

- i. The codes are generally derived from various sources such as ICD-10, SNOMED, or RxNorm and are used to store and move the data in the system's background.
  - ii. Codes are not seen by the EMS clinician in the ePCR, but rather the clinician will see text names.  
Some software systems allow the visible text name to be modified or relabeled to meet local standards or nomenclature; This feature can help improve data quality by making documentation easier for the clinician.
  - iii. An example of a value code and name for cardiac chest pain, found under the element "eProtocols.01—Protocols Used" is "9914117 – Medical-Cardiac Chest Pain".
  - d. All minimum general documentation guideline requirements are identified using the NEMSIS element, values codes, and names to allow application across a variety of ePCR software labels for these fields.
6. Custom Elements/Fields and Values
- b. The NEMSIS Standard provides a data format for software vendors to create custom elements or values requested by states or local systems.
  - c. States or local systems may create new elements or value extensions for existing NEMSIS elements to meet regional needs (e.g., adding additional protocol name values not on the NEMSIS list).

### **Airway Confirmation Fields**

Specific use of the NEMSIS airway confirmation fields in documentation will not be detailed at this time due to current operational and technical challenges all states, local systems, and ePCR software vendors are experiencing.

The NEMSIS airway confirmation fields were closely modeled on the "Recommended Guidelines for Uniform Reporting of Data from Out-of-Hospital Airway Management: Position Statement of the National Association of EMS Physicians" and the fields and values could provide excellent and appropriately useful data to evaluate airway management. However, the technical structure of the fields has made their practical use limited as all the data is collected as a separate, self-contained group, rather than as part of the procedures group. This means EMS clinicians would need to enter much of the same information twice in the ePCR, in both the procedures area and airway confirmation section (when, who did it, what device was used, and complications).

Furthermore, the airway group can only be entered once per ePCR, so the fields cannot be used again if more than one airway was required (e.g., one airway became ineffective and needed to be replaced with a different type of airway). Many states and ePCR software vendors have been struggling with how to make these fields functional for use by only using a portion of them or looking to add mirrored custom values that are directly linked to procedures performed.

However, solutions are currently far from practical, functional, effective, or uniform in how they are being implemented or used across various systems.

### **References**

1. National Association of EMS Officials, Data Managers Council. Extended data definitions, NEMSIS Version 3.4.0.  
[https://www.nasemso.org/Councils/DataManagers/documents/Extended-Data-Definitions\\_v3\\_Final.pdf](https://www.nasemso.org/Councils/DataManagers/documents/Extended-Data-Definitions_v3_Final.pdf). Published May 2016.
2. National EMS Information System Technical Assistance Center. NEMSIS data dictionary, NHTSA v3.4.0, Build 160713 Critical Patch 2, EMS Data Standard.