            | 0 : M       | Recurrence                    | 0:1                        |  |
| Comment                        |                            |             |                               |                            |  |
| Mapping                        |                            |             |                               |                            |  |
| V2 Pattern                     |                            |             | V3 Replacemer                 | nt                         |  |
| 1060                           | EMS Muti                   | ual Aid     | 2704001                       | EMS Mutual Aid             |  |
| 1065                           | Fire                       |             | 2704003                       | Fire                       |  |
| 1070                           | Hazmat                     |             | 2704007                       | Hazmat                     |  |
| 1075                           | Law                        |             | 2704009                       | Law                        |  |
| 1080                           | Other Health Care Provider |             | 2704015                       | Other Health Care Provider |  |
| 1085                           | Other                      |             | 2704011                       | Other                      |  |
| 1090                           | Rescue                     |             | 2704017                       | Rescue                     |  |

2704019

Utilities

E08\_03 Estimated Date/Time Initial Responder

eCustomResults.01 Custom Data Element Result

## V2 Element V3 Element

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

### Comment

| M |  |  |  |
|---|--|--|--|
|   |  |  |  |
|   |  |  |  |

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

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

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

### Comment

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

## Mapping

V2 Pattern

V3 Replacement

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

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

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

v3 supports additional specific values.

### V3 Element V2 Element

| E08_07 Incident Location Type   |                     | eScene.09 Inciden                          | t Locatior     | п Туре                      |  |
|---|---------------------|--|----------------|-----------------------------|--|
| IncidentLocationType  |                     | IncidentLocationType                       |                |                             |  |
| Null Valu   | ues                 | Yes  | Null Values    |                             | Yes  |
| Is Nillabl  | le                  | No   | Is Nillable    |                             | Yes  |
| Recurren  | nce                 | 1:1  | Recurrence     |                             | 1:1  |
| Commer  | nt                  |  |                |                             |  |
| Mapping   | )                   |  |                |                             |  |
| V2 Patte  | ern                 |  | V3 Replacement |                             |  |
| 1135  | Home                | Residence                                  | Y92.00         |                             | non-institutional (private)<br>s the place of occurrence of the<br>se        |
| 1140  | Farm                |  | Y92.7          | Farm as the cause           | place of occurrence of the external  |
| 1145  | Mine o              | r Quarry                                   | Y92.64         |                             | s the place of occurrence of the se  |
| 1150  | Indust              | rial Place and Premises                    | Y92.6          |                             | d construction area as the place of of the external cause                    |
| 1155  | Place               | of Recreation or Sport                     | Y92.83         |                             | area as the place of occurrence of   |
| Y92.3 Sports and athletics area as the place of occurrence of the external cause is also an appropriate v3 replacement. |                     |  |                |                             |  |
| 1160  | Street              | or Highway                                 | Y92.4          |                             | way and other paved roadways as occurrence of the external cause             |
| 1165  | Public              | Building (schools, gov. offices)           | Y92.2          |                             | er institution and public<br>ve area as the place of occurrence<br>val cause |
| 1170  | Trade etc)          | or service (business, bars, restaurants,   | Y92.5          |                             | ervice area as the place of of the external cause                            |
| 1175  | home)               | Care Facility (clinic, hospital, nursing   | Y92.23         | external caus               |  |
|   |                     | services establishments as the place of oc |                |                             |  |
| 1180  | Reside<br>jail/pris | ential Institution (Nursing Home,<br>son)  | Y92.10         |                             | residential institution as the place e of the external cause                 |
| 1185  | Lake,               | River, Ocean                               | Y92.832        | Beach as the external cause | e place of occurrence of the<br>se   |
| 1190  |                     | Location                                   | Y92.89         |                             | ied places as the place of of the external cause                             |

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

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

E08\_10 Scene GPS Location

### V2 Element V3 Element

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

### Comment

### Mapping

### V2 Pattern

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

### V3 Replacement

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

eScene.11 Scene GPS Location

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

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

### Comment

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

### Mapping

V2 Pattern V3 Replacement

51000 City of New York 2395220 City of New York

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

### Comment

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

### Mapping

V2 Pattern

V3 Replacement

matches(normalize-space(.),'^[0-9]{5}\$')

\_

| E08_14 Incident State |     | eScene.18 Incident State |     |
|-----------------------|-----|--------------------------|-----|
| State                 |     | ANSIStateCode            |     |
| Null Values           | Yes | Null Values              | Yes |
| Is Nillable           | No  | Is Nillable              | Yes |
| Recurrence            | 0:1 | Recurrence               | 1:1 |

### Comment

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

| Mapping   |                |  |
|---|----------------|--|
| V2 Pattern  | V3 Replacement |  |
| matches(normalize-space(.),'^[0-9]{2}\$')   |                |  |
|   | 00             |  |
| This mapping is used when the v3 element is mandatory and the v2 element is missing or contains a null value. |                |  |

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

#### Comment

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

## Mapping

#### V2 Pattern

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

#### V3 Replacement

normalize-space(.)

eCustomResults.01 Custom Data Element Result

## V2 Element V3 Element

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

#### Extends eProcedures.03

#### Comment

E09\_01 Prior Aid

## Mapping

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

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

| D50  | 237653 | Dextrose 50 % Injectable Solution     |
|--|--------|---------------------------------------|
| TTY=SCD/SY.  |        |                                       |
| D5W (Dextrose 5% in Water)   | 309778 | Dextrose 5 % Injectable Solution      |
| TTY=SCD/SY. D5W w/ 1/2 Normal Saline   | 309806 | Dextrose 5 % / sodium chloride 0.45 % |
| TTY=SCD/SY.  | 309800 | Injectable Solution                   |
| Dexamethasone (Decadron)   | 3264   | Dexamethasone                         |
| Dextrose   | 4850   | Glucose                               |
| DEXTROSE 50 %  | 237653 | Dextrose 50 % Injectable Solution     |
| TTY=SCD/SY.  | 20.000 | 20/11/300 00 /0 11/30/12/0 00/14/10/1 |
| Dextrose 50%   | 237653 | Dextrose 50 % Injectable Solution     |
| TTY=SCD/SY.  |        |                                       |
| Dextrose 50% (D50)   | 237653 | Dextrose 50 % Injectable Solution     |
| TTY=SCD/SY.  |        |                                       |
| Diazepam   | 3322   | Diazepam                              |
| Diazepam (Valium)  | 3322   | Diazepam                              |
| Dilaudid   | 3423   | Hydromorphone                         |
| Diltiazem  | 3443   | Diltiazem                             |
| Diltiazem (Cardizem)   | 3443   | Diltiazem                             |
| Diphenhydramine  | 3498   | diphenhydramine                       |
| DIPHENHYDRAMINE (BENADRYL)   | 3498   | diphenhydramine                       |
| Diphenhydramine (Benedryl)   | 3498   | diphenhydramine                       |
|  |        |                                       |
| Dopamine   | 3628   | Dopamine                              |
| DuoNeb   | 204199 | Albuterol / Ipratropium               |
| TTY=MIN. DuoNeb (0.5 Atrovent/3.0 Albut  | 204199 | Albuterol / Ipratropium               |
|  |        | Abdition / ipratiopium                |
| TTY=MIN. V2 value is contradictory. DuoNeb is not 3.0 albuterol / 0.8 EPI 1:10,000 | 317361 | Epinephrine 0.1 MG/ML                 |
| TTY=SCDC.  |        |                                       |
| EPI 1:10000  | 317361 | Epinephrine 0.1 MG/ML                 |
| TTY=SCDC.  | 2002   | Fain anhaire                          |
| Epinephrine  | 3992   | Epinephrine                           |
| Epinephrine (1:10,000)   | 317361 | Epinephrine 0.1 MG/ML                 |
| TTY=SCDC. Epinephrine 1:1,000  | 328316 | Epinephrine 1 MG/ML                   |
|  | 320310 | Epinepinne i Mo/ME                    |
| TTY=SCDC. Epinephrine 1:10   | 317361 | Epinephrine 0.1 MG/ML                 |
| TTY=SCDC. V2 value is incorrect. It should be 1:10,000.                            | 0.7.00 | _pop                                  |
| Epinephrine 1:10,000   | 317361 | Epinephrine 0.1 MG/ML                 |
| TTY=SCDC.  |        |                                       |
| Epinephrine 1:1000   | 328316 | Epinephrine 1 MG/ML                   |
| TTY=SCDC.  |        |                                       |
| Epi-Pen Adult  | 328316 | Epinephrine 1 MG/ML                   |
| TTY=SCDC.  |        |                                       |
| Etomidate  | 4177   | Etomidate                             |
| Fentanyl   | 4337   | Fentanyl                              |
| Fentanyl (Sublimaze)   | 4337   | Fentanyl                              |
| Furosemide   | 4603   | Furosemide                            |
| Furosemide (Lasix)   | 4603   | Furosemide                            |

| Olympia                        | 4000   | 01                         |
|--------------------------------|--------|----------------------------|
| Glucagon                       | 4832   | Glucagon                   |
| Glucose (Oral)                 | 4850   | Glucose                    |
| Haloperidol (Haldol)           | 5093   | Haloperidol                |
| Heparin                        | 5224   | Heparin                    |
| Hydromorphone (Dilaudid)       | 3423   | Hydromorphone              |
| IBUPROFEN                      | 5640   | Ibuprofen                  |
| insulin                        | 5856   | Insulin                    |
| Ipratropium                    | 7213   | Ipratropium                |
| Ipratropium (Atrovent)         | 7213   | Ipratropium                |
| Ketorolac (Toradol)            | 35827  | Ketorolac                  |
| Labetalol                      | 6185   | Labetalol                  |
| Lactated Ringers               | 35629  | Lactated Ringer's Solution |
| Lasix                          | 4603   | Furosemide                 |
| Levalbuterol HCL (Xopenex)     | 237159 | Levalbuterol               |
| Lidocaine                      | 6387   | Lidocaine                  |
| Lopressor                      | 6918   | Metoprolol                 |
| Lorazepam                      | 6470   | Lorazepam                  |
| Lorazepam (Ativan)             | 6470   | Lorazepam                  |
| LOVENOX                        | 67108  | Enoxaparin                 |
| Magnesium Sulfate              | 6585   | Magnesium Sulfate          |
| Meperidine (Demerol)           | 6754   | Meperidine                 |
| Methylprednisolone             | 6902   | Methylprednisolone         |
| Methylprednisolone (Solu-Medro | 6902   | Methylprednisolone         |
| Methylprednisolone/Solu-Medrol | 6902   | Methylprednisolone         |
| Metoprolol (Lopressor)         | 6918   | Metoprolol                 |
| Midazolam                      | 6960   | Midazolam                  |
| Midazolam (Versed)             | 6960   | Midazolam                  |
| Morphine                       | 7052   | Morphine                   |
| Morphine Sulfate               | 7052   | Morphine                   |
| Naloxone                       | 7242   | Naloxone                   |
| Naloxone (Narcan)              | 7242   | Naloxone                   |
| Narcan                         | 7242   | Naloxone                   |
| Nitro Spray                    | 4917   | Nitroglycerin              |
| Nitroglycerin                  | 4917   | Nitroglycerin              |
| Nitroglycerin Infusion         | 4917   | Nitroglycerin              |
| Nitroglycerin Paste            | 4917   | Nitroglycerin              |
| Nitroglycerin SL               | 4917   | Nitroglycerin              |
| Nitroglycerin Spray            | 4917   | Nitroglycerin              |
| Nitroglycerin, (spray or tabs) | 4917   | Nitroglycerin              |
| Nitroglycerine                 | 4917   | Nitroglycerin              |
| Nitroglycerine (0.4 mg)        | 4917   | Nitroglycerin              |
| Nitroglycerine SL              | 4917   | Nitroglycerin              |
| Nitroglycerine Spray           | 4917   | Nitroglycerin              |
| Nitroglycerine Tabs            | 4917   | Nitroglycerin              |
| Nitrostat                      | 4917   | Nitroglycerin              |
|                                |        |                            |

| Nomal Saline         313002         Sodium Chlorido 0.8% Injectable Solution           TTH*SCDISY, 125464 Normal saline is an appropriate x3 replacement if it was used for intigation instead of injection.         Normal Saline (Respiratory Use           TTH*SCDISY         374545         Sodium Chloride 0.9% Injectable Solution           Normal Saline V Solution         313002         Sodium Chloride 0.9% Injectable Solution           Normal Saline V Solution         313002         Sodium Chloride 0.9% Injectable Solution           TTH*SCDISY, 125464 Normal saline is an appropriate V3 replacement if it was used for inrigation instead of injection.           Ondireaction         26225         Ondireaction           Ondireaction         26225         Ondireaction           Ongoing         7806         Organ           Orginal Chlorace         26225         Ondireaction           Orginal Chlorace         26225         Onygen <t< th=""><th>Norepinephrine</th><th>7512</th><th>NorEpinephrine</th></t<>   | Norepinephrine   | 7512                                | NorEpinephrine                           |
|--|--|-------------------------------------|--|
| TTY-SCDISY 125464 Normal saline is an appropriate v3 replacement #1 was used for irrigation instead of injection.           Normal Saline (Respiratory Use 1775CF).         379454         Sodium Chloride (a) % Injectable Solution 1774SCDSY.           Normal Saline (N Solution Saline (N Solution Saline (N Solution Saline (N Solution Saline Solution STY+SCDISY, 125464 Normal saline is an appropriate v3 replacement #1 was used for irrigation instead of injection.         March 1774 (Injection Saline Solution 1774 (Injection Saline Solution Saline Solution Saline Solution Saline Solution Saline (Solution Saline Solution Saline Solution Saline (Solution Saline Solution Saline Solution Saline Solution Saline Solution Saline (Solution Saline Solution Saline Solution Saline (Solution Saline Saline (Solution Saline Solution Saline Solution Saline Solution Saline Solution Saline Solution Saline Solution Saline (Solution Saline (Solution Saline S   |  | -                                   |  |
| Normal Saline (Respiratory Use)         379-45CP.         Southur Chloride Inhalant Solution           TTY=SCDISY. 125464 Normal saline is an appropriate val replacement if it was used for irrigulator in the control of irrigidator.         313002         Southur Chloride 0.9% Injectable Solution           Normal Saline (Southur)         313002         Southur Chloride 0.9% Injectable Solution           TTY-SCDISY. 125464 Normal saline is an appropriate val replacement if it was used for irrigulator.         Indensetron           Ondensetron (Zofran)         26225         Ondensetron           Ondersalton         26225         Ondensetron           Orygen         7806         Oxygen           Oxygen (Orygen)         7806         Oxygen           Oxygen by Blow (Southur)         7806         Oxygen           Oxygen by Blow (Southur)         7806         Oxygen           Oxygen by Blow (Southur)         7806         Oxygen           Oxygen by Mask         7806         Oxygen           Oxygen by Mask (Camula         7806         Oxygen           Oxygen by Mos-Rebreather Mask         7806         Oxygen           Oxygen by Nor-Rebreather Mask         7806         Oxygen           Oxygen by Most (Pestuare)         7806         Oxygen           Oxygen by Most (Pestuare)         7806         Oxyg  |  | t if it was used for irrigation ins | •  |
| Nomal Saline N Solution         3100Q         Sodum Choride 0.9% injectable Solution           TYY-SCDSY, 125464 Normal saline is an appropriate V3 replacement if it was used for irrigation interest of injection.           Nomal Saline Soution         31300Z         Sodium Choride 0.9% injectable Solution           TYY-SCDSY, 125464 Normal saline is an appropriate V3 replacement if it was used for irrigation interest of injection.         Sodium Choride 0.9% injectable Solution           Ondensetron (Zofran)         26225         Ondensetron           Ondersetron (Zofran)         26226         Ondensetron           Organ (Success)         4850         Outgoen           Organ (Success)         7806         Outgoen           Ovgen (nor-recreather mask)         7806         Outgoen           OVGEN ADMINISTRATION         7806         Outgoen           Ovgen by Blow My         7806         Outgoen           Ovgen by Blow My         7806         Outgoen           Ovgen by Mask Connula         7806         Outgoen           Ovgen by Mask Connula         7806         Outgoen           Ovgen by Nealtiere         7806         Outgoen           Ovgen by Mask Connula         7806         Outgoen           Ovgen by Mask Connul         7806         Outgoen           Ovgen by Seature Pessuare De  |  |                                     |  |
| TTY-SCDISY, 125464 Normal saline is an appropriate v3 replacement if it was used for inrigation-instead of injection on Sodium Chloride 0.9% (injectable Solution 1745CDISY, 125464 Normal saline is an appropriate v3 replacement if it was used for inrigation-instead of injection instead of injection i                         | TTY=SCDF.  |                                     |  |
| Normal Saline Solution         313002         Solution Chorder 0.9% Hyleatable Solution           Ondersetton         26225         Ondersetton           Ondersetton (Zotran)         26225         Ondersetton           Ondersetton (Zotran)         26225         Ondersetton           Oral Glucose         4850         Glucose           Oxygen         7806         Oxygen           Oxygen (non-rebreather mask)         7806         Oxygen           OXYGEN (20)         7806         Oxygen           Oxygen by Blow By         7806         Oxygen           Oxygen by Blow By         7806         Oxygen           Oxygen by Mask         7806         Oxygen           Oxygen by Nasal Cannula         7806         Oxygen           Oxygen by Nasal Cannula <td>Normal Saline IV Solution</td> <td>313002</td> <td>Sodium Chloride 0.9% Injectable Solution</td>  | Normal Saline IV Solution  | 313002                              | Sodium Chloride 0.9% Injectable Solution |
| TYY=SCD-SY. 125464 Normal saline is an appropriate v3 replacement         26225         Ondansetron           Ondansetron (201an)         26225         Ondansetron           Ondiscose         4890         Glucose           Oxygen (Normal saline)         7806         Oxygen           Oxygen (Normal saline)         7806         Oxygen </td <td></td> <td></td> <td></td>  |  |                                     |  |
| Ondansetron (Zofran)         58225         Ondansetron           Ondansetron (Zofran)         58225         Ondansetron           Oral Glucose         4850         Olucose           Oxygen (Oral Controller (Instant)         7806         Oxygen           Oxygen (Nor-ebreather mask)         7806         Oxygen           OXYGEN (OZ)         7806         Oxygen           OXYGEN ADMINISTRATION         7806         Oxygen           Oxygen by Bub W         7806         Oxygen           Oxygen by Bub W         7806         Oxygen           Oxygen by Mask         7806         Oxygen           Oxygen by Nasal Cannula         7806         Oxygen           Oxygen by Nasal Cannula         7806         Oxygen           Oxygen by Non-Rebreather Mask         7806         Oxygen           Oxygen by Non-Rebreather Mask         7806         Oxygen           Oxygen by Positive Pressure De         7806         Oxygen           PHENERGAN         7807         Promethazine           PROMETHAZINE         8745         Promethazine           Promethazine HCI (Phenergran)         8745         Promethazine           Roccurolium Bromidic (Zemuror)         81932         Oxidum Chloride 0.9% Injectable Solution Throride 0.7%   |  |                                     |  |
| Ondersatron         56225         Ondamenton           Oral Glucose         4560         Glucose           Oxygen (100-1960 called)         4560         Oxygen (2000)           Oxygen (100-1960 called)         7506         Oxygen (2000)           OxyGEN (2012)         7506         Oxygen (2000)           Oxygen by Blow By         7506         Oxygen (2000)           Oxygen by Blow By         7506         Oxygen (2000)           Oxygen by Mask         7506         Oxygen (2000)           Oxygen by Mask         7506         Oxygen (2000)           Oxygen by Nasal Cannula         7506         Oxygen (2000)           Oxygen by Non-Rebreather Mask         7506         Oxygen (2000)           Oxygen by Non-Rebreather Mask         7506         Oxygen (2000)           Oxygen by Positive Pressure De         7506         Oxygen (2000)           Oxygen by Non-Rebreather Mask         7506         Oxygen (2000)           Oxygen by Positive Pressure De         8745         Promethazine           PROMETHAZINE         8745         Promethazine           PROMETHAZINE         8745         Promethazine           Promethazine HCL (Phenergran)         8782         Promethazine           Rocupini         8100         <   |  | -                                   | ·  |
| Ondersatron         56225         Ondamenton           Oral Glucose         4560         Glucose           Oxygen (100-1960 called)         4560         Oxygen (2000)           Oxygen (100-1960 called)         7506         Oxygen (2000)           OxyGEN (2012)         7506         Oxygen (2000)           Oxygen by Blow By         7506         Oxygen (2000)           Oxygen by Blow By         7506         Oxygen (2000)           Oxygen by Mask         7506         Oxygen (2000)           Oxygen by Mask         7506         Oxygen (2000)           Oxygen by Nasal Cannula         7506         Oxygen (2000)           Oxygen by Non-Rebreather Mask         7506         Oxygen (2000)           Oxygen by Non-Rebreather Mask         7506         Oxygen (2000)           Oxygen by Positive Pressure De         7506         Oxygen (2000)           Oxygen by Non-Rebreather Mask         7506         Oxygen (2000)           Oxygen by Positive Pressure De         8745         Promethazine           PROMETHAZINE         8745         Promethazine           PROMETHAZINE         8745         Promethazine           Promethazine HCL (Phenergran)         8782         Promethazine           Rocupini         8100         <   | Ondansetron (Zofran)   |                                     | Ondansetron                              |
| Oxygen (non-rebreather mask)         7806         Oxygen (Norwell on Wygen (Nor  |  | 26225                               | Ondansetron                              |
| Oxygen (non-rebreather mask)         7806         Oxygen (Norwell on Wygen (Nor  | Oral Glucose   |                                     | Glucose                                  |
| Oxygen (non-rebreather mask)         7806         Oxygen           OXYGEN (O2)         7806         Oxygen           OXYGEN ADMINISTRATION         7806         Oxygen           Oxygen by Bw By         7806         Oxygen           Oxygen by Bw BW         7806         Oxygen           Oxygen by Mask         7806         Oxygen           Oxygen by Mask         7806         Oxygen           Oxygen by Nasal Cannula         7806         Oxygen           Oxygen by Nasal Cannula         7806         Oxygen           Oxygen by Non-Rebreather Mask         7806         Oxygen           Oxygen by Positive Pressure De         7806         Oxygen           PHENERGAN         7806         Oxygen           PROMETHAZINE         8745         Promethazine           Promethazine HCI (Phenergan)         8745         Promethazine           Promethazine HCI (Phenergan)         8782         Promethazine           Rocaphin         8782         Promethazine           Rocupil (Phenergan)         8782         Promethazine           Rocupil (Phenergan)         8782         Promethazine           Rocupil (Phenergan)         8782         Promethazine           Rocupil (Phenergan)         87   |  |                                     |  |
| OXYGEN (OZ)         7806         Oxygen           OXYGEN ADMINISTRATION         7806         Oxygen           Oxygen by Blow By         7806         Oxygen           Oxygen by BWM         7806         Oxygen           Oxygen by Mask         7806         Oxygen           Oxygen by Nasal Cannula         7806         Oxygen           Oxygen by Nebulizer         7806         Oxygen           Oxygen by Nebrulizer         7806         Oxygen           Oxygen by Positive Pressure De         7806         Oxygen           PFENERGAN         7806         Oxygen           PFENERGAN         8745         Promethazine           PROMETHAZINE         8745         Promethazine           PROMETHAZINE         8745         Promethazine           PROMETHAZINE         8782         Promethazine           PROPOFOL         8782         Promethazine           Rocepini         31802         Oxidium Chloride Oxyk Injectable Solution  |  |                                     |  |
| OXYGEN ADMINISTRATION         7806         Oxygen Doxygen by Blow By         7806         Oxygen Doxygen Dy Blow By         7806         Oxygen Doxygen Dy Mask         7806         Oxygen Dy Syryen           Oxygen by Nasal Cannula         7806         Oxygen Dy Oxygen Dy Oxygen Dy Nasal Cannula         7806         Oxygen Dy   |  |                                     | • •                                      |
| Oxygen by Blow By         7806         Oxygen           Oxygen by BVM         7806         Oxygen           Oxygen by Mask         7806         Oxygen           Oxygen by Nasal Cannula         7806         Oxygen           Oxygen by Nasal Cannula         7806         Oxygen           Oxygen by Non-Rebreather Mask         7806         Oxygen           Oxygen by Positive Pressure De         7806         Oxygen           PHENERGAN         8745         Promethazine           PROMETHAZINE         8745         Promethazine           PROMETHAZINE         8745         Promethazine           Promethazine HCI (Phenergan)         8745         Promethazine           PROPOFOL         8782         Propofol           Rocephin         1930         Recuronium           Rocuronium Bromide (Zemuron)         68139         Rocuronium           Saline         313002         Sodium Chloride 0.9% Injectable Solution           TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation instead of injection.         Solutim Chloride 0.9% Injectable Solution           SOIU-Medro (Methylprednisolne         6902         Methylprednisolne           Solu-Medro (Methylprednisolne         6902         Methylprednisolne      S   |  |                                     |  |
| Oxygen by Wask         7806         Oxygen           Oxygen by Masal Cannula         7806         Oxygen           Oxygen by Nebulizer         7806         Oxygen           Oxygen by Non-Rebreather Mask         7806         Oxygen           Oxygen by Positive Pressure De         7806         Oxygen           Oxygen by Positive Pressure De         7806         Oxygen           PHENERGAN         8745         Promethazine           plavix         32968         olojidogrel           PROMETHAZINE         8745         Promethazine           Promethazine HCI (Phenergan)         8745         Promethazine           Promethazine HCI (Phenergan)         8745         Promethazine           PROPOFOL         8782         Propotol           Rocuronium Bromide (Zemuron)         8193         Rocuronium           Saline         313002         Sodium Chloride 0.9% Injectable Solution           TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation instantous of injection.           Solul-Medro (Methylprednisone         6902         Methylprednisolone           Solul-Medro (Methylprednisolone         6902         Methylprednisolone           Solu-Medro (Methylprednisolone)         6902         Methylprednisolone <t< td=""><td></td><td></td><td></td></t<>  |  |                                     |  |
| Oxygen by Masak         7806         Oxygen           Oxygen by Nasal Cannula         7806         Oxygen           Oxygen by Nebultzer         7806         Oxygen           Oxygen by Non-Rebreather Mask         7806         Oxygen           Oxygen by Positive Pressure De         7806         Oxygen           PHENERGAN         8745         Promethazine           PROMETHAZINE         8745         Promethazine           Promethazine HCI (Phenergan)         8745         Promethazine           Promethazine HCI (Phenergan)         8745         Promethazine           PROPOFOCI         8782         Proporba           Rocephin         8782         Proporba           Rocuronium Bromide (Zemuron)         8782         Proporba           Saline         313002         Sodium Chloride 0.9% Injectable Solution           Solum Bicarbonate         36676         Sodium Chloride 0.9% Injectable Solution           SODIUM CHLORIDE 0.9%         313002         Sodium Chloride 0.9% Injectable Solution           TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation instance of injection.           Solu-Medro (Methylprednisone S         6902         Methylprednisolone           Solu-Medro (Methylprednisone S         6902         Methylpred  |  |                                     |  |
| Oxygen by Nasal Cannula         7806         Oxygen           Oxygen by Nebulizer         7806         Oxygen           Oxygen by Non-Rebreather Mask         7806         Oxygen           Oxygen by Positive Pressure De         7806         Oxygen           PHENERGAN         32968         clopidogrel           PROMETHAZINE         8745         Promethazine           PROMETHAZINE         8745         Promethazine           Promethazine HCI (Phenergan)         8745         Promethazine           PROPOFOL         8782         Propofol           Rocephin         2193         Ceftriaxone           Rocuronium Bromide (Zemuron)         313002         Sodium Chloride 0.9% Injectable Solution           Saline         313002         Sodium Chloride 0.9% Injectable Solution           TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation instead         of injection.           SOLUM CHLORIDE 0.9%         313002         Sodium Chloride 0.9% Injectable Solution           TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation instead of injection.         Solumedrol (Methylprednisolone           Solum-Medrol         6902         Methylprednisolone           Solum-Medrol (Methylprednisolone         6902         Methylprednisolone <td></td> <td></td> <td></td>  |  |                                     |  |
| Oxygen by Nebulizer         7806         Oxygen           Oxygen by Non-Rebreather Mask         7806         Oxygen           Oxygen by Positive Pressure De         7806         Oxygen           PHENERGAN         8745         Promethazine           plavix         29988         olopidogrel           PROMETHAZINE         8745         Promethazine           PROMETHAZINE         8745         Promethazine           Promethazine HCI (Phenergan)         8745         Promethazine           PROPOFOL         8782         Propofol           Rocephin         2193         Ceftriaxone           Rocuronium Bromide (Zemuron)         81309         Rocuronium           Saline         313002         Sodium Chloride 0.9% Injectable Solution           TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation instruction         It was used for irrigation instruction           SOLIUM CHLORIDE 0.9%         313002         Sodium Chloride 0.9% Injectable Solution           TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation instruction         It was used for irrigation instruction           Solu-Medro (Methylprednisone S         6902         Methylprednisolone           Solu-Medro (Methylprednisone S         6902         Methylprednisolone </td <td></td> <td></td> <td></td>   |  |                                     |  |
| Oxygen by Non-Rebreather Mask         7806         Oxygen           Oxygen by Positive Pressure De         7806         Oxygen           PHENERGAN         8745         Promethazine           plavix         32968         olpidogrel           PROMETHAZINE         8745         Promethazine           Promethazine HCI (Phenergan)         8745         Promethazine           Promethazine HCL (Phenergran)         8745         Promethazine           PROPOPOL         8782         Propofol           Rocephin         2193         Cettriaxone           Rocuronium Bromide (Zemuron)         81399         Rocuronium           Saline         313002         Sodium Chloride 0.9% Injectable Solution           TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation instead of injection.           SODIUM CHLORIDE 0.9%         Sodium Bicarbonate           SOIU-Medro (Methylprednisone S         6902         Methylprednisolone           Solu-Medro (Methylprednisone S         6902         Methylprednisolone           Solu-Medro (Methylprednisolone         902         Methylprednisolone           Soluccinylcholine         902         Methylprednisolone           Soluccinylcholine (Anectine)         10154         Succinylcholine   |  |                                     |  |
| Oxygen by Positive Pressure De         7806         Oxygen           PHENERGAN         8745         Promethazine           plavix         32968         clopidogrel           PROMETHAZINE         8745         Promethazine           Promethazine HCI (Phenergan)         8745         Promethazine           PROPOFOL         8782         Propofol           Rocephin         2193         Ceftriaxone           Rocuronium Bromide (Zemuron)         81309         Sodium Chloride 0.9% Injectable Solution           31ine         17Y=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation instead of injection.           Sodium Bicarbonate         36676         Sodium Chloride 0.9% Injectable Solution           3DIUM CHLORIDE 0.9%         313002         Sodium Chloride 0.9% Injectable Solution           TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation instead of injection.         Solu-Medro (Methylprednisolne           Solu-Medro (Methylprednisone S         6902         Methylprednisolne           Solu-Medro (Methylprednisolne         6902         Methylprednisolne           Solu-Medro (Methylprednisolne         10154         Succinylcholine           Succinylcholine (Anectine)         10154         Succinylcholine           Succinylcholine (Anecti   |  |                                     |  |
| PHENERGAN         8745         Promethazine           plavix         32968         clopidogrel           PROMETHAZINE         8745         Promethazine           Promethazine HCI (Phenergan)         8745         Promethazine           PROPOFOL         8782         Propofol           Rocephin         2193         Ceftriaxone           Rocuronium Bromide (Zemuron)         813092         Rocuronium           Saline         131002         Sodium Chloride 0.9% Injectable Solution           TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation instead of injection.         Sodium Bicarbonate           SODIJM CHLORIDE 0.9%         313002         Sodium Chloride 0.9% Injectable Solution in TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation instead of injection.           SOIL-Medro (Methylprednisone S         6902         Methylprednisolone           Solu-medrol         6902         Methylprednisolone           Solu-medrol         902         Methylprednisolone           Solu-Medro (Methylprednisolne)         10154         Succinylcholine           Succinylcholine (Anectine)         10154         Succinylcholine           Succinylcholine (Anectine)         10454         Succinylcholine           Tylenol         5640 <td></td> <td></td> <td></td>   |  |                                     |  |
| plavix         32968         clopidoger           PROMETHAZINE         8745         Promethazine           Promethazine HCI (Phenergan)         8745         Promethazine           Promethazine HCL (Phenergran)         8745         Promethazine           PROPOFOL         8782         Propofo           Rocephin         2193         Celtriaxone           Rocuronium Bromide (Zemuron)         88139         Rocuronium           Saline         313002         Sodium Chloride 0.9% Injectable Solution           TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation instead of injection.         Sodium Bicarbonate           SODIUM CHLORIDE 0.9%         313002         Sodium Chloride 0.9% Injectable Solution           TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation instead of injection.         Solu-Medro injection.           Solu-Medrol (Methylprednisone S         6902         Methylprednisolone           Solu-Medrol (Methylprednisolone         6902         Methylprednisolone           Succinylcholine (Anectine)         10154         Succinylcholine           Succinylcholine (Anectine)         10154         Succinylcholine           Thiamine         10454         Thiamine           Tolpach         5640         Acetaminoph  | Oxygen by Positive Pressure De                                   | 7806                                |  |
| PROMETHAZINE         8745         Promethazine           Promethazine HCI (Phenergan)         8745         Promethazine           Promethazine HCL (Phenergran)         8745         Promethazine           PROPOFOL         8782         Propofol           Rocephin         2193         Ceftriaxone           Rocuronium Bromide (Zemuron)         86139         Rocuronium           Saline         313002         Sodium Chloride 0.9% Injectable Solution           TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation instead of injection.         Sodium Chloride 0.9% Injectable Solution           SOILM CHLORIDE 0.9%         313002         Sodium Chloride 0.9% Injectable Solution           TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation instead of injection.         Solium Chloride 0.9% Injectable Solution           Solu-Medrol         6902         Methylprednisolone           Solu-Medrol         6902         Methylprednisolone           Solu-Medrol         6902         Methylprednisolone           Succinylcholine (Anectine)         10154         Succinylcholine           Succinylcholine (Anectine)         10154         Succinylcholine           Thiamine         10454         Thiamine           TORADOL         5640 <t< td=""><td>PHENERGAN</td><td>8745</td><td>Promethazine</td></t<>   | PHENERGAN  | 8745                                | Promethazine                             |
| Promethazine HCI (Phenergan)         8745         Promethazine           Promethazine HCL (Phenergran)         8745         Promethazine           PROPOFOL         8782         Propofol           Rocephin         2193         Ceftriaxone           Rocuronium Bromide (Zemuron)         68139         Rocuronium           Saline         313002         Sodium Chloride 0.9% Injectable Solution           TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation irrigat   | plavix   | 32968                               | clopidogrel                              |
| Promethazine HCL (Phenergran)         8745         Promethazine           PROPOFOL         8782         Propofol           Rocephin         2193         Ceftriaxone           Rocuronium Bromide (Zemuron)         68139         Rocuronium           Saline         313002         Sodium Chloride 0.9% Injectable Solution           TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement         if it was used for irrigation instead of injection.           SODIUM CHLORIDE 0.9%         313002         Sodium Chloride 0.9% Injectable Solution           TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement         if it was used for irrigation instead of injection.           SOIU-Medro (Methylprednisone S         6902         Methylprednisolone           Solumedrol         6902         Methylprednisolone           Solu-Medrol         902         Methylprednisolone           Succinylcholine (Anectine)         10154         Succinylcholine           Succinylcholine (Anectine)         10154         Succinylcholine           Thiamine         10454         Thiamine           TORADOL         35827         Ketorolac           Tylenol         5640         Acetaminophen           VALIUM         3322         Diazepam  | PROMETHAZINE   | 8745                                | Promethazine                             |
| PROPOFOL         8782         Propofol           Rocephin         2193         Ceftriaxone           Rocuronium Bromide (Zemuron)         68139         Rocuronium           Saline         313002         Sodium Chloride 0.9% Injectable Solution           TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation instead of injection.         Sodium Bicarbonate           SODIUM CHLORIDE 0.9%         36676         Sodium Bicarbonate           SODIUM CHLORIDE 0.9%         313002         Sodium Chloride 0.9% Injectable Solution           TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation instead of injection.         Solute Medro (Methylprednisone S           Solu-Medro (Methylprednisone S         6902         Methylprednisolone           Solu-Medrol         6902         Methylprednisolone           Solu-Medrol         6902         Methylprednisolone           Succinylcholine (Anectine)         10154         Succinylcholine           Succinylcholine (Anectine)         10454         Thiamine           TORADOL         35827         Ketorolac           Tylenol         5640         Acetaminophen           VALIUM         Diazepam  | Promethazine HCI (Phenergan)                                     | 8745                                | Promethazine                             |
| Rocephin 2193 Ceftriaxone Rocuronium Bromide (Zemuron) 68139 Rocuronium Saline 313002 Sodium Chloride 0.9% Injectable Solution TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation instead of injection. Sodium Bicarbonate 36676 Sodium Bicarbonate SODIUM CHLORIDE 0.9% 313002 Sodium Chloride 0.9% Injectable Solution TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation instead of injection. Solu-Medro (Methylprednisone S 6902 Methylprednisolone Solu-Medro (Methylprednisone S 6902 Methylprednisolone Solu-Medro (Methylprednisone S 6902 Methylprednisolone Solu-Medrol Solu-Medrol Solution Solu | Promethazine HCL (Phenergran)                                    | 8745                                | Promethazine                             |
| Rocuronium Bromide (Zemuron) Saline Saline TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation instead of injection.  Sodium Bicarbonate SODIUM CHLORIDE 0.9% Sodium Chloride 0.9% Injectable Solution in the was used for irrigation instead of injection.  Solum Bicarbonate SOUWH CHLORIDE 0.9% Sodium Chloride 0.9% Injectable Solution in the was used for irrigation instead of injection.  Solum Chloride 0.9% Injectable Solution in the was used for irrigation instead of injection.  Solumedrol (Methylprednisones) Solumedrol (Methylprednisone) Solumedrol (Methylpre | PROPOFOL   | 8782                                | Propofol                                 |
| Saline TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation instead of injection.  Sodium Bicarbonate 36676 Sodium Bicarbonate  SODIUM CHLORIDE 0.9% 313002 Sodium Chloride 0.9% Injectable Solution TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation instead of injection.  Solu-Medro (Methylprednisone S 6902 Methylprednisolone  Solu-Medro (Methylprednisone S 6902 Methylprednisolone  Solu-Medro (Methylprednisone S 6902 Methylprednisolone  Solu-Medro (Methylprednisolone 6902 Methylprednisolone  Succinylcholine  Succinylcholine (Anectine) 10154 Succinylcholine  Succinylcholine (Anectine) 10154 Succinylcholine  Thiamine 10454 Thiamine  TORADOL 35827 Ketorolac  Tylenol Acetaminophen  VALIUM Diazepam   | Rocephin   | 2193                                | Ceftriaxone                              |
| TTYSCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation insected of injection.  Sodium Bicarbonate  SODIUM CHLORIDE 0.9% 313002 Sodium Chloride 0.9% Injectable Solution TTYSCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation insected of injection.  Solu-Medro (Methylprednisone S 6902 Methylprednisolone Solu-Medrol Solu-Medrol Solu-Medrol 10154 Succinylcholine Succinylcholine (Anectine) 10154 Succinylcholine Thiamine 10454 Thiamine 10454 Thiamine TORADOL Tylenol VALIUM 3322 Diazepam   | Rocuronium Bromide (Zemuron)                                     | 68139                               | Rocuronium                               |
| Sodium Bicarbonate36676Sodium BicarbonateSODIUM CHLORIDE 0.9%313002Sodium Chloride 0.9% Injectable SolutionTTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation invested of injection.Solu-Medro (Methylprednisone S6902MethylprednisoloneSolu-Medrol6902MethylprednisoloneSolu-Medrol6902MethylprednisoloneSuccinylcholine10154SuccinylcholineSuccinylcholine (Anectine)10154SuccinylcholineThiamine10454ThiamineTORADOL35827KetorolacTylenol5640AcetaminophenVALIUM3322Diazepam   | Saline   | 313002                              | Sodium Chloride 0.9% Injectable Solution |
| SODIUM CHLORIDE 0.9% TTYSCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation instead of injection.  Solu-Medro (Methylprednisone S 6902 Methylprednisolone Solu-Medrol 6902 Methylprednisolone Solu-Medrol 6902 Methylprednisolone Solu-Medrol 6902 Methylprednisolone Succinylcholine Succinylcholine (Anectine) 10154 Succinylcholine Succinylcholine (Anectine) 10454 Succinylcholine Thiamine 10454 Thiamine TORADOL 35827 Ketorolac Tylenol 5640 Acetaminophen VALIUM 10302 Diazepam   | TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacemen | t if it was used for irrigation ins | stead of injection.                      |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement if it was used for irrigation irrigation.  Solu-Medro (Methylprednisone S 6902 Methylprednisolone Solu-Medrol 6902 Methylprednisolone Solu-Medrol 6902 Methylprednisolone Succinylcholine Succinylcholine (Anectine) 10154 Succinylcholine Succinylcholine (Anectine) 10454 Succinylcholine Thiamine 10454 Thiamine TORADOL 35827 Ketorolac Tylenol 5640 Acetaminophen VALIUM 5125464 Normal saline is an appropriate v3 replacement if it was used for irrigation irrigation in plection.  Methylprednisolone Methylprednisolone Methylprednisolone Methylprednisolone Succinylcholine Total Succinylcholine Total Thiamine Toral Succinylcholine   | Sodium Bicarbonate   | 36676                               | Sodium Bicarbonate                       |
| Solu-Medro (Methylprednisone S6902MethylprednisoloneSolumedrol6902MethylprednisoloneSolu-Medrol6902MethylprednisoloneSuccinylcholine10154SuccinylcholineSuccinylcholine (Anectine)10154SuccinylcholineThiamine10454ThiamineTORADOL35827KetorolacTylenol5640AcetaminophenVALIUM3322Diazepam   | SODIUM CHLORIDE 0.9%   | 313002                              | Sodium Chloride 0.9% Injectable Solution |
| Solumedrol6902MethylprednisoloneSolu-Medrol6902MethylprednisoloneSuccinylcholine10154SuccinylcholineSuccinylcholine (Anectine)10154SuccinylcholineThiamine10454ThiamineTORADOL35827KetorolacTylenol5640AcetaminophenVALIUM3322Diazepam   |  |                                     |  |
| Solu-Medrol 6902 Methylprednisolone Succinylcholine Succinylcholine (Anectine) 10154 Succinylcholine Thiamine 10454 Thiamine TORADOL 35827 Ketorolac Tylenol 5640 Acetaminophen VALIUM   |  |                                     |  |
| Succinylcholine Succinylcholine (Anectine) Succinylcholine (Anectine) Thiamine TORADOL Tylenol YALIUM Succinylcholine 10154 Succinylcholine 10154 Succinylcholine 10454 Thiamine 10454 Thiamine 10454 Thiamine 10454 Thiamine 10454 Thiamine 10454 Succinylcholine Succinylcholine 10454 Succinylcholine Succinylcholine 10454 Succinylcholine 10464 Succinylcho |  |                                     | • •                                      |
| Succinylcholine (Anectine)10154SuccinylcholineThiamine10454ThiamineTORADOL35827KetorolacTylenol5640AcetaminophenVALIUM3322Diazepam   |  |                                     | * *                                      |
| Thiamine 10454 Thiamine TORADOL 35827 Ketorolac Tylenol 5640 Acetaminophen VALIUM 3322 Diazepam  |  |                                     | ·  |
| TORADOL 35827 Ketorolac Tylenol 5640 Acetaminophen VALIUM 3322 Diazepam  | Succinylcholine (Anectine)                                       |                                     | Succinylcholine                          |
| Tylenol 5640 Acetaminophen VALIUM 3322 Diazepam  | Thiamine   | 10454                               | Thiamine                                 |
| VALIUM 3322 Diazepam   | TORADOL  | 35827                               | Ketorolac                                |
| ·  | Tylenol  | 5640                                | Acetaminophen                            |
| Vancomycin 11124 Vancomycin  | VALIUM   | 3322                                | Diazepam                                 |
|  | Vancomycin   | 11124                               | Vancomycin                               |

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

| E09_01 Prior Aid       |                                  |   | eProcedures.03 Procedure            |                          |  |
|------------------------|----------------------------------|---|-------------------------------------|--------------------------|--|
| PriorAid               |                                  |   | snomed                              |                          |  |
| Null Values            |                                  | Yes   | Null Values                         |                          | Yes                                    |
| ls Nillable            |                                  | No  | Is Nillable                         |                          | Yes                                    |
| Recurrence             |                                  | 1 : M   | Recurrence                          |                          | 1:1                                    |
| Comment                |                                  |   |                                     |                          |  |
| Mapping                |                                  |   |                                     |                          |  |
| V2 Pattern             |                                  |   | V3 Replacement                      | t                        |  |
| 1.181                  | CNS Cath                         | heter-Epidural Maintenance  | 424432007                           | Epidural o               | catheter maintenance                   |
| 1.182                  | CNS Cath                         | heter-Intraventricular Maintenance  | 230937006                           | Procedure                | e for monitoring intracranial pressure |
| Not precise            | ÷.                               |   |                                     |                          | -                                      |
| 100.100                | Rescue                           |   | 83887000                            | Rescue v                 | ehicle                                 |
|                        | le by the responde<br>Activation | a procedure) should only be used for verse to remove the patient from the environ-Fire Rehabilitation Specialty Response Team |                                     |                          | exiption does not represent rescue     |
| Not precise<br>101.205 |                                  | n-Social Services Notification/Referral   | 306238000                           | Referral to              | o Social Services                      |
| 101.500                |                                  | Medical Control   | 304562007                           | Informing                |  |
| 31.110                 |                                  | eedle Cricothyrotomy  | 232689008                           |                          | eous cricothyroidotomy                 |
| 31.110                 | ·                                | urgical Cricothyrotomy  | 232692007                           |                          | cothyroidotomy                         |
| 31.420                 | ·                                |   | 78121007                            | •                        | •                                      |
| 31.420                 | ·                                | irect Laryngoscopy  |                                     | -                        | yngoscopy                              |
|                        | •                                | ideo Laryngoscopy   | 673005                              |                          | ryngoscopy                             |
| 34.041                 |                                  | compression   | 182705007                           | ·                        | oneumothorax relief                    |
| 34.042                 |                                  | be Placement  | 264957007                           |                          | of pleural tube drain                  |
| 37.000                 | Pericardio                       |   | 309849004                           | Pericardio               |  |
| 37.611                 |                                  | tic Balloon Pump Maintenance  | 34475007                            |                          | balloon pump maintenance               |
| 37.612                 |                                  | ricular Assist Device Maintenance   | 386237008                           |                          | y care: mechanical assist device       |
| 38.910                 | Arterial A                       | ccess-Blood Draw  | 55841001                            | Arterial pu<br>diagnosis | uncture for withdrawal of blood for    |
| 38.990                 | Venous A                         | Access-Blood Draw   | 396540005                           | Phlebotor                |  |
| 38.991                 | Venous A                         | Access-Existing Catheter  | 397901004                           | Pre-existing             | ng line accessed                       |
| 38.992                 | Venous A                         | Access-Extremity  | 392230005                           | Catheteriz               | zation of vein                         |
| 38.993                 | Venous A                         | Access-External Jugular Line  | 405427009                           | Catheteriz               | zation of external jugular vein        |
| 38.994                 | Venous A                         | Access-Femoral Line   | 405442007                           | Catheteriz               | zation of common femoral vein          |
| 38.995                 | Blood Glu                        | ucose Analysis  | 33747003                            | Glucose r                | measurement, blood                     |
| 39.995                 | Venous A                         | Access-Internal Jugular Line  | 405425001                           | Catheteriz               | zation of internal jugular vein        |
| 39.996                 | Venous A                         | Access-Subclavian Line  | 405430002                           | Catheteriz               | zation of subclavian vein              |
| 39.997                 | Venous A                         | Access-Discontinue  | 103715008                           | Removal                  | of catheter                            |
| 424287005<br>39.998    |                                  | neral intravenous catheter is also an app<br>Access-Umbilical Vein Cannulation  | propriate v3 replacemer<br>42550007 |                          | zation of umbilical vein               |
|                        |                                  |   |                                     |                          |  |

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

| 96.041   | Airway-Nasotracheal Intubation   | 232679009                                      | Nasotracheal intubation  |
|--|--|--|--|
| 96.042   | Airway-Rapid Sequence Induction  | 241689008                                      | Rapid sequence induction   |
| 96.051   | Airway-Combitube Blind Insertion Airway Device   | 429705000                                      | Insertion of esophageal tracheal combitube   |
| 96.052   | Airway-Laryngeal Mask Blind Insertion Airway<br>Device   | 424979004                                      | Laryngeal mask airway insertion  |
| 96.053   | Airway-King LT Blind Insertion Airway Device   | 450611000124100                                | Insertion of Single Lumen Supraglottic Airway Device   |
| 96.070   | Gastric Tube Insertion-Inserted Nasally  | 87750000                                       | Insertion of nasogastric tube  |
| 96.071   | Gastric Tube Insertion-Inserted Orally   | 235425002                                      | Insertion of orogastric tube   |
| 96.700   | Airway-Ventilator Operation  | 8948006  | Assisted ventilation therapy, pressure or volume preset, initiation and management   |
| 96.701   | Airway-Ventilator with PEEP  | 45851008                                       | Positive end expiratory pressure ventilation therapy, initiation and management  |
| 96.702   | Airway-BiPAP   | 243142003                                      | Dual pressure spontaneous ventilation support  |
| 96.703   | Airway-Impedence Threshold Device  | 441893003                                      | Active compression decompression cardiopulmonary resuscitation with use of inspiratory impedance threshold device                |
| 96.790   | Airway-PEEP  | 45851008                                       | Positive end expiratory pressure ventilation therapy, initiation and management  |
| 96.991   | Airway-Intubation Confirm Colorimetric ETCO2   | 428482009                                      | Colorimetric respired carbon dioxide monitoring  |
| 96.993   | Airway-Extubation  | 232708009                                      | Removal of device from airway  |
| 97.230   | Airway-Change Tracheostomy Tube  | 2267008  | Changing tracheostomy tube   |
| 97.231   | Airway-Intubation of Existing Tracheostomy Stoma   | 232685002                                      | Insertion of tracheostomy tube   |
| 98.130   | "Airway-Cleared, Opened, or Heimlich"  | 232707004                                      | Removal of foreign body from airway  |
| 98.131   | v2 value 98.131 Airway-Foreign Body Removal also maps to this v3 v<br>Airway-Foreign Body Removal  | value. 23690002 Heimlich man<br>232707004      | euver is also an appropriate v3 replacement.  Removal of foreign body from airway  |
| 98.150   | Airway-Suctioning  | 230040009                                      | Airway suction technique   |
| 99.290   | Injections-SQ/IM   | 24456005                                       | Injection of soft tissue   |
|  | 76601001 Intramuscular injection and 32282008 Subcutaneous injection   | tion are among the children of                 | this code.   |
| 99.600   | CPR-Start Compressions and Ventilations  | 89666000                                       | Cardiopulmonary resuscitation  |
| 99.601   | CPR by Other External Automated Device   | 429283006                                      | Mechanically assisted chest compression  |
|  | Unable to distinguish from AutoPulse or Mechanical Thumper Type D  |  |  |
| 99.602   | CPR-AutoPulse Device   | 429283006                                      | Mechanically assisted chest compression  |
| 99.603   | Unable to distinguish from Mechanical Thumper or Other External Au  CPR-Mechanical Thumper Type Device   | tomated Device.<br>429283006                   | Mechanically assisted chest compression  |
| 33.003   | Unable to distinguish from AutoPulse or Other External Automated D   |  | Weenanically assisted enest compression  |
| 99.604   | CPR-Precordial Thump Only  | 225708008                                      | Precordial thump   |
| 99.611   | CPR-Start Compressions only without  | 69779005                                       | Cardiac resuscitation  |
| 99.612   | Ventilation CPR-Start Rescue Breathing without   | 37113006                                       | Mouth-to-mouth resuscitation   |
| 99.012   | Compressions   | 37113000                                       | Would-to-Mouth resuscitation   |
|  | 11140008 Respiratory assist, manual is also an appropriate v3 replace  |  | D. Challed   |
|  | Defibrillation-Automated (AED)   | 450661000124102                                | Defibrillation using automated external cardiac defibrillator  |
| 99.621   | D (1) 111 12 13 1  | 400000000                                      |  |
| 99.621   | Defibrillation-Manual  | 426220008                                      | External ventricular defibrillation  |
| 99.622   | Unable to distinguish from automated defibrillation.   |  |  |
| 99.622<br>99.623                               | Unable to distinguish from automated defibrillation.  Cardioversion  | 250980009                                      | Cardioversion  |
| 99.622<br>99.623<br>99.624                     | Unable to distinguish from automated defibrillation.  Cardioversion  Cardiac Pacing-External   | 250980009<br>59218006                          | Cardioversion Temporary transcutaneous pacing  |
| 99.622<br>99.623<br>99.624<br>99.625           | Unable to distinguish from automated defibrillation.  Cardioversion  Cardiac Pacing-External  Defibrillation-Placement for Monitoring/Analysis                             | 250980009<br>59218006<br>23852006              | Cardioversion Temporary transcutaneous pacing Cardiac monitoring   |
| 99.622<br>99.623<br>99.624<br>99.625<br>99.626 | Unable to distinguish from automated defibrillation.  Cardioversion  Cardiac Pacing-External  Defibrillation-Placement for Monitoring/Analysis  Cardiac Pacing-Transvenous | 250980009<br>59218006<br>23852006<br>233178005 | Cardioversion Temporary transcutaneous pacing Cardiac monitoring Insertion of endocardial electrode for temporary cardiac pacing |
| 99.622<br>99.623<br>99.624<br>99.625           | Unable to distinguish from automated defibrillation.  Cardioversion  Cardiac Pacing-External  Defibrillation-Placement for Monitoring/Analysis                             | 250980009<br>59218006<br>23852006              | Cardioversion Temporary transcutaneous pacing Cardiac monitoring Insertion of endocardial electrode for temporary                |

| 99.810 | "Patient Cooling (Cold Pack, etc.)" | 431774007 | Active external cooling of subject |
|--------|-------------------------------------|-----------|------------------------------------|
| 99.811 | Patient Cooling-Post Resuscitation  | 430189000 | Hypothermia induction therapy      |
| 99.841 | Restraints-Pharmacological          | 406164000 | Chemical restraint                 |
| 99.842 | Restraints-Physical                 | 386423001 | Physical restraint                 |

E09\_02 Prior Aid Performed by

Page 264

eCustomResults.01 Custom Data Element Result

## V2 Element V3 Element

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

#### Comment

Not precise.

July 13, 2016

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

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

E09\_02 Prior Aid Performed by

## V2 Element V3 Element

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

eMedications.10 Role/Type of Person

### Comment

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

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

Not precise.

E09\_02 Prior Aid Performed by

eProcedures.10 Role/Type of Person Performing

### V2 Element V3 Element

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

#### Comment

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

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

Not precise.

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

#### Comment

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

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

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

#### Comment

Mapping

1230

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

Worse

| 9          |           |                |                |  |
|------------|-----------|----------------|----------------|--|
| V2 Pattern |           | V3 Replacement | V3 Replacement |  |
| 1220       | Improved  | 9916001        | Improved       |  |
| 1225       | Unchanged | 9916003        | Unchanged      |  |

9916005

Worse

| E09_04 Possible Injury |     |              | eSituation.02 Possible Injury |                |     |  |
|------------------------|-----|--------------|-------------------------------|----------------|-----|--|
| YesNoValues            |     |              | YesNoUnkValı                  | YesNoUnkValues |     |  |
| Null Values            |     | Yes          | Null Values                   |                | Yes |  |
| Is Nillable            |     | No           | Is Nillable                   |                | Yes |  |
| Recurrence             |     | 1:1          | Recurrence                    |                | 1:1 |  |
| Comment                |     |              |                               |                |     |  |
| Mapping                |     |              |                               |                |     |  |
| V2 Pattern             |     | V3 Replaceme | ent                           |                |     |  |
| 0                      | No  |              | 9922001                       | No             |     |  |
| 1                      | Yes |              | 9922005                       | Yes            |     |  |

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

### Comment

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

## Mapping

V2 Pattern V3 Replacement

.

E09\_06 Duration of Chief Complaint

### V2 Element V3 Element

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

eSituation.05 Duration of Complaint

#### Comment

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

## Mapping

V2 Pattern V3 Replacement

.

## E09\_07 Time Units of Duration of Chief Complaint

## eSituation.06 Time Units of Duration of Complaint

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

### Comment

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

| Mapping |       |
|---------|-------|
| 10 D    | 1/0 5 |

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

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

#### Comment

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

## Mapping

V2 Pattern V3 Replacement

E09\_09 Duration of Secondary Complaint

### V2 Element V3 Element

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

eSituation.05 Duration of Complaint

#### Comment

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

| n A   | _ | _ | - ' |    | _ |
|-------|---|---|-----|----|---|
| IN /I | - | n | n   | ın | а |
| IVI   | a | v | v   | ш  | u |
|       |   |   |     |    |   |

V2 Pattern V3 Replacement

## E09\_10 Time Units of Duration of Secondary Complaint

## eSituation.06 Time Units of Duration of Complaint

| TimeUnitsOfSecondaryComp | TimeUnitsC |             |
|--------------------------|------------|-------------|
| Null Values              | No         | Null Values |
| Is Nillable              | No         | Is Nillable |
| Recurrence               | 0:1        | Recurrence  |

| TimeUnitsOfChiefComplaint |     |  |  |
|---------------------------|-----|--|--|
| Null Values               | Yes |  |  |
| Is Nillable               | Yes |  |  |
| Recurrence                | 0:1 |  |  |

#### Comment

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

| \ A          |   |   |   | ٠. | าต     |
|--------------|---|---|---|----|--------|
| <b>\ /</b> I | 2 | n | n | ır | $\sim$ |
|              |   |   |   |    |        |

| 9          |         |                |         |  |
|------------|---------|----------------|---------|--|
| V2 Pattern |         | V3 Replacement |         |  |
| 1270       | Seconds | 2806001        | Seconds |  |
| 1275       | Minutes | 2806003        | Minutes |  |
| 1280       | Hours   | 2806005        | Hours   |  |
| 1285       | Days    | 2806007        | Days    |  |
| 1290       | Weeks   | 2806009        | Weeks   |  |
| 1295       | Months  | 2806011        | Months  |  |
| 1300       | Years   | 2806013        | Years   |  |

Neck

1345

#### V2 Element V3 Element

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

2807017

Neck

E09\_12 Chief Complaint Organ System

Skin

1400

eSituation.08 Chief Complaint Organ System

Musculoskeletal/Skin

#### V2 Element V3 Element

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

2808015

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

| VE Elomone             |  | VO ZIOMOM                               |  |  |  |
|------------------------|--|---|--|--|--|
| E09_13 Primary Symptom |  |   | eSituation.09  | Primary Symptom  |  |
| PrimaryS               | ymptom   |   | AssociatedSymp   | otoms  |  |
| Null Value             | es   | Yes                                     | Null Values  | Yes  |  |
| Is Nillable            | )  | No                                      | Is Nillable  | Yes  |  |
| Recurren               | се   | 1:1                                     | Recurrence   | 1:1  |  |
| Commen                 | t  |   |  |  |  |
| Mapping                |  |   |  |  |  |
| V2 Patter              | rn   |   | V3 Replacement   | t  |  |
| 1405                   | Bleeding   |   | R58  | Hemorrhage, not elsewhere classified   |  |
| 1410                   | Breathing  | g Problem                               | R06.9  | Unspecified abnormalities of breathing   |  |
| 1415                   | Change i   | n responsiveness                        | R46.4  | Slowness and poor responsiveness   |  |
| 1420                   | Choking  |   | T17.90   | Unspecified foreign body in respiratory tract part unspecified   |  |
|                        | 09.89 Other specified symp<br>replacement.                       | toms and signs involving the circulato  | ry and respiratory system  | s covers choking sensation may also be an appropria  |  |
| 1425                   | Death  |   | R99  | III-defined and unknown cause of mortality   |  |
| 1435                   | Diarrhea   |   | R19.7  | Diarrhea, unspecified  |  |
| 1445                   | Fever  |   | R50.9  | Fever, unspecified   |  |
| 1450                   | Malaise  |   | R53.81   | Other malaise  |  |
| 1455                   | Mass/Les   | sion                                    | R22.9  | Localized swelling, mass and lump, unspec  |  |
| 1460                   | Mental/P   | sych                                    | R45.7  | State of emotional shock and stress, unspecified   |  |
| 1465                   | Nausea/\   | Vomiting                                | R11.2  | Nausea with vomiting, unspecified  |  |
|                        |  | omiting, unspecified are also appropri  | ·  |  |  |
| 1470                   | None   |   | <xsl:attribute name="&lt;br">name="NV"&gt;770100</xsl:attribute> |  |  |
| Th                     | v3 elements for symptoms do not allow pertinent negatives, and r |   | nd no ICD-10 code is avai  | Not Applicable lable to indicate the absence of symptoms   |  |
| 1475                   | Pain   | io do not allon portinont nogalitos, al | R52  | Pain, unspecified  |  |
| 1480                   | Palpitatio   | ons                                     | R00.2  | Palpitations   |  |
| 1485                   | Rash/Itch  | ning                                    | R21  | Rash and other nonspecific skin eruption   |  |
| L2                     | 29.9 Pruritus, unspecified is                                    | also an appropriate v3 replacement.     |  |  |  |
| 1490                   | Swelling   |   | R22  | Localized swelling, mass and lump of skin a subcutaneous tissue  |  |
| 1495                   | Transpor   | t Only                                  |  | <pre><xsl:attribute name="xsi:nil">true</xsl:attribute><xsl:attribute name="NV">7701001</xsl:attribute> Not Applicable</pre> |  |
|                        | o ICD-10 code is available t                                     | to indicate "transport only."           |  |  |  |
| 1500                   | Weaknes  | SS                                      | R53.1  | Weakness   |  |
| 1505                   | Wound  |   | T14.8  | Other injury of unspecified body region  |  |

| E09_14 Other     | 9_14 Other Associated Symptoms |               | eCustomResults.01 Custom Data Element Result |  |  |
|------------------|--------------------------------|---------------|--|--|--|
| OtherAssociatedS | Symptoms                       | CustomResul   | ts   |  |  |
| Null Values      | Yes                            | Null Values   | Yes  |  |  |
| Is Nillable      | No                             | Is Nillable   | Yes  |  |  |
| Recurrence       | 1 : M                          | Recurrence    | 1 : M  |  |  |
|                  |                                | Extends eSitu | ation.10                                     |  |  |
| Comment          |                                |               |  |  |  |
| Mapping          |                                |               |  |  |  |
| V2 Pattern       |                                | V3 Replacem   | ent  |  |  |
| 1535             | Device/Equipment Problem       | 1535          | Device/Equipment Problem                     |  |  |
| 1545             | 545 Drainage/Discharge         |               | Drainage/Discharge                           |  |  |

| E09_14 Other Associated Symptoms |  |  | eSituation.10 Othe  | r Assoc     | siated Symptoms                                    |
|----------------------------------|--|--|---|-------------|--|
| Other                            | AssociatedSymptoms                         |  | AssociatedSymptoms  |             |  |
| Null V                           | alues                                      | Yes  | Null Values   |             | Yes  |
| Is Nilla                         | able                                       | No   | Is Nillable   |             | Yes  |
| Recur                            | rence                                      | 1 : M  | Recurrence  |             | 1 : M  |
| Comm                             | nent                                       |  |   |             |  |
| Маррі                            | ng   |  |   |             |  |
| V2 Pa                            | ttern                                      |  | V3 Replacement  |             |  |
| 1510                             | Bleeding                                   |  | R58   | Hemorrha    | age, not elsewhere classified                      |
| 1515                             | Breathing                                  | g Problem  | R06.9   | Unspecifi   | ed abnormalities of breathing                      |
| 1520                             | Change i                                   | in responsiveness  | R46.4   | Slowness    | and poor responsiveness                            |
| 1525                             | Choking                                    |  | T17.90  | part unsp   |  |
|                                  | v3 replacement.                            | toms and signs involving the circulatory                             | and respiratory systems covers  | s choking s | ensation may also be an appropriate                |
| 1530                             | Death                                      |  | R99   | III-defined | and unknown cause of mortality                     |
| 1540                             | Diarrhea                                   |  | R19.7   | Diarrhea,   | unspecified  |
| 1550                             | Fever                                      | er R50.9   |   | Fever, un   | specified  |
| 1555                             | Malaise                                    |  | R53.81 Other  |             | laise  |
| 1560                             | Mass/Les                                   | sion   | R22.9   | Localized   | swelling, mass and lump, unspecified               |
| 1565                             | Mental/Psych                               |  | R45.7   | State of e  | emotional shock and stress,                        |
| 1570                             | Nausea/Vomiting                            |  | R11.2   | •           | vith vomiting, unspecified                         |
| 1575                             | R11.0 Nausea and R11.10 V<br>None          | omiting, unspecified are also appropriate                            | v3 replacements. <xsl:attribute :="" name="NV">7701001<td></td><td></td></xsl:attribute>                      |             |  |
|                                  | The v3 elements for sympton                | The v3 elements for symptoms do not allow pertinent negatives, and i |   |             |  |
| 1580                             | Pain                                       |  | R52   | Pain, uns   | pecified   |
| 1585                             | Palpitatio                                 | ons  | R00.2   | Palpitatio  | ns   |
| 1590                             | Rash/Itcl                                  | · ·  | R21   | Rash and    | other nonspecific skin eruption                    |
| 1595                             | L29.9 Pruritus, unspecified is<br>Swelling | also an appropriate v3 replacement.                                  | R22   |             | swelling, mass and lump of skin and eous tissue    |
| 1600                             | Transpor                                   |  | <pre><xsl:attribute name="xsi:nil">true</xsl:attribute><xsl:attribute name="NV">7701001</xsl:attribute></pre> |             | attribute> <xsl:attribute< td=""></xsl:attribute<> |
| 1605                             | No ICD-10 code is available to Weakness    |  | R53.1   | Weaknes     | s  |
| 1610                             | Wound                                      |  | T14.8   |             | ry of unspecified body region                      |

E09\_15 Providers Primary Impression

eSituation.11 Provider's Primary Impression

## V2 Element V3 Element

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

#### Comment

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

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

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

E09\_16 Provider's Secondary Impression

eSituation.12 Provider's Secondary Impressions

## V2 Element V3 Element

| ProvidersSecon  | daryImpression   | 1  | ProvidersImpression                      |  |   |
|-----------------|--|--|--|--|---|
| Null Values     |  | Yes  | Null Values                              |  | Yes   |
| Is Nillable     |  | No   | Is Nillable                              |  | Yes   |
| Recurrence      |  | 1:1  | Recurrence                               |  | 1 : M   |
| Comment         |  |  |  |  |   |
| Mapping         |  |  |  |  |   |
| V2 Pattern      |  |  | V3 Replacement                           |  |   |
| .=1830 and//E06 | 6/E06_14_0/E06_15  | 5=700  | 'P84'                                    | Other pro  | blems with newborn  |
| ICD-10 co       |  | Pregnancy / OB delivery<br>h P are to be used on a newborn's recon | d. This mapping is used when             | patient age  | unit is hours.  |
| 1750            | 789.00- A  | Abdominal pain / problems  | R10.9                                    | Unspecifi  | ed abdominal pain   |
| 1755            | 519.80- Airway obstruction T17.900   |  | T17.900                                  |  | ed foreign body in respiratory tract,<br>ecified causing asphyxiation, initial<br>r     |
|                 | ICD-9 code 519.8 is Other diseases of respiratory system, not else   |  |  |  |   |
| 1760            | 995.30- Allergic reaction T78.40   |  |  | Allergy, unspecified                                     |   |
| 1765            |  | 780.09- Altered level of consciousness R41.82                      |  | Altered mental status, unspecified                       |   |
| 780.09 is 0     | 780.09 is Other alteration of consciousness. Mapping based on v2 la<br>312.90- Behavioral / psychiatric disorder |  | pel.<br><b>F99</b>                       | Montal dia   | sorder, not otherwise specified   |
| 1775            |  | Cardiac arrest   | 146.9                                    | Cardiac arrest, cause unspecified                        |   |
| 1780            |  | Cardiac rhythm disturbance   | 149.9                                    | , ,  |   |
| 1785            |  | Chest pain / discomfort  | R07.9                                    |  | n, unspecified  |
|                 |  | •  |  | ·  | •   |
| 1790            |  | Diabetic symptoms (hypoglycemia)                                   | E13.64                                   | 4 Other specified diabetes mellitus with<br>hypoglycemia |   |
| 1795            |  | Electrocution  | T75.4                                    | Electrocution  |   |
| 1800            |  | Hyperthermia   | R50.9                                    | Fever, un  | '   |
| 1805            |  | Hypothermia  | T68                                      | Hypotherr  | nia   |
| 1810            | 785.59- H  | Hypovolemia / shock  | R57.1                                    | Hypovole   | mic shock   |
| 1815            | 987.90- Inhalation injury (toxic gas) T59.94   |  | T59.94                                   |  | ct of unspecified gases, fumes and ndetermined  |
| 1820            | 798.99- Obvious death R99  |  | R99                                      | III-defined  | and unknown cause of mortality  |
| 1825            | 977.90- F  | Poisoning / drug ingestion   |  |  | by unspecified drugs, medicaments gical substances, undetermined                        |
| 1830            | 659.90- Pregnancy / OB delivery O26.90   |  | O26.90                                   | unspecifie   | y related conditions, unspecified,<br>ed trimester                                      |
| ICD-10 co       |  | h O are to be used on a mother's record.<br>Respiratory distress   | . This mapping is used when pa<br>R06.00 | _  | unit is not hours. unspecified  |
| 1840            |  | Respiratory arrest   | R09.2                                    | Respirato  |   |
| 1845            | 780.30- 8  | • •  | R56.9                                    | ·  | ed convulsions  |
| 1850            |  | Sexual assault / rape  | T76.2                                    | ·  | ouse, suspected   |
| 1855            |  | Smoke inhalation   | J70.5                                    |  |   |
| 1860            |  | Stings / venomous bites  | T63.94                                   | Toxic effe   | ry conditions due to smoke inhalation of contact with unspecified sanimal, undetermined |
|                 |  |  |  |  | ,   |

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

| E10_01 Cause of Injury                                       | eInjury.01 Cause of Injury   |                       |                           |   |
|--|--|-----------------------|---------------------------|---|
| CauseOfInjury  |  | icd10CodeInjury       |                           |   |
| Null Values  | Yes  | Null Values           |                           | Yes   |
| Is Nillable  | No   | Is Nillable           |                           | Yes   |
| Recurrence   | 1:1  | Recurrence            |                           | 1 : M   |
| Comment  |  |                       |                           |   |
| Mapping  |  |                       |                           |   |
| V2 Pattern   |  | V3 Replacement        |                           |   |
| =1885 and/E10_02=2020 Bites (E9                              | 06.0)  | 'Y04.1XXA'            | Assault b                 | y human bite, initial encounter   |
| This mapping is used when E                                  | 10_02 Intent of the Injury is Intentional                          | , Other (Assaulted).  |                           |   |
| =9500 and/E10_02=2020 Alrcraft F                             |  | 'Y08.81XA'            | Assault b                 | y crashing of aircraft, initial encounter   |
| This mapping is used when E                                  | 10_02 Intent of the Injury is Intentional                          | , Other (Assaulted).  |                           |   |
| =9500 and/E10_02=2025 Alrcraft F                             | Related Accident (E84X.0)  | 'X83.0'               | Intentiona                | al self-harm by crashing of aircraft  |
| This mapping is used when E                                  | 10_02 Intent of the Injury is Intentional                          | , Self.               |                           |   |
| =9515 and/E10_02=2020 Chemica                                | , , , , , , , , , , , , , , , , , , ,                              | 'T65.93XA'            | Toxic effe<br>initial enc | ect of unspecified substance, assault, counter  |
|  | 10_02 Intent of the Injury is Intentional                          |                       | <b>.</b> . , ,            |   |
| =9515 and/E10_02=2025 Chemica                                |  | 'T65.92XA'            |                           | ect of unspecified substance,<br>al self-harm, initial encounter                                |
| =9515 and/E10_02=2030 Chemica                                | :10_02 Intent of the Injury is Intentional I Poisoning (E86X.0)    | 'T65.91XA'            |                           | ect of unspecified substance,<br>al (unintentional), initial encounter                          |
|  | 10_02 Intent of the Injury is Unintention                          |                       |                           |   |
| =9525 and/E10_02=2020 Drowning                               | g (E910.0)   | 'X92'                 | Assault b                 | y drowning and submersion   |
|  | 10_02 Intent of the Injury is Intentional                          |                       |                           |   |
| =9525 and/E10_02=2025 Drowning                               | , ,  | 'X71'                 | Intentiona<br>submersi    | al self-harm by drowning and<br>on  |
| =9530 and/E10_02=2020 Drug Pos                               | 10_02 Intent of the Injury is Intentional                          | , Self.<br>'T50.903A' | Poisoning                 | g by unspecified drugs, medicaments   |
| =9550 and/E10_02=2020 Drug Pos                               | Solling (E65A.0)   | 150.905A              |                           | gical substances, asssault, initial   |
|  | 10_02 Intent of the Injury is Intentional                          | ,                     |                           |   |
| .=9530 and/E10_02=2025 Drug Pos                              | soning (E85X.0)  | 'T50.902A'            | and biolo                 | g by unspecified drugs, medicaments<br>gical substances, intentional self-<br>ial encounter     |
| 0  | 10_02 Intent of the Injury is Intentional                          |                       |                           |   |
| =9530 and/E10_02=2030 Drug Pos                               |  | 'T50.901A'            | and biolo                 | g by unspecified drugs, medicaments<br>gical substances, accidental<br>onal), initial encounter |
| =9535 and/E10_02=2025 Electrocu                              | 10_02 Intent of the Injury is Unintention (non-lightning) (E925.0) | 'X83.1XXA'            | Intentiona<br>encounte    | al self-harm by electrocution, initial r  |
| This mapping is used when E                                  | 10_02 Intent of the Injury is Intentional                          | , Self.               |                           |   |
| =9540 and/E10_02=2025 Excessiv                               | ,  | 'X83.2XXA'            |                           | al self-harm by exposure to extremes<br>itial encounter   |
| This mapping is used when E .=9550 and/E10_02=2020 Falls (E8 | 10_02 Intent of the Injury is Intentional 8X.0)                    | , Self.<br>'Y01.XXXA' |                           | y pushing from high place, initial  |
| This mapping is used when F                                  | 10_02 Intent of the Injury is Intentional                          | Other (Assaulted).    | encounte                  | ı   |
|  |  | ,                     |                           |   |

| .=9550 and/E10_02=2     | 025 Falls (E88X.0)   | 'X80.XXXA'                             | Intentional self-harm by jumping from a high place, initial encounter  |
|-------------------------|--|--|--|
| This mapping i          | s used when E10_02 Intent of the Injury is Intentional, S  | Self.                                  | place, illinar chocarner   |
| .=9555 and/E10_02=2     | 020 Fire and Flames (E89X.0)   | 'X97.XXXA'                             | Assault by smoke, fire and flames, initial encounter   |
|                         | s used when E10_02 Intent of the Injury is Intentional, C  |  |  |
| _                       | 2025 Fire and Flames (E89X.0)  | 'X76.XXXA'                             | Intentional self-harm by smoke, fire and flames, initial encounter   |
|                         | s used when E10_02 Intent of the Injury is Intentional, S  |  | Apply viction due to machanical threat to  |
| _                       | 020 Mechanical Suffocation (E913.0)  | 'T71.193A'                             | Asphyxiation due to mechanical threat to breathing due to other causes, assault, initial encounter               |
|                         | s used when E10_02 Intent of the Injury is Intentional, C  |  |  |
| _                       | 025 Mechanical Suffocation (E913.0)  | 'T71.192A'                             | Asphyxiation due to mechanical threat to breathing due to other causes, intentional self-harm, initial encounter |
|                         | s used when E10_02 Intent of the Injury is Intentional, S  |  | ecific values.   |
| .=9585 and/E10_02=2     | 030 Mechanical Suffocation (E913.0)  | 'T71.191A'                             | Asphyxiation due to mechanical threat to breathing due to other causes, accidental, initial encounter            |
| This mapping i          | s used when E10_02 Intent of the Injury is Unintentiona  | I. v3 supports additional speci        | fic values.  |
| _                       | 020 Motor Vehicle non-traffic accident (E82X.0)  | 'Y03'                                  | Assault by crashing of motor vehicle   |
|                         | s used when E10_02 Intent of the Injury is Intentional, C  | Other (Assaulted).                     |  |
|                         | Motor Vehicle non-traffic accident (E82X.0)  | 'X82'                                  | Intentional self-harm by crashing of motor vehicle   |
|                         | s used when E10_02 Intent of the Injury is Intentional, S  |  |  |
| _                       | 2020 Motor Vehicle traffic accident (E81X.0)   | 'Y03'                                  | Assault by crashing of motor vehicle   |
| 11 0                    | s used when E10_02 Intent of the Injury is Intentional, C  | ,                                      |  |
|                         | Motor Vehicle traffic accident (E81X.0)  | 'X82'                                  | Intentional self-harm by crashing of motor vehicle   |
|                         | s used when E10_02 Intent of the Injury is Intentional, S<br>020 Motorcycle Accident (E81X.0)          | 'Y03'                                  | Assault by crashing of motor vehicle   |
| This mapping i          | s used when E10_02 Intent of the Injury is Intentional, C  | Other (Assaulted).                     |  |
|                         | Motorcycle Accident (E81X.0)   | 'X82'                                  | Intentional self-harm by crashing of motor vehicle   |
| 11 0                    | s used when E10_02 Intent of the Injury is Intentional, S<br>2020 Pedestrian Traffic Accident (E814.0) | Self.<br>'Y03.0XXA'                    | Assault by being hit or run over by motor vehicle, initial encounter   |
|                         | s used when E10_02 Intent of the Injury is Intentional, C  | ,                                      |  |
|                         | 2025 Pedestrian Traffic Accident (E814.0)  | 'X81'                                  | Intentional self-harm by jumping or lying in front of moving object  |
|                         | s used when E10_02 Intent of the Injury is Intentional, S  |  | Taxia affect of amples appoint initial apparents   |
|                         | 2020 Smoke Inhalation (E89X.2) s used when E10_02 Intent of the Injury is Intentional, C               | 'T59.813A'                             | Toxic effect of smoke, assault, initial encounter  |
|                         | 2025 Smoke Inhalation (E89X.2)   | 'T59.812A'                             | Toxic effect of smoke, intentional self-harm, initial encounter  |
| This mapping i          | s used when E10_02 Intent of the Injury is Intentional, S  | Self.                                  |  |
|                         | 030 Smoke Inhalation (E89X.2)  | 'T59.811A'                             | Toxic effect of smoke, accidental (unintentional), initial encounter   |
|                         | s used when E10_02 Intent of the Injury is Unintentional 020 Struck by Blunt/Thrown Object (E968.2)    | l.<br>'Y00.XXXA'                       | Assault by blunt object, initial encounter   |
| This mapping i          | s used when E10_02 Intent of the Injury is Intentional, C  | Other (Assaulted).                     |  |
| .=9640 and/E10_02=2     | 025 Struck by Blunt/Thrown Object (E968.2)   | 'X79.XXXA'                             | Intentional self-harm by blunt object, initial encounter   |
|                         |  |  |  |
| This mapping i          | s used when E10_02 Intent of the Injury is Intentional, S<br>Bites (E906.0)                            | Self.<br>W64                           | Exposure to nonvenomous animal NOS   |
| 1885                    |  | W64                                    | ·  |
| 1885                    | Bites (E906.0)   | W64                                    | ·  |
| 1885<br>Accidental bite | Bites (E906.0) by another person is also an appropriate v3 replaceme                                   | W64<br>nt. v3 supports additional spec | cific values for animal bites.   |

| 9520 | Child Battering (E967.0)   | T76.12                           | Child physical abuse, suspected   |
|------|--|----------------------------------|---|
| 9525 | v2 Intent of the Injury is ignored and assumed to be Intentional, Other Drowning (E910.0)  | W74                              | Unspecified cause of accidental drowning and submersion   |
| 9530 | Drug Posoning (E85X.0)   | T50.90                           | Poisoning by, adverse effect of and underdosing of unspecified drugs, medicaments and biological substances |
| 9535 | Electrocution (non-lightning) (E925.0)   | T75.4                            | Shock from electric current   |
| 9540 | Excessive Cold (E901.0)  | X31                              | Exposure to excessive natural cold  |
|      | W93 Exposure to excessive cold of man-made origin is also an appropriate to excessive cold of man-made origin is also an appropriate to excessive cold of man-made origin is also an appropriate to excessive cold of man-made origin is also an appropriate to excessive cold of man-made origin is also an appropriate to excessive cold of man-made origin is also an appropriate to excessive cold of man-made origin is also an appropriate to excessive cold of man-made origin is also an appropriate to excessive cold of man-made origin is also an appropriate to excessive cold of man-made origin is also an appropriate to excessive cold of man-made origin is also an appropriate to excessive cold of man-made origin is also an appropriate to excessive cold of the excessive co | oriate v3 replacement.           |   |
| 9545 | Excessive Heat (E900.0)  | X30                              | Exposure to excessive natural heat  |
|      | W92 Exposure to excessive heat of man-made origin is also an appropriate to excessive heat of man-made origin is also an appropriate to excessive heat of man-made origin is also an appropriate to excessive heat of man-made origin is also an appropriate to excessive heat of man-made origin is also an appropriate to excessive heat of man-made origin is also an appropriate to excessive heat of man-made origin is also an appropriate to excessive heat of man-made origin is also an appropriate to excessive heat of man-made origin is also an appropriate to excessive heat of man-made origin is also an appropriate to excessive heat of man-made origin is also an appropriate to excessive heat of the excess | oriate v3 replacement.           |   |
| 9550 | Falls (E88X.0)   | W19                              | Unspecified fall  |
| 9555 | Fire and Flames (E89X.0)   | Y26                              | Exposure to smoke, fire and flames, undetermined intent   |
| 9560 | Firearm Assult (E965.0)  | X95.9                            | Assault by unspecified firearm discharge  |
|      | v2 Intent of the Injury is ignored and assumed to be Intentional, Other  |                                  |   |
| 9565 | Firearm Injury (accidental) (E985.0)   | W34                              | Accidental discharge and malfunction from other and unspecified firearms and guns                           |
|      | v2 Intent of the Injury is ignored and assumed to be Unintentional.  |                                  |   |
| 9570 | Firearm self inflected (E955.0)  | X74.9                            | Intentional self-harm by unspecified firearm discharge  |
| 0575 | v2 Intent of the Injury is ignored and assumed to be Intentional, Self.  | T75.0                            | Citizate of lightwine   |
| 9575 | Lightning (E907.0)   | T75.0                            | Effects of lightning  |
| 9580 | Machinery Accidents (E919.0)   | W31.9                            | Contact with unspecified machinery  |
| 9585 | Mechanical Suffocation (E913.0)  | T71.1                            | Asphyxiation due to mechanical threat to breathing  |
| 9590 | Motor Vehicle non-traffic accident (E82X.0)  | V89.0                            | Person injured in unspecified motor-vehicle accident, nontraffic  |
| 9595 | Motor Vehicle traffic accident (E81X.0)  | V89.2                            | Person injured in unspecified motor-vehicle accident, traffic   |
| 9600 | Motorcycle Accident (E81X.0)   | V29                              | Motorcycle rider injured in other and unspecified transport accidents                                       |
| 9605 | Non-Motorized Vehicle Accident (E848.0)  | V89.1                            | Person injured in unspecified nonmotor-vehicle accident, nontraffic   |
|      | V89.3 Person injured in unspecified nonmotor-vehicle accident, traffic   |                                  |   |
| 9610 | Pedestrian Traffic Accident (E814.0)   | V09.3                            | Pedestrian injured in unspecified traffic accident  |
| 9615 | Radition Exposure (E926.0)   | W88                              | Exposure to ionizing radiation  |
|      | W90 Exposure to other nonionizing radiation is also an appropriate v3  | replacement.                     |   |
| 9620 | Rape (E960.1)  | T76.2                            | Sexual abuse, suspected   |
|      | v2 Intent of the Injury is ignored and assumed to be Intentional, Other  | (Assaulted).                     |   |
| 9625 | Smoke Inhalation (E89X.2)  | T59.81                           | Toxic effect of smoke   |
| 9630 | Stabbing/Cutting Accidental (E986.0)   | Y28.9                            | Contact with unspecified sharp object, undetermined intent  |
|      | Not precise. v2 Intent of the Injury is ignored and assumed to be Unint  | entional.                        |   |
| 9635 | Stabbing/Cutting AssultI (E966.0)  | X99.9                            | Assault by unspecified sharp object   |
|      | v2 Intent of the Injury is ignored and assumed to be Intentional, Other  | (Assaulted) unless it is Intenti | onal, Self.   |
| 9640 | Struck by Blunt/Thrown Object (E968.2)   | W20                              | Struck by thrown, projected or falling object   |
|      | Y29 Contact with blunt object, undetermined intent is also an appropria  | ate v3 replacement.              |   |
| 9645 | Venomus stings (plants, animals) (E905.0)  | T63                              | Toxic effect of contact with venomous animals and plants  |
| 9650 | Water Transport accident (E83X.0)  | V94.9                            | Unspecified water transport accident  |
|      |  |                                  |   |

eCustomResults.01 Custom Data Element Result

### V3 Element V2 Element

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

# Comment

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

| N  | 2  | n | n | in |   |
|----|----|---|---|----|---|
| IV | la | ν | ν | ш  | ч |

| V2 Pattern |                                | V3 Replacement |                                |
|------------|--------------------------------|----------------|--------------------------------|
| 2020       | Intentional, Other (Assaulted) | 2020           | Intentional, Other (Assaulted) |
| 2025       | Intentional, Self              | 2025           | Intentional, Self              |
| 2030       | Unintentional                  | 2030           | Unintentional                  |

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

2095

Windshield Spider/Star

# V2 Element V3 Element

Windshield Spider/Star

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

2095

| E10_04 Vehicular Injury Indicators |           |                 | elnjury.04 Vel<br>Risk Factor | eInjury.04 Vehicular, Pedestrian, or Other Injury<br>Risk Factor                   |                                  |  |
|------------------------------------|-----------|-----------------|-------------------------------|--|----------------------------------|--|
| VehicularInjuryIn                  | dicators  |                 | VehicularInjuryIr             | ndicators  |                                  |  |
| Null Values                        |           | Yes             | Null Values                   |  | Yes                              |  |
| Is Nillable                        |           | No              | Is Nillable                   |  | Yes                              |  |
| Recurrence                         |           | 0 : M           | Recurrence                    |  | 1 : M                            |  |
| Comment                            |           |                 |                               |  |                                  |  |
| Mapping                            |           |                 |                               |  |                                  |  |
| V2 Pattern                         |           |                 | V3 Replacemen                 | t  |                                  |  |
| 2060                               | DOA Sam   | e Vehicle       | 2904007                       | Crash Dea  | th in Same Passenger Compartment |  |
| 2065                               | Ejection  |                 | 2904009                       | Crash Ejec<br>automobile   | ction (partial or complete) from |  |
| 2075<br>Not precise                |           | Roof Deformity  | 2904011                       | Crash Intrusion, including roof: > 12 in. occupant site; > 18 in. any site         |                                  |  |
| 2080 Not precise                   | Side Post | Deformity       | 2904011                       | 2904011 Crash Intrusion, including roof: > 12 in. occupant site; > 18 in. any site |                                  |  |
| 2085                               |           | rusion > 1 foot | 2904011                       | Crash Intrusion, including roof: > 12 in. occupant site; > 18 in. any site         |                                  |  |

Not precise.

E10\_05 Area of the Vehicle impacted by the

eCustomResults.01 Custom Data Element Result

# V2 Element V3 Element

### collision AreaOfVehicleImpact CustomResults **Null Values** Yes **Null Values** Yes Is Nillable No Is Nillable Yes Recurrence 0: M 1: M Recurrence Extends elnjury.05

# Mapping

V2 Pattern V3 Replacement

2140 Roll Over 2140 Roll Over

E10\_05 Area of the Vehicle impacted by the

elnjury.05 Main Area of the Vehicle Impacted by

# V2 Element V3 Element

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

# Comment

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

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

| E10_0     |  | atient in the Seat of the  | elnjury.06 Location                       | of Patie     | ent in Vehicle   |
|-----------|--|--|---|--------------|--|
| Position  | OfPatientInSeat                              |  | SeatRowLocation                           |              |  |
| Null Valu | ues  | Yes  | Null Values                               |              | No   |
| Is Nillab | le   | No   | Is Nillable                               |              | No   |
| Recurre   | ence   | 0:1  | Recurrence                                |              | 0:1  |
| Comme     | ent  |  |   |              |  |
| Mapping   | g  |  |   |              |  |
| V2 Patte  | ern  |  | V3 Replacement                            |              |  |
| //E10_0   | 01=9600 and/E10_06                           | =1   | 2906001                                   | Front Seat   | t-Left Side (or motorcycle driver)                                       |
|           | This mapping is used w<br>01=9600 and/E10_06 | hen E10_01 Cause of Injury is Motorcycle Acc<br>=2   | cident and E10_06 Seat Row L<br>2906013   |              | eat-Left Side (or motorcycle   |
|           |  | hen E10_01 Cause of Injury is Motorcycle Acc<br>>=3 and/E10_06<=49   | cident and E10_06 Seat Row L<br>2906021   | ocation of F | •  |
|           | This mapping is used w<br>49.                | hen E10_01 Cause of Injury is Motorcycle Acc   | cident and E10_06 Seat Row L              | ocation of F | Patient in Vehicle is between 3 and                                      |
| /E10_06   |  |  | 2906009                                   |              | r in unenclosed passenger or cargo trailing unit such as a pickup, etc.) |
|           | _  | other enclosed passenger or cargo area (non-<br>t (non-driver)   | trailing unit such as a bus, etc. 2906001 |              | appropriate v3 replacement.<br>t-Left Side (or motorcycle driver)        |
|           | 11 0   | hen E10_06 Seat Row Location of Patient in \ t (non-driver)  | Vehicle is 1.<br>2906013                  | Second Se    | eat-Left Side (or motorcycle   |
|           | 11 0   | hen E10_06 Seat Row Location of Patient in \text{t (non-driver)}   | Vehicle is 2.<br>2906021                  | Third Row    | -Left Side (or motorcycle passenger)                                     |
|           | This mapping is used wind/E10_06=1 Mid       | hen E10_06 Seat Row Location of Patient in \land | Vehicle is 3.<br>2906003                  | Front Seat   | t-Middle   |
|           | This mapping is used w                       | hen E10_06 Seat Row Location of Patient in \   | Vehicle is 1.<br>2906015                  | Second Se    | eat-Middle   |
|           | _  | hen E10_06 Seat Row Location of Patient in \   |   | Occord Oc    | sat Middle   |
|           | nd/E10_06=3 Mid                              |  | 2906023                                   | Third Row    | -Middle  |
|           | This mapping is used w<br>nd/E10_06=1 Rig    | hen E10_06 Seat Row Location of Patient in \ ht  | Vehicle is 3.<br>2906005                  | Front Seat   | t-Right Side   |
| 7         |  | hen E10_06 Seat Row Location of Patient in   |   |              | eat-Right Side   |
|           | -  | hen E10_06 Seat Row Location of Patient in \   |   |              | <b>3</b>   |
|           | nd/E10_06=3 Rig                              |  | 2906025                                   | Third Row    | -Right Side  |
| 2145      | This mapping is used w<br><b>Dri</b> v       | hen E10_06 Seat Row Location of Patient in \ ver   | Vehicle is 3.<br>2906001                  | Front Seat   | t-Left Side (or motorcycle driver)                                       |
| 2150      | Lef  | t (non-driver)   | 2906029                                   | Unknown      |  |
| 2155      | This mapping is used w<br>Mid                | hen E10_06 Seat Row Location of Patient in \lambda   | Vehicle is not present.<br>2906029        | Unknown      |  |
|           |  | hen E10_06 Seat Row Location of Patient in   |   | I ladar son  |  |
| 2160      | Oth  | er   | 2906029                                   | Unknown      |  |

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

July 13, 2016

Page 296

2165 Right 2906029 Unknown

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

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

Shoulder Belt

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

Protective Non-Clothing Gear

2205

2210

July 13, 2016 Page 297

2907023

2907031

Protective Non-Clothing Gear

Shoulder Belt Only Used

E10\_09 Airbag Deployment

2235

Airbag Deployed Other (knee, air belt, etc.)

# V2 Element V3 Element

Airbag Deployed Other (knee, airbelt,etc.)

| AirbagDeployment |                       |       | AirbagDeployment |                  |       |
|------------------|-----------------------|-------|------------------|------------------|-------|
| Null Values      |                       | Yes   | Null Values      |                  | No    |
| Is Nillable      |                       | No    | Is Nillable      |                  | No    |
| Recurrence       |                       | 0 : M | Recurrence       |                  | 0 : M |
| Comment          |                       |       |                  |                  |       |
| Mapping          |                       |       |                  |                  |       |
| V2 Pattern       |                       |       | V3 Replacement   |                  |       |
| 2215             | No Airbag Present     |       | 2908009          | No Airbag Preser | nt    |
| 2220             | No Airbag Deployed    |       | 2908007          | No Airbag Deploy | red   |
| 2225             | Airbag Deployed Front |       | 2908001          | Airbag Deployed  | Front |
| 2230             | Airbag Deployed Side  |       | 2908003          | Airbag Deployed  | Side  |
|                  |                       |       |                  |                  |       |

2908005

elnjury.08 Airbag Deployment

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

2245

# V2 Element V3 Element

Yes, After EMS Arrival

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

3001005

Yes, After EMS Arrival

v3 supports additional specific values.

# V2 Element V3 Element

| E11_02 Cardiac Arrest Etiology |             |               | eArrest.02 C   | eArrest.02 Cardiac Arrest Etiology |         |  |
|--------------------------------|-------------|---------------|----------------|------------------------------------|---------|--|
| CardiacArrestEtic              | ology       |               | CardiacArrestE | tiology                            |         |  |
| Null Values                    |             | Yes           | Null Values    |                                    | Yes     |  |
| Is Nillable                    |             | No            | Is Nillable    |                                    | Yes     |  |
| Recurrence                     |             | 1:1           | Recurrence     |                                    | 1: 1    |  |
| Comment                        |             |               |                |                                    |         |  |
| Mapping                        |             |               |                |                                    |         |  |
| V2 Pattern                     |             |               | V3 Replacemer  | nt                                 |         |  |
| 2250                           | Presumed    | Cardiac       | 3002001        | Cardiac (Presi                     | umed)   |  |
| 2255                           | Trauma      |               | 3002015        | Trauma                             |         |  |
| 2260                           | Drowning    | Drowning      |                | Drowning/Sub                       | mersion |  |
| 2265                           | Respirator  | у             | 3002013        | Respiratory/As                     | sphyxia |  |
| 2270                           | Electrocuti | Electrocution |                | Electrocution                      |         |  |
| 2275                           | Other       |               | 3002011        | Other                              | Other   |  |

| E11_03 Resuscitation Attempted |             |                            | eArrest.03 Resuscitation Attempted By EMS |               |                         |
|--------------------------------|-------------|----------------------------|---|---------------|-------------------------|
| ResucitationAttem              | pted        |                            | ResuscitationAt                           | ttempted      |                         |
| Null Values                    |             | Yes                        | Null Values                               |               | Yes                     |
| Is Nillable                    |             | No                         | Is Nillable                               |               | Yes                     |
| Recurrence                     |             | 1 : M                      | Recurrence                                |               | 1 : M                   |
| Comment                        |             |                            |   |               |                         |
| Mapping                        |             |                            |   |               |                         |
| V2 Pattern                     |             |                            | V3 Replaceme                              | nt            |                         |
| 2280                           | Attemted    | Defibrillation             | 3003001                                   | Attempted De  | efibrillation           |
| 2285                           | Attempte    | d Ventilation              | 3003003                                   | Attempted Ve  | entilation              |
| 2290                           | Initiated ( | Chest Compressions         | 3003005                                   | Initiated Che | st Compressions         |
| 2295                           | Not Atten   | npted-Considered Futile    | 3003007                                   | Not Attempte  | ed-Considered Futile    |
| 2300                           | Not Atten   | npted-DNR Orders           | 3003009                                   | Not Attempte  | ed-DNR Orders           |
| 2305                           | Not Atten   | npted-Signs of Circulation | 3003011                                   | Not Attempte  | ed-Signs of Circulation |

Not Witnessed

2320

# V2 Element V3 Element

| E11_04 Arrest Witnessed by |                                  | eArrest.04 Ar   | eArrest.04 Arrest Witnessed By   |  |  |
|----------------------------|----------------------------------|-----------------|----------------------------------|--|--|
| ArrestWitnessedBy          |                                  | ArrestWitnessed | dBy                              |  |  |
| Null Values                | Yes                              | Null Values     | Yes                              |  |  |
| Is Nillable                | No                               | Is Nillable     | Yes                              |  |  |
| Recurrence                 | 0:1                              | Recurrence      | 1 : M                            |  |  |
| Comment                    |                                  |                 |                                  |  |  |
| Mapping                    |                                  |                 |                                  |  |  |
| V2 Pattern                 |                                  | V3 Replacemen   | nt .                             |  |  |
| 2310 V                     | Vitnessed by Healthcare Provider | 3004005         | Witnessed by Healthcare Provider |  |  |
| 2315 V                     | Vitnessed by Lay Person          | 3004007         | Witnessed by Lay Person          |  |  |

3004001

Not Witnessed

2365

Ventricular Tachycardia-Pulseless

# V2 Element V3 Element

Ventricular Tachycardia

| E11_05 FIR       | st Monitored Rhythm of the Patient | Patient           | Monitored Arrest Rhythm of the   |
|------------------|------------------------------------|-------------------|----------------------------------|
| FirstMonitored   | IRhythm                            | FirstMonitoredRhy | thm                              |
| Null Values      | Yes                                | Null Values       | Yes                              |
| Is Nillable      | No                                 | Is Nillable       | Yes                              |
| Recurrence       | 0:1                                | Recurrence        | 1:1                              |
| Comment          |                                    |                   |                                  |
| Mapping          |                                    |                   |                                  |
| V2 Pattern       |                                    | V3 Replacement    |                                  |
| 2325             | Asystole                           | 3011001           | Asystole                         |
| 2330<br>Not supr | Bradycardia ported in v3.          |                   |                                  |
| 2335             | Normal Sinus Rhythm                |                   |                                  |
| 2340             | Other ported in v3.                |                   |                                  |
| 2345             | PEA                                | 3011005           | PEA                              |
| 2350             | Unknown AED Non-Shockable Rhythm   | 3011007           | Unknown AED Non-Shockable Rhythm |
| 2355             | Unknown AED Shockable Rhythm       | 3011009           | Unknown AED Shockable Rhythm     |
| 2360             | Ventricular Fibrillation           | 3011011           | Ventricular Fibrillation         |

3011013

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

E11\_07 Neurological Outcome at Hospital

eArrest.13 Neurological Outcome at Hospital

# V2 Element V3 Element

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

2400

2405

24102415

2420

2425

E11\_08 Estimated Time of Arrest Prior to EMS

10-15 Minutes

8-10 Minutes

6-8 Minutes

4-6 Minutes

2-4 Minutes

0-2 Minutes

eCustomResults.01 Custom Data Element Result

10-15 Minutes

8-10 Minutes

6-8 Minutes

4-6 Minutes

2-4 Minutes

0-2 Minutes

# V2 Element V3 Element

### Arrival EstimatedTimeOfArrestPriorToEMS CustomResults **Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 0:1 Recurrence 1: M Comment Mapping V2 Pattern V3 Replacement 2390 2390 Greater Than 20 Minutes Greater Than 20 Minutes 2395 2395 15-20 Minutes 15-20 Minutes

2400

2405

2410

2415

2420

2425

E11\_09 Date/Time Resuscitation Discontinued

eArrest.15 Date/Time Resuscitation Discontinued

# V2 Element V3 Element

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

# Comment

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

# Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

BP noted)

# V2 Element V3 Element

| E11_10 Reason CPR Discontinued |                        | eArrest.16 Reason CPR/Resuscitation Discontinued |                |   |
|--------------------------------|------------------------|--|----------------|---|
| ReasonCPRDiscontin             | nued                   |  | ReasonCPRDi    | iscontinued                                 |
| Null Values                    |                        | Yes  | Null Values    | Yes   |
| Is Nillable                    |                        | No   | Is Nillable    | Yes   |
| Recurrence                     |                        | 0:1  | Recurrence 1:1 |   |
| Comment                        |                        |  |                |   |
| Mapping                        |                        |  |                |   |
| V2 Pattern                     |                        |  | V3 Replaceme   | ent   |
| 2430                           | DNR                    |  | 3016001        | DNR   |
| 2435                           | Medical C              | Control Order                                    | 3016003        | Medical Control Order                       |
| 2440                           | Obvious Signs of Death |  | 3016005        | Obvious Signs of Death                      |
| 2445                           | Protocol/I             | Policy Requirements Completed                    | 3016009        | Protocol/Policy Requirements Completed      |
| 2450                           | Return of              | Spontaneous Circulation (pulse or                | 3016011        | Return of Spontaneous Circulation (pulse or |

BP noted)

2585

# V2 Element V3 Element

### E11\_11 Cardiac Rhythm on Arrival at Destination eArrest.17 Cardiac Rhythm on Arrival at Destination CardiacRythmAtDestination CardiacRhythm Yes **Null Values Null Values** Yes Is Nillable Yes No Is Nillable Recurrence 0: M Recurrence 1: M Comment Mapping V2 Pattern V3 Replacement STEMI Anterior Ischemia 2455 12 Lead ECG-Anterior Ischemia 9901051 9901023 Non-STEMI Anterior Ischemia is also an appropriate v3 replacement. 2460 12 Lead ECG-Inferior Ischemia STEMI Inferior Ischemia 9901053 9901025 Non-STEMI Inferior Ischemia is also an appropriate v3 replacement. STEMI Lateral Ischemia 2465 12 Lead ECG-Lateral Ischemia 9901055 9901027 Non-STEMI Lateral Ischemia is also an appropriate v3 replacement Agonal/Idioventricular 2470 Agonal/Idioventricular 9901001 2475 Artifact 9901005 Artifact 9901003 Asystole 2480 Asystole 9901007 Atrial Fibrillation 2485 Atrial Fibrillation/Flutter 9901009 Atrial Flutter is also an appropriate v3 replacement. 2490 AV Block-1st Degree 9901011 AV Block-1st Degree 2495 AV Block-2nd Degree-Type 1 9901013 AV Block-2nd Degree-Type 1 9901015 2500 AV Block-2nd Degree-Type 2 AV Block-2nd Degree-Type 2 2505 AV Block-3rd Degree 9901017 AV Block-3rd Degree 2510 Junctional 9901019 Junctional 2515 Left Bundle Branch Block 9901021 Left Bundle Branch Block 2520 Normal Sinus Rhythm 9901047 Sinus Rhythm 2525 Other 9901031 Other v3 supports additional specific values. Paced Rhythm 2530 Paced Rhythm 9901033 2535 PEA 9901035 PEA 2540 Premature Atrial Contractions 9901037 Premature Atrial Contractions 2545 Premature Ventricular Contractions 9901039 Premature Ventricular Contractions 2550 Right Bundle Branch Block 9901041 Right Bundle Branch Block Sinus Arrhythmia 2555 Sinus Arrhythmia 9901043 2560 Sinus Bradycardia 9901045 Sinus Bradycardia 2565 Sinus Tachycardia 9901049 Sinus Tachycardia Supraventricular Tachycardia 9901059 Supraventricular Tachycardia 2570 2575 Torsades De Points 9901061 Torsades De Points 2580 Unknown AED Non-Shockable Rhythm 9901063 Unknown AED Non-Shockable Rhythm

July 13, 2016 Page 310

9901065

Unknown AED Shockable Rhythm

Unknown AED Shockable Rhythm

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

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

E12\_01 Barriers to Patient Care

Unconscious

2640

# V2 Element V3 Element

### BarriersToPatientCare BarriersToPatientCare Yes Yes **Null Values Null Values** Is Nillable Yes No Is Nillable 1: M Recurrence 1: M Recurrence Comment Mapping V2 Pattern V3 Replacement 2600 3101003 **Developmentally Impaired Developmentally Impaired** 2605 Hearing Impaired 3101005 Hearing Impaired 2610 Language 3101007 Language 2615 None 3101009 None Noted Physically Impaired 2620 Physically Impaired 3101015 2625 Physically Restrained 3101017 Physically Restrained 2630 Speech Impaired 3101023 Speech Impaired Unattended or Unsupervised (including minors) Unattended or Unsupervised (including minors) 2635 3101025

3101027

eHistory.01 Barriers to Patient Care

Unconscious

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

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

# Comment

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

# Mapping

V2 Pattern V3 Replacement

.

E12\_03 Destination Medical Record Number

# V2 Element V3 Element

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

eOutcome.04 External Report ID/Number

# Comment

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

# Mapping

V2 Pattern V3 Replacement

.

### E12\_04 First Name of Patient's Primary Practitioner eHistory.03 First Name of Patient's Practitioner FirstName PersonFirstName **Null Values** Yes **Null Values** No Is Nillable No Is Nillable No Recurrence 0:1 Recurrence 0:1

Comment

Mapping

V2 Pattern V3 Replacement

.

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

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

Mapping

V2 Pattern V3 Replacement

.

None

2670

# V2 Element V3 Element

| E12_07 Advanced D | irectives                 | 3                               | eHistory.05 A    | dvance Direc          | ctives                              |
|-------------------|---------------------------|---------------------------------|------------------|-----------------------|-------------------------------------|
| AdvanceDirectives |                           |                                 | AdvanceDirective | es                    |                                     |
| Null Values       |                           | Yes                             | Null Values      |                       | Yes                                 |
| Is Nillable       |                           | No                              | Is Nillable      | Is Nillable Yes       |                                     |
| Recurrence        |                           | 0 : M                           | Recurrence       | Recurrence 0 : M      |                                     |
| Comment           |                           |                                 |                  |                       |                                     |
| Mapping           |                           |                                 |                  |                       |                                     |
| V2 Pattern        |                           |                                 | V3 Replacement   | t                     |                                     |
| 2645 S            | tate/EMS D                | NR Form                         | 3105011          | State EMS             | S DNR or Medical Order Form         |
| 2650 O            | Other Healthcare DNR Form |                                 | 3105009          | Other Hea             | althcare Advanced Directive Form    |
| 2655 Li           | Living Will               |                                 | 3105003          | Living Wil            | I                                   |
|                   | amily/Guard               | lian request DNR (but no<br>on) | 3105001          | Family/Gu<br>document | uardian request DNR (but no attion) |
| 2665 O            | ther                      |                                 | 3105007          | Other                 |                                     |

3105005

None

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

# Comment

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

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

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

E12\_09 Environmental/Food Allergies

# V2 Element V3 Element

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

eHistory.07 Environmental/Food Allergies

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

| Mapping    |  |   |  |
|------------|--|---|--|
| V2 Pattern |  | V3 Replacement                                |  |
| 2675       | Insect Sting                                   | 419199007                                     | Allergy to substance                                     |
| Not pro    | o a  | venom was considered, but it represents an    | actual reaction rather than a disposition of being       |
| 2680       | Food Allergy                                   | 414285001                                     | Food allergy   |
| 2685       | Latex  | 300916003                                     | Latex allergy  |
| 2690       | Chemical                                       | 419199007                                     | Allergy to substance                                     |
| Not pre    | ecise. 419838000 Allergic reaction to chemi    | cal was considered, but it represents an actu | ual reaction rather than a disposition of being allergic |
| 2695       | Other  | 609328004                                     | Allergic disposition                                     |
| v3 valu    | ue is the parent of all other allergies in SNO | MED, essentially meaning "unspecified allerg  | gy."   |
| 2700       | None   | 160244002                                     | No known allergies                                       |
| v3 valu    | ue is from the SNOMED "situation" hierarch     | y, but it is on the suggested list.           |  |

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

# Comment

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

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

Patient

2725

# V2 Element V3 Element

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

3109007

Patient

Varicella

E12\_12 Immunization History

2780

eHistory.10 The Patient's Type of Immunization

Varicella (Chickenpox)

# V2 Element V3 Element

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

9910049

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

V2 Pattern V3 Replacement

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

### Comment

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

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

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

2860

Puffs

## V2 Element V3 Element

| E12_16 Current Medication Dosage Unit |             | eHistory.14 C | Current Medication Dosage Unit |   |
|---------------------------------------|-------------|---------------|--------------------------------|---|
| CurrentMedicatio                      | nDosageUnit |               | CurrentMedicati                | onDosageUnit                                    |
| Null Values                           |             | Yes           | Null Values                    | No  |
| Is Nillable                           |             | No            | Is Nillable                    | No  |
| Recurrence                            |             | 0:1           | Recurrence                     | 0:1   |
| Comment                               |             |               |                                |   |
| Mapping                               |             |               |                                |   |
| V2 Pattern                            |             |               | V3 Replacemen                  | nt .  |
| 2785                                  | GMS         |               | 3114003                        | Grams (gms)                                     |
| 2790                                  | Inches      |               | 3114007                        | Inches (in)                                     |
| 2795                                  | IU          |               | 3114009                        | International Units (IU)                        |
| 2800                                  | KVO (TKO)   |               | 3114011                        | Keep Vein Open (kvo)                            |
| 2805                                  | L/MIN       |               | 3114013                        | Liters Per Minute (I/min [fluid])               |
| 2810                                  | LITERS      |               | 3114015                        | Liters (I)                                      |
| 2815                                  | LPM         |               | 3114017                        | Liters Per Minute (LPM [gas])                   |
| 2820                                  | MCG         |               | 3114019                        | Micrograms (mcg)                                |
| 2825                                  | MCG/KG/MIN  |               | 3114021                        | Micrograms per Kilogram per Minute (mcg/kg/min) |
| 2830                                  | MEQ         |               | 3114025                        | Milliequivalents (mEq)                          |
| 2835                                  | MG          |               | 3114029                        | Milligrams (mg)                                 |
| 2840                                  | MG/KG/MIN   |               | 3114033                        | Milligrams per Kilogram Per Minute (mg/kg/min)  |
| 2845                                  | ML          |               | 3114037                        | Milliliters (ml)                                |
| 2850                                  | ML/HR       |               | 3114039                        | Milliliters per Hour (ml/hr)                    |
| 2855                                  | Other       |               | 3114041 Other                  |   |

3114043

Puffs

E12\_17 Current Medication Administration Route

eHistory.15 Current Medication Administration

### V2 Element V3 Element

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

Route

### Comment

### Mapping

| V2 Feater         V3 Representation           2865         Endotracheal tube         9927007         Endotracheal Tube (ET)           2870         Gastronomy tube         9927007         Gastrostomy Tube           2875         Inhalation         9927009         Inhalation           2880         Intramuscular         9927015         Intramuscular (IM)           2885         Intranasal         9927017         Intranasal           2890         Intraccular         9927019         Intraocular           2891         Intraoseous         9927021         Intraocular           2891         Intravenous         9927021         Intraocular           2895         Intravenous         9927023         Intravenous (IV)           2990         Nasal         Nasal         1ntravenous (IV)           2990         Nasal Porogs         9927025         Nasal Cannula           2910         Nasogastric         9927027         Nasogastric           2910         Nasogastric         992703         Ophthalmic           2920         Oral         992703         Oral           2920         Orber/miscellaneous         992703         Other/miscellaneous           2935         Re-breather mask  | V2 Pattern |                     | V2 Ponlacement |                     |
|---|------------|---------------------|----------------|---------------------|
| 2870         Gastronomy tube         9927007         Gastrostomy Tube           2875         Inhalation         9927009         Inhalation           2880         Intramuscular         9927015         Intramuscular (IM)           2885         Intranasal         9927017         Intranasal           2890         Intracoular         9927019         Intracocular           2891         Intravenous         9927021         Intravesous (IV)           2895         Intravenous         9927023         Intravenous (IV)           2900         Nasal         9927025         Nasal Cannula           2900         Nasal prongs         9927025         Nasal Cannula           2910         Nasal prongs         9927027         Nasogastric           2910         Nasogastric         9927027         Nasogastric           2920         Oral         9927033         Ophthalmic           2920         Oral         9927039         Orial           2920         Other/miscellaneous         9927039         Otic           2935         Re-breather mask         9927041         Re-breather mask           2940         Subcutaneous         9927043         Sublingual           2950         To  |            | =                   | V3 Replacement | 5                   |
| 2875         Inhalation         9927009         Inhalation           2880         Intramuscular         9927015         Intramuscular (IM)           2885         Intranasal         9927017         Intranasal           2890         Intracocular         9927019         Intracocular           2891         Intracoseous         9927021         Intracoseous (IO)           2895         Intravenous         9927023         Intravenous (IV)           2900         Nasal         9927027         Intranasal           2901         Nasal Cranula         9927027         Nasal Cranula           2910         Nasal prongs         9927025         Nasal Cranula           2910         Nasogastric         9927027         Nasogastric           2910         Oral         Ophthalmic         9927037         Oral           2920         Oral         Oral         Oral           2921         Otic         9927037         Other/miscellaneous           2930         Otic         Polical         Polical           2931         Rectal         9927043         Rectal           2940         Rectal         9927045         Subcluraneous           2950         Topical <td< td=""><td></td><td></td><td></td><td>, ,</td></td<>   |            |                     |                | , ,                 |
| 2880         Intramuscular         9927015         Intramuscular (IM)           2885         Intranasal         9927017         Intranasal           2890         Intraocular         9927019         Intraocular           2891         Intraosseous         9927021         Intraocular           2895         Intravenous         9927023         Intravenous (IV)           2900         Nasal         9927023         Intranasal           2905         Nasal prongs         9927025         Nasal Cannula           2910         Nasogastric         9927027         Nasogastric           2910         Orla         9927033         Ophthalmic           2920         Orla         9927033         Orla           2925         Other/miscellaneous         9927037         Orla           2926         Otic         9927037         Other/miscellaneous           2930         Otic         9927037         Other/miscellaneous           2931         Re-breather mask         9927043         Rectal           2940         Rectal         9927043         Subcutaneous           2945         Subcutaneous         9927045         Subcutaneous           2950         Topical         7927   | 2870       | Gastronomy tube     | 9927007        | Gastrostomy Tube    |
| 2885         Intranasal         9927017         Intransal           2890         Intraocular         9927019         Intraocular           2891         Intraosseous         9927021         Intraosseous (IO)           2895         Intravenous         9927023         Intravenous (IV)           2900         Nasal         9927017         Intranasal           2905         Nasal prongs         9927025         Nasal Cannula           2910         Nasogastric         9927027         Nasogastric           2915         Ophthalmic         9927033         Ophthalmic           2920         Oral         Oral           2920         Otic         9927035         Oral           2920         Otic         9927037         Other/miscellaneous           2930         Otic         9927039         Otic           2930         Rectal         9927049         Rectal           2940         Rectal         9927043         Rectal           2945         Subcutaneous         9927045         Subcutaneous           2950         Topical         9927047         Sublingual           2951         Topical         7000000000000000000000000000000000000   | 2875       | Inhalation          | 9927009        | Inhalation          |
| 2880         Intraocular         9927019         Intraocular           2881         Intraosseous         9927021         Intraosseous (IO)           2885         Intravenous         9927023         Intravenous (IV)           2900         Nasal         9927017         Intranasal           2905         Nasal prongs         9927025         Nasal Cannula           2910         Nasogastric         9927027         Nasogastric           2915         Ophthalmic         9927033         Ophthalmic           2920         Oral         9927035         Oral           2920         Other/miscellaneous         9927037         Other/miscellaneous           2930         Otic         9927039         Otic           2930         Otic         9927039         Otic           2930         Rectal         8927041         Re-breather mask           2940         Rectal         9927043         Rectal           2945         Subcutaneous         9927045         Subcutaneous           2950         Sublingual         9927047         Sublingual           2951         Topical         70pical           2960         Transdermal         9927051         Transdermal  | 2880       | Intramuscular       | 9927015        | Intramuscular (IM)  |
| 2891         Intraosseous         9927021         Intraosseous (IO)           2895         Intravenous         9927023         Intravenous (IV)           2900         Nasal         9927017         Intravenous (IV)           2905         Nasal Pongs         9927027         Nasal Cannula           2910         Nasogastric         9927027         Nasogastric           2911         Ophthalmic         9927033         Ophthalmic           2920         Oral         9927035         Oral           2925         Other/miscellaneous         9927037         Other/miscellaneous           2930         Otic         9927039         Otic           2931         Re-breather mask         9927041         Re-breather mask           2940         Rectal         9927043         Rectal           2945         Subcutaneous         9927043         Rectal           2945         Subcitaneous         9927045         Subcitaneous           2950         Sublingual         9927049         Topical           2950         Transdermal         9927049         Transdermal           2960         Transdermal         9927053         Transdermal           2970         Ventimask <t< td=""><td>2885</td><td>Intranasal</td><td>9927017</td><td>Intranasal</td></t<>   | 2885       | Intranasal          | 9927017        | Intranasal          |
| 2895         Intravenous         9927023         Intravenous (IV)           2900         Nasal         9927017         Intravanasal           2905         Nasal prongs         9927025         Nasal Cannula           2910         Nasogastric         9927027         Nasogastric           2915         Ophthalmic         9927033         Ophthalmic           2920         Oral         9927035         Oral           2925         Other/miscellaneous         9927037         Other/miscellaneous           2930         Otic         9927039         Otic           2931         Re-breather mask         9927049         Re-breather mask           2940         Rectal         9927043         Rectal           2945         Subcutaneous         9927045         Subcutaneous           2950         Sublingual         9927047         Sublingual           2955         Topical         9927049         Topical           2960         Tracheostomy         9927051         Tracheostomy           2965         Transdermal         9927055         Urethral           2970         Ventimask         Ventimask   | 2890       | Intraocular         | 9927019        | Intraocular         |
| 2900         Nasal         9927017         Intranasal           2905         Nasal prongs         9927025         Nasal Cannula           2910         Nasogastric         9927027         Nasogastric           2915         Ophthalmic         9927033         Ophthalmic           2920         Oral         9927035         Oral           2925         Other/miscellaneous         9927037         Other/miscellaneous           2930         Otic         9927039         Otic           2935         Re-breather mask         9927041         Re-breather mask           2940         Rectal         9927043         Rectal           2945         Subcutaneous         9927045         Subcutaneous           2940         Subcutaneous         9927045         Subcutaneous           2950         Sublingual         9927045         Subcutaneous           2950         Topical         9927047         Sublingual           2950         Tracheostomy         9927049         Topical           2960         Tracheostomy         9927051         Tracheostomy           2965         Transdermal         9927053         Transdermal           2970         Urethral         9927051 <td>2891</td> <td>Intraosseous</td> <td>9927021</td> <td>Intraosseous (IO)</td>   | 2891       | Intraosseous        | 9927021        | Intraosseous (IO)   |
| 2905         Nasal prongs         9927025         Nasal Cannula           2910         Nasogastric         9927027         Nasogastric           2915         Ophthalmic         9927033         Ophthalmic           2920         Oral         9927035         Oral           2925         Other/miscellaneous         9927037         Other/miscellaneous           2930         Otic         9927039         Otic           2935         Re-breather mask         9927041         Re-breather mask           2940         Rectal         9927043         Rectal           2945         Subcutaneous         9927045         Subcutaneous           2950         Sublingual         9927047         Sublingual           2950         Topical         9927049         Topical           2960         Tracheostomy         9927051         Tracheostomy           2965         Transdermal         9927053         Transdermal           2970         Urethral         9927055         Urethral           2975         Ventimask   | 2895       | Intravenous         | 9927023        | Intravenous (IV)    |
| 2910         Nasogastric         9927027         Nasogastric           2915         Ophthalmic         9927033         Ophthalmic           2920         Oral         9927035         Oral           2925         Other/miscellaneous         9927037         Other/miscellaneous           2930         Otic         9927039         Otic           2935         Re-breather mask         9927041         Re-breather mask           2940         Rectal         9927043         Rectal           2945         Subcutaneous         9927045         Subcutaneous           2950         Sublingual         9927047         Sublingual           2950         Topical         9927049         Topical           2960         Trascheostomy         9927051         Tracheostomy           2965         Transdermal         9927053         Transdermal           2970         Urethral         9927055         Urethral           2975         Ventimask  | 2900       | Nasal               | 9927017        | Intranasal          |
| 2915         Ophthalmic         9927033         Ophthalmic           2920         Oral         9927035         Oral           2925         Other/miscellaneous         9927037         Other/miscellaneous           2930         Otic         9927039         Otic           2935         Re-breather mask         9927041         Re-breather mask           2940         Rectal         9927043         Rectal           2945         Subcutaneous         9927045         Subcutaneous           2950         Sublingual         9927047         Sublingual           2955         Topical         9927049         Topical           2960         Tracheostomy         9927051         Tracheostomy           2965         Transdermal         9927053         Transdermal           2970         Urethral         9927055         Urethral           2975         Ventimask         Ventimask  | 2905       | Nasal prongs        | 9927025        | Nasal Cannula       |
| 2920         Oral         9927035         Oral           2925         Other/miscellaneous         9927037         Other/miscellaneous           2930         Otic         9927039         Otic           2935         Re-breather mask         9927041         Re-breather mask           2940         Rectal         9927043         Rectal           2945         Subcutaneous         9927045         Subcutaneous           2950         Sublingual         9927047         Sublingual           2955         Topical         9927049         Topical           2960         Tracheostomy         9927051         Tracheostomy           2965         Transdermal         9927053         Transdermal           2970         Urethral         9927055         Urethral           2975         Ventimask         9927057         Ventimask   | 2910       | Nasogastric         | 9927027        | Nasogastric         |
| 2925         Other/miscellaneous         9927037         Other/miscellaneous           2930         Otic         9927039         Otic           2935         Re-breather mask         9927041         Re-breather mask           2940         Rectal         9927043         Rectal           2945         Subcutaneous         9927045         Subcutaneous           2950         Sublingual         9927047         Sublingual           2955         Topical         9927049         Topical           2960         Tracheostomy         9927051         Transdermal           2965         Transdermal         9927053         Transdermal           2970         Urethral         9927055         Urethral           2975         Ventimask         Ventimask   | 2915       | Ophthalmic          | 9927033        | Ophthalmic          |
| 2930         Otic         9927039         Otic           2935         Re-breather mask         9927041         Re-breather mask           2940         Rectal         9927043         Rectal           2945         Subcutaneous         9927045         Subcutaneous           2950         Sublingual         9927047         Sublingual           2955         Topical         9927049         Topical           2960         Tracheostomy         9927051         Tracheostomy           2965         Transdermal         9927053         Transdermal           2970         Urethral         9927055         Urethral           2975         Ventimask         9927057         Ventimask   | 2920       | Oral                | 9927035        | Oral                |
| 2935       Re-breather mask       9927041       Re-breather mask         2940       Rectal       9927043       Rectal         2945       Subcutaneous       9927045       Subcutaneous         2950       Sublingual       9927047       Sublingual         2955       Topical       9927049       Topical         2960       Tracheostomy       9927051       Tracheostomy         2965       Transdermal       9927053       Transdermal         2970       Urethral       9927055       Urethral         2975       Ventimask       9927057       Ventimask  | 2925       | Other/miscellaneous | 9927037        | Other/miscellaneous |
| 2940Rectal9927043Rectal2945Subcutaneous9927045Subcutaneous2950Sublingual9927047Sublingual2955Topical9927049Topical2960Tracheostomy9927051Tracheostomy2965Transdermal9927053Transdermal2970Urethral9927055Urethral2975Ventimask9927057Ventimask  | 2930       | Otic                | 9927039        | Otic                |
| 2945       Subcutaneous       9927045       Subcutaneous         2950       Sublingual       9927047       Sublingual         2955       Topical       9927049       Topical         2960       Tracheostomy       9927051       Tracheostomy         2965       Transdermal       9927053       Transdermal         2970       Urethral       9927055       Urethral         2975       Ventimask       9927057       Ventimask  | 2935       | Re-breather mask    | 9927041        | Re-breather mask    |
| 2950 Sublingual 9927047 Sublingual 2955 Topical 9927049 Topical 2960 Tracheostomy 9927051 Tracheostomy 2965 Transdermal 9927053 Transdermal 2970 Urethral 9927055 Urethral 2975 Ventimask | 2940       | Rectal              | 9927043        | Rectal              |
| 2955       Topical       9927049       Topical         2960       Tracheostomy       9927051       Tracheostomy         2965       Transdermal       9927053       Transdermal         2970       Urethral       9927055       Urethral         2975       Ventimask       9927057       Ventimask  | 2945       | Subcutaneous        | 9927045        | Subcutaneous        |
| 2960Tracheostomy9927051Tracheostomy2965Transdermal9927053Transdermal2970Urethral9927055Urethral2975Ventimask9927057Ventimask  | 2950       | Sublingual          | 9927047        | Sublingual          |
| 2965Transdermal9927053Transdermal2970Urethral9927055Urethral2975Ventimask9927057Ventimask   | 2955       | Topical             | 9927049        | Topical             |
| 2970     Urethral     9927055     Urethral       2975     Ventimask     9927057     Ventimask   | 2960       | Tracheostomy        | 9927051        | Tracheostomy        |
| 2975 Ventimask 9927057 Ventimask  | 2965       | Transdermal         | 9927053        | Transdermal         |
|   | 2970       | Urethral            | 9927055        | Urethral            |
| 2980 Wound 9927059 Wound  | 2975       | Ventimask           | 9927057        | Ventimask           |
|   | 2980       | Wound               | 9927059        | Wound               |

| E12_18 Presence | of Emer | gency Information Form | eHistory.16<br>Form | Presence of Em | ergency Information |
|-----------------|---------|------------------------|---------------------|----------------|---------------------|
| YesNoValues     |         |                        | YesNoValues         | <b>3</b>       |                     |
| Null Values     |         | Yes                    | Null Values         |                | No                  |
| Is Nillable     |         | No                     | Is Nillable         |                | No                  |
| Recurrence      |         | 0:1                    | Recurrence          |                | 0:1                 |
| Comment         |         |                        |                     |                |                     |
| Mapping         |         |                        |                     |                |                     |
| V2 Pattern      |         |                        | V3 Replacem         | nent           |                     |
| 0               | No      |                        | 9923001             | No             |                     |
| 1               | Yes     |                        | 9923003             | Yes            |                     |

| E12_19 Alcohol/Drug Use Indicators                                   |  | eHistory.17  | Alcohol/Drug Use Indicators   |
|--|--|--|---|
| AlcoholDrugUs  | seIndicators   | AlcoholDrugUs  | eIndicators   |
| Null Values  | Yes  | Null Values  | Yes   |
| Is Nillable  | No   | Is Nillable  | Yes   |
| Recurrence   | 1 : M  | Recurrence   | 1 : M   |
| Comment  |  |  |   |
| Mapping  |  |  |   |
| V2 Pattern   |  | V3 Replaceme   | nt  |
| .=3000 and/E12   | _19=2995 and not(/E12_19=2985 or/E12_19=2990)              | 3117003  | Drug Paraphernalia at Scene   |
|  | Alcohol and/or Drug Paraphernalia at Scene                 |  |   |
| This map   | pping is used when other indicators suggest the use of dru | gs but not alcohol.  |   |
| .=3000 and not(/E  | E12_19=2995)   | 3117001  | Alcohol Containers/Paraphernalia at Scene                                 |
|  | Alcohol and/or Drug Paraphernalia at Scene                 |  |   |
|  | oping is used when other indicators do not suggest the use | -  |   |
| 2985   | Smell of Alcohol on Breath                                 | 3117011  | Smell of Alcohol on Breath  |
| 2990   | Patient Admits to Alcohol Use                              | 3117005  | Patient Admits to Alcohol Use   |
| 2995   | Patient Admits to Drug Use                                 | 3117007  | Patient Admits to Drug Use  |
| 3000   | Alcohol and/or Drug Paraphernalia at Scene                 | 3117001  | Alcohol Containers/Paraphernalia at Scene                                 |
| This mapping is used when other indicators suggest the use of both a |  | h alcohol and other drug                                     | JS.   |
| 3000   | Alcohol and/or Drug Paraphernalia at Scene                 | 3117003  | Drug Paraphernalia at Scene   |
| This map   | pping is used when other indicators suggest the use of bot | h alcohol and other drug                                     | IS.   |
| 3001   | None   | <xsl:attribute name<br="">name="PN"&gt;88010</xsl:attribute> | e="xsi:nil">true <xsl:attribute 015<="" xsl:attribute=""></xsl:attribute> |

None Reported

v3 supports additional specific values.

## V2 Element V3 Element

| E12_20 Pregnancy |     | eHistory.18 P | eHistory.18 Pregnancy |              |        |
|------------------|-----|---------------|-----------------------|--------------|--------|
| YesNoValues      |     |               | Pregnancy             |              |        |
| Null Values      |     | Yes           | Null Values           |              | No     |
| Is Nillable      |     | No            | Is Nillable           |              | Yes    |
| Recurrence       |     | 0:1           | Recurrence            |              | 0:1    |
| Comment          |     |               |                       |              |        |
| Mapping          |     |               |                       |              |        |
| V2 Pattern       |     |               | V3 Replacemen         | t            |        |
| 0                | No  |               | 3118001               | No           |        |
| 1                | Yes |               | 3118011               | Yes, Weeks U | nknown |

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

E14\_01 Date/Time Vital Signs Taken

### V2 Element V3 Element

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

### Comment

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

### Mapping

V2 Pattern

V3 Replacement

eVitals.01 Date/Time Vital Signs Taken

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

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

| E14_03           | 3 Cardiac Rhythm              |   | eVitals.03 (ECG)      | Cardiac Rhythm   | / Electrocardiography    |  |
|------------------|-------------------------------|---|-----------------------|------------------|--------------------------|--|
| CardiacF         | Rythm                         |   | CardiacRhyth          | nm               |                          |  |
| Null Valu        | ies                           | Yes   | Null Values           |                  | Yes                      |  |
| Is Nillabl       | е                             | No  | Is Nillable           |                  | Yes                      |  |
| Recurrer         | nce                           | 0 : M   | Recurrence            |                  | 1 : M                    |  |
| Commer           | nt                            |   |                       |                  |                          |  |
| Mapping          |                               |   |                       |                  |                          |  |
| V2 Patte         | ern                           |   | V3 Replacem           | nent             |                          |  |
| 3005             | 12 Lead                       | ECG-Anterior Ischemia   | 9901051               | STEMI Ant        | erior Ischemia           |  |
| 9                | 901023 Non-STEMI Anterio      | r Ischemia is also an appropriate v3 r                        | eplacement.           |                  |                          |  |
| 3010             |                               | ECG-Inferior Ischemia   | 9901053               | STEMI Infe       | erior Ischemia           |  |
| 9<br><b>3015</b> |                               | Ischemia is also an appropriate v3 re<br>ECG-Lateral Ischemia | placement.<br>9901055 | STEMI Lot        | eral Ischemia            |  |
|                  |                               | Ischemia is also an appropriate v3 re                         |                       | STEIVII LAU      | erai ischemia            |  |
| 3020             |                               | dioventricular  | 9901001               | Agonal/Idio      | ventricular              |  |
| 3025             | Artifact                      |   | 9901005               | Artifact         |                          |  |
| 3030             | Asystole                      |   | 9901003               | Asystole         | Asystole                 |  |
| 3035             | Atrial Fib                    | rillation/Flutter   | 9901007               | Atrial Fibrill   | ation                    |  |
| 9                | 901009 Atrial Flutter is also | an appropriate v3 replacement.                                |                       |                  |                          |  |
| 3040             | AV Block                      | x-1st Degree  | 9901011               | AV Block-1       | st Degree                |  |
| 3045             | AV Block                      | x-2nd Degree-Type 1   | 9901013               | AV Block-2       | and Degree-Type 1        |  |
| 3050             | AV Block                      | c-2nd Degree-Type 2   | 9901015               | AV Block-2       | nd Degree-Type 2         |  |
| 3055             | AV Block                      | c-3rd Degree  | 9901017               | AV Block-3       | rd Degree                |  |
| 3060             | Junction                      | al  | 9901019               | Junctional       |                          |  |
| 3065             | Left Bund                     | dle Branch Block  | 9901021               | Left Bundle      | e Branch Block           |  |
| 3070             | Normal S                      | Sinus Rhythm  | 9901047               | Sinus Rhyt       | hm                       |  |
| 3075             | Other                         |   | 9901031               | Other            |                          |  |
| 3080             | 3 supports additional specifi |   | 9901033               | Doord Dhy        | th m                     |  |
| 3085             | Paced Ri                      | nyumi   | 9901035               | Paced Rhy<br>PEA | uiiii                    |  |
| 3090             |                               | re Atrial Contractions  | 9901035               |                  | Atrial Contractions      |  |
| 3095             |                               | re Ventricular Contractions                                   | 9901037               |                  | Ventricular Contractions |  |
| 3100             |                               | ndle Branch Block   | 9901041               |                  | lle Branch Block         |  |
| 3105             | Sinus Arı                     |   | 9901043               | Sinus Arrhy      |                          |  |
| 3110             |                               | adycardia   | 9901045               | Sinus Brad       |                          |  |
| 3115             |                               | chycardia   | 9901043               | Sinus Tach       |                          |  |
| 3120             |                               | ntricular Tachycardia   | 9901059               |                  | icular Tachycardia       |  |
| 3125             |                               | s De Points   | 9901061               | Torsades D       | •                        |  |
| 3130             |                               | AED Non-Shockable Rhythm                                      | 9901063               |                  | AED Non-Shockable Rhythm |  |
| 3135             |                               | AED Shockable Rhythm  | 9901065               |                  | AED Shockable Rhythm     |  |

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

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

number(.)<90

Systolic Blood Pressure <90 mmHg

## V2 Element V3 Element

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

2903019

### eVitals.06 SBP (Systolic Blood Pressure) E14\_04 SBP (Systolic Blood Pressure) SBP SBP **Null Values** No **Null Values** Yes Is Nillable Yes Is Nillable Yes Recurrence 0:1 Recurrence 1:1 Comment Mapping V2 Pattern V3 Replacement

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

E14\_06 Method of Blood Pressure Measurement

eVitals.08 Method of Blood Pressure Measurement

### V2 Element V3 Element

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

### Comment

### Mapping

| V2 Pattern |                | V3 Replacement |                           |
|------------|----------------|----------------|---------------------------|
| 3150       | Aterial Line   | 3308001        | Arterial Line             |
| 3155       | Automated Cuff | 3308005        | Cuff-Automated            |
| 3160       | Manual Cuff    | 3308007        | Cuff-Manual Auscultated   |
| 3165       | Palpated Cuff  | 3308009        | Cuff-Manual Palpated Only |
| 3170       | Venous Line    | 3308011        | Venous Line               |

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

E14\_08 Electronic Monitor Rate

### V2 Element V3 Element

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

eVitals.10 Heart Rate

Comment

When E14\_07 is nil or missing.

Mapping

V2 Pattern V3 Replacement

.

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

3313005 Regularly Irregular is also an appropriate v3 replacement.

| E14_10 Pulse Rhythm |      | eVitals.13 P | Pulse Rhythm     |       |
|---------------------|------|--------------|------------------|-------|
| PulseRhythm         |      | PulseRhythm  |                  |       |
| Null Values         | Yes  | Null Values  |                  | No    |
| Is Nillable         | No   | Is Nillable  |                  | No    |
| Recurrence          | 0:1  | Recurrence   |                  | 0:1   |
| Comment             |      |              |                  |       |
| Mapping             |      |              |                  |       |
| V2 Pattern          |      | V3 Replaceme | ent              |       |
| 3175 Regu           | lar  | 3313003      | Regular          |       |
| 3180 Irregi         | ılar | 3313001      | Irregularly Irre | gular |

| E14_11 Respiratory Ra                 | te  | elnjury.03 Traum    | a Center  | Criteria  |
|---------------------------------------|---|---------------------|-----------|---|
| RespiratoryRate                       |   | TraumaCenterCriteri | a         |   |
| Null Values                           | No  | Null Values         |           | Yes   |
| Is Nillable                           | Yes   | Is Nillable         |           | Yes   |
| Recurrence                            | 0:1   | Recurrence          |           | 1 : M   |
| Comment                               |   |                     |           |   |
| Mapping                               |   |                     |           |   |
| V2 Pattern                            |   | V3 Replacement      |           |   |
| number(.)<10                          |   | 2903017             | minute (< | ory Rate <10 or >29 breaths per<br>20 in infants aged <1 year) or need<br>atory support |
| or (number(E06_14)<24 and E06_1       |   | 2903017             | minute (< | ory Rate <10 or >29 breaths per<br>20 in infants aged <1 year) or need<br>atory support |
| This mapping is used whe number(.)>29 | en patient age is less than 1 year (or 12 mor | nths).<br>2903017   | minute (< | ory Rate <10 or >29 breaths per<br>20 in infants aged <1 year) or need<br>atory support |

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

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

Not supported in v3.

| E14_13 Carbon Dioxide |     | eVitals.16 End Tidal Carbon Dioxide (ETCO2) |     |  |
|-----------------------|-----|---|-----|--|
| CO2                   |     | CO2   |     |  |
| Null Values           | No  | Null Values                                 |     |  |
| Is Nillable           | Yes | Is Nillable                                 | Yes |  |
| Recurrence            | 0:1 | Recurrence                                  | 1:1 |  |
| Comment               |     |   |     |  |
| Mapping               |     |   |     |  |
| V2 Pattern V3         |     | V3 Replacement                              |     |  |

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

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

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

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

E14\_18 Glasgow Coma Score-Qualifier

3225

eVitals.22 Glasgow Coma Score-Qualifier

Patient Intubated

### V2 Element V3 Element

Patient Intubated and Chemically Paralyzed

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

3322009

number(.)<=3 and number(.)<=13

Glasgow Coma Score <= 13

### V2 Element V3 Element

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

2903007

E14\_19 Total Glasgow Coma Score

### V2 Element V3 Element

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

eVitals.23 Total Glasgow Coma Score

### Comment

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

| B 4   |   |   |   |    |        |
|-------|---|---|---|----|--------|
| IN /I | 2 | n | n | ın | $\sim$ |
| Μ     | а | v | v | ш  | u      |

V2 Pattern V3 Replacement

number(.)>=3

E14\_20 Temperature

### V2 Element V3 Element

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

### Comment

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

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

V2 Pattern number(.)

V3 Replacement

eVitals.24 Temperature

round(.\*10) div 10

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

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

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

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

| E14_24 Stroke Scale |                                  | eVitals.30 S  | troke Scale Typ | e   |
|---------------------|----------------------------------|---------------|-----------------|-----|
| StrokeScale         |                                  | TypeOfStrokeS | Scale           |     |
| Null Values         | Yes                              | Null Values   |                 | Yes |
| Is Nillable         | No                               | Is Nillable   |                 | Yes |
| Recurrence          | 0:1                              | Recurrence    |                 | 1:1 |
| Comment             |                                  |               |                 |     |
| Mapping             |                                  |               |                 |     |
| V2 Pattern          |                                  | V3 Replaceme  | ent             |     |
| 3275 Cincin         | nati Stroke Scale Negative       | 3330001       | Cincinnati      |     |
| 3280 Cincin         | nati Stroke Scale Non-conclusive | 3330001       | Cincinnati      |     |
| 3285 Cincin         | nati Stroke Scale Positive       | 3330001       | Cincinnati      |     |
| 3290 LA Str         | oke Scale Negative               | 3330003       | Los Angeles     |     |
| 3295 LA Str         | oke Scale Non-conclusive         | 3330003       | Los Angeles     | 3   |
| 3300 LA Str         | oke Scale Positive               | 3330003       | Los Angeles     | 3   |

E14 25 Thrombolytic Screen

### V2 Element V3 Element

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

eVitals.31 Reperfusion Checklist

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

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

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

E15\_01 NHTSA Injury Matrix External/Skin

eCustomResults.01 Custom Data Element Result

### V2 Element V3 Element

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

#### Extends eExam.04

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

### Mapping

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

3370

## V2 Element V3 Element

Soft Tissue Swelling/bruising

| E15_02 NHT    | 15_02 NHTSA Injury Matrix Head |                                   | eExam.05 H              | lead Assessme            | nt          |
|---------------|--------------------------------|-----------------------------------|-------------------------|--------------------------|-------------|
| NHTSAInjuryMa | atrix                          |                                   | HeadAssessm             | ent                      |             |
| Null Values   |                                | Yes                               | Null Values             |                          | No          |
| Is Nillable   |                                | No                                | Is Nillable             |                          | No          |
| Recurrence    |                                | 0 : M                             | Recurrence              |                          | 0 : M       |
| Comment       |                                |                                   |                         |                          |             |
| Mapping       |                                |                                   |                         |                          |             |
| V2 Pattern    |                                |                                   | V3 Replaceme            | ent                      |             |
| 3320          | Amputation                     | on                                | 3505017                 | Decapitatio              | n           |
| 3325          | Bleeding                       | Controlled                        | 3505005                 | Bleeding Co              | ontrolled   |
| 3330          | Bleeding                       | Uncontrolled                      | 3505007                 | Bleeding Ur              | ncontrolled |
| 3335          | Burn                           |                                   | 3505013                 | Burn-Redne               | ess         |
| 3505009       | Burn-Blistering, 350           | 5011 Burn-Charring, and 3505015 B | urn-White/Waxy are also | o appropriate v3 replace | ements.     |
| 3340          | Crush                          |                                   | 3505047                 | Crush Injury             | у           |
| 3345          | Dislocation                    | on Fracture                       |                         |                          |             |
|               | orted in v3.                   |                                   |                         |                          |             |
| 3350          | Gunshot                        |                                   | 3505045                 | Gunshot W                | ound        |
| 3355          | Laceratio                      | n                                 | 3505029                 | Laceration               |             |
| 3360          | Pain with                      | out swelling/bruising             | 3505037                 | Pain                     |             |
| 3365          | Puncture                       | /stab                             | 3505039                 | Puncture/St              | tab Wound   |
| 3370          | Soft Tissu                     | ue Swelling/bruising              | 3505049                 | Swelling                 |             |

3505051

Contusion

E15\_03 NHTSA Injury Matrix Face

3370

## V2 Element V3 Element

Soft Tissue Swelling/bruising

| NHTSAInjuryN | Matrix                 |                              | FaceAssess                 | ment                      |              |
|--------------|------------------------|------------------------------|----------------------------|---------------------------|--------------|
| Null Values  |                        | Yes                          | Null Values                |                           | No           |
| Is Nillable  |                        | No                           | Is Nillable                |                           | No           |
| Recurrence   |                        | 0 : M                        | Recurrence                 |                           | 0 : M        |
| Comment      |                        |                              |                            |                           |              |
| Mapping      |                        |                              |                            |                           |              |
| V2 Pattern   |                        |                              | V3 Replacer                | ment                      |              |
| 3320         | Amputati               | on                           |                            |                           |              |
| Not sup      | ported in v3.          |                              |                            |                           |              |
| 3325         | Bleeding               | Controlled                   | 3506007                    | Bleeding (                | Controlled   |
| 3330         | Bleeding               | Bleeding Uncontrolled        |                            | Bleeding l                | Jncontrolled |
| 3335         | Burn                   | Burn                         |                            | Burn-Redr                 | ness         |
| 350601       | 1 Burn-Blistering, 350 | 6013 Burn-Charring, and 3506 | 6017 Burn-White/Waxy are a | also appropriate v3 repla | cements.     |
| 3340         | Crush                  |                              | 3506049                    | Crush Inju                | ıry          |
| 3345         | Dislocation            | on Fracture                  |                            |                           |              |
| Not sup      | ported in v3.          |                              |                            |                           |              |
| 3350         | Gunshot                |                              | 3506047                    | Gunshot V                 | Vound        |
| 3355         | Laceratio              | n                            | 3506031                    | Laceration                | n            |
| 3360         | Pain with              | out swelling/bruising        | 3506039                    | Pain                      |              |
| 3365         | Puncture               | /stab                        | 3506041                    | Puncture/S                | Stab Wound   |
| 3370         | Soft Tiss              | ue Swelling/bruising         | 3506053                    | Swelling                  |              |
|              |                        |                              |                            |                           |              |

3506055

Contusion

eExam.06 Face Assessment

3370

## V2 Element V3 Element

Soft Tissue Swelling/bruising

| E15_04 NHT   | E15_04 NHTSA Injury Matrix Neck |                               | eExam.07 N                 | eck Assessment                          |          |
|--------------|---------------------------------|-------------------------------|----------------------------|---|----------|
| NHTSAInjuryM | latrix                          |                               | NeckAssessme               | ent                                     |          |
| Null Values  |                                 | Yes                           | Null Values                |   | No       |
| Is Nillable  |                                 | No                            | Is Nillable                |   | No       |
| Recurrence   |                                 | 0 : M                         | Recurrence                 | Recurrence                              |          |
| Comment      |                                 |                               |                            |   |          |
| Mapping      |                                 |                               |                            |   |          |
| V2 Pattern   |                                 |                               | V3 Replaceme               | nt                                      |          |
| 3320         | Amputation                      | 1                             | 3507017                    | Decapitation                            |          |
| 3325         | Bleeding C                      | ontrolled                     | 3507005                    | Bleeding Contr                          | olled    |
| 3330         | Bleeding L                      | Bleeding Uncontrolled         |                            | Bleeding Uncor                          | ntrolled |
| 3335         | Burn                            |                               | 3507013                    | Burn-Redness                            |          |
| 3507009      | Burn-Blistering, 35070          | 011 Burn-Charring, and 350701 | 5 Burn-White/Waxy are also | appropriate v3 replaceme                | ents.    |
| 3340         | Crush                           |                               | 3507051                    | Crush Injury                            |          |
| 3345         | Dislocation                     | Fracture                      |                            |   |          |
|              | orted in v3.                    |                               | 0507040                    | 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |          |
| 3350         | Gunshot                         |                               | 3507049                    | Gunshot Woun                            | a        |
| 3355         | Laceration                      |                               | 3507027                    | Laceration                              |          |
| 3360         |                                 | ut swelling/bruising          | 3507033                    | Pain                                    |          |
| 3365         | Puncture/s                      |                               | 3507035                    | Puncture/Stab                           | Wound    |
| 3370         | Soft Tissue                     | e Swelling/bruising           | 3507053                    | Swelling                                |          |

3507055

Contusion

3370

#### V3 Element V2 Element

Soft Tissue Swelling/bruising

| E15_05 NHTSA Injury Matrix Thorax |                                | eExam.08 Chest                      | /Lungs As                   | sessment        |              |
|-----------------------------------|--------------------------------|-------------------------------------|-----------------------------|-----------------|--------------|
| NHTSAI                            | InjuryMatrix                   |                                     | ChestLungsAssessn           | nent            |              |
| Null Valu                         | ues                            | Yes                                 | Null Values                 |                 | No           |
| Is Nillab                         | ole                            | No                                  | Is Nillable                 |                 | No           |
| Recurre                           | ence                           | 0 : M                               | Recurrence                  |                 | 0 : M        |
| Comme                             | ent                            |                                     |                             |                 |              |
| Mapping                           | g                              |                                     |                             |                 |              |
| V2 Patte                          | ern                            |                                     | V3 Replacement              |                 |              |
| 3320                              | Amputat                        | ion                                 |                             |                 |              |
|                                   | Not supported in v3.           |                                     |                             |                 |              |
| 3325                              |                                | Controlled                          | 3508007                     | Bleeding (      |              |
| 3330                              | Bleeding                       | Uncontrolled                        | 3508009                     | Bleeding \      | Incontrolled |
| 3335                              | Burn                           |                                     | 3508029                     | Burn-Redr       | ness         |
| 3                                 | 3508025 Burn-Blistering, 350   | 8027 Burn-Charring, and 3508031 Bur | n-White/Waxy are also appro | priate v3 repla | cements.     |
| 3340                              | Crush                          |                                     | 3508033                     | Crush Inju      | ry           |
| 3345                              | Dislocati                      | on Fracture                         |                             |                 |              |
| 1                                 | Not supported in v3.           |                                     |                             |                 |              |
| 3350                              | Gunshot                        |                                     | 3508097                     | Gunshot V       | Vound        |
| 3355                              | Laceration                     | on                                  | 3508051                     | Laceration      | 1            |
| 3360                              | Pain with                      | nout swelling/bruising              | 3508057                     | Pain            |              |
| V                                 | v3 supports additional specifi | c values.                           |                             |                 |              |
| 3365                              | Puncture                       | e/stab                              | 3508063                     | Puncture/S      | Stab Wound   |
| 3370                              | Soft Tiss                      | ue Swelling/bruising                | 3508099                     | Swelling        |              |

3508101

Contusion

E15\_06 NHTSA Injury Matrix Abdomen

3370

## V2 Element V3 Element

Soft Tissue Swelling/bruising

| NHTSAInjuryMatrix           |   | AbdomenAssessment             |                       |  |
|-----------------------------|---|-------------------------------|-----------------------|--|
| Null Values                 | Yes                                     | Null Values                   | No                    |  |
| Is Nillable                 | No                                      | Is Nillable                   | No                    |  |
| Recurrence                  | 0 : M                                   | Recurrence                    | 0 : M                 |  |
| Comment                     |   |                               |                       |  |
| Mapping                     |   |                               |                       |  |
| V2 Pattern                  |   | V3 Replacement                |                       |  |
| 3320 Amputa                 | ation                                   |                               |                       |  |
| Not supported in v3.        |   |                               |                       |  |
| 3325 Bleedin                | ng Controlled                           | 3511005                       | Bleeding Controlled   |  |
| 3330 Bleedin                | ng Uncontrolled                         | 3511007                       | Bleeding Uncontrolled |  |
| 3335 Burn                   |   | 3511017                       | Burn-Redness          |  |
| 3511013 Burn-Blistering, 35 | 511015 Burn-Charring, and 3511019 Burn- | -White/Waxy are also appropri | ate v3 replacements.  |  |
| 3340 Crush                  |   | 3511055                       | Crush Injury          |  |
| 3345 Disloca                | ition Fracture                          |                               |                       |  |
| Not supported in v3.        |   |                               |                       |  |
| 3350 Gunsho                 | ot                                      | 3511053                       | Gunshot Wound         |  |
| 3355 Lacerat                | tion                                    | 3511031                       | Laceration            |  |
| 3360 Pain wi                | thout swelling/bruising                 | 3511041                       | Pain                  |  |
| 3365 Punctu                 | re/stab                                 | 3511045                       | Puncture/Stab Wound   |  |
| 3370 Soft Tis               | ssue Swelling/bruising                  | 3511057                       | Swelling              |  |

3511059

Contusion

eExam.11 Abdomen Assessment

3370

Contusion

#### V2 Element V3 Element

Soft Tissue Swelling/bruising

| E15_07 NHTSA Injury Matrix Spine |                            |                                 | eExam.14 B   | Back and Spine | Assessment   |
|----------------------------------|----------------------------|---------------------------------|--------------|----------------|--------------|
| NHTSAlnjui                       | ryMatrix                   |                                 | BackAndSpine | Assessment     |              |
| Null Values                      |                            | Yes                             | Null Values  |                | No           |
| Is Nillable                      |                            | No                              | Is Nillable  |                | No           |
| Recurrence                       | )                          | 0 : M                           | Recurrence   |                | 0 : M        |
| Comment                          |                            |                                 |              |                |              |
| Mapping                          |                            |                                 |              |                |              |
| V2 Pattern                       |                            |                                 | V3 Replaceme | ent            |              |
| 3320                             | Amputat                    | ion                             |              |                |              |
|                                  | supported in v3.           |                                 |              |                |              |
| 3325                             | Ţ.                         | Controlled                      | 3514005      | Bleeding C     |              |
| 3330                             | Bleeding                   | Uncontrolled                    | 3514007      | Bleeding U     | Jncontrolled |
| 3335                             | Burn                       |                                 | 3514013      | Burn-Redr      | ness         |
|                                  | _                          | 4011 Burn-Charring, and 3514015 |              |                |              |
| 3340                             | Crush                      |                                 | 3514049      | Crush Inju     | ry           |
| 3345                             | Dislocati                  | on Fracture                     |              |                |              |
|                                  | supported in v3.           |                                 |              |                |              |
| 3350                             | Gunshot                    |                                 | 3514047      | Gunshot V      | Vound        |
| 3355                             | Laceration                 | on                              | 3514025      | Laceration     |              |
| 3360                             | Pain with                  | nout swelling/bruising          | 3514031      | Pain           |              |
| v3 su                            | upports additional specifi | c values.                       |              |                |              |
| 3365                             | Puncture                   | e/stab                          | 3514035      | Puncture/S     | Stab Wound   |
| 3370                             | Soft Tiss                  | ue Swelling/bruising            | 3514051      | Swelling       |              |

3514053

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

eExam.16 Extremities Assessment

#### Comment

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

E15\_08 NHTSA Injury Matrix Upper Extremities

| NΛ  | 2 | n |   | ın | $\sim$ |
|-----|---|---|---|----|--------|
| IVI | a | U | U | ш  | u      |

| V2 Pat | ttern   | V3 Replacement           |                            |
|--------|---|--------------------------|----------------------------|
| 3320   | Amputation  | 3516003                  | Amputation-Acute           |
|        | 3516005 Amputation-Previous is also an appropriate v3 replacement | t.                       |                            |
| 3325   | Bleeding Controlled   | 3516009                  | Bleeding Controlled        |
| 3330   | Bleeding Uncontrolled   | 3516011                  | Bleeding Uncontrolled      |
| 3335   | Burn  | 3516017                  | Burn-Redness               |
|        | 3516013 Burn-Blistering, 3516015 Burn-Charring, and 3516019 Burn  | n-White/Waxy are also ap | propriate v3 replacements. |
| 3340   | Crush   | 3516023                  | Crush Injury               |
| 3345   | Dislocation Fracture  | 3516027                  | Dislocation                |
|        | 3516033 Fracture-Closed and 3516035 Fracture-Open are also appr   | opriate v3 replacements. |                            |
| 3350   | Gunshot   | 3516077                  | Gunshot Wound              |
| 3355   | Laceration  | 3516041                  | Laceration                 |
| 3360   | Pain without swelling/bruising                                    | 3516053                  | Pain                       |
| 3365   | Puncture/stab   | 3516063                  | Puncture/Stab Wound        |
| 3370   | Soft Tissue Swelling/bruising                                     | 3516079                  | Swelling                   |
| 3370   | Soft Tissue Swelling/bruising                                     | 3516081                  | Contusion                  |
|        |   |                          |                            |

F15 09 NHTSA Injury Matrix Pelvis

3370

eExam 12 Pelvis/Genitourinary Assessment

Contusion

# V2 Element V3 Element

Soft Tissue Swelling/bruising

| E13_09 NHTSA Injury Matrix Pelvis |                       |                                     | ecxam.12 Felvis/Genitounnary Assessment |                              |  |
|-----------------------------------|-----------------------|-------------------------------------|---|------------------------------|--|
| NHTSAInjuryMati                   | rix                   |                                     | GUAssessment                            | i                            |  |
| Null Values                       |                       | Yes                                 | Null Values                             | No                           |  |
| Is Nillable                       |                       | No                                  | Is Nillable                             | No                           |  |
| Recurrence                        |                       | 0 : M                               | Recurrence                              | 0 : M                        |  |
| Comment                           |                       |                                     |   |                              |  |
| Mapping                           |                       |                                     |   |                              |  |
| V2 Pattern                        |                       |                                     | V3 Replacemen                           | nt                           |  |
| 3320                              | Amputation            | 1                                   |   |                              |  |
| Not supporte                      | ed in v3.             |                                     |   |                              |  |
| 3325                              | Bleeding C            | Bleeding Controlled                 |   | Bleeding Controlled          |  |
| 3330                              | Bleeding U            | ncontrolled                         | 3512007                                 | Bleeding Uncontrolled        |  |
| 3335                              | Burn                  |                                     | 3512019                                 | Burn-Redness                 |  |
| 3512017 Bu                        | ırn-Blistering, 35120 | 017 Burn-Charring, and 3512021 Burn | n-White/Waxy are also a                 | appropriate v3 replacements. |  |
| 3340                              | Crush                 |                                     | 3512061                                 | Crush Injury                 |  |
| 3345                              | Dislocation           | Fracture                            | 3512043                                 | Pelvic Fracture              |  |
| 3350                              | Gunshot               |                                     | 3512059                                 | Gunshot Wound                |  |
| 3355                              | Laceration            |                                     | 3512033                                 | Laceration                   |  |
| 3360                              | Pain withou           | ut swelling/bruising                | 3512041                                 | Pain                         |  |
| 3365                              | Puncture/s            | tab                                 | 3512051                                 | Puncture/Stab Wound          |  |
| 3370                              | Soft Tissue           | e Swelling/bruising                 | 3512063                                 | Swelling                     |  |
|                                   |                       |                                     |   |                              |  |

3512065

| E15_09 NHTSA Injury Matrix Pelvis |                      |       | elnjury.03 Tra | elnjury.03 Trauma Center Criteria |       |  |
|-----------------------------------|----------------------|-------|----------------|-----------------------------------|-------|--|
| NHTSAInjuryMat                    | rix                  |       | TraumaCenterC  | riteria                           |       |  |
| Null Values                       |                      | Yes   | Null Values    |                                   | Yes   |  |
| Is Nillable                       |                      | No    | Is Nillable    |                                   | Yes   |  |
| Recurrence                        |                      | 0 : M | Recurrence     |                                   | 1 : M |  |
| Comment                           |                      |       |                |                                   |       |  |
| Mapping                           |                      |       |                |                                   |       |  |
| V2 Pattern                        |                      |       | V3 Replacement | t                                 |       |  |
| 3345                              | Dislocation Fracture |       | 2903013        | Pelvic fractures                  |       |  |

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

eExam.16 Extremities Assessment

#### Comment

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

E15\_10 NHTSA Injury Matrix Lower Extremities

| NЛ | 2 | n | n | ın | $\alpha$ |
|----|---|---|---|----|----------|
| M  | а | υ | v | ш  | u        |

| V2 Pat | ttern   | V3 Replacement           |                            |
|--------|---|--------------------------|----------------------------|
| 3320   | Amputation  | 3516003                  | Amputation-Acute           |
|        | 3516005 Amputation-Previous is also an appropriate v3 replacement | t.                       |                            |
| 3325   | Bleeding Controlled   | 3516009                  | Bleeding Controlled        |
| 3330   | Bleeding Uncontrolled   | 3516011                  | Bleeding Uncontrolled      |
| 3335   | Burn  | 3516017                  | Burn-Redness               |
|        | 3516013 Burn-Blistering, 3516015 Burn-Charring, and 3516019 Burn  | n-White/Waxy are also ap | propriate v3 replacements. |
| 3340   | Crush   | 3516023                  | Crush Injury               |
| 3345   | Dislocation Fracture  | 3516027                  | Dislocation                |
|        | 3516033 Fracture-Closed and 3516035 Fracture-Open are also appr   | opriate v3 replacements. |                            |
| 3350   | Gunshot   | 3516077                  | Gunshot Wound              |
| 3355   | Laceration  | 3516041                  | Laceration                 |
| 3360   | Pain without swelling/bruising                                    | 3516053                  | Pain                       |
| 3365   | Puncture/stab   | 3516063                  | Puncture/Stab Wound        |
| 3370   | Soft Tissue Swelling/bruising                                     | 3516079                  | Swelling                   |
| 3370   | Soft Tissue Swelling/bruising                                     | 3516081                  | Contusion                  |
|        |   |                          |                            |

Puncture/stab

Soft Tissue Swelling/bruising

3365

3370

#### V2 Element V3 Element

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

3365

3370

Puncture/stab

Soft Tissue Swelling/bruising

#### E16\_01 Estimated Body Weight eExam.01 Estimated Body Weight in Kilograms EstimatedBodyWeight EstimatedBodyWeight **Null Values** No **Null Values** Yes Is Nillable No Is Nillable Yes Recurrence 0:1 Recurrence 0:1 Comment Mapping V2 Pattern V3 Replacement

Yellow

3415

# V2 Element V3 Element

| E16_02 Broselow/Luten Color |        | eExam.02 Le | eExam.02 Length Based Tape Measure |        |     |
|-----------------------------|--------|-------------|------------------------------------|--------|-----|
| BroselowLutenColo           | r      |             | BroselowLuten                      | Color  |     |
| Null Values                 |        | Yes         | Null Values                        |        | Yes |
| Is Nillable                 |        | No          | Is Nillable                        |        | Yes |
| Recurrence                  |        | 0:1         | Recurrence                         |        | 0:1 |
| Comment                     |        |             |                                    |        |     |
| Mapping                     |        |             |                                    |        |     |
| V2 Pattern                  |        |             | V3 Replaceme                       | nt     |     |
| 3375                        | Blue   |             | 3502001                            | Blue   |     |
| 3380                        | Green  |             | 3502003                            | Green  |     |
| 3385                        | Grey   |             | 3502005                            | Grey   |     |
| 3390                        | Orange |             | 3502007                            | Orange |     |
| 3395                        | Pink   |             | 3502009                            | Pink   |     |
| 3400                        | Purple |             | 3502011                            | Purple |     |
| 3405                        | Red    |             | 3502013                            | Red    |     |
| 3410                        | White  |             | 3502015                            | White  |     |

3502017

Yellow

E16\_03 Date/Time of Assessment

#### V2 Element V3 Element

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

#### Comment

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

### Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

eExam.03 Date/Time of Assessment

| E16_04 Skin Assessment |          | eExam.04 Sl | eExam.04 Skin Assessment |           |       |
|------------------------|----------|-------------|--------------------------|-----------|-------|
| SkinAssessme           | nt       |             | SkinAssessmei            | nt        |       |
| Null Values            |          | Yes         | Null Values              |           | No    |
| Is Nillable            |          | No          | Is Nillable              |           | No    |
| Recurrence             |          | 0 : M       | Recurrence               |           | 0 : M |
| Comment                |          |             |                          |           |       |
| Mapping                |          |             |                          |           |       |
| V2 Pattern             |          |             | V3 Replaceme             | nt        |       |
| 3420                   | Normal   |             | 3504021                  | Normal    |       |
| 3425                   | Not Done |             | 3504023                  | Not Done  |       |
| 3430                   | Clammy   |             | 3504001                  | Clammy    |       |
| 3435                   | Cold     |             | 3504003                  | Cold      |       |
| 3440                   | Cyanotic |             | 3504005                  | Cyanotic  |       |
| 3445                   | Jaundice | b           | 3504015                  | Jaundiced |       |
| 3450                   | Lividity |             | 3504017                  | Lividity  |       |
| 3455                   | Mottled  |             | 3504019                  | Mottled   |       |
| 3460                   | Pale     |             | 3504025                  | Pale      |       |
| 3465                   | Warm     |             | 3504033                  | Warm      |       |

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

3480

Asymmetric Smile or Droop

# V2 Element V3 Element

Asymmetric Smile or Droop

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

3506003

Tracheal Dev

3525

# V2 Element V3 Element

| E16_06 Neck Assessment  NeckAssessment |       | eExam.07 Neck Assessment  NeckAssessment |                         |  |
|--|-------|--|-------------------------|--|
|  |       |  |                         |  |
| Is Nillable                            | No    | Is Nillable                              | No                      |  |
| Recurrence                             | 0 : M | Recurrence                               | 0 : M                   |  |
| Comment                                |       |  |                         |  |
| Mapping                                |       |  |                         |  |
| V2 Pattern                             |       | V3 Replacemer                            | nt                      |  |
| 3500 Normal                            |       | 3507029                                  | Normal                  |  |
| 3505 Not Done                          | 9     | 3507031                                  | Not Done                |  |
| 3510 JVD                               |       | 3507025                                  | JVD                     |  |
| 3515 Strider                           |       | 3507037                                  | Stridor                 |  |
| 3520 SubQ Ai                           | r     | 3507039                                  | Subcutaneous Air        |  |
| 3525 Tracheal                          | Dev   | 3507045                                  | Tracheal Deviation-Left |  |

3507047

Tracheal Deviation-Right

3590

#### V2 Element V3 Element

Tenderness-Right

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

3508087

Tenderness-Right

| E16_07 Chest/Lungs Assessment |                     | elnjury.03 Tra | elnjury.03 Trauma Center Criteria                       |  |  |
|-------------------------------|---------------------|----------------|---|--|--|
| ChestLungsAssessmen           | t                   | TraumaCenterC  | riteria   |  |  |
| Null Values                   | Yes                 | Null Values    | Yes   |  |  |
| Is Nillable                   | No                  | Is Nillable    | Yes   |  |  |
| Recurrence                    | 0 : M               | Recurrence     | 1 : M   |  |  |
| Comment                       |                     |                |   |  |  |
| Mapping                       |                     |                |   |  |  |
| V2 Pattern                    |                     | V3 Replacement | t   |  |  |
| 3555                          | Flail Segment-Left  | 2903005        | Chest wall instability or deformity (e.g., flail chest) |  |  |
| 3560                          | Flail Segment-Right | 2903005        | Chest wall instability or deformity (e.g., flail chest) |  |  |

| E16_08 Heart Assessment |                       | eExam.09 F                       | eExam.09 Heart Assessment |           |               |
|-------------------------|-----------------------|----------------------------------|---------------------------|-----------|---------------|
| HeartAssessme           | nt                    |                                  | HeartAssessm              | nent      |               |
| Null Values             |                       | Yes                              | Null Values               |           | No            |
| Is Nillable             |                       | No                               | Is Nillable               |           | No            |
| Recurrence              |                       | 0 : M                            | Recurrence                |           | 0 : M         |
| Comment                 |                       |                                  |                           |           |               |
| Mapping                 |                       |                                  |                           |           |               |
| V2 Pattern              |                       |                                  | V3 Replaceme              | ent       |               |
| 3595                    | Normal                |                                  | 3509009                   | Normal    |               |
| 3600                    | Not Done              |                                  | 3509011                   | Not Done  |               |
| 3605                    | Decreased             | Sounds                           | 3509003                   | Heart Sou | nds Decreased |
| 3610                    | Murmur                |                                  | 3509007                   | Murmur-S  | ystolic       |
| 3509005 M               | lurmur-Diastolic is a | lso an appropriate v3 replacemer | nt.                       |           |               |

E16\_09 Abdomen Left Upper Assessment

#### V2 Element V3 Element

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

eExam.11 Abdomen Assessment

#### Comment

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

| Mapping   |            |                |             |  |
|---|------------|----------------|-------------|--|
| V2 Pattern  |            | V3 Replacement |             |  |
| 3615  | Normal     | 3511037        | Normal      |  |
| 3620  | Not Done   | 3511039        | Not Done    |  |
| 3625  | Distention | 3511021        | Distention  |  |
| 3630  | Guarding   | 3511025        | Guarding    |  |
| 3635  | Mass       | 3511033        | Mass/Lesion |  |
| 3511035 Mass-Pulsating is also an appropriate v3 replacement. |            |                |             |  |
| 3640  | Tenderness | 3511051        | Tenderness  |  |

E16\_10 Abdomen Left Lower Assessment

#### V2 Element V3 Element

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

eExam.11 Abdomen Assessment

#### Comment

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

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

E16\_11 Abdomen Right Upper Assessment

#### V2 Element V3 Element

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

eExam.11 Abdomen Assessment

#### Comment

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

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

E16\_12 Abdomen Right Lower Assessment

#### V2 Element V3 Element

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

eExam.11 Abdomen Assessment

#### Comment

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

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

| E16_13 GU Assessment |               |    | eExam.12 Pelvis/0 | Genitourinary <i>i</i> | Assessment |
|----------------------|---------------|----|-------------------|------------------------|------------|
| GUAssessment         |               |    | GUAssessment      |                        |            |
| Null Values          | Ye            | es | Null Values       |                        | No         |
| Is Nillable          | N             | 0  | Is Nillable       |                        | No         |
| Recurrence           | 0:            | М  | Recurrence        |                        | 0 : M      |
| Comment              |               |    |                   |                        |            |
| Mapping              |               |    |                   |                        |            |
| V2 Pattern           |               |    | V3 Replacement    |                        |            |
| 3735 No              | ormal         |    | 3512037           | Normal                 |            |
| 3740 No              | ot Done       |    | 3512039           | Not Done               |            |
| 3745 Cr              | Crowning      |    | 3512049           | Pregnant-Crownin       | g          |
| 3750 Ge              | enital Injury |    | 3512027           | Genital Injury         |            |
| 3755 Te              | enderness     |    | 3512057           | Tenderness             |            |
| 3760 Ur              | Unstable      |    | 3512045           | Pelvic Instability     |            |

E16\_14 Back Cervical Assessment

### V2 Element V3 Element

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

eExam.14 Back and Spine Assessment

#### Comment

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

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

E16\_15 Back Thoracic Assessment

### V2 Element V3 Element

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

eExam.14 Back and Spine Assessment

#### Comment

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

| Mapping    |                        |               |                                    |
|------------|------------------------|---------------|------------------------------------|
| V2 Pattern |                        | V3 Replacemen | nt                                 |
| 3790       | Normal                 | 3514027       | Normal                             |
| 3795       | Not Done               | 3514029       | Not Done                           |
| 3800       | Pain to ROM            | 3514033       | Pain with Range of Motion          |
| 3805       | Tender Para-spinous    | 3514045       | Tenderness Paraspinous             |
| 3810       | Tender Spinous Process | 3514043       | Tenderness Midline Spinous Process |

E16\_16 Back Lumbar/Sacral Assessment

#### V2 Element V3 Element

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

eExam.14 Back and Spine Assessment

#### Comment

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

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

E16\_17 Extremities-Right Upper Assessment

0: M

### V2 Element V3 Element

0: M

# ExtremitiesRightUpperAssessment Null Values Yes Null Values No Is Nillable No No

Recurrence

eExam.16 Extremities Assessment

#### Comment

Recurrence

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

| Mapping    |                    |                |                                  |
|------------|--------------------|----------------|----------------------------------|
| V2 Pattern |                    | V3 Replacement |                                  |
| 3840       | Normal             | 3516049        | Normal                           |
| 3845       | Not Done           | 3516051        | Not Done                         |
| 3850       | Abnormal Pulse     | 3516057        | Pulse-Abnormal                   |
| 3855       | Abnormal Sensation | 3516065        | Sensation-Abnormal               |
| 3860       | Edema              | 3516029        | Edema                            |
| 3865       | Tenderness         | 3516075        | Tenderness                       |
| 3870       | Weakness           | 3516043        | Motor Function-Abnormal/Weakness |

E16\_18 Extremities-Right Lower Assessment

### V2 Element V3 Element

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

eExam.16 Extremities Assessment

### Comment

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

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

E16\_19 Extremities-Left Upper Assessment

### V2 Element V3 Element

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

eExam.16 Extremities Assessment

### Comment

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

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

E16\_20 Extremities-Left Lower Assessment

### V2 Element V3 Element

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

eExam.16 Extremities Assessment

### Comment

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

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

E16\_21 Eyes-Left Assessment

### V2 Element V3 Element

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

eExam.18 Eye Assessment

### Comment

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

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

E16\_22 Eyes-Right Assessment

### V2 Element V3 Element

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

eExam.18 Eye Assessment

### Comment

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

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

Unresponsive

4120

### V2 Element V3 Element

| E16_23 Mental Status Assessment |                 | eExam.19 M | eExam.19 Mental Status Assessment |                     |           |
|---------------------------------|-----------------|------------|-----------------------------------|---------------------|-----------|
| MentalStatusAs                  | sessment        |            | MentalStatusAs                    | sessment            |           |
| Null Values                     |                 | Yes        | Null Values                       |                     | No        |
| Is Nillable                     |                 | No         | Is Nillable                       |                     | No        |
| Recurrence                      |                 | 0 : M      | Recurrence                        |                     | 0 : M     |
| Comment                         |                 |            |                                   |                     |           |
| Mapping                         |                 |            |                                   |                     |           |
| V2 Pattern                      |                 |            | V3 Replaceme                      | nt                  |           |
| 4080                            | Normal          |            | 3519007                           | Normal Baseline for | r Patient |
| 4085                            | Not Done        |            | 3519009                           | Not Done            |           |
| 4090                            | Combative       | )          | 3519001                           | Combative           |           |
| 4095                            | Confused        |            | 3519003                           | Confused            |           |
| 4100                            | Hallucinati     | ons        | 3519005                           | Hallucinations      |           |
| 4105                            | Oriented-Person |            | 3519011                           | Oriented-Person     |           |
| 4110                            | Oriented-Place  |            | 3519013                           | Oriented-Place      |           |
| 4115                            | Oriented-T      | ime        | 3519017                           | Oriented-Time       |           |
|                                 |                 |            |                                   |                     |           |

3519021

Unresponsive

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

4170

### V2 Element V3 Element

Weakness-Right Sided

| E16_24 Neuro     | logical Assess      | ment    | eExam.20 Ne     | eurological Asse | essment             |  |
|------------------|---------------------|---------|-----------------|------------------|---------------------|--|
| NeurologicalAsse | ssment              |         | NeurologicalAss | sessment         |                     |  |
| Null Values      |                     | Yes     | Null Values     |                  | No                  |  |
| Is Nillable      |                     | No      | Is Nillable     |                  | No                  |  |
| Recurrence       |                     | 0 : M   | Recurrence      |                  | 0 : M               |  |
| Comment          |                     |         |                 |                  |                     |  |
| Mapping          |                     |         |                 |                  |                     |  |
| V2 Pattern       |                     |         | V3 Replacemen   | nt               |                     |  |
| 4125             | Normal              |         | 3520021         | Normal Basel     | ine for Patient     |  |
| 4130             | Not Done            |         | 3520023         | Not Done         |                     |  |
| 4135             | Abnormal Gai        | i       | 3520013         | Gait-Abnorma     | al                  |  |
| 4145             | Seizures            |         | 3520025         | Seizures         |                     |  |
| 4150             | 150 Speech Normal   |         | 3520027         | Speech Norm      | nal                 |  |
| 4155             | Speech Slurring     |         | 3520029         | Speech Slurri    | ing                 |  |
| 4160             | Tremors             | Tremors |                 | Tremors          |                     |  |
| 4165             | Weakness-Left Sided |         | 3520043         | Weakness-Le      | Weakness-Left Sided |  |

3520045

Weakness-Right Sided

E17\_01 Protocols Used

### V2 Element V3 Element

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

eProtocols.01 Protocols Used

### Comment

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

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

| 6916   |                   | Exposure-Radiologic Agents   | 9914049  | Exposure-Radiologic Agents  |
|--|-------------------|--|--|---|
| 6917   |                   | Exposure-Riot Control Agents   | 9914033  | Exposure-Airway/Inhalation Irritants  |
|  | Not precise.      | , and the second se   |  | ,   |
| 6920   |                   | Extremity Trauma   | 9914097  | Injury-Extremity  |
| 6925   |                   | Eye Trauma   | 9914099  | Injury-Eye  |
| 6930   |                   | Fever  | 9914061  | General-Fever   |
| 6935   |                   | Gynecologic Emergencies  | 9914159  | OB/GYN-Gynecologic Emergencies  |
| 6940   |                   | Head Trauma  | 9914101  | Injury-Head   |
| 6945   |                   | Hyperglycemia  | 9914121  | Medical-Hyperglycemia   |
| 6950   |                   | Hypertenshion  | 9914123  | Medical-Hypertension  |
| 6960   |                   | Hyperthermia   | 9914029  | Environmental-Heat Stroke/Hyperthermia  |
| 6965   |                   | Hypoglycemia   | 9914125  | Medical-Hypoglycemia/Diabetic Emergency   |
| 6970   |                   | Hypotension/Shock (Non-Trauma)   | 9914127  | Medical-Hypotension/Shock (Non-Trauma)  |
| 6980   |                   | Hypothermia  | 9914031  | Environmental-Hypothermia   |
| 6990   |                   | IV Access  | 9914067  | General-IV Access   |
| 7000   |                   | Trauma-Multisystem   | 9914105  | Injury-Multisystem  |
| 7010   |                   | Newly Born   | 9914155  | OB/GYN-Childbirth/Labor/Delivery  |
|  | 9914075 General-L | Iniversal Patient Care/ Initial Patient Contact is also  | an appropriate v3 replacemen   | nt.   |
| 7020   |                   | Obstetrical Emergencies  | 9914161  | OB/GYN-Pregnancy Related Emergencies  |
| 7030   |                   | Over Dose/Toxic Ingestion  | 9914135  | General-Overdose/Poisoning/Toxic Ingestion  |
| 7040   |                   | Pain Control   | 9914071  | General-Pain Control  |
| 7130   |                   | Post Resuscitation   | 9914019  | Cardiac Arrest-Post Resuscitation Care  |
| 7140   |                   | Pulmonary Edema  | 9914137  | Medical-Pulmonary Edema/CHF   |
|  |                   |  | 0044045  |   |
| 7150   |                   | Pulseless Electrical Activity (PEA)  | 9914015  | Cardiac Arrest-Pulseless Electrical Activity  |
| 7150<br>7160   |                   | Pulseless Electrical Activity (PEA) Respiratory Distress   | 9914139  | Cardiac Arrest-Pulseless Electrical Activity  Medical-Respiratory  Distress/Asthma/COPD/Reactive Airway   |
|  |                   |  |  | Medical-Respiratory   |
| 7160   |                   | Respiratory Distress   | 9914139  | Medical-Respiratory Distress/Asthma/COPD/Reactive Airway  |
| 7160<br>7170   |                   | Respiratory Distress Seizure   | 9914139<br>9914141   | Medical-Respiratory Distress/Asthma/COPD/Reactive Airway Medical-Seizure  |
| 7160<br>7170<br>7180   |                   | Respiratory Distress Seizure Spinal Immobilzation  | 9914139<br>9914141<br>9914073  | Medical-Respiratory Distress/Asthma/COPD/Reactive Airway Medical-Seizure General-Spinal Immobilization/Clearance Medical-Supraventricular Tachycardia   |
| 7160<br>7170<br>7180<br>7190   |                   | Respiratory Distress  Seizure  Spinal Immobilzation  Supraventricular Tachycardia  | 9914139<br>9914141<br>9914073<br>9914147   | Medical-Respiratory Distress/Asthma/COPD/Reactive Airway Medical-Seizure General-Spinal Immobilization/Clearance Medical-Supraventricular Tachycardia (Including Atrial Fibrillation)   |
| 7160<br>7170<br>7180<br>7190<br>7200   |                   | Respiratory Distress  Seizure  Spinal Immobilization  Supraventricular Tachycardia  Stroke/TIA   | 9914139<br>9914141<br>9914073<br>9914147   | Medical-Respiratory Distress/Asthma/COPD/Reactive Airway Medical-Seizure General-Spinal Immobilization/Clearance Medical-Supraventricular Tachycardia (Including Atrial Fibrillation) Medical-Stroke/TIA  |
| 7160<br>7170<br>7180<br>7190<br>7200<br>7210   |                   | Respiratory Distress  Seizure  Spinal Immobilization  Supraventricular Tachycardia  Stroke/TIA  Syncope  | 9914139<br>9914141<br>9914073<br>9914147<br>9914145<br>9914149   | Medical-Respiratory Distress/Asthma/COPD/Reactive Airway Medical-Seizure General-Spinal Immobilization/Clearance Medical-Supraventricular Tachycardia (Including Atrial Fibrillation) Medical-Stroke/TIA Medical-Syncope  |
| 7160<br>7170<br>7180<br>7190<br>7200<br>7210<br>7214                                 |                   | Respiratory Distress  Seizure  Spinal Immobilzation  Supraventricular Tachycardia  Stroke/TIA  Syncope  Trauma-Arrest  | 9914139<br>9914141<br>9914073<br>9914147<br>9914145<br>9914149<br>9914087                                  | Medical-Respiratory Distress/Asthma/COPD/Reactive Airway Medical-Seizure General-Spinal Immobilization/Clearance Medical-Supraventricular Tachycardia (Including Atrial Fibrillation) Medical-Stroke/TIA Medical-Syncope Injury-Cardiac Arrest  |
| 7160<br>7170<br>7180<br>7190<br>7200<br>7210<br>7214<br>7215                         |                   | Respiratory Distress  Seizure  Spinal Immobilization  Supraventricular Tachycardia  Stroke/TIA  Syncope  Trauma-Arrest  Trauma-Amputation  | 9914139<br>9914141<br>9914073<br>9914147<br>9914145<br>9914149<br>9914087<br>9914077                       | Medical-Respiratory Distress/Asthma/COPD/Reactive Airway Medical-Seizure General-Spinal Immobilization/Clearance Medical-Supraventricular Tachycardia (Including Atrial Fibrillation) Medical-Stroke/TIA Medical-Syncope Injury-Cardiac Arrest Injury-Amputation General-Universal Patient Care/ Initial Patient  |
| 7160<br>7170<br>7180<br>7190<br>7200<br>7210<br>7214<br>7215<br>7220                 | Not precise       | Respiratory Distress  Seizure  Spinal Immobilzation  Supraventricular Tachycardia  Stroke/TIA  Syncope  Trauma-Arrest  Trauma-Amputation  Universal Patient Care   | 9914139<br>9914141<br>9914073<br>9914147<br>9914145<br>9914149<br>9914087<br>9914077                       | Medical-Respiratory Distress/Asthma/COPD/Reactive Airway Medical-Seizure General-Spinal Immobilization/Clearance Medical-Supraventricular Tachycardia (Including Atrial Fibrillation) Medical-Stroke/TIA Medical-Syncope Injury-Cardiac Arrest Injury-Amputation General-Universal Patient Care/ Initial Patient Contact Cardiac Arrest-Ventricular Fibrillation/   |
| 7160<br>7170<br>7180<br>7190<br>7200<br>7210<br>7214<br>7215<br>7220<br>7230         | Not precise.      | Respiratory Distress  Seizure  Spinal Immobilzation  Supraventricular Tachycardia  Stroke/TIA  Syncope  Trauma-Arrest  Trauma-Amputation  Universal Patient Care  Ventricular Fibrillation                     | 9914139<br>9914141<br>9914073<br>9914147<br>9914145<br>9914149<br>9914087<br>9914077<br>9914075            | Medical-Respiratory Distress/Asthma/COPD/Reactive Airway Medical-Seizure General-Spinal Immobilization/Clearance Medical-Supraventricular Tachycardia (Including Atrial Fibrillation) Medical-Stroke/TIA Medical-Syncope Injury-Cardiac Arrest Injury-Amputation General-Universal Patient Care/ Initial Patient Contact Cardiac Arrest-Ventricular Fibrillation/ Pulseless Ventricular Tachycardia   |
| 7160<br>7170<br>7180<br>7190<br>7200<br>7210<br>7214<br>7215<br>7220<br>7230<br>7232 | ·                 | Respiratory Distress  Seizure  Spinal Immobilzation  Supraventricular Tachycardia  Stroke/TIA  Syncope  Trauma-Arrest  Trauma-Amputation  Universal Patient Care  Ventricular Fibrillation  Ventricular Ectopy | 9914139<br>9914141<br>9914073<br>9914147<br>9914145<br>9914149<br>9914087<br>9914077<br>9914075<br>9914151 | Medical-Respiratory Distress/Asthma/COPD/Reactive Airway Medical-Seizure General-Spinal Immobilization/Clearance Medical-Supraventricular Tachycardia (Including Atrial Fibrillation) Medical-Stroke/TIA Medical-Syncope Injury-Cardiac Arrest Injury-Amputation General-Universal Patient Care/ Initial Patient Contact Cardiac Arrest-Ventricular Fibrillation/ Pulseless Ventricular Tachycardia Medical-Ventricular Tachycardia (With Pulse) Medical-Ventricular Tachycardia (With Pulse) |

E18\_01 Date/Time Medication Administered

### V2 Element V3 Element

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

### Comment

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

### Mapping

.!="

V2 Pattern

V3 Replacement

eMedications.01 Date/Time Medication

adjust-dateTime-to-timezone(.)

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

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

### Comment

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

| Mapping  |   |  |
|--|---|--|
| V2 Pattern   | V3 Replacement                                |  |
|  | 7806  | Oxygen                                   |
| This mapping is used when the v3 element is mand   | datory and the v2 element is missing or conta | ains a null value.                       |
| 50% Dextrose                                       | 237653  | Glucose 500 MG/ML Injectable Solution    |
| TTY=SCD.   | 21222   |  |
| 9% NSS   | 313002  | Sodium Chloride 0.9% Injectable Solution |
| TTY=SCD/SY. V2 value is incorrect; it should be 0. | .9% NSS.<br>161                               | Acetaminophen                            |
| Adenosine  | 296   |  |
|  |   | Allerteel                                |
| Albuterol  | 435   | Albuterol                                |
| Albuterol 2.5/ Atrovent 0.5                        | 214199  | Albuterol / Ipratropium                  |
| TTY=MIN. Albuterol Sulfate                         | 435   | Albuterol                                |
| Amiodarone   | 703   | Amiodarone                               |
|  |   | Amiodarone                               |
| Amiodarone (Cordarone)                             | 703   |  |
| Amiodorone (Cordarone)                             | 703   | Amiodarone                               |
| ASA  | 1191  | Aspirin                                  |
| Aspirin  | 1191  | Aspirin                                  |
| Aspirin (ASA)                                      | 1191  | Aspirin                                  |
| Aspirin 81-325 mg                                  | 1191  | Aspirin                                  |
| Ativan   | 6470  | Lorazepam                                |
| Atropine   | 1223  | Atropine                                 |
| Atropine Sulfate                                   | 1223  | Atropine                                 |
| Atrovent   | 7213  | Ipratropium                              |
| Atrovent (Ipratropium Bromide)                     | 7213  | Ipratropium                              |
| Atrovent 0.5mg /Albuterol 3.0m                     | 214199  | Albuterol / Ipratropium                  |
| TTY=MIN.   |   |  |
| Atrovent 0.5mg/Albuterol 3.0mg                     | 214199  | Albuterol / Ipratropium                  |
| TTY=MIN.   |   |  |
| Baby Aspirin                                       | 1191  | Aspirin                                  |
| Benadryl   | 3498  | Diphenhydramine                          |
|  |   |  |

| Calcium Chloride   | 1901           | Calcium Chloride  |
|--|----------------|---|
| Cardizem   | 3443           | Diltiazem   |
| D50  | 237653         | Dextrose 50 % Injectable Solution                         |
| TTY=SCD/SY.  | 201000         | Dexirose of 76 injectable colution                        |
| D5W (Dextrose 5% in Water)   | 309778         | Dextrose 5 % Injectable Solution                          |
| TTY=SCD/SY.  |                |   |
| D5W w/ 1/2 Normal Saline   | 309806         | Dextrose 5 % / sodium chloride 0.45 % Injectable Solution |
| TTY=SCD/SY.  Dexamethasone (Decadron)  | 3264           | Dexamethasone   |
| Dextrose   | 4850           | Glucose   |
| DEXTROSE 50 %  | 237653         | Dextrose 50 % Injectable Solution                         |
| TTY=SCD/SY.  | 201000         | Doxiloso oo 76 Injectable Colation                        |
| Dextrose 50%   | 237653         | Dextrose 50 % Injectable Solution                         |
| TTY=SCD/SY.  |                |   |
| Dextrose 50% (D50)   | 237653         | Dextrose 50 % Injectable Solution                         |
| TTY=SCD/SY.  |                |   |
| Diazepam   | 3322           | Diazepam  |
| Diazepam (Valium)  | 3322           | Diazepam  |
| Dilaudid   | 3423           | Hydromorphone   |
| Diltiazem  | 3443           | Diltiazem   |
| Diltiazem (Cardizem)   | 3443           | Diltiazem   |
| Diphenhydramine  | 3498           | diphenhydramine   |
| DIPHENHYDRAMINE (BENADRYL)   | 3498           | diphenhydramine   |
| Diphenhydramine (Benedryl)   | 3498           | diphenhydramine   |
| Dopamine   | 3628           | Dopamine  |
| DuoNeb   | 204199         | Albuterol / Ipratropium                                   |
| TTY=MIN.   | 201100         | , abatoror, ipratioplani                                  |
| DuoNeb (0.5 Atrovent/3.0 Albut   | 204199         | Albuterol / Ipratropium                                   |
| TTY=MIN. V2 value is contradictory. DuoNeb is not 3.0 albuterol / 0.         | 5 ipratropium. |   |
| EPI 1:10,000   | 317361         | Epinephrine 0.1 MG/ML                                     |
| TTY=SCDC.  |                |   |
| EPI 1:10000  | 317361         | Epinephrine 0.1 MG/ML                                     |
| TTY=SCDC.  |                |   |
| Epinephrine  | 3992           | Epinephrine   |
| Epinephrine (1:10,000)   | 317361         | Epinephrine 0.1 MG/ML                                     |
| TTY=SCDC.  |                | - · · · · · · · · · · · · · · · · · · ·                   |
| Epinephrine 1:1,000  | 328316         | Epinephrine 1 MG/ML                                       |
| TTY=SCDC. Epinephrine 1:10   | 317361         | Epinephrine 0.1 MG/ML                                     |
| • •  | 317301         | Epinephine 0.1 MG/ML                                      |
| TTY=SCDC. V2 value is incorrect. It should be 1:10,000. Epinephrine 1:10,000 | 317361         | Epinephrine 0.1 MG/ML                                     |
| TTY=SCDC.  |                | , .,  |
| Epinephrine 1:1000   | 328316         | Epinephrine 1 MG/ML                                       |
| TTY=SCDC.  |                |   |
| Epi-Pen Adult  | 328316         | Epinephrine 1 MG/ML                                       |
| TTY=SCDC.  |                |   |
| Etomidate  | 4177           | Etomidate   |
| Fentanyl   | 4337           | Fentanyl  |
| Fentanyl (Sublimaze)   | 4337           | Fentanyl  |
|  |                |   |

|                                | 4000   | - · · ·                    |
|--------------------------------|--------|----------------------------|
| Furosemide                     | 4603   | Furosemide                 |
| Furosemide (Lasix)             | 4603   | Furosemide                 |
| Glucagon                       | 4832   | Glucagon                   |
| Glucose (Oral)                 | 4850   | Glucose                    |
| Haloperidol (Haldol)           | 5093   | Haloperidol                |
| Heparin                        | 5224   | Heparin                    |
| Hydromorphone (Dilaudid)       | 3423   | Hydromorphone              |
| IBUPROFEN                      | 5640   | Ibuprofen                  |
| insulin                        | 5856   | Insulin                    |
| Ipratropium                    | 7213   | Ipratropium                |
| Ipratropium (Atrovent)         | 7213   | Ipratropium                |
| Ketorolac (Toradol)            | 35827  | Ketorolac                  |
| Labetalol                      | 6185   | Labetalol                  |
| Lactated Ringers               | 35629  | Lactated Ringer's Solution |
| Lasix                          | 4603   | Furosemide                 |
| Levalbuterol HCL (Xopenex)     | 237159 | Levalbuterol               |
| Lidocaine                      | 6387   | Lidocaine                  |
| Lopressor                      | 6918   | Metoprolol                 |
| Lorazepam                      | 6470   | Lorazepam                  |
| Lorazepam (Ativan)             | 6470   | Lorazepam                  |
| LOVENOX                        | 67108  | Enoxaparin                 |
| Magnesium Sulfate              | 6585   | Magnesium Sulfate          |
| Meperidine (Demerol)           | 6754   | Meperidine                 |
| Methylprednisolone             | 6902   | Methylprednisolone         |
| Methylprednisolone (Solu-Medro | 6902   | Methylprednisolone         |
| Methylprednisolone/Solu-Medrol | 6902   | Methylprednisolone         |
| Metoprolol (Lopressor)         | 6918   | Metoprolol                 |
| Midazolam                      | 6960   | Midazolam                  |
| Midazolam (Versed)             | 6960   | Midazolam                  |
| Morphine                       | 7052   | Morphine                   |
| Morphine Sulfate               | 7052   | Morphine                   |
| Naloxone                       | 7242   | Naloxone                   |
| Naloxone (Narcan)              | 7242   | Naloxone                   |
| Narcan                         | 7242   | Naloxone                   |
| Nitro Spray                    | 4917   | Nitroglycerin              |
| Nitroglycerin                  | 4917   | Nitroglycerin              |
| Nitroglycerin Infusion         | 4917   | Nitroglycerin              |
| Nitroglycerin Paste            | 4917   | Nitroglycerin              |
| Nitroglycerin SL               | 4917   | Nitroglycerin              |
| Nitroglycerin Spray            | 4917   | Nitroglycerin              |
| Nitroglycerin, (spray or tabs) | 4917   | Nitroglycerin              |
| Nitroglycerine                 | 4917   | Nitroglycerin              |
| Nitroglycerine (0.4 mg)        | 4917   | Nitroglycerin              |
| Nitroglycerine SL              | 4917   | Nitroglycerin              |
| Nitroglycerine Spray           | 4917   | Nitroglycerin              |
|                                |        | - /                        |

| Nitroglycerine Tabs  | 4917  | Nitroglycerin  |
|--|---|--|
| Nitrostat  | 4917  | Nitroglycerin  |
| Norepinephrine   | 7512  | NorEpinephrine   |
| Normal Saline  | 313002                                      | Sodium Chloride 0.9% Injectable Solution                     |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement                        | nt if it was used for irrigation in         | stead of injection.  |
| Normal Saline (Respiratory Use   | 379454                                      | Sodium Chloride Inhalant Solution                            |
| TTY=SCDF.  |   |  |
| Normal Saline IV Solution  | 313002                                      | Sodium Chloride 0.9% Injectable Solution                     |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement Normal Saline Solution | nt if it was used for irrigation in: 313002 | stead of injection. Sodium Chloride 0.9% Injectable Solution |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement                        | nt if it was used for irrigation in         | stead of injection.  |
| Ondansetron  | 26225                                       | Ondansetron  |
| Ondansetron (Zofran)   | 26225                                       | Ondansetron  |
| Ondensatron  | 26225                                       | Ondansetron  |
| Oral Glucose   | 4850  | Glucose  |
| Oxygen   | 7806  | Oxygen   |
| Oxygen (non-rebreather mask)   | 7806  | Oxygen   |
| OXYGEN (O2)  | 7806  | Oxygen   |
| OXYGEN ADMINISTRATION  | 7806  | Oxygen   |
| Oxygen by Blow By  | 7806  | Oxygen   |
| Oxygen by BVM  | 7806  | Oxygen   |
| Oxygen by Mask   | 7806  | Oxygen   |
| Oxygen by Nasal Cannula  | 7806  | Oxygen   |
| Oxygen by Nebulizer  | 7806  | Oxygen   |
| Oxygen by Non-Rebreather Mask  | 7806  | Oxygen   |
| Oxygen by Positive Pressure De   | 7806  | Oxygen   |
| PHENERGAN  | 8745  | Promethazine   |
| plavix   | 32968                                       | clopidogrel  |
| PROMETHAZINE   | 8745  | Promethazine   |
| Promethazine HCI (Phenergan)   | 8745  | Promethazine   |
| Promethazine HCL (Phenergran)  | 8745  | Promethazine   |
| PROPOFOL   | 8782  | Propofol   |
| Rocephin   | 2193  | Ceftriaxone  |
| Rocuronium Bromide (Zemuron)   | 68139                                       | Rocuronium   |
| Saline   | 313002                                      | Sodium Chloride 0.9% Injectable Solution                     |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement Sodium Bicarbonate     | nt if it was used for irrigation in: 36676  | stead of injection.  Sodium Bicarbonate                      |
| SODIUM CHLORIDE 0.9%   | 313002                                      | Sodium Chloride 0.9% Injectable Solution                     |
| TTY=SCD/SY. 125464 Normal saline is an appropriate v3 replacement                        |   |  |
| Solu-Medro (Methylprednisone S   | 6902  | Methylprednisolone   |
| Solumedrol   | 6902  | Methylprednisolone   |
| Solu-Medrol  | 6902  | Methylprednisolone   |
| Succinylcholine  | 10154                                       | Succinylcholine  |
|  | 10134                                       | •  |
| Succinylcholine (Anectine)   | 10154                                       | Succinylcholine  |
| Succinylcholine (Anectine) Thiamine  |   | Succinylcholine Thiamine                                     |
|  | 10154                                       | ·  |

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

E18\_04 Medication Administered Route

Wound

4290

eMedications.04 Medication Administered Route

Wound

### V2 Element V3 Element

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

July 13, 2016 Page 414

9927059

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

4370

### V2 Element V3 Element

| E18_06 Medication Dosage Units |                        | eMedications | .06 Medicatio      | on Dosage Units                           |                                       |  |
|--------------------------------|------------------------|--------------|--------------------|---|---------------------------------------|--|
| MedicationDosa                 | ageUnits               |              | MedicationDosa     | geUnits                                   |                                       |  |
| Null Values                    |                        | No           | Null Values        |   | Yes                                   |  |
| Is Nillable                    |                        | No           | Is Nillable        |   | Yes                                   |  |
| Recurrence                     |                        | 0:1          | Recurrence         |   | 1:1                                   |  |
| Comment                        |                        |              |                    |   |                                       |  |
| Mapping                        |                        |              |                    |   |                                       |  |
| V2 Pattern                     |                        |              | V3 Replacemen      | t   |                                       |  |
| 4295                           | GMS                    | GMS          |                    | Grams (g                                  | ms)                                   |  |
| 4300                           | Inches                 |              | 3706003            | Inches (in                                | Inches (in)                           |  |
| 4305                           | IU                     |              | 3706005            | Internation                               | International Units (IU)              |  |
| 4310                           | KVO (TK                | 0)           | 3706007            | 3706007 Keep Vein Open (kvo)              |                                       |  |
| 4315                           | L/MIN                  |              | 3706011            | 3706011 Liters Per Minute (I/min [fluid]) |                                       |  |
| 4320                           | LITERS                 |              | 3706009            | Liters (I)                                |                                       |  |
| 4325                           | LPM                    |              | 3706035            | Liters Per                                | Minute (LPM [gas])                    |  |
| 4330                           | MCG                    |              | 3706015            | Microgran                                 | ns (mcg)                              |  |
| 4335                           | MCG/KG                 | /MIN         | 3706017            | (mcg/kg/n                                 | ,                                     |  |
| 4340                           | MEQ                    |              | 3706019<br>3706021 |   | Milliequivalents (mEq)                |  |
| 4345                           | MG                     | MG           |                    | Milligrams                                | Milligrams (mg)                       |  |
| 4350                           | MG/KG/N                | IIN          | 3706023            | Milligrams                                | s per Kilogram Per Minute (mg/kg/min) |  |
| 4355                           | ML                     |              | 3706025            | Milliliters (                             | (ml)                                  |  |
| 4360                           | ML/HR                  |              | 3706027            | Milliliters <sub>I</sub>                  | per Hour (ml/hr)                      |  |
| 4365                           | Other                  |              | 3706029            | Other                                     |                                       |  |
| v3 suppor                      | ts additional specific | values.      |                    |   |                                       |  |

3706043

Puffs

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

4470

4475

Tachycardia

Vomiting

### V2 Element V3 Element

| E18_08 Medication Complication |  | eMedications          | s.08 Medication | Complication   |                       |  |
|--------------------------------|--|-----------------------|-----------------|----------------|-----------------------|--|
| MedicationComp                 | plication                              |                       | MedicationCom   | nplication     |                       |  |
| Null Values                    |  | Yes                   | Null Values     |                | Yes                   |  |
| Is Nillable                    |  | No                    | Is Nillable     |                | Yes                   |  |
| Recurrence                     |  | 1 : M                 | Recurrence      |                | 1 : M                 |  |
| Comment                        |  |                       |                 |                |                       |  |
| Mapping                        |  |                       |                 |                |                       |  |
| V2 Pattern                     |  |                       | V3 Replaceme    | nt             |                       |  |
| 4390                           | None                                   |                       | 3708031         | None           |                       |  |
| 4395                           | Altered Me                             | Altered Mental Status |                 | Altered Menta  | Altered Mental Status |  |
| 4400                           | Apnea                                  | Apnea                 |                 | Apnea          | Apnea                 |  |
| 4405                           | Bleeding                               | Bleeding              |                 | Bleeding       | Bleeding              |  |
| 4410                           | Bradycardia                            | Bradycardia           |                 | Bradycardia    | Bradycardia           |  |
| 4415                           | Diarrhea                               |                       | 3708011         | Diarrhea       | Diarrhea              |  |
| 4420                           | Extravasion                            | 1                     | 3708013         | Extravasation  | Extravasation         |  |
| 4425                           | Hypertensi                             | on                    | 3708015         | Hypertension   | Hypertension          |  |
| 4430                           | Hypertherm                             | nia                   | 3708017         | Hyperthermia   | Hyperthermia          |  |
| 4435                           | Hypotensio                             | n                     | 3708019         | Hypotension    |                       |  |
| 4440                           | Hypoxia                                |                       | 3708023         | Hypoxia        |                       |  |
| 4445                           | Injury                                 |                       | 3708025         | Injury         |                       |  |
| 4450                           |  | Itching/Urticaria     |                 | Itching        |                       |  |
| 4450                           | Itching/Urtic                          | caria                 | 3708045         | Urticaria      |                       |  |
| 4455                           | Nausea                                 |                       | 3708029         | Nausea         |                       |  |
| 4460                           | Other                                  |                       | 3708033         | Other (Not Lis | sted)                 |  |
| v3 support                     | s additional specific v<br>Respiratory |                       | 3708035         | Respiratory D  | Nietrose              |  |
| T-100                          | ixeopiialory                           | Distross              | 3700033         | ixespiratory L | 71311 (33)            |  |

July 13, 2016 Page 418

3708037

3708041

Tachycardia

Vomiting

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

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

E18\_11 Medication Authorizing Physician

eMedications.12 Medication Authorizing Physician

### V2 Element V3 Element

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

### Comment

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

### Mapping

V2 Pattern V3 Replacement

.

E19\_01 Date/Time Procedure Performed

eAirway.02 Date/Time Airway Device Placement

### V2 Element V3 Element

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

### Comment

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

### Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

E19\_01 Date/Time Procedure Performed

eDisposition.25 Date/Time of Destination Prearrival

### V2 Element V3 Element

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

### Comment

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

### Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

### E19\_01 Date/Time Procedure Performed Successfully

### eProcedures.01 Date/Time Procedure Performed

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

### Comment

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

### Mapping

.!="

V2 Pattern

V3 Replacement

adjust-dateTime-to-timezone(.)

| E19_02 Procedure Performed Prior to this Units EMS Care |              | eProcedures.02 Procedure Performed Prior to this Unit's EMS Care |     |     |  |
|---|--------------|--|-----|-----|--|
| YesNoValues   |              | YesNoValues  |     |     |  |
| Null Values   | Yes          | Null Values  |     | Yes |  |
| Is Nillable   | No           | Is Nillable  |     | Yes |  |
| Recurrence  | 0:1          | Recurrence   |     | 1:1 |  |
| Comment   |              |  |     |     |  |
| Mapping   |              |  |     |     |  |
| V2 Pattern  | V3 Replaceme | ent  |     |     |  |
| 0 No  |              | 9923001  | No  |     |  |
| 1 Yes   |              | 9923003  | Yes |     |  |

97.231

### V2 Element V3 Element

Airway-Intubation of Existing Tracheostomy Stoma

| E19_03 Procedure |  |   | eAirway.03   | Airway Device Being Confirmed |  |
|------------------|--|---|--------------|-------------------------------|--|
| Procedure        |  |   | DeviceBeingC | Confirmed                     |  |
| Null Values      |  | Yes   | Null Values  | Yes                           |  |
| Is Nillable      |  | No  | Is Nillable  | Yes                           |  |
| Recurrence       |  | 1:1   | Recurrence   | 0:1                           |  |
| Comment          |  |   |              |                               |  |
| Mapping          |  |   |              |                               |  |
| V2 Pattern       |  |   | V3 Replaceme | ent                           |  |
| 31.110           | Airway-N                                     | eedle Cricothyrotomy                                | 4003001      | Cricothyrotomy Tube           |  |
| 31.120           | Airway-S                                     | Airway-Surgical Cricothyrotomy                      |              | Cricothyrotomy Tube           |  |
| 96.030           | Airway-E                                     | OA/EGTA   | 4003005      | Other-Invasive Airway         |  |
| 96.040           | Airway-O                                     | rotracheal Intubation                               | 4003003      | Endotracheal Tube             |  |
| 96.041           | Airway-N                                     | asotracheal Intubation                              | 4003003      | Endotracheal Tube             |  |
| 96.042           | Airway-R                                     | Airway-Rapid Sequence Induction                     |              | Endotracheal Tube             |  |
| 96.051           | Airway-C<br>Device                           | Airway-Combitube Blind Insertion Airway Device      |              | SAD-Combitube                 |  |
| 96.052           | Airway-La<br>Device                          | Airway-Laryngeal Mask Blind Insertion Airway Device |              | SAD-LMA                       |  |
| 96.053           | Airway-King LT Blind Insertion Airway Device |   | 4003009      | SAD-King                      |  |

4003015

Tracheostomy Tube

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

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

| E19_03 Procedure   |  |                                       | eArrest.09 Type of CPR Provided                     |   |                                     |
|--------------------|--|---------------------------------------|---|---|-------------------------------------|
| Procedure          |  |                                       | CPRType   |   |                                     |
| Null Values        |  | Yes                                   | Null Values   |   | Yes                                 |
| Is Nillable        |  | No                                    | Is Nillable   |   | Yes                                 |
| Recurrence         |  | 1:1                                   | Recurrence  |   | 1 : M                               |
| Comment            |  |                                       |   |   |                                     |
| Mapping            |  |                                       |   |   |                                     |
| V2 Pattern         |  |                                       | V3 Replacement                                      |   |                                     |
| 93.931 A           | irway-Bagg   | ged (via BVMask)                      | 3009013   | Ventilation                               | n-Bag Valve Mask                    |
| 96.703 A           | irway-Impe   | edance Threshold Device               | hold Device 3009015 Ventilation-Impedance Threshold |   | n-Impedance Threshold Device        |
| 99.600 C           | PR-Start C   | Compressions and Ventilations         | 3009009   | Compress                                  | sions-Intermittent with Ventilation |
| 99.601             | PR by Other  | er External Automated Device          | 3009011 Compression                                 |   | sions-Other Device                  |
| 3009005 Compressio | ns-External  | l Plunger Type Device is also an appr | opriate v3 replacement.                             |   |                                     |
| 99.602 C           | PR-AutoPu  | ulse Device                           | 3009003   | Compress                                  | sions-External Band Type Device     |
| 99.603 C           | CPR-Mechanical Thumper Type Device                 |                                       | 3009007   | Compressions-External Thumper Type Device |                                     |
|                    | CPR-Start Compressions only without<br>Ventilation |                                       | 3009001   | Compress                                  | sions-Continuous                    |
|                    | PR-Start R<br>Compression                          | Rescue Breathing without ns           | 3009017   | Ventilation                               | n-Mouth to Mouth                    |

eCustomResults.01 Custom Data Element Result

### V2 Element V3 Element

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

### Extends eProcedures.03

### Comment

E19\_03 Procedure

### MappingV2 PatternV3 Replacement100.200Extrication100.200Extrication

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

E19\_03 Procedure

101.105

eDisposition.24 Destination Team Pre-Arrival Alert

Yes-Stroke

### V2 Element V3 Element

Specialty Center Activation-Stroke

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

4224015

| E19_03 Procedure        |                                |  | eProcedures.03 Procedure |  |  |
|-------------------------|--------------------------------|--|--------------------------|--|--|
| Procedure               |                                |  | snomed                   |  |  |
| Null Values             | Yes Null Values                |  | Null Values              |  | Yes                                    |
| Is Nillable             |                                | No   | Is Nillable              |  | Yes                                    |
| Recurrence              |                                | 1:1  | Recurrence               |  | 1:1                                    |
| Comment                 |                                |  |                          |  |  |
|                         |                                |  |                          |  |  |
| Mapping                 |                                |  |                          |  |  |
| V2 Pattern              |                                |  | V3 Replacement           |  |  |
| 1.181                   | CNS Cat                        | heter-Epidural Maintenance                       | 424432007                | Epidural                                 | catheter maintenance                   |
| 1.182                   | CNS Cat                        | heter-Intraventricular Maintenance               | 230937006                | Procedur                                 | e for monitoring intracranial pressure |
| Not precise.<br>100.100 | Rescue                         |  | 83887000                 | Rescue v                                 | vehicle                                |
|                         |                                | t a procedure) should only be used for v2        |                          |  |  |
|                         |                                | ers to remove the patient from the enviro        |                          | 300. Tillo 000                           | onphon does not represent resour       |
| 101.202                 |                                | n-Fire Rehabilitation Specialty<br>Response Team | 165189005                | Medical e                                | evaluation for rehabilitation          |
| Not precise.<br>101.205 | Activation                     | n-Social Services Notification/Referral          | 306238000                | Referral t                               | to Social Services                     |
| 101.500                 | Contact I                      | Medical Control                                  | 304562007                | Informing                                | doctor                                 |
| 31.110                  | Airway-Needle Cricothyrotomy   |  | 232689008                | _  | eous cricothyroidotomy                 |
| 31.120                  | Airway-Surgical Cricothyrotomy |  | 232692007                |  | cothyroidotomy                         |
| 31.420                  | ·                              | irect Laryngoscopy                               | 78121007                 | ·  | yngoscopy                              |
| 31.421                  | ·                              | ideo Laryngoscopy                                | 673005                   |  | aryngoscopy                            |
| 34.041                  | •                              | ecompression                                     | 182705007                |  | oneumothorax relief                    |
| 34.042                  |                                | be Placement                                     | 264957007                | ·  | of pleural tube drain                  |
| 37.000                  | Pericardi                      | ocentesis  | 309849004                |  | ocentesis                              |
| 37.611                  |                                | tic Balloon Pump Maintenance                     | 34475007                 | Intraaorti                               | c balloon pump maintenance             |
| 37.612                  |                                | ricular Assist Device Maintenance                | 386237008                |  | ry care: mechanical assist device      |
| 38.910                  | Arterial A                     | ccess-Blood Draw                                 | 55841001                 |  | uncture for withdrawal of blood for    |
| 38.990                  | Venous A                       | Access-Blood Draw                                | 396540005                | Phleboto                                 |  |
| 38.991                  | Venous A                       | Access-Existing Catheter                         | 397901004                | Pre-exist                                | ing line accessed                      |
| 38.992                  | Venous A                       | Access-Extremity                                 | 392230005                | Catheterization of vein                  |  |
| 38.993                  | Venous A                       | Access-External Jugular Line                     | 405427009                | Catheterization of external jugular vein |  |
| 38.994                  | Venous A                       | Access-Femoral Line                              | 405442007                | Catheterization of common femoral vein   |  |
| 38.995                  | Blood Gl                       | ucose Analysis                                   | 33747003                 | Glucose                                  | measurement, blood                     |
| 39.995                  |                                | Access-Internal Jugular Line                     | 405425001                | Catheteri                                | zation of internal jugular vein        |
| 39.996                  | Venous A                       | Access-Subclavian Line                           | 405430002                | Catheteri                                | zation of subclavian vein              |
| 39.997                  | Venous Access-Discontinue      |  | 103715008                | Removal                                  | of catheter                            |
|                         | noval of perip                 | heral intravenous catheter is also an app        |                          |  |  |
| 39.998                  |                                | Access-Umbilical Vein Cannulation                | 42550007                 | Catheteri                                | zation of umbilical vein               |

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

| 96.041   | Airway-Nasotracheal Intubation   | 232679009                                      | Nasotracheal intubation  |
|--|--|--|--|
| 96.042   | Airway-Rapid Sequence Induction  | 241689008                                      | Rapid sequence induction   |
| 96.051   | Airway-Combitube Blind Insertion Airway Device   | 429705000                                      | Insertion of esophageal tracheal combitube   |
| 96.052   | Airway-Laryngeal Mask Blind Insertion Airway<br>Device   | 424979004                                      | Laryngeal mask airway insertion  |
| 96.053   | Airway-King LT Blind Insertion Airway Device   | 450611000124100                                | Insertion of Single Lumen Supraglottic Airway Device   |
| 96.070   | Gastric Tube Insertion-Inserted Nasally  | 87750000                                       | Insertion of nasogastric tube  |
| 96.071   | Gastric Tube Insertion-Inserted Orally   | 235425002                                      | Insertion of orogastric tube   |
| 96.700   | Airway-Ventilator Operation  | 8948006  | Assisted ventilation therapy, pressure or volume preset, initiation and management   |
| 96.701   | Airway-Ventilator with PEEP  | 45851008                                       | Positive end expiratory pressure ventilation therapy, initiation and management  |
| 96.702   | Airway-BiPAP   | 243142003                                      | Dual pressure spontaneous ventilation support  |
| 96.703   | Airway-Impedence Threshold Device  | 441893003                                      | Active compression decompression cardiopulmonary resuscitation with use of inspiratory impedance threshold device                |
| 96.790   | Airway-PEEP  | 45851008                                       | Positive end expiratory pressure ventilation therapy, initiation and management  |
| 96.991   | Airway-Intubation Confirm Colorimetric ETCO2   | 428482009                                      | Colorimetric respired carbon dioxide monitoring  |
| 96.993   | Airway-Extubation  | 232708009                                      | Removal of device from airway  |
| 97.230   | Airway-Change Tracheostomy Tube  | 2267008  | Changing tracheostomy tube   |
| 97.231   | Airway-Intubation of Existing Tracheostomy Stoma   | 232685002                                      | Insertion of tracheostomy tube   |
| 98.130   | "Airway-Cleared, Opened, or Heimlich"  | 232707004                                      | Removal of foreign body from airway  |
| 98.131   | v2 value 98.131 Airway-Foreign Body Removal also maps to this v3 v<br>Airway-Foreign Body Removal  | value. 23690002 Heimlich man<br>232707004      | euver is also an appropriate v3 replacement.  Removal of foreign body from airway  |
| 98.150   | Airway-Suctioning  | 230040009                                      | Airway suction technique   |
| 99.290   | Injections-SQ/IM   | 24456005                                       | Injection of soft tissue   |
|  | 76601001 Intramuscular injection and 32282008 Subcutaneous injection   | tion are among the children of                 | this code.   |
| 99.600   | CPR-Start Compressions and Ventilations  | 89666000                                       | Cardiopulmonary resuscitation  |
| 99.601   | CPR by Other External Automated Device   | 429283006                                      | Mechanically assisted chest compression  |
|  | Unable to distinguish from AutoPulse or Mechanical Thumper Type D  |  |  |
| 99.602   | CPR-AutoPulse Device   | 429283006                                      | Mechanically assisted chest compression  |
| 99.603   | Unable to distinguish from Mechanical Thumper or Other External Au  CPR-Mechanical Thumper Type Device   | tomated Device.<br>429283006                   | Mechanically assisted chest compression  |
| 33.003   | Unable to distinguish from AutoPulse or Other External Automated D   |  | Weenanically assisted enest compression  |
| 99.604   | CPR-Precordial Thump Only  | 225708008                                      | Precordial thump   |
| 99.611   | CPR-Start Compressions only without  | 69779005                                       | Cardiac resuscitation  |
| 99.612   | Ventilation CPR-Start Rescue Breathing without   | 37113006                                       | Mouth-to-mouth resuscitation   |
| 99.012   | Compressions   | 37113000                                       | Would-to-Mouth resuscitation   |
|  | 11140008 Respiratory assist, manual is also an appropriate v3 replace  |  | D. Challed   |
|  | Defibrillation-Automated (AED)   | 450661000124102                                | Defibrillation using automated external cardiac defibrillator  |
| 99.621   | D (1) 111 12 13 1  | 400000000                                      |  |
| 99.621   | Defibrillation-Manual  | 426220008                                      | External ventricular defibrillation  |
| 99.622   | Unable to distinguish from automated defibrillation.   |  |  |
| 99.622<br>99.623                               | Unable to distinguish from automated defibrillation.  Cardioversion  | 250980009                                      | Cardioversion  |
| 99.622<br>99.623<br>99.624                     | Unable to distinguish from automated defibrillation.  Cardioversion  Cardiac Pacing-External   | 250980009<br>59218006                          | Cardioversion Temporary transcutaneous pacing  |
| 99.622<br>99.623<br>99.624<br>99.625           | Unable to distinguish from automated defibrillation.  Cardioversion  Cardiac Pacing-External  Defibrillation-Placement for Monitoring/Analysis                             | 250980009<br>59218006<br>23852006              | Cardioversion Temporary transcutaneous pacing Cardiac monitoring   |
| 99.622<br>99.623<br>99.624<br>99.625<br>99.626 | Unable to distinguish from automated defibrillation.  Cardioversion  Cardiac Pacing-External  Defibrillation-Placement for Monitoring/Analysis  Cardiac Pacing-Transvenous | 250980009<br>59218006<br>23852006<br>233178005 | Cardioversion Temporary transcutaneous pacing Cardiac monitoring Insertion of endocardial electrode for temporary cardiac pacing |
| 99.622<br>99.623<br>99.624<br>99.625           | Unable to distinguish from automated defibrillation.  Cardioversion  Cardiac Pacing-External  Defibrillation-Placement for Monitoring/Analysis                             | 250980009<br>59218006<br>23852006              | Cardioversion Temporary transcutaneous pacing Cardiac monitoring Insertion of endocardial electrode for temporary                |

| 99.810 | "Patient Cooling (Cold Pack, etc.)" | 431774007 | Active external cooling of subject |
|--------|-------------------------------------|-----------|------------------------------------|
| 99.811 | Patient Cooling-Post Resuscitation  | 430189000 | Hypothermia induction therapy      |
| 99.841 | Restraints-Pharmacological          | 406164000 | Chemical restraint                 |
| 99.842 | Restraints-Physical                 | 386423001 | Physical restraint                 |

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

E19\_05 Number of Procedure Attempts

eProcedures.05 Number of Procedure Attempts

### V2 Element V3 Element

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

### Comment

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

## Mapping

V2 Pattern V3 Replacement

.>=1 and .<=10

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

E19\_07 Procedure Complication

eAirway.08 Airway Complications Encountered

### V2 Element V3 Element

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

### Comment

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

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

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

4595

Vomiting

## V2 Element V3 Element

| E19_07 Procedure Complication |           |                            | eProcedures.07 Pr     | ocedure           | e Complication             |
|-------------------------------|-----------|----------------------------|-----------------------|-------------------|----------------------------|
| ProcedureComplication         | า         |                            | ProcedureComplication | า                 |                            |
| Null Values                   |           | Yes                        | Null Values           |                   | Yes                        |
| Is Nillable                   |           | No                         | Is Nillable           |                   | Yes                        |
| Recurrence                    |           | 1 : M                      | Recurrence            |                   | 1 : M                      |
| Comment                       |           |                            |                       |                   |                            |
| Mapping                       |           |                            |                       |                   |                            |
| V2 Pattern                    |           |                            | V3 Replacement        |                   |                            |
| 4500                          | None      |                            | 3907033               | None              |                            |
| 4505                          | Altered M | lental Status              | 3907001               | Altered M         | ental Status               |
| 4510                          | Apnea     |                            | 3907003               | Apnea             |                            |
| 4515                          | Bleeding  |                            | 3907005 Bleeding      |                   |                            |
| 4520                          | Bradycar  | dia                        | 3907047 Bradycard     |                   | dia                        |
| 4525                          | Diarrhea  |                            | 3907009               | Diarrhea          |                            |
| 4530                          | Esophag   | eal Intubation-immediately | 3907011               | Esophage          | eal Intubation-immediately |
| 4535                          | Esophag   | eal Intubation-other       | 3907013               | Esophage          | eal Intubation-other       |
| 4540                          | Extravasi | ion                        | 3907015               | Extravasa         | ation                      |
| 4545                          | Hyperten  | sion                       | 3907017               | Hypertens         | sion                       |
| 4550                          | Hyperthe  | rmia                       | 3907019               | Hyperther         | rmia                       |
| 4555                          | Hypotens  | sion                       | 3907021               | Hypotens          | ion                        |
| 4560                          | Hypoxia   |                            | 3907025               | Нурохіа           |                            |
| 4565                          | Injury    |                            | 3907027               | Injury            |                            |
| 4570                          | Itching/U | rticaria                   | 3907029               | Itching/Urticaria |                            |
| 4570                          | Itching/U | rticaria                   | 3907049               | Itching           |                            |
| 4570                          | Itching/U | rticaria                   | 3907051               | Urticaria         |                            |
| 4575                          | Nausea    |                            | 3907031               | Nausea            |                            |
| 4580                          | Other     |                            | 3907035               | Other             |                            |
| v3 supports additio           |           |                            |                       | _                 |                            |
| 4585                          |           | ory Distress               | 3907039               |                   | ry Distress                |
| 4590                          | Tachycar  | dia                        | 3907041               | Tachycar          | dia                        |

July 13, 2016 Page 439

3907045

Vomiting

Worse

4610

## V2 Element V3 Element

| E19_08 Response to Procedure |     | eProcedures  | eProcedures.08 Response to Procedure |     |  |
|------------------------------|-----|--------------|--------------------------------------|-----|--|
| ResponseToProcedure          |     | Response     |                                      |     |  |
| Null Values                  | Yes | Null Values  |                                      | Yes |  |
| Is Nillable                  | No  | Is Nillable  |                                      | Yes |  |
| Recurrence                   | 0:1 | Recurrence   |                                      | 1:1 |  |
| Comment                      |     |              |                                      |     |  |
| Mapping                      |     |              |                                      |     |  |
| V2 Pattern                   |     | V3 Replaceme | V3 Replacement                       |     |  |
| 4600 Improved                | I   | 9916001      | Improved                             |     |  |
| 4605 Unchang                 | ed  | 9916003      | 9916003 Unchanged                    |     |  |

9916005

Worse

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

### Comment

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

### Mapping

V2 Pattern V3 Replacement

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

| E19_10 Procedure Authorization |                                       | eProcedures               | eProcedures.11 Procedure Authorization |                                   |  |
|--------------------------------|---------------------------------------|---------------------------|--|-----------------------------------|--|
| ProcedureAutho                 | rization                              |                           | TxAuthorization                        | n                                 |  |
| Null Values                    |                                       | Yes                       | Null Values                            | No                                |  |
| Is Nillable                    |                                       | No                        | Is Nillable                            | No                                |  |
| Recurrence                     |                                       | 0:1                       | Recurrence                             | 0:1                               |  |
| Comment                        |                                       |                           |  |                                   |  |
| Mapping                        |                                       |                           |  |                                   |  |
| V2 Pattern                     |                                       |                           | V3 Replaceme                           | nt                                |  |
| 4615                           | On-Line                               |                           | 9918001                                | On-Line (Remote Verbal Order)     |  |
| 4620                           | On-Scene                              | )                         | 9918003                                | On-Scene                          |  |
| 4625                           | Protocol (                            | Protocol (Standing Order) |  | Protocol (Standing Order)         |  |
| 4630                           | 630 Written Orders (Patient Specific) |                           | 9918007                                | Written Orders (Patient Specific) |  |

E19\_11 Procedure Authorizing Physician

eProcedures.12 Procedure Authorizing Physician

### V2 Element V3 Element

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

### Comment

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

## Mapping

V2 Pattern V3 Replacement

E19 12 Successful IV Site

4730

Umbilical

eCustomResults.01 Custom Data Element Result

Umbilical

### V2 Element V3 Element

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

July 13, 2016 Page 445

4730

4770

## V2 Element V3 Element

Waveform CO2 Confirmation

| E19_13 Tube Confirmation |                      |   | eAirway.04 Airway Device Placement Confirmed Method |                         |                    |
|--------------------------|----------------------|---|---|-------------------------|--------------------|
| TubeCo                   | onfirmation          | DeviceConfirmedMethods                    |   |                         |                    |
| Null Val                 | lues                 | Yes                                       | Null Values   |                         | Yes                |
| Is Nillab                | ole                  | No  | Is Nillable   |                         | Yes                |
| Recurre                  | ence                 | 0 : M                                     | Recurrence  |                         | 0 : M              |
| Comme                    | ent                  |   |   |                         |                    |
| Mappin                   | 9                    |   |   |                         |                    |
| V2 Patt                  | ern                  |   | V3 Replacement                                      |                         |                    |
| 4735                     | Ausculta             | tion of Bilateral Breath Sounds           | 4004001   | Auscultati              | on                 |
| 4740                     | Colorme              | ric CO2 Detector Confirmation             | 4004005   | Colorimet               | ric ETCO2          |
| 4745                     | Digital C            | O2 Confirmation                           | 4004009   | Digital (No             | umeric) ETCO2      |
| 4750                     | Esophag              | eal Bulb Aspiration confirmation          | 4004003   | Bulb/Syringe Aspiration |                    |
| 4755                     | Negative             | Auscultation of the Epigastrium           | 4004015   | Other                   |                    |
|                          | Not supported in v3. |   |   |                         |                    |
| 4760                     | Visualiza            | tion of the Chest Rising with ventilation | 4004015   | Other                   |                    |
|                          | Not supported in v3. |   |   |                         |                    |
| 4765                     | Visualiza<br>Cords   | tion of Tube Passing Through the          | 4004017   | Visualizat              | ion of Vocal Cords |

4004019

Waveform ETCO2

E19 14 Destination Confirmation of Tube

eAirway.04 Airway Device Placement Confirmed

### V2 Element V3 Element

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

Method

### Comment

**Placement** 

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

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

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

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

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

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

### Comment

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

### Mapping

V2 Pattern V3 Replacement

51000 City of New York 2395220 City of New York

| E20_05 Destination State |               | edisposition.us destination State |     |  |
|--------------------------|---------------|-----------------------------------|-----|--|
| State                    |               | ANSIStateCode                     |     |  |
| Null Values              | II Values Yes |                                   | Yes |  |
| Is Nillable No           |               | Is Nillable Yes                   |     |  |
| Recurrence 0:1           |               | Recurrence                        | 1:1 |  |

### Comment

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

| Mapping   |   |
|---|---|
| V2 Pattern  | V3 Replacement  |
| matches(normalize-space(.),'^[0-9]{2}\$')             |   |
|   | 00  |
| This mapping is used when the v3 element is mandatory | and the v2 element is missing or contains a null value. |

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

### Comment

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

### Mapping

V2 Pattern

V3 Replacement

matches(normalize-space(.),'^[0-9]{5}\$')

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

### Comment

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

## Mapping

### V2 Pattern

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

### V3 Replacement

normalize-space(.)

E20\_08 Destination GPS Location

### V2 Element V3 Element

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

### Comment

### Mapping

### V2 Pattern

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

### V3 Replacement

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

eDisposition.09 Destination GPS Location

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

E20\_10 Incident/Patient Disposition

IncidentPatientDisposition

**Null Values** 

No

eDisposition.12 Incident/Patient Disposition

IncidentPatientDisposition

**Null Values** 

### V2 Element V3 Element

No

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

E20\_11 How Patient Was Moved to Ambulance

eDisposition.13 How Patient Was Moved to

## V2 Element V3 Element

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

### Comment

## Mapping

| V2 Pattern |               | V3 Replacement |               |
|------------|---------------|----------------|---------------|
| 4865       | Assisted/Walk | 9909001        | Assisted/Walk |
| 4870       | Carry         | 9909007        | Carried       |
| 4875       | Stairchair    | 9909011        | Stairchair    |
| 4880       | Stretcher     | 9909013        | Stretcher     |
| 4885       | Other         | 9909009        | Other         |

v3 supports additional specific values.

v3 supports additional specific values.

### V2 Element V3 Element

#### E20\_12 Position of Patient During Transport eDisposition.14 Position of Patient During Transport PositionOfPatientDuringTransport PositionOfPatientDuringTransport **Null Values** Yes **Null Values** No Is Nillable No Is Nillable No 0: M Recurrence 0:1 Recurrence Comment Mapping V2 Pattern V3 Replacement 4890 Car Seat 4214001 Car Seat 4895 Fowlers 4214003 Fowlers (Semi-Upright Sitting) 4900 Lateral 4214005 Lateral Left 4214007 Lateral Right is also an appropriate v3 replacement. 4905 Prone 4214011 Prone Semi-Fowlers 4214013 Semi-Fowlers 4910 4915 4214015 Sitting Sitting 4920 Supine 4214017 Supine Other 4925 Other 4214009

E20\_13 How Patient Was Transported From

eDisposition.15 How Patient Was Transported

## V2 Element V3 Element

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

From Ambulance

### Comment

**Ambulance** 

## Mapping

| V2 Pattern |               | V3 Replacement |               |
|------------|---------------|----------------|---------------|
| 4930       | Assisted/Walk | 9909001        | Assisted/Walk |
| 4935       | Carry         | 9909007        | Carried       |
| 4940       | Stairchair    | 9909011        | Stairchair    |
| 4945       | Stretcher     | 9909013        | Stretcher     |
| 4950       | Other         | 9909009        | Other         |

v3 supports additional specific values.

E20\_14 Transport Mode from Scene

eDisposition.17 Transport Mode from Scene

## V2 Element V3 Element

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

### Comment

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

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

| E20_14 Transport Mode from Scene |                          | eDisposition.18 Additional Transport Mode Descriptors |                 |  |                               |
|----------------------------------|--------------------------|---|-----------------|--|-------------------------------|
| TransportModeFr                  | omScene                  |   | AdditionalTrans | portModeDescriptors                    |                               |
| Null Values                      |                          | Yes   | Null Values     |  | Yes                           |
| Is Nillable                      |                          | No  | Is Nillable     |  | Yes                           |
| Recurrence                       |                          | 1:1   | Recurrence      |  | 1 : M                         |
| Comment                          |                          |   |                 |  |                               |
| Mapping                          |                          |   |                 |  |                               |
| V2 Pattern                       |                          |   | V3 Replacemen   | t                                      |                               |
| 4955                             | Initial Lig<br>Lights or | hts and Sirens, Downgraded to No<br>Sirens            | 4218019         | Initial Lights and<br>Lights or Sirens | Sirens, Downgraded to No      |
| 4960                             | Initial No<br>and Sirer  | Lights or Sirens, Upgraded to Lights                  | 4218017         | Initial No Lights of and Sirens        | or Sirens, Upgraded to Lights |
| 4965                             | Lights an                | d Sirens  | 4218011         | Lights and Sirens                      | 3                             |
| 4970                             | No Lights                | s or Sirens   | 4218015         | No Lights or Sire                      | ns                            |

Worse

4985

## V2 Element V3 Element

### E20\_15 Condition of Patient at Destination eCustomResults.01 Custom Data Element Result ConditionOfPatientAtDestination CustomResults **Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 0:1 1: M Recurrence Extends eDisposition.19 Comment Mapping V2 Pattern V3 Replacement 4975 4975 Improved Improved 4980 4980 Unchanged Unchanged

4985

Worse

5030 5035

5040

E20\_16 Reason for Choosing Destination

Protocol

Specialty Resource Center

eDisposition.20 Reason for Choosing Destination

Protocol

Regional Specialty Center

### V2 Element V3 Element

#### ReasonForChoosingDestination ReasonForChoosingDestination **Null Values** Yes **Null Values** Yes Is Nillable Yes No Is Nillable Recurrence 1:1 Recurrence 1: M Comment Mapping V2 Pattern V3 Replacement 4990 Closest Facility (none below) 4220001 Closest Facility 4995 Diversion 4220003 Diversion 5000 Family Choice 4220005 Family Choice 5005 Insurance Status 4220007 Insurance Status/Requirement Law Enforcement Choice 4220009 Law Enforcement Choice 5010 On-Line Medical Direction 4220011 On-Line/On-Scene Medical Direction 5015 5020 Other 4220013 Other 5025 Patient Choice 4220015 Patient's Choice Patient's Physicians Choice 4220017 Patient's Physician's Choice

4220019

4220021

E20\_17 Type of Destination

## V2 Element V3 Element

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

eDisposition.21 Type of Destination

### Comment

## Mapping

| Hospital 4221003 Hospital-Emergency Department 4221003 Hospital-Emergency Department 4221005 Hospital-Non-Emergency Department Bed and 4221023 Freestanding Emergency Department are also appropriate v3 replacements.  Medical Office/Clinic 4221007 Medical Office/Clinic 4221021 Urgent Care is also an appropriate v3 replacement.  Morgue 4221009 Morgue/Mortuary  Nursing Home 4221011 Nursing Home/Assisted Living Facility  Other 4221013 Other  Other EMS Responder (air) 4221015 Other EMS Responder (air)  Other EMS Responder (ground) 4221017 Other EMS Responder (ground) |        |  |                                 |   |  |
|---|--------|--|---------------------------------|---|--|
| Hospital Hospital 4221003 Hospital-Emergency Department 4221005 Hospital-Non-Emergency Department Bed and 4221023 Freestanding Emergency Department are also appropriate v3 replacements.  Medical Office/Clinic 4221007 Medical Office/Clinic 4221021 Urgent Care is also an appropriate v3 replacement.  Morgue 4221009 Morgue/Mortuary  Nursing Home 4221011 Nursing Home/Assisted Living Facility  Other 4221013 Other  Other EMS Responder (air) 4221015 Other EMS Responder (air)  Other EMS Responder (ground) 4221017 Other EMS Responder (ground)                              | V2 Pat | ttern  | V3 Replacement                  | V3 Replacement                                  |  |
| 4221005 Hospital-Non-Emergency Department Bed and 4221023 Freestanding Emergency Department are also appropriate v3 replacements.  7290 Medical Office/Clinic 4221007 Medical Office/Clinic 4221021 Urgent Care is also an appropriate v3 replacement.  7300 Morgue 4221009 Morgue/Mortuary  7320 Nursing Home 4221011 Nursing Home/Assisted Living Facility  7330 Other  7340 Other EMS Responder (air) 4221015 Other EMS Responder (air)  7350 Other EMS Responder (ground) 4221017 Other EMS Responder (ground)  | 7270   | Home   | 4221001                         | Home  |  |
| Medical Office/Clinic 4221021 Urgent Care is also an appropriate v3 replacement.  Morgue 4221009 Morgue/Mortuary Nursing Home 4221011 Nursing Home/Assisted Living Facility  Other 4221013 Other Other EMS Responder (air) 4221015 Other EMS Responder (ground) 4221017 Other EMS Responder (ground)  | 7280   | Hospital   | 4221003                         | Hospital-Emergency Department                   |  |
| 4221021 Urgent Care is also an appropriate v3 replacement.  7300 Morgue 4221009 Morgue/Mortuary  7320 Nursing Home 4221011 Nursing Home/Assisted Living Facility  7330 Other 4221013 Other  7340 Other EMS Responder (air) 4221015 Other EMS Responder (air)  7350 Other EMS Responder (ground) 4221017 Other EMS Responder (ground)  |        | 4221005 Hospital-Non-Emergency Department Bed and 42     | 221023 Freestanding Emergency D | epartment are also appropriate v3 replacements. |  |
| Morgue 4221009 Morgue/Mortuary  Nursing Home 4221011 Nursing Home/Assisted Living Facility  Other 4221013 Other  Other EMS Responder (air) 4221015 Other EMS Responder (air)  Other EMS Responder (ground) 4221017 Other EMS Responder (ground)   | 7290   | Medical Office/Clinic                                    | 4221007                         | Medical Office/Clinic                           |  |
| Nursing Home 4221011 Nursing Home/Assisted Living Facility 7330 Other 4221013 Other 7340 Other EMS Responder (air) 4221015 Other EMS Responder (air) 7350 Other EMS Responder (ground) 4221017 Other EMS Responder (ground)   |        | 4221021 Urgent Care is also an appropriate v3 replacemen | nt.                             |   |  |
| 7330 Other 4221013 Other 7340 Other EMS Responder (air) 4221015 Other EMS Responder (air) 7350 Other EMS Responder (ground) 4221017 Other EMS Responder (ground)  | 7300   | Morgue   | 4221009                         | Morgue/Mortuary                                 |  |
| Other EMS Responder (air) 4221015 Other EMS Responder (air)  Other EMS Responder (ground) 4221017 Other EMS Responder (ground)  | 7320   | Nursing Home   | 4221011                         | Nursing Home/Assisted Living Facility           |  |
| Other EMS Responder (ground) 4221017 Other EMS Responder (ground)   | 7330   | Other  | 4221013                         | Other   |  |
|   | 7340   | Other EMS Responder (air)                                | 4221015                         | Other EMS Responder (air)                       |  |
| 7360 Police/Jail 4221019 Police/Jail  | 7350   | Other EMS Responder (ground)                             | 4221017                         | Other EMS Responder (ground)                    |  |
|   | 7360   | Police/Jail  | 4221019                         | Police/Jail                                     |  |

E21\_01 Event Date/Time

### V2 Element V3 Element

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

### Comment

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

## Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

eDevice.02 Date/Time of Event (per Medical

E21\_01 Event Date/Time

### V2 Element V3 Element

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

### Comment

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

## Mapping

V2 Pattern

V3 Replacement

.!="

adjust-dateTime-to-timezone(.)

eVitals.01 Date/Time Vital Signs Taken

5185

5190

5195

Shock Advised

Sync Off

Sync On

### V2 Element V3 Element

#### eDevice.03 Medical Device Event Type E21\_02 Medical Device Event Name MedicalDeviceEventID MedicalDeviceEventType **Null Values** Yes **Null Values** No Is Nillable Is Nillable No No Recurrence 0:1 Recurrence 0: M Comment Mapping V2 Pattern V3 Replacement 5090 12-Lead ECG 4103001 12-Lead ECG 5095 Analysis (Button Pressed) 4103003 Analysis (Button Pressed) 5100 4103005 **Date Transmitted** 4103007 **Date Transmitted** 5105 Defibrillation 4103009 Defibrillation 5110 **ECG-Monitor** 4103011 **ECG-Monitor** 5115 5120 **Heart Rate** 4103013 Heart Rate 5125 Invasive Pressure 1 4103015 Invasive Pressure 1 Invasive Pressure 2 4103017 Invasive Pressure 2 5130 5135 No Shock Advised 4103019 No Shock Advised Non-Invasive BP 5140 4103021 Non-Invasive BP 5145 Pacing Electrical Capture 4103025 Pacing Electrical Capture 5150 Pacing Started 4103027 Pacing Started 5155 Pacing Stopped 4103029 Pacing Stopped Patient Connected 4103031 Patient Connected 5160 5165 Power On 4103033 Power On 5170 Pulse Oximetry 4103035 Pulse Oximetry 5175 Pulse Rate 4103037 Pulse Rate 4103039 5180 Respiratory Rate Respiratory Rate

July 13, 2016 Page 468

4103041

4103043

4103045

Shock Advised

Sync Off

Sync On

| E21_03 Waveform Graphic Type  WaveformGraphicType |     | eDevice.04 Medical Dev<br>Type | eDevice.04 Medical Device Waveform Graphic Type |     |  |
|---|-----|--------------------------------|---|-----|--|
|   |     | GraphicType                    |   |     |  |
| Null Values                                       |     | No                             | Null Values                                     | No  |  |
| Is Nillable                                       |     | No                             | Is Nillable                                     | No  |  |
| Recurrence  |     | 0:1                            | Recurrence                                      | 0:1 |  |
| Comment   |     |                                |   |     |  |
| Mapping   |     |                                |   |     |  |
| V2 Pattern  |     |                                | V3 Replacement                                  |     |  |
| 5200  | JPG |                                | jpeg  |     |  |
| 5205  | PDF |                                | pdf   |     |  |

| E21_04 Waveform Graphic |              | eDevice.05 Medical De | eDevice.05 Medical Device Waveform Graphic |  |
|-------------------------|--------------|-----------------------|--|--|
| WaveformGraphic         |              | WaveformGraphic       |  |  |
| Null Values No          |              | Null Values           | No   |  |
| Is Nillable             | No           | Is Nillable           | No   |  |
| Recurrence              | currence 0:1 |                       | 0:1  |  |
| Comment                 |              |                       |  |  |
| Mapping                 |              |                       |  |  |
| V2 Pattern              |              | V3 Replacement        |  |  |

Side-Stream

5240

## V2 Element V3 Element

| E21_05 AED, Pacing | , or CO2 Mode | eDevice.06 Medical Dev<br>Pacing, CO2, O2, etc) | vice Mode (Manual, AED, |
|--------------------|---------------|---|-------------------------|
| AEDPacingOrCO2Mode |               | AEDPacingOrCO2Mode                              |                         |
| Null Values        | No            | Null Values                                     | No                      |
| Is Nillable        | No            | Is Nillable                                     | No                      |
| Recurrence         | 0:1           | Recurrence                                      | 0:1                     |
| Comment            |               |   |                         |
| Mapping            |               |   |                         |
| V2 Pattern         |               | V3 Replacement                                  |                         |
| 5210 Au            | utomated      | 4106003 Auton                                   | nated                   |
| 5215 Ma            | anual         | 4106007 Manu                                    | al                      |
| 5220 Ad            | lvisory       | 4106001 Advis                                   | ory                     |
| 5225 De            | emand         | 4106005 Dema                                    | and                     |
| 5230 Se            | ensing        | 4106011 Sensi                                   | ng                      |
| 5235 Mi            | d-Stream      | 4106009 Mid-S                                   | tream                   |

4106013

Side-Stream

5305

Paddle

## V2 Element V3 Element

| E21_06 ECG Lead |     | eDevice.07 Medical Device ECG Lead |               |     |       |
|-----------------|-----|------------------------------------|---------------|-----|-------|
| ECGLead         |     |                                    | ECGLead       |     |       |
| Null Values     |     | No                                 | Null Values   |     | No    |
| Is Nillable     |     | No                                 | Is Nillable   |     | No    |
| Recurrence      |     | 0:1                                | Recurrence    |     | 0 : M |
| Comment         |     |                                    |               |     |       |
| Mapping         |     |                                    |               |     |       |
| V2 Pattern      |     |                                    | V3 Replacemer | nt  |       |
| 5245            | 1   |                                    | 4107001       | 1   |       |
| 5250            | II  |                                    | 4107003       | II  |       |
| 5255            | III |                                    | 4107005       | III |       |
| 5260            | AVR |                                    | 4107007       | AVR |       |
| 5265            | AVL |                                    | 4107009       | AVL |       |
| 5270            | AVF |                                    | 4107011       | AVF |       |
| 5275            | V1  |                                    | 4107017       | V1  |       |
| 5280            | V2  |                                    | 4107019       | V2  |       |
| 5285            | V3  |                                    | 4107021       | V3  |       |
| 5290            | V4  |                                    | 4107025       | V4  |       |
| 5295            | V5  |                                    | 4107029       | V5  |       |
| 5300            | V6  |                                    | 4107033       | V6  |       |

4107013

Paddle

| E21_07 ECG Interpretation |     | eDevice.08 Medical De | eDevice.08 Medical Device ECG Interpretation |  |
|---------------------------|-----|-----------------------|--|--|
| ECGInterpretation         |     | ECGInterpretation     |  |  |
| Null Values               | No  | Null Values           | No   |  |
| Is Nillable               | No  | Is Nillable           | No   |  |
| Recurrence                | 0:1 | Recurrence            | 0:1  |  |
| Comment                   |     |                       |  |  |
| Mapping                   |     |                       |  |  |
| V2 Pattern                |     | V3 Replacement        |  |  |

| E21_08 Type of Shock |            | eDevice.09 T | eDevice.09 Type of Shock |            |     |
|----------------------|------------|--------------|--------------------------|------------|-----|
| TypeOfShock          |            |              | TypeOfShock              |            |     |
| Null Values          |            | No           | Null Values              |            | No  |
| Is Nillable          |            | No           | Is Nillable              |            | No  |
| Recurrence           |            | 0:1          | Recurrence               |            | 0:1 |
| Comment              |            |              |                          |            |     |
| Mapping              |            |              |                          |            |     |
| V2 Pattern           |            |              | V3 Replacemen            | t          |     |
| 5310                 | Biphasic   |              | 4109001                  | Biphasic   |     |
| 5315                 | Monophasic |              | 4109003                  | Monophasic |     |

| E21_09 Shock or Pacing Energy |     | eDevice.10 Shock or Pacing Energy |    |
|-------------------------------|-----|-----------------------------------|----|
| ShockOrPacingEnergy           |     | ShockOrPacingEnergy               |    |
| Null Values                   | No  | Null Values No                    |    |
| Is Nillable                   | No  | Is Nillable                       | No |
| Recurrence                    | 0:1 | Recurrence 0: 1                   |    |
| Comment                       |     |                                   |    |
| Mapping                       |     |                                   |    |
| V2 Pattern                    |     | V3 Replacement                    |    |

### E21\_10 Total Number of Shocks Delivered eDevice.11 Total Number of Shocks Delivered TotalNumberOfShocks TotalNumberOfShocks **Null Values** No **Null Values** No Is Nillable No Is Nillable No Recurrence 0:1 Recurrence 0:1 Comment Mapping V2 Pattern V3 Replacement

| E21_11 Pacing Rate |     | eDevice.12 Pacing Rate |                |  |  |
|--------------------|-----|------------------------|----------------|--|--|
| PacingRate         |     | PacingRate             |                |  |  |
| Null Values        | No  | Null Values            | No             |  |  |
| Is Nillable        | No  | Is Nillable            | No             |  |  |
| Recurrence         | 0:1 | Recurrence             | 0:1            |  |  |
| Comment            |     |                        |                |  |  |
| Mapping            |     |                        |                |  |  |
| V2 Pattern         |     | V3 Replacement         | V3 Replacement |  |  |

| E21_12 Device Heart Rate |         | eVitals.10 Heart Rate |     |  |  |  |
|--------------------------|---------|-----------------------|-----|--|--|--|
|                          |         |                       |     |  |  |  |
| PulseRate                |         | HeartRate             |     |  |  |  |
| Null Values              | No      | Null Values Yes       |     |  |  |  |
| Is Nillable              | No      | Is Nillable           | Yes |  |  |  |
| Recurrence               | 0:1     | Recurrence 1:1        |     |  |  |  |
| Comment                  | Comment |                       |     |  |  |  |
| Mapping                  |         |                       |     |  |  |  |
| V2 Pattern               |         | V3 Replacement        |     |  |  |  |

| E21_13 Device Pulse Rate |         | eVitals.10 Heart Rate |     |  |  |  |
|--------------------------|---------|-----------------------|-----|--|--|--|
| PulseRate                |         | HeartRate             |     |  |  |  |
|                          |         | Null Values Yes       |     |  |  |  |
| Is Nillable              | No      | Is Nillable           | Yes |  |  |  |
| Recurrence               | 0:1     | Recurrence 1:1        |     |  |  |  |
| Comment                  | Comment |                       |     |  |  |  |
| Mapping                  |         |                       |     |  |  |  |
| V2 Pattern               |         | V3 Replacement        |     |  |  |  |

| E21_14 Device Systolic Blood Pressure |     | eVitals.06 SBP (Systoli | eVitals.06 SBP (Systolic Blood Pressure) |  |
|---------------------------------------|-----|-------------------------|--|--|
| SBP                                   |     | SBP                     |  |  |
| Null Values                           | No  | Null Values Yes         |  |  |
| Is Nillable                           | No  | Is Nillable             | Yes                                      |  |
| Recurrence                            | 0:1 | Recurrence              | 1:1                                      |  |
| Comment                               |     |                         |  |  |
| Mapping                               |     |                         |  |  |
| V2 Pattern V3 Replacement             |     |                         |  |  |

### eVitals.07 DBP (Diastolic Blood Pressure) E21\_15 Device Diastolic Blood Pressure DBP DBP **Null Values Null Values** Yes No Is Nillable Is Nillable Yes No Recurrence 0:1 0:1 Recurrence Comment v2 allows 0 to 300. v3 allows 0 or 10-500 but not 1-9. Mapping V2 Pattern V3 Replacement number(.)>0 and number(.)<10 10 number(.) xs:integer(.)

| E21_16 Device Respiratory Rate |     | eVitals.14 Respiratory I | eVitals.14 Respiratory Rate |  |
|--------------------------------|-----|--------------------------|-----------------------------|--|
| RespiratoryRate                |     | RespiratoryRate          |                             |  |
| Null Values                    | No  | Null Values              | Yes                         |  |
| Is Nillable                    | No  | Is Nillable              | Yes                         |  |
| Recurrence                     | 0:1 | Recurrence               | 1:1                         |  |
| Comment                        |     |                          |                             |  |
| Mapping                        |     |                          |                             |  |
| V2 Pattern                     |     | V3 Replacement           |                             |  |

| E21_17 Device Pulse Oximetry |     | eVitals.12 Pulse Oxime | eVitals.12 Pulse Oximetry |  |  |  |
|------------------------------|-----|------------------------|---------------------------|--|--|--|
| CO2                          |     | PulseOximetry          |                           |  |  |  |
| Null Values                  | No  | Null Values Yes        |                           |  |  |  |
| Is Nillable                  | No  | Is Nillable            | Yes                       |  |  |  |
| Recurrence                   | 0:1 | Recurrence 1:1         |                           |  |  |  |
| Comment                      |     |                        |                           |  |  |  |
| Mapping                      |     |                        |                           |  |  |  |
| V2 Pattern                   |     | V3 Replacement         |                           |  |  |  |

| E21_18 Device CO2 or etCO2 |     | eVitals.16 End Tidal Ca | eVitals.16 End Tidal Carbon Dioxide (ETCO2) |  |  |
|----------------------------|-----|-------------------------|---|--|--|
| CO2                        |     | CO2                     |   |  |  |
| Null Values                | No  | Null Values Yes         |   |  |  |
| Is Nillable                | No  | Is Nillable             | Yes   |  |  |
| Recurrence                 | 0:1 | Recurrence 1:1          |   |  |  |
| Comment                    |     |                         |   |  |  |
| Mapping                    |     |                         |   |  |  |
| V2 Pattern                 |     | V3 Replacement          |   |  |  |

E21\_20 Device Invasive Pressure Mean

### V2 Element V3 Element

# DeviceInvasivePressureMean MAP Null Values No Is Nillable No Recurrence 0: 1 Comment

eVitals.09 Mean Arterial Pressure

v2 allows 1 to 1,000. v3 allows 1 to 500.

| Mapping                      |                |  |
|------------------------------|----------------|--|
| V2 Pattern                   | V3 Replacement |  |
| /E21_19=5320 and .*7.5<=500  | .*7.5          |  |
| not(/E21_19=5320) and .<=500 |                |  |
| otherwise                    | 500            |  |

Not precise.

### V2 Element V3 Element

#### eOutcome.01 Emergency Department Disposition E22\_01 Emergency Department Disposition **EmergencyDepartmentDisposition EmergencyDepartmentDisposition Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 1:1 Recurrence 1:1 Comment Mapping V2 Pattern V3 Replacement 5335 Admitted to Hospital Floor 09 Admitted as an inpatient to this hospital. 5340 Admitted to Hospital ICU 09 Admitted as an inpatient to this hospital. 5345 Death 20 Deceased/Expired (or did not recover -Religious Non Medical Health Care Patient) 5350 Not Applicable (Not Transported to ED) <xsl:attribute name="xsi:nil">true</xsl:attribute><xsl:attribute</pre> name="NV">7701001</xsl:attribute> Not Applicable 5355 Released 01 Discharged to home or self care (routine discharge) Not precise. 5360 Transferred 02 Discharged/transferred to another short term general hospital for inpatient care

Not precise.

## V2 Element V3 Element

| E22_02 Hospital Disposition |                                      |                                      | eOutcome.     | eOutcome.02 Hospital Disposition  |   |  |
|-----------------------------|--------------------------------------|--------------------------------------|---------------|---|---|--|
| HospitalDisposi             | tion                                 |                                      | HospitalDispo | osition   |   |  |
| Null Values                 |                                      | Yes                                  | Null Values   |   | Yes   |  |
| Is Nillable                 |                                      | No                                   | Is Nillable   |   | Yes   |  |
| Recurrence                  |                                      | 1:1                                  | Recurrence    |   | 1:1   |  |
| Comment                     |                                      |                                      |               |   |   |  |
| Mapping                     |                                      |                                      |               |   |   |  |
| V2 Pattern                  |                                      |                                      | V3 Replacem   | nent  |   |  |
| 5365                        | Death                                |                                      | 20            | 20 Deceased/Expired (or did not recover - Religious Non Medical Health Care Patient)                      |   |  |
| 5370                        | Discharge                            | ed                                   | 01            |   | ed to home or self care (routine                                |  |
| 5375<br>Not precis          |                                      | o Hospital                           | 02            |   | od/transferred to another short term ospital for inpatient care |  |
| 5380 Not precis             | Transfer t                           | o Nursing Home                       | 03            | Discharged/transferred to a skilled nursing facility (SNF)  |   |  |
| 5385                        | Transfer t                           |                                      | 05            | O5 Discharged/transferred to another type of institution not defined elsewhere in this code li            |   |  |
| v3 suppor<br>5390           | ts additional specific<br>Transfer t | values.<br>o Rehabilitation Facility | 62            | Discharged/transferred to a inpatient rehabilitation facility including distinct part unit of a hospital. |   |  |

# E22\_03 Law Enforcement/Crash Report Number

# eOutcome.04 External Report ID/Number

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

### Comment

v3 eOutcome.03 External Report ID/Number Type is set to 4303009 Law Enforcement Report.

### Mapping

V2 Pattern V3 Replacement

.

E22\_04 Trauma Registry ID

### V2 Element V3 Element

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

eOutcome.04 External Report ID/Number

### Comment

v3 eOutcome.03 External Report ID/Number Type is set to 4303025 Trauma Registry.

Mapping

V2 Pattern V3 Replacement

.

E22\_05 Fire Incident Report Number

### V2 Element V3 Element

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

eOutcome.04 External Report ID/Number

### Comment

v3 eOutcome.03 External Report ID/Number Type is set to 4303003 Fire Incident Report.

### Mapping

V2 Pattern V3 Replacement

.

E22\_06 Patient ID Band/Tag Number

### V2 Element V3 Element

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

eOutcome.04 External Report ID/Number

### Comment

v3 eOutcome.03 External Report ID/Number Type is set to 4303017 Patient ID.

### Mapping

V2 Pattern V3 Replacement

.

| E23_01 Review Requested |     | eOther.01 Review Requested |               |     |     |
|-------------------------|-----|----------------------------|---------------|-----|-----|
| YesNoValues             |     |                            | YesNoValues   |     |     |
| Null Values             |     | Yes                        | Null Values   |     | No  |
| Is Nillable             |     | No                         | Is Nillable   |     | No  |
| Recurrence              |     | 0:1                        | Recurrence    |     | 0:1 |
| Comment                 |     |                            |               |     |     |
| Mapping                 |     |                            |               |     |     |
| V2 Pattern              |     |                            | V3 Replacemer | nt  |     |
| 0                       | No  |                            | 9923001       | No  |     |
| 1                       | Yes |                            | 9923003       | Yes |     |

v3 supports additional specific values.

## V2 Element V3 Element

| E23_02 Potential Registry Candidate |                    |             | Care/Specialty/Registry Patient |                |          |
|-------------------------------------|--------------------|-------------|---------------------------------|----------------|----------|
| PotentialRegistry                   | /Candidate         |             | PotentialRegist                 | ryCandidate    |          |
| Null Values                         |                    | Yes         | Null Values                     |                | No       |
| Is Nillable                         |                    | No          | Is Nillable                     |                | No       |
| Recurrence                          |                    | 0 : M       | Recurrence                      |                | 0 : M    |
| Comment                             |                    |             |                                 |                |          |
| Mapping                             |                    |             |                                 |                |          |
| V2 Pattern                          |                    |             | V3 Replaceme                    | nt             |          |
| 5395                                | Burn               |             | 4502003                         | Burn           |          |
| 5400                                | Cardiac/MI         |             | 4502005                         | Cardiac/MI     |          |
| 5405                                | CVA/Stroke         |             | 4502007                         | CVA/Stroke     |          |
| 5410 Drowning                       |                    | 4502009     | Drowning                        |                |          |
| 5415                                | Spinal Cord Injury |             | 4502013                         | Spinal Cord In | iury     |
| 5420                                | Trauma             | Trauma      |                                 | Trauma         |          |
| 5425                                | Traumatic B        | rain Injury | 4502019                         | Traumatic Bra  | n Injury |
| 5430                                | Other              |             | 4502011                         | Other          |          |

E23\_03 Personal Protective Equipment Used

eOther.03 Personal Protective Equipment Used

### V2 Element V3 Element

# PersonalProtectiveEquipmentUsed PersonalProtectiveEquipmentUsed Null Values Yes Null Values No Is Nillable No Is Nillable No Recurrence 0 : M Recurrence 0 : M

### Comment

### Mapping

| V2 Pa | ttern  | V3 Replacement       |                |
|-------|--|----------------------|----------------|
| 5435  | Eye Protection   | 4503001              | Eye Protection |
| 5440  | Gloves   | 4503003              | Gloves         |
| 5445  | Level A Suit   | 4503007              | Level A Suit   |
| 5450  | Level B Suit   | 4503009              | Level B Suit   |
| 5455  | Level C Suit   | 4503011              | Level C Suit   |
| 5460  | Mask   | 4503015              | Mask-N95       |
|       | 4503017 Mask-Surgical (Non-Fitted) is also an appropri | iate v3 replacement. |                |
| 5465  | Other  | 4503019              | Other          |

v3 supports additional specific values.

Weather

5525

5530

#### V2 Flement V3 Flement

#### eOther.07 Natural, Suspected, Intentional, or E23\_04 Suspected Intentional, or Unintentional Disaster **Unintentional Disaster** SuspectedIntentionalOrUnintentionalDisaster SuspectedIntentionalOrUnintentionalDisaster **Null Values** Yes **Null Values** No Is Nillable Is Nillable No No Recurrence 0: M Recurrence 0: M Comment Mapping V2 Pattern V3 Replacement 5470 4507001 Biologic Agent Biologic Agent 5475 **Building Failure** 4507003 **Building Failure** 5480 Chemical Agent 4507005 Chemical Agent **Explosive Device** 4507007 **Explosive Device** 5485 4507009 5490 Fire Fire 4507011 5495 Hostage Event Hostage Event 5500 Mass Gathering 4507013 Mass Gathering 5505 **Nuclear Agent** 4507017 **Nuclear Agent** Radioactive Device 4507019 Radioactive Device 5510 5515 Secondary Destructive Device 4507021 Secondary Destructive Device 5520 Shooting/Sniper 4507023 Shooting/Sniper Vehicular 4507025 Vehicular

4507027

Weather

#### E23\_05 Suspected Contact with Blood/Body Fluids eOther.05 Suspected EMS Work Related of EMS Injury or Death Exposure, Injury, or Death YesNoValues YesNoValues **Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 0:1 Recurrence 1:1 Comment Mapping V2 Pattern V3 Replacement 0 9923001 No No Yes 9923003 Yes

5585

E23\_06 Type of Suspected Blood/Body Fluid

eOther.06 The Type of Work-Related Injury, Death

None

### V2 Element V3 Element

#### Exposure, Injury, or Death or Suspected Exposure TypeOfSuspectedExposureToBodilyFluids TypeOfSuspectedExposureToBodilyFluids **Null Values** Yes **Null Values** Yes Is Nillable Is Nillable Yes No Recurrence 0: M Recurrence 0: M Comment Mapping V2 Pattern V3 Replacement 5540 4506009 Contact to Broken Skin Exposure-Body Fluid Contact to Broken Skin Contact to Intact Skin 4506013 Exposure-Body Fluid Contact with Intact Skin 5545 5550 Contact with Eye 4506011 Exposure-Body Fluid Contact with Eye Contact with Mucosal Surface 4506015 Exposure-Body Fluid Contact with Mucosal 5555 Surface 4506007 Exposure-Airborne 5560 Inhalation Exposure Respiratory/Biological/Aerosolized Secretions 5565 Needle Stick with Fluid Injection 4506017 Exposure-Needle Stick with Body Fluid Injection 5570 Needle Stick without Fluid Injection 4506019 Exposure-Needle Stick without Body Fluid Injection Other Physical injury 4506025 Injury-Other 5575 4506023 Injury-Lifting/Back/Musculoskeletal is also an appropriate v3 replacement. 5580 Death-Other

4506027

4506001 Death-Cardiac Arrest and 4506003 Death-Injury Related are also appropriate v3 replacements.

| E23_07 Personnel Exposed |          | eCustomR    | eCustomResults.01 Custom Data Element Result |                     |  |
|--------------------------|----------|-------------|--|---------------------|--|
| PersonnelExpose          | d        |             | CustomResu                                   | ults                |  |
| Null Values              |          | Yes         | Null Values                                  | Yes                 |  |
| Is Nillable              |          | No          | Is Nillable                                  | Yes                 |  |
| Recurrence               |          | 0 : M       | Recurrence                                   | 1 : M               |  |
| Comment                  |          |             |  |                     |  |
| Mapping                  |          |             |  |                     |  |
| V2 Pattern               |          | V3 Replacen | ment   |                     |  |
| 5590                     | This EMS | Crew        | 5590   | This EMS Crew       |  |
| 5595                     | Non-EMS  | individual  | 5595   | Non-EMS individual  |  |
| 5600                     | Other EM | S Personnel | 5600   | Other EMS Personnel |  |

| E23_08 Requ | iired Reporta | able Conditions | eCustomRes      | sults.01 Custom I | Data Element Result |
|-------------|---------------|-----------------|-----------------|-------------------|---------------------|
| YesNoValues |               |                 | CustomResults   | 3                 |                     |
| Null Values |               | Yes             | Null Values Yes |                   | Yes                 |
| Is Nillable |               | No              | Is Nillable Yes |                   | Yes                 |
| Recurrence  |               | 0:1             | Recurrence      |                   | 1 : M               |
| Comment     |               |                 |                 |                   |                     |
| Mapping     |               |                 |                 |                   |                     |
| V2 Pattern  |               |                 | V3 Replaceme    | nt                |                     |
| 0           | No            |                 | 9923001         | No                |                     |
| 1           | Yes           |                 | 9923003         | Yes               |                     |

| E23_09 Research Survey Field |     | eCustomResults.01 Custom Data Element Result |       |  |
|------------------------------|-----|--|-------|--|
| ResearchField                |     | CustomResults                                |       |  |
| Null Values                  | Yes | Null Values                                  | Yes   |  |
| Is Nillable                  | No  | Is Nillable                                  | Yes   |  |
| Recurrence                   | 0:1 | Recurrence                                   | 1 : M |  |
| Comment                      |     |  |       |  |
| Mapping                      |     |  |       |  |
| V2 Pattern                   |     | V3 Replacement                               |       |  |

### eOther.08 Crew Member Completing this Report E23\_10 Who Generated this Report? CrewMemberID CrewMemberID **Null Values** Yes **Null Values** Yes Is Nillable No Is Nillable Yes Recurrence 0:1 Recurrence 0:1 Comment Mapping V2 Pattern V3 Replacement

E23\_11 Research Survey Field Title

eCustomConfiguration.01 Custom Data Element

### V2 Element V3 Element

# ResearchTitle CustomTitle Null Values Yes Is Nillable No Recurrence 0: 1 Recurrence 1: 1

Title

### Comment

### Mapping

V2 Pattern V3 Replacement

normalize-space(.)='-10' Not Known 'Not Known'

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

normalize-space(.)='-15' Not Reporting 'Not Reporting'

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

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

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

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

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

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

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

Missing

This mapping is used when the v3 element is mandatory and the v2 element is missing.

otherwise