



## OC-MEDS – DATA DICTIONARY

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### I. AUTHORITY:

*Health and Safety Code, Division 2.5, Section 1797.204; Health and Safety Code, Division 2.5, §1797.227; California Code of Regulations, Title 22, Section §100171(f); California Code of Regulations, Title 22, Section § 100062(d)*

### II. APPLICATION:

This policy provides comprehensive data standards for patient care reporting by EMS personnel and provider agencies.

### III. DEFINITIONS:

The definitions listed below provide a description of the types of information that are available for each data element.

**OC-MEDS Usage:** The data submission standard used to describe when a specific data element is to be submitted based on the clinical and/or operational needs of the Orange County EMS System.

- **Base Hospital Use:** Data elements for use by Base Hospitals only when completing an electronic Base Hospital Report (eBHR).
- **Required:** Data elements that shall be submitted depending on the specified OC-MEDS Reporting Condition. Required data elements may not be submitted with a NOT Value.
- **Recommended:** Data elements that should be completed and submitted.
- **Optional:** Data elements that may be added to a provider's run form and/or may submitted.
- **Not Reporting:** National Data elements that OCEMS has selected to not report as they are not usable in the local EMS system. These elements shall be marked as "Not Recorded".

**OC-MEDS Reporting Conditions:** The circumstance upon which a data element should be completed and/or submitted.

**Data Element Definition:** The clinical and/or functional description of the data element.

**NEMSIS Element:** The name/title of the data element as defined by the National Emergency Medical Services Information System data standards.

**OC-MEDS Element:** The name/title of additional data elements as defined by Orange County EMS.

**Data Type:** The format and programmatic structure used for the specified data element.

**Pertinent Negatives:** Reportable conditions that allow for documentation of a negative value when it is clinically or operationally relevant. Data elements that include Pertinent Negatives will be listed as "Yes" in the Pertinent Negatives box and will include a Pertinent Negatives code list in the code list box.

**Is Nullable:** Indicates that the element can accept a "blank" value.



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**NOT Values:** Reportable conditions that allow for documentation of a negative value when it does not apply to the event or will not be recorded. Data elements that include NOT Values will be listed as “Yes” in the NOT Values box and will include a NOT Values code list in the code list box.

**Attributes:** Additional programmatic and/or technical information to support or further describe the format used in the data element.

**Code List:** The list of codes (if any) used for the specific data element. Some code lists include multiple values that may be based on local, state, federal, or international data standards (i.e. ICD-10, SnoMed, GNIS, etc.). These “long” lists will be included as attachments. The data standard used in the code list will be specified in the Data Type box and the codes used will be in the specified data standard format.

**Attachments:** Locally selected data lists based on defined data formats that meet the clinical and/or operational needs of the Orange County EMS System. If available, code lists include values as defined by the California EMS Information System (CEMSIS). Attachments include:

- Attachment 1 – Orange County Facilities Data List
- Attachment 2 – EMS Provider Agency Data List
- Attachment 3 – eHistory.12 Data List
- Attachment 4 – Orange County Cities and Places GNIS Code List
- Attachment 5 – eHistory.08 Data List
- Attachment 6 – eProcedures.03 Data List
- Attachment 7 – eScene.09 Data List
- Attachment 8 – eInjury.01 Data List
- Attachment 9 – eMedications.03 Data List
- Attachment 10 – Orange County Fire District Numbers Data List
- Attachment 11 – Orange County EOA Data List
- Attachment 12 – eSituation.11 and eSituation.12 Data List
- Attachment 13 – eSituation.09 Data List
- Attachment 14 – eHistory.06 Data List
- Attachment 15 – eHistory.07 Data List
- Attachment 16 – eNarrative.01 Approved Abbreviations
- Attachment 17 – eDisposition.12 (Incident/Patient Disposition) Field Value Definitions

### IV. CRITERIA:

The resources listed below in Section V and associated attachments represent a comprehensive data standard which shall be met for every EMS patient in Orange County both emergency and non-emergency.

#### Approved:

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Original Date: 10/01/2016  
Reviewed Date(s): 04/01/2018  
Revised Date(s): 04/01/2018  
Effective Date: 04/01/2018

**OC-MEDS – DATA DICTIONARY**V. RESOURCES:**eAirway.02 - Date/Time Airway Device Placement Confirmation**

OC-MEDS Reporting:	Required
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
The date and time the airway device placement was confirmed.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Date/Time Airway Device Placement Confirmation
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Data Type:	Datetime	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
Constraints: between 1/1/1950 and 1/1/2050; pattern = [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+ -)[0-9]{2}:[0-9]{2}

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting

**OC-MEDS – DATA DICTIONARY****eAirway.03 - Airway Device Being Confirmed**

OC-MEDS Reporting:	Required
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
The airway device in which placement is being confirmed.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Airway Device Being Confirmed
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
None

**Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded  
7701005 Not Reporting

Select Resources:  
4003003 Endotracheal Tube  
4003005 Other-Invasive Airway  
4003007 Combitube

**OC-MEDS – DATA DICTIONARY****eAirway.04 - Airway Device Placement Confirmed Method**

OC-MEDS Reporting:	Required
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
The method used to confirm the airway device placement.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Airway Device Placement Confirmed Method
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Data Type:	Multi-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
None

**Code List:**

## Not Values:

7701001 Not Applicable  
7701003 Not Recorded  
7701005 Not Reporting

## Select Resources:

4004001 Auscultation  
4004003 EDD/Bulb/Syringe Aspiration  
4004005 Colorimetric ETCO2  
4004007 Condensation in Tube  
4004009 Digital (Numeric) ETCO2  
4004011 Direct Re-Visualization of Tube in Place  
4004015 Other  
4004017 Visualization of Vocal Cords  
4004019 Waveform ETCO2

**OC-MEDS – DATA DICTIONARY****eAirway.05 - Tube Depth**

OC-MEDS Reporting:	Required
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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**Definition:**

The measurement at the patient's teeth/lip of the tube depth in centimeters (cm) of the invasive airway placed.

Patient Identifiable:	Agency Identifiable:
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No	No
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NEMSIS Element:	Tube Depth
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Data Type:	Number	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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**Attributes:****Constraints:**

minimum = 8; maximum = 32

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****eAirway.06 - Type of Individual Confirming Airway Device Placement**

OC-MEDS Reporting:	Required
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
The type of individual who confirmed the airway device placement.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Type of Individual Confirming Airway Device Placement
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
None

**Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded  
7701005 Not Reporting

Select Resources:  
4006001 AnotherParamedic on the Same Crew  
4006003 Other  
4006005 Paramedic Performing Intubation  
4006007 Receiving Air Medical/EMS Crew  
4006009 Receiving Hospital Team

**OC-MEDS – DATA DICTIONARY****eAirway.07 - Crew Member ID**

OC-MEDS Reporting:	Required
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
The statewide assigned ID number of the EMS crew member confirming the airway placement.

Patient Identifiable:	Agency Identifiable:
No	Yes

NEMESIS Element:	Crew Member ID
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Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Constraints: character length = 2 to 50

Code List:
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None
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**OC-MEDS – DATA DICTIONARY****eAirway.08 - Airway Complications Encountered**

OC-MEDS Reporting:	Required
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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**Definition:**

The airway management complications encountered during the patient care episode.

Patient Identifiable:	Agency Identifiable:
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No	No
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NEMIS Element:	Airway Complications Encountered
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Data Type:	Multi-select
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Pertinent Negatives (PN):	No
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Is Nillable:	Yes
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NOT Values:	Yes
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**Attributes:****Comments:**

Added to better document airway management.

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

7701005 Not Reporting

**Select Resources:**

4008001 Adverse Event from Facilitating Drugs

4008003 Bradycardia (<50)

4008005 Cardiac Arrest

4008007 Esophageal Intubation-Delayed Detection (After Tube Secured)

4008009 Esophageal Intubation-Detected in Emergency Department

4008011 Failed Intubation Effort

4008013 Injury or Trauma to Patient from Airway Management Effort

4008015 Other

4008017 Oxygen Desaturation (<90%)

4008019 Patient Vomiting/Aspiration

4008021 Tube Dislodged During Transport/Patient Care

4008023 Tube Was Not in Correct Position when EMS Crew/Team Assumed Care of the Patient

**OC-MEDS – DATA DICTIONARY****eAirway.09 - Suspected Reasons for Failed Airway Management**

OC-MEDS Reporting:	Required
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
The reason(s) the airway was unable to be successfully managed.

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Suspected Reasons for Failed Airway Management
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Data Type:	Multi-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
None

**Code List:**

Select Resources:

- 4009001 Difficult Patient Airway Anatomy
- 4009003 ETI Attempted, but Arrived At Destination Facility Before Accomplished
- 4009005 Facial or Oral Trauma
- 4009007 Inability to Expose Vocal Cords
- 4009009 Inadequate Patient Relaxation/Presence of Protective Airway Reflexes
- 4009011 Jaw Clenched (Trismus)
- 4009013 Other
- 4009015 Poor Patient Access
- 4009017 Secretions/Blood/Vomit
- 4009019 Unable to Position or Access Patient

**OC-MEDS – DATA DICTIONARY****itAirway.002 - ETT Placement Verification**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
ETT Placement Verification

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	ETT Placement Verification
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments:
v2 Code = IT7.26

**Code List:**

Select Resources:

- itAirway.002.102 Esophagus
- itAirway.002.101 Mainstem Bronchus
- itAirway.002.103 Pharynx/Hypopharynx
- itAirway.002.100 Trachea

**OC-MEDS – DATA DICTIONARY****itAirway.003 - ETT Verification Comments**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
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ETT Verification Comments
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Patient Identifiable:
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No
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Agency Identifiable:
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No
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OC-MEDS Element:	ETT Verification Comments
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Data Type:	String
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Pertinent Negatives (PN):	No
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Is Nillable:
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No
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NOT Values:
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No
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Attributes:
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Constraints:
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max length = 255
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Comments:
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v2 Code = IT7.29
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Code List:
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None
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**OC-MEDS – DATA DICTIONARY****itAirway.004 - Breath Sounds-Left**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
Breath Sounds-Left

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Breath Sounds-Left
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments:
v2 Code = IT7.45

Code List:
Select Resources:
itAirway.004.100 No
itAirway.004.101 Yes

**OC-MEDS – DATA DICTIONARY****itAirway.005 - Airway Measured At**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
Airway Measured At

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Airway Measured At
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments:
v2 Code = IT7.48

Code List:
Select Resources:
itAirway.005.100 Gums
itAirway.005.101 Lips
itAirway.005.102 Teeth

**OC-MEDS – DATA DICTIONARY****itAirway.006 - Breath Sounds-Right**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
Breath Sounds-Right

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Breath Sounds-Right
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments:
v2 Code = IT7.49

Code List:
Select Resources:
itAirway.006.100 No
itAirway.006.101 Yes

**OC-MEDS – DATA DICTIONARY****itAirway.007 - Chest Rise-Left**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
Chest Rise-Left

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Chest Rise-Left
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments:
v2 Code = IT7.55

Code List:
Select Resources:
itAirway.007.100 No
itAirway.007.101 Yes



**OC-MEDS – DATA DICTIONARY****itAirway.008 - Chest Rise-Right**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
Chest Rise-Right

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Chest Rise-Right
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments:
v2 Code = IT7.56

Code List:
Select Resources:
itAirway.008.100 No
itAirway.008.101 Yes

**OC-MEDS – DATA DICTIONARY****itAirway.009 - Esophageal Detector Device**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
Esophageal Detector Device

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Esophageal Detector Device
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments:
v2 Code = IT7.63

**Code List:**

Select Resources:

- itAirway.009.104 Bulb reinflates
- itAirway.009.105 Bulb stays compressed
- itAirway.009.100 Free Pull
- itAirway.009.101 Resistance
- itAirway.009.102 Unable to Determine

**OC-MEDS – DATA DICTIONARY****itAirway.010 - Gastric Sounds**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
Gastric Sounds

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Gastric Sounds
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments:
v2 Code = IT7.64

Code List:
Select Resources:
itAirway.010.100 No
itAirway.010.101 Yes

**OC-MEDS – DATA DICTIONARY****itAirway.011 - Tube Misting**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
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Tube Misting
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Patient Identifiable:
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No
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Agency Identifiable:
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No
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OC-MEDS Element:	Tube Misting
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Data Type:
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Single-select
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Pertinent Negatives (PN):
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No
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Is Nillable:
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No
----

NOT Values:
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No
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Attributes:
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Comments:
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v2 Code = IT7.65
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Code List:
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Select Resources:
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itAirway.011.100 No
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itAirway.011.101 Yes
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**OC-MEDS – DATA DICTIONARY****itAirway.013 - Preoxygenation Done**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
Preoxygenation Done

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Preoxygenation Done
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments:
v2 Code = IT7.71

Code List:
Select Resources:
itAirway.013.100 No
itAirway.013.101 Yes

**OC-MEDS – DATA DICTIONARY****itAirway.015 - ETT Verification Findings**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
ETT Verification Findings

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	ETT Verification Findings
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Data Type:	Multi-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments:
v2 Code = IT7.27

**Code List:**

Select Resources:

- itAirway.015.102 Evidence of Aspiration
- itAirway.015.101 Injury to Teeth
- itAirway.015.103 Leaky Cuff
- itAirway.015.104 No Problems/Complications
- itAirway.015.100 Soft Tissue Injury

**OC-MEDS – DATA DICTIONARY****eArrest.01 - Cardiac Arrest**

OC-MEDS Reporting:	Required
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Reporting Condition:	eSituation.11 includes Cardiac Arrest, Traumatic Cardiac Arrest, Respiratory Arrest, or Unconscious.
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**Definition:**

Indication of the presence of a cardiac arrest at any time during this EMS event.
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Patient Identifiable:	Agency Identifiable:
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No	No
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NEMESIS Element:	Cardiac Arrest
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Data Type:	Single-select
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Pertinent Negatives (PN):	No
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Is Nillable:	Yes
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NOT Values:	Yes
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**Attributes:**

None
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**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

3001001 No

3001005 Yes, After EMS Arrival

3001003 Yes, Prior to EMS Arrival

**OC-MEDS – DATA DICTIONARY****eArrest.02 - Cardiac Arrest Etiology**

OC-MEDS Reporting:	Required
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Reporting Condition:	eArrest.01 includes a "Yes" value.
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**Definition:**

Indication of the etiology or cause of the cardiac arrest (classified as cardiac, non-cardiac, etc.)
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Patient Identifiable:	Agency Identifiable:
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No	No
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NEMIS Element:	Cardiac Arrest Etiology
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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**Attributes:**

None
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**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

3002001 Cardiac (Presumed)

3002003 Drowning/Submersion

3002005 Drug Overdose

3002007 Electrocution

3002009 Exsanguination

3002011 Other

3002013 Respiratory/Asphyxia

3002015 Trauma



**OC-MEDS – DATA DICTIONARY****eArrest.03 - Resuscitation Attempted By EMS**

OC-MEDS Reporting:	Required
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Reporting Condition:	eArrest.01 includes a "Yes" value.
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**Definition:**

Indication of an attempt to resuscitate the patient who is in cardiac arrest (attempted, not attempted due to DNR, etc.)

Patient Identifiable:	Agency Identifiable:
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No	No
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NEMSIS Element:	Resuscitation Attempted By EMS
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Data Type:	Multi-select
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Pertinent Negatives (PN):	No
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Is Nillable:	Yes
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NOT Values:	Yes
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**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

3003001 Attempted Defibrillation

3003003 Attempted Ventilation

3003005 Initiated Chest Compressions

3003007 Not Attempted-Considered Futile

3003009 Not Attempted-DNR Orders

3003011 Not Attempted-Signs of Circulation

**OC-MEDS – DATA DICTIONARY****eArrest.04 - Arrest Witnessed By**

OC-MEDS Reporting:	Required
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Reporting Condition:	eArrest.01 includes a "Yes" value.
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**Definition:**

Indication of who the cardiac arrest was witnessed by
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Patient Identifiable:	Agency Identifiable:
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No	No
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NEMESIS Element:	Arrest Witnessed By
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Data Type:	Multi-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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**Attributes:**

None
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**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

3004001 Not Witnessed

3004003 Witnessed by Family Member

3004005 Witnessed by Healthcare Provider

3004007 Witnessed by Lay Person

**OC-MEDS – DATA DICTIONARY****eArrest.05 - CPR Care Provided Prior to EMS Arrival**

OC-MEDS Reporting:	Required
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Reporting Condition:	eArrest.01 includes a "Yes" value.
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Definition:
Documentation of the CPR provided prior to EMS arrival

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	CPR Care Provided Prior to EMS Arrival
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
None

**Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded

Select Resources:  
9923001 No  
9923003 Yes

**OC-MEDS – DATA DICTIONARY****eArrest.06 - Who Provided CPR Prior to EMS Arrival**

OC-MEDS Reporting:	Required
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Reporting Condition:	eArrest.01 includes a "Yes" value.
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**Definition:**

Documentation of who performed CPR prior to this EMS unit's arrival.
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Patient Identifiable:	Agency Identifiable:
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No	No
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NEMIS Element:	Who Provided CPR Prior to EMS Arrival
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Data Type:	Multi-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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**Attributes:**

None
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**Code List:**

Select Resources:

3006001 Family Member

3006003 First Responder (Fire, Law, EMS)

3006005 Healthcare Professional (Non-EMS)

3006007 Lay Person (Non-Family)

3006009 Other EMS Professional (not part of dispatched response)

**OC-MEDS – DATA DICTIONARY****eArrest.07 - AED Use Prior to EMS Arrival**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eArrest.01 includes a "Yes" value.
----------------------	------------------------------------

Definition:
Documentation of AED use Prior to EMS Arrival

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	AED Use Prior to EMS Arrival
------------------	------------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
None

**Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded

Select Resources:  
3007001 No  
it3007.001 Unknown  
3007003 Yes, Applied without Defibrillation  
3007005 Yes, With Defibrillation

**OC-MEDS – DATA DICTIONARY****eArrest.08 - Who Used AED Prior to EMS Arrival**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eArrest.01 includes a "Yes" value.
----------------------	------------------------------------

**Definition:**

Documentation of who used the AED prior to this EMS unit's arrival.
---

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMIS Element:	Who Used AED Prior to EMS Arrival
----------------	-----------------------------------

Data Type:	Multi-select	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

None
------

**Code List:**

Select Resources:

3008001 Family Member

3008003 First Responder (Fire, Law, EMS)

3008005 Healthcare Professional (Non-EMS)

3008007 Lay Person (Non-Family)

3008009 Other EMS Professional (not part of dispatched response)

**OC-MEDS – DATA DICTIONARY****eArrest.11 - First Monitored Arrest Rhythm of the Patient**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eArrest.01 includes a "Yes" value.
----------------------	------------------------------------

**Definition:**

Documentation of what the first monitored arrest rhythm which was noted
---

Patient Identifiable:
-----------------------

No
----

Agency Identifiable:
----------------------

No
----

NEMESIS Element:
------------------

First Monitored Arrest Rhythm of the Patient
--

Data Type:
------------

Single-select
---------------

Pertinent Negatives (PN):
---------------------------

No
----

Is Nillable:
--------------

Yes
-----

NOT Values:
-------------

Yes
-----

**Attributes:**

None
------

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

3011001 Asystole

3011003 Bradycardia

3011005 PEA

3011007 Unknown AED Non-Shockable Rhythm

3011009 Unknown AED Shockable Rhythm

3011011 Ventricular Fibrillation

3011013 Ventricular Tachycardia-Pulseless

**OC-MEDS – DATA DICTIONARY****eArrest.12 - Any Return of Spontaneous Circulation**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eArrest.01 includes a "Yes" value.
----------------------	------------------------------------

**Definition:**

Indication whether or not there was any return of spontaneous circulation.
--

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMSIS Element:	Any Return of Spontaneous Circulation
-----------------	---------------------------------------

Data Type:	Multi-select	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None
------

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

3012001 No

3012003 Yes, At Arrival at the ED

3012005 Yes, Prior to Arrival at the ED



**OC-MEDS – DATA DICTIONARY****eArrest.14 - Date/Time of Cardiac Arrest**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eArrest.01 includes a "Yes" value.
----------------------	------------------------------------

**Definition:**

The date/time of the cardiac arrest (if not known, please estimate).
--

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Date/Time of Cardiac Arrest
------------------	-----------------------------

Data Type:	Datetime
------------	----------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	Yes
--------------	-----

NOT Values:	Yes
-------------	-----

**Attributes:****Constraints:**

between 1/1/1950 and 1/1/2050; pattern = [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+ -)[0-9]{2}:[0-9]{2}
---

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**OC-MEDS – DATA DICTIONARY****eArrest.15 - Date/Time Resuscitation Discontinued**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eArrest.01 includes a "Yes" value.
----------------------	------------------------------------

Definition:
The date/time resuscitation was discontinued.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Date/Time Resuscitation Discontinued
------------------	--------------------------------------

Data Type:	Datetime	Pertinent Negatives (PN):	No
------------	----------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; pattern = [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+ -)[0-9]{2}:[0-9]{2}

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting

**OC-MEDS – DATA DICTIONARY****eArrest.16 - Reason CPR/Resuscitation Discontinued**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eArrest.01 includes a "Yes" value.
----------------------	------------------------------------

**Definition:**

The reason that CPR or the resuscitation efforts were discontinued.
---

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Reason CPR/Resuscitation Discontinued
------------------	---------------------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None
------

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

3016001 DNR

3016003 Base Hospital Order

3016005 Obvious Signs of Death

3016007 Physically Unable to Perform

3016011 Return of Spontaneous Circulation (pulse or BP noted)

**OC-MEDS – DATA DICTIONARY****eArrest.17 - Cardiac Rhythm on Arrival at Destination**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eArrest.01 includes a "Yes" value.
----------------------	------------------------------------

**Definition:**

The patient's cardiac rhythm upon delivery or transfer to the destination
---

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMSIS Element:
-----------------

Data Type:	Multi-select	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None
------

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

9901001 Agonal/Idioventricular

9901005 Artifact

9901003 Asystole

9901007 Atrial Fibrillation

9901009 Atrial Flutter

9901011 AV Block-1st Degree

9901013 AV Block-2nd Degree-Type 1

9901015 AV Block-2nd Degree-Type 2

9901017 AV Block-3rd Degree

9901019 Junctional

9901021 Left Bundle Branch Block

9901023 Non-STEMI Anterior Ischemia

9901025 Non-STEMI Inferior Ischemia

9901027 Non-STEMI Lateral Ischemia

9901029 Non-STEMI Posterior Ischemia



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9901031 Other
9901033 Paced Rhythm
9901035 PEA
9901037 Premature Atrial Contractions
9901039 Premature Ventricular Contractions
9901041 Right Bundle Branch Block
9901043 Sinus Arrhythmia
9901045 Sinus Bradycardia
9901047 Sinus Rhythm
9901049 Sinus Tachycardia
9901051 STEMI Anterior Ischemia
9901053 STEMI Inferior Ischemia
9901055 STEMI Lateral Ischemia
9901057 STEMI Posterior Ischemia
9901059 Supraventricular Tachycardia
9901061 Torsades De Points
9901063 Unknown AED Non-Shockable Rhythm
9901065 Unknown AED Shockable Rhythm
9901067 Ventricular Fibrillation
9901069 Ventricular Tachycardia (With Pulse)

**OC-MEDS – DATA DICTIONARY****eCrew.01 - Crew Member ID**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	Yes
----	-----

NEMESIS Element:	Crew Member ID
------------------	----------------

Data Type:	String
------------	--------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	No
--------------	----

NOT Values:	No
-------------	----

**Attributes:****Constraints:**

character length = 2 to 50
----------------------------

**Code List:**

None
------

**OC-MEDS – DATA DICTIONARY****eCrew.02 - Crew Member Level**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Crew Member Level
------------------	-------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None
------

**Code List:****Not Values:**

7701001 Not Applicable

**Select Resources:**

9925015 EMT

9925017 Advanced EMT

9925019 Paramedic

9925013 First Responder

9925021 Nurse/MICN

9925023 Other Healthcare Professional

9925025 Other Non-Healthcare Professional

9925027 Physician

9925029 Respiratory Therapist

9925031 Student

**OC-MEDS – DATA DICTIONARY****eCrew.03 - Crew Member Response Role**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMIS Element:	Crew Member Response Role
----------------	---------------------------

Data Type:	Multi-select	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None
------

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

7701005 Not Reporting

**Select Resources:**

2403001 Fire Company Personnel (Firefighter, Engineer, Captain)

2403003 Ambulance Driver

2403005 Other (Student, Ride-Along, etc.)

2403007 Radio Medic

2403011 Primary Patient Caregiver (Patient Medic)

2403013 Ambulance Attendant



**OC-MEDS – DATA DICTIONARY****eDevice.02 - Date/Time of Event (per Medical Device)**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

The time of the event recorded by the device's internal clock

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Date/Time of Event (per Medical Device)
------------------	---

Data Type:	Datetime	Pertinent Negatives (PN):	No
------------	----------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:****Constraints:**

between 1/1/1950 and 1/1/2050; pattern = [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

7701005 Not Reporting

**OC-MEDS – DATA DICTIONARY****eDevice.03 - Medical Device Event Type**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The type of event documented by the medical device.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Recommended
------------------	-------------

Data Type:	Multi-select	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

**Code List:**

Select Resources:

- 4103001 12-Lead ECG
- 4103003 Analysis (Button Pressed)
- 4103005 CO2
- 4103007 Date Transmitted
- 4103009 Defibrillation
- 4103011 ECG-Monitor
- 4103013 Heart Rate
- 4103015 Invasive Pressure 1
- 4103017 Invasive Pressure 2
- 4103021 Non-Invasive BP
- 4103019 No Shock Advised
- 4103023 Other
- 4103025 Pacing Electrical Capture
- 4103027 Pacing Started
- 4103029 Pacing Stopped
- 4103031 Patient Connected
- 4103033 Power On
- 4103035 Pulse Oximetry
- 4103037 Pulse Rate
- 4103039 Respiratory Rate



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4103041 Shock Advised
4103043 Sync Off
4103045 Sync On
4103047 Temperature 1
4103049 Temperature 2

**OC-MEDS – DATA DICTIONARY****eDevice.04 - Medical Device Waveform Graphic Type**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

The description of the waveform file stored in Waveform Graphic (eDevice.05).

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMIS Element:	Medical Device Waveform Graphic Type
----------------	--------------------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:****Constraints:**

character length = 1 to 255

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****eDevice.05 - Medical Device Waveform Graphic**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The graphic waveform file.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Medical Device Waveform Graphic
------------------	---------------------------------

Data Type:	Base64Binary	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****eDevice.06 - Medical Device Mode (Manual, AED, Pacing, CO2, O2, etc)**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

The mode of operation the device is operating in during the defibrillation, pacing, or rhythm analysis by the device (if appropriate for the event)

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMSIS Element:	Medical Device Mode (Manual, AED, Pacing, CO2, O2, etc)
-----------------	---

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

None

**Code List:****Select Resources:**

4106001 Advisory  
4106003 Automated  
4106005 Demand  
4106007 Manual  
4106009 Mid-Stream  
4106011 Sensing  
4106013 Side-Stream

**OC-MEDS – DATA DICTIONARY****eDevice.07 - Medical Device ECG Lead**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

The lead which the medical device used to obtain the rhythm (if appropriate for the event)
--

Patient Identifiable:
-----------------------

No
----

Agency Identifiable:
----------------------

No
----

NEMESIS Element:	Medical Device ECG Lead
------------------	-------------------------

Data Type:	Multi-select
------------	--------------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	No
--------------	----

NOT Values:	No
-------------	----

**Attributes:**

None
------

**Code List:**

Select Resources:
-------------------

4107011 AVF
-------------

4107009 AVL
-------------

4107007 AVR
-------------

4107001 I
-----------

4107003 II
------------

4107005 III
-------------

4107013 Paddle
----------------

4107015 Pads
--------------

4107017 V1
------------

4107019 V2
------------

4107021 V3
------------

4107023 V3r
-------------

4107025 V4
------------

4107027 V4r
-------------

4107029 V5
------------

4107031 V5r
-------------

4107033 V6
------------

4107035 V6r
-------------

4107037 V7
------------

4107039 V8
------------

4107041 V9
------------

**OC-MEDS – DATA DICTIONARY****eDevice.08 - Medical Device ECG Interpretation**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

The interpretation of the rhythm by the device (if appropriate for the event)
---

Patient Identifiable:
-----------------------

No
----

Agency Identifiable:
----------------------

No
----

NEMESIS Element:	Medical Device ECG Interpretation
------------------	-----------------------------------

Data Type:	String
------------	--------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	No
--------------	----

NOT Values:	No
-------------	----

**Attributes:****Constraints:**

character length = 1 to 2000
------------------------------

**Code List:**

None
------



**OC-MEDS – DATA DICTIONARY****eDevice.09 - Type of Shock**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

The type of shock used by the device for the defibrillation (if appropriate for the event)
--

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Type of Shock
------------------	---------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

None
------

**Code List:**

Select Resources: 4109001 Biphasic 4109003 Monophasic
---

**OC-MEDS – DATA DICTIONARY****eDevice.10 - Shock or Pacing Energy**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

The energy (in joules) used for the shock or pacing (if appropriate for the event)
--

Patient Identifiable:
-----------------------

No
----

Agency Identifiable:
----------------------

No
----

NEMSIS Element:	Shock or Pacing Energy
-----------------	------------------------

Data Type:
------------

Decimal
---------

Pertinent Negatives (PN):
---------------------------

No
----

Is Nillable:
--------------

No
----

NOT Values:
-------------

No
----

**Attributes:****Constraints:**

minimum = 1; maximum = 9000; format = ####.#
--

**Code List:**

None
------

**OC-MEDS – DATA DICTIONARY****eDevice.11 - Total Number of Shocks Delivered**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

The number of times the patient was defibrillated, if the patient was defibrillated during the patient encounter.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMIS Element:	Total Number of Shocks Delivered
----------------	----------------------------------

Data Type:	Number	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:****Constraints:**

minimum = 1; maximum = 100

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****eDevice.12 - Pacing Rate**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

The rate the device was calibrated to pace during the event, if appropriate.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Pacing Rate
------------------	-------------

Data Type:	Number	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:****Constraints:**

minimum = 1; maximum = 1000

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****itDevice.007 - STEMI 12 Lead ECG Interpreted By**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

STEMI 12 Lead ECG Interpreted By
----------------------------------

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

OC-MEDS Element:	STEMI 12 Lead ECG Interpreted By
------------------	----------------------------------

Data Type:	Multi-select	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:****Comments:**

v2 Code = IT12.4
------------------

**Code List:****Select Resources:**

itDevice.007.104 Cardiac Monitor Program

itDevice.007.100 Critical Care Paramedic

itDevice.007.101 EMT-Basic

itDevice.007.102 EMT-Intermediate

itDevice.007.103 EMT-Paramedic

itDevice.007.107 Nurse Practitioner

itDevice.007.105 Physician

itDevice.007.108 Physician Assistant

itDevice.007.106 Registered Nurse

**OC-MEDS – DATA DICTIONARY****eDispatch.01 - Complaint Reported by Dispatch**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

Definition:
The complaint dispatch reported to the responding unit.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Complaint Reported by Dispatch
------------------	--------------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

**Code List:**

Select Resources:

- 2301001 Abdominal Pain/Problems
- 2301083 Airmedical Transport
- 2301003 Allergic Reaction/Stings
- 2301005 Animal Bite
- 2301007 Assault
- 2301009 Automated Crash Notification
- 2301011 Back Pain (Non-Traumatic)
- 2301013 Breathing Problem
- 2301015 Burns/Explosion
- 2301017 Carbon Monoxide/Hazmat/Inhalation/CBRN
- 2301019 Cardiac Arrest/Death
- 2301021 Chest Pain (Non-Traumatic)
- 2301023 Choking
- 2301025 Convulsions/Seizure
- 2301027 Diabetic Problem
- 2301081 Drowning/Diving/SCUBA Accident
- 2301029 Electrocution/Lightning
- 2301031 Eye Problem/Injury
- 2301033 Falls



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2301035 Fire  
2301037 Headache  
2301039 Healthcare Professional/Admission  
2301041 Heart Problems/AICD  
2301043 Heat/Cold Exposure  
2301045 Hemorrhage/Laceration  
2301047 Industrial Accident/Inaccessible Incident/Other Entrapments (Non-Vehicle)  
2301049 Medical Alarm  
2301051 No Other Appropriate Choice  
2301053 Overdose/Poisoning/Ingestion  
2301055 Pandemic/Epidemic/Outbreak  
2301057 Pregnancy/Childbirth/Miscarriage  
2301059 Psychiatric Problem/Abnormal Behavior/Suicide Attempt  
2301061 Sick Person  
2301063 Stab/Gunshot Wound/Penetrating Trauma  
2301065 Standby  
2301067 Stroke/CVA  
2301069 Traffic/Transportation Incident  
2301071 Transfer/Interfacility/Palliative Care  
2301073 Traumatic Injury  
2301077 Unconscious/Fainting/Near-Fainting  
2301079 Unknown Problem/Person Down  
2301075 Well Person Check

**OC-MEDS – DATA DICTIONARY****eDispatch.03 - EMD Card Number**

OC-MEDS Reporting: Optional

Reporting Condition: Complete and submit if available

**Definition:**

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

Patient Identifiable:

No

Agency Identifiable:

No

NEMESIS Element:

EMD Card Number

Data Type:

String

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:****Constraints:**

character length = 1 to 10

**Code List:**

None



**OC-MEDS – DATA DICTIONARY****eDisposition.01 - Destination/Transferred To, Name**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 includes a "Transport" value.
----------------------	---

**Definition:**

The destination the patient was delivered or transferred to.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	Yes
----	-----

NEMESIS Element:	Destination/Transferred To, Name
------------------	----------------------------------

Data Type:	String
------------	--------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	Yes
--------------	-----

NOT Values:	Yes
-------------	-----

**Attributes:****Constraints:**

character length = 2 to 100

**Code List:****NOT Values:**

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

**See Attachment 1 – Orange County Facilities Data List**

**OC-MEDS – DATA DICTIONARY****eDisposition.02 - Destination/Transferred To, Code**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 includes a "Transport" value.
----------------------	---

**Definition:**

The code of the destination the patient was delivered or transferred to.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	Yes
----	-----

NEMESIS Element:	Destination/Transferred To, Code
------------------	----------------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:****Constraints:**

character length = 2 to 50

**Code List:****NOT Values:**

7701001 Not Applicable

7701003 Not Recorded

7701005 Not Reporting

**See Attachment 1 – Orange County Facilities Data List**

**OC-MEDS – DATA DICTIONARY****eDisposition.03 - Destination Street Address**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 includes a "Transport" value.
----------------------	---

**Definition:**

The street address of the destination the patient was delivered or transferred to.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	Yes
----	-----

NEMESIS Element:	Destination Street Address
------------------	----------------------------

Data Type:	String
------------	--------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	No
--------------	----

NOT Values:	No
-------------	----

**Attributes:****Constraints:**

character length = 1 to 255

**Code List:**

**See Attachment 1 – Orange County Facilities Data List**

**OC-MEDS – DATA DICTIONARY****eDisposition.03.StreetAddress2 - Destination Street Address 2**

OC-MEDS Reporting: Optional

Reporting Condition: eDisposition.12 includes a "Transport" value.

Definition:

None

Patient Identifiable:

No

Agency Identifiable:

Yes

NEMESIS Element: Destination Street Address 2

Data Type:

String

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

None

Code List:

None

**OC-MEDS – DATA DICTIONARY****eDisposition.04 - Destination City**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 includes a "Transport" value.
----------------------	---

**Definition:**

The city of the destination the patient was delivered or transferred to (physical address).

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Destination City
------------------	------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

None

**Code List:**

**See Attachment 1 – Orange County Facilities Data List**

**OC-MEDS – DATA DICTIONARY****eDisposition.05 - Destination State**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 includes a "Transport" value.
----------------------	---

**Definition:**

The state of the destination the patient was delivered or transferred to.
---

Patient Identifiable:
-----------------------

No
----

Agency Identifiable:
----------------------

No
----

NEMESIS Element:	Destination State
------------------	-------------------

Data Type:	String
------------	--------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	Yes
--------------	-----

NOT Values:	Yes
-------------	-----

**Attributes:**

None
------

**Code List:**

Not Values:

7701001 Not Applicable

7701003 Not Recorded

**See Attachment 1 – Orange County Facilities Data List**

**OC-MEDS – DATA DICTIONARY****eDisposition.06 - Destination County**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 includes a "Transport" value.
----------------------	---

**Definition:**

The destination county in which the patient was delivered or transferred to.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Destination County
------------------	--------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None

**Code List:**

Not Values:

7701001 Not Applicable

7701003 Not Recorded

**See Attachment 1 – Orange County Facilities Data List**

**OC-MEDS – DATA DICTIONARY****eDisposition.07 - Destination ZIP Code**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 includes a "Transport" value.
----------------------	---

**Definition:**

The destination ZIP code in which the patient was delivered or transferred to.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Destination ZIP Code
------------------	----------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:****Constraints:**

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

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**See Attachment 1 – Orange County Facilities Data List**



**OC-MEDS – DATA DICTIONARY****eDisposition.08 - Destination Country**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	eDisposition.12 includes a "Transport" value.
----------------------	---

Definition:
The country of the destination.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Destination Country
------------------	---------------------

Data Type:	ANSI Value	Pertinent Negatives (PN):	No
------------	------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: character length = 2

Code List:
 <b>See Attachment 1 – Orange County Facilities Data List</b>

**OC-MEDS – DATA DICTIONARY****eDisposition.11 - Number of Patients Transported in this EMS Unit**

OC-MEDS Reporting: Optional

Reporting Condition: Complete and submit if available

**Definition:**

The number of patients transported by this EMS crew and unit.

Patient Identifiable:

No

Agency Identifiable:

No

NEMESIS Element: Number of Patients Transported in this EMS Unit

Data Type: Number

Pertinent Negatives (PN): No

Is Nillable: Yes

NOT Values: Yes

**Attributes:****Constraints:**

minimum = 1; maximum = 100

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

7701005 Not Reporting

**OC-MEDS – DATA DICTIONARY****eDisposition.12 - Incident/Patient Disposition**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

**Definition:**

Type of disposition treatment and/or transport of the patient by this EMS Unit.
---

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Incident/Patient Disposition
------------------	------------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

See Attachment 17 for more information and definitions.
---

**Code List:****Select Resources:**

4212003 ASSIST - Public (e.g. back to bed)

4212007 CANCELED - Prior to Arrival At Scene

4212009 CANCELED - On Scene (No Patient Contact)

4212015 DOA - Obvious Death

4212019 DOA BHC - Pronounced Death After Intervention Attempted

4212023 AMA - Patient Refused Evaluation/Care / Accepts Transport

4212025 AMA - Patient Refused Evaluation/Care and Transport

4212027 AMA - Patient Refuses Transport / Accepts Evaluation/Care

4212029 RELEASE - Treated, Released (per protocol)

4212031 TRANSFER - Treated, Transferred Care to Another EMS Unit

4212033 Treated, Transported by EMS

4212035 TRANSFER - Treated, Transferred to Law Enforcement

4212039 STANDBY ONLY - No Services or Support Provided

it4212.101 911 BHC - 911 IFT with PM

it4212.110 911 ALS NO CONTACT – Treated,Transported ALS w/o Base Hospital Contact (ALS No Contact)

it4212.111 911 BHC - Treated and Transported ALS with Base Hospital Contact

it4212.112 BLS ONLY - Treated and Transported with EMT (BLS level eval. and care only)

it4212.113 ALS EVAL. / BLS - Transported with BLS after PM/ALS evaluation

it4212.143 NON-911 BLS Interfacility Transport

it4212.114 NON-911 IFT-ALS - Treated and Transported with non-911 IFT PM w/o Base Hospital Contact



**OC-MEDS – DATA DICTIONARY**

it4212.115 NON-911 IFT-ALS BHC - Treated and Transported with IFT PM with Base Hospital Contact  
it4212.116 NON-911 CCT – Critical Care Transport  
it4212.122 BHC - AMA - with Base Hospital Contact  
it4212.129 911 TRANSFER - Treated, Transferred Care to an ALS EMS Unit (BLS/PAU/ALS to ALS)  
it4212.141 911 TRANSFER - Treated, Transferred Care to a BLS EMS Unit (ALS/PAU to BLS Ambulance)  
it4212.143 NON-911 BLS Interfacility Transport

**OC-MEDS – DATA DICTIONARY****eDisposition.16 - EMS Transport Method**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 includes a "Transport" value.
----------------------	---

Definition:
Transport method by this EMS Unit.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	EMS Transport Method
------------------	----------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
None

**Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded

Select Resources:  
4216003 Air Medical-Helicopter  
4216005 Ground-Ambulance  
4216011 Other (Not Listed)

**OC-MEDS – DATA DICTIONARY****eDisposition.17 - Transport Mode from Scene**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 includes a "Transport" value.
----------------------	---

**Definition:**

Indication whether the transport was emergent or non-emergent.
--

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Transport Mode from Scene
------------------	---------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None
------

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

4217003 Code 3 Downgraded to Code 2

4217001 Code 3

4217005 Code 2

4217007 Code 2 Upgraded to Code 3

**OC-MEDS – DATA DICTIONARY****eDisposition.19 - Final Patient Acuity**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 includes a "Transport" value.
----------------------	---

**Definition:**

The acuity of the patient's condition after EMS care.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Final Patient Acuity
------------------	----------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

4219001 Severe

4219007 Dead

4219003 Moderate

4219005 Mild

**OC-MEDS – DATA DICTIONARY****eDisposition.20 - Reason for Choosing Destination**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 includes a "Transport" value.
----------------------	---

**Definition:**

The reason the unit chose to deliver or transfer the patient to the destination
---

Patient Identifiable:
-----------------------

No
----

Agency Identifiable:
----------------------

No
----

NEMESIS Element:	Reason for Choosing Destination
------------------	---------------------------------

Data Type:	Multi-select
------------	--------------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	Yes
--------------	-----

NOT Values:	Yes
-------------	-----

**Attributes:**

None
------

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

4220001 Closest Facility

4220003 Diversion

4220005 Family Choice

4220007 Insurance Status/Requirement

4220009 Law Enforcement Choice

4220013 Other

4220015 Patient's Choice

4220017 Patient's Physician's Choice

4220021 Regional Specialty Center (Trauma/Cardiac/Stroke)

it4220.100 Dead On Scene / Coroner



**OC-MEDS – DATA DICTIONARY****eDisposition.21 - Type of Destination**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 includes a "Transport" value.
----------------------	---

**Definition:**

The type of destination the patient was delivered or transferred to
---

Patient Identifiable:
-----------------------

No
----

Agency Identifiable:
----------------------

No
----

NEMESIS Element:	Type of Destination
------------------	---------------------

Data Type:
------------

Single-select
---------------

Pertinent Negatives (PN):
---------------------------

No
----

Is Nillable:
--------------

Yes
-----

NOT Values:
-------------

Yes
-----

**Attributes:**

None
------

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

4221001 Home

4221003 Hospital-Emergency Department

4221005 Hospital-Direct Admit

4221007 Medical Office/Clinic

4221009 Coroner / Morgue

4221011 Skilled Nursing Facility / Assisted Living Facility

4221015 Other EMS Responder (air)

4221017 Other EMS Responder (ground)

4221013 Other

4221019 Police/Jail

4221021 Urgent Care

it4221.103 Behavioral In-Patient

it4221.102 Behavioral Out-Patient

it4221.101 Dialysis Center

it4221.100 Hospice

**OC-MEDS – DATA DICTIONARY****eDisposition.22 - Hospital In-Patient Destination**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 includes a "Transport" value.
----------------------	---

**Definition:**

The location within the hospital that the patient was taken directly by EMS (e.g., Cath Lab, ICU, etc.).

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMIS Element:	Hospital In-Patient Destination
----------------	---------------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

4222001 Hospital-Burn

4222003 Hospital-Cath Lab

4222005 Hospital-CCU

4222007 Hospital-Endoscopy

4222009 Hospital-Hospice

4222011 Hospital-Hyperbaric Oxygen Treatment

4222013 Hospital-ICU

4222015 Hospital-Labor & Delivery

4222017 Hospital-Med/Surg

4222019 Hospital-Mental Health

4222021 Hospital-MICU

4222023 Hospital-NICU

4222025 Hospital-Nursery

4222031 Hospital-OR



## OC-MEDS – DATA DICTIONARY

4222033 Hospital-Orthopedic
4222035 Hospital-Other
4222037 Hospital-Out-Patient Bed
4222027 Hospital-Peds (General)
4222029 Hospital-Peds ICU
4222045 Hospital-Radiation
4222041 Hospital-Radiology Services - CT/PET
4222039 Hospital-Radiology Services - MRI
4222043 Hospital-Radiology Services - X-Ray
4222047 Hospital-Rehab
4222049 Hospital-SICU

**OC-MEDS – DATA DICTIONARY****itDisposition.001 - Destination Directed To Code**

OC-MEDS Reporting:	Base Hospital Use Only
--------------------	------------------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
Destination Directed To Code

Patient Identifiable:	Agency Identifiable:
No	Yes

OC-MEDS Element:	Destination Directed To Code
------------------	------------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments:
v2 Code = IT32.1

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****itDisposition.002 - Destination Directed To Reason**

OC-MEDS Reporting:	Base Hospital Use Only
--------------------	------------------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

The reason the Base Hospital directed the EMS Unit to the Destination.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

OC-MEDS Element:	Destination Directed To Reason
------------------	--------------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:****Comments:**

v2 Code = IT32.2

**Code List:****Select Resources:**

itDisposition.002.104 911 Interfacility Transfer / Call Continuation

itDisposition.002.102 Base Hospital Order

itDisposition.002.106 Burn Center

itDisposition.002.107 Cardiovascular Receiving Center (CVRC)

itDisposition.002.100 Closest Facility

itDisposition.002.101 Diversion

itDisposition.002.103 Other

itDisposition.002.109 Paramedic Trauma Receiving Center (PTRC)

itDisposition.002.105 Replant Center

itDisposition.002.108 Stroke Neuro Receiving Center (SNRC)

itDisposition.002.110 Patient/Family Request

**OC-MEDS – DATA DICTIONARY****itDisposition.007 - Base Hospital Contact Date**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 includes a Base Hospital value.
----------------------	---

**Definition:**

Base Hospital Contact Date
----------------------------

Patient Identifiable:
-----------------------

No
----

Agency Identifiable:
----------------------

No
----

OC-MEDS Element:	Base Hospital Contact Date
------------------	----------------------------

Data Type:
------------

Datetime
----------

Pertinent Negatives (PN):
---------------------------

No
----

Is Nillable:
--------------

No
----

NOT Values:
-------------

No
----

**Attributes:****Comments:**

v2 Code = IT5.48
------------------

**Code List:**

None
------

**OC-MEDS – DATA DICTIONARY****itDisposition.008 - Base Hospital Clear Communications Date/Time**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Base Hospital Use Only
----------------------	------------------------

**Definition:**

Base Hospital Clear Communications Date/Time
--

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

OC-MEDS Element:	Base Hospital Clear Communications Date/Time
------------------	--

Data Type:	Datetime	Pertinent Negatives (PN):	No
------------	----------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:****Comments:**

v2 Code = IT5.77
------------------

**Code List:**

None
------

**OC-MEDS – DATA DICTIONARY****itDisposition.017 - Transfer Rig Number (Transporting Unit Number)**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	eDisposition.12 includes a "Transport" value.
----------------------	---

Definition:
Transfer Rig Number

Patient Identifiable:	Agency Identifiable:
No	Yes

OC-MEDS Element:	Transfer Rig Number
------------------	---------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: max length = 50
Comments: v2 Code = IT29.9

Code List:
------------

None
------



**OC-MEDS – DATA DICTIONARY****itDisposition.031 - First EMS Unit Arriving**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
First EMS Unit Arriving

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	First EMS Unit Arriving
------------------	-------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: max length = 100
Comments: v2 Code = IT5.13

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****itDisposition.038 - Transporting Agency**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 includes a "Transport" value.
----------------------	---

Definition:
Transporting Agency

Patient Identifiable:	Agency Identifiable:
No	Yes

OC-MEDS Element:	Transporting Agency
------------------	---------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: max length = 50
Comments: v2 Code = IT5.50

Code List:
------------

<b>See Attachment 2 – EMS Provider Agency List</b>
--

**OC-MEDS – DATA DICTIONARY****itDisposition.047 - Base Hospital Contacted**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 includes a Base Hospital value.
----------------------	---

Definition:
Base Hospital Contacted

Patient Identifiable:	Agency Identifiable:
No	Yes

OC-MEDS Element:	Base Hospital Contacted
------------------	-------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments:
v2 Code = IT5.23

Code List:
------------

**See Attachment 1 - Orange County Facilities Data List (Base Hospital Column)**

**OC-MEDS – DATA DICTIONARY****eExam.01 - Estimated Body Weight in Kilograms**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

**Definition:**

The patient's body weight in kilograms either measured or estimated

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Estimated Body Weight in Kilograms
------------------	------------------------------------

Data Type:	Decimal	Pertinent Negatives (PN):	Yes
------------	---------	---------------------------	-----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:****Constraints:**

minimum = 0.1; maximum = 999.9; format = ###.##

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

7701005 Not Reporting

**Pertinent Negatives:**

8801023 Unable to Complete

**OC-MEDS – DATA DICTIONARY****eExam.02 - Length Based Tape Measure**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if pertinent.
----------------------	-----------------------------------

Definition:
The length-based color as taken from the tape.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Length Based Tape Measure
------------------	---------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	Yes
------------	---------------	---------------------------	-----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
None

**Code List:**

## Not Values:

7701001 Not Applicable  
7701003 Not Recorded  
7701005 Not Reporting

## Pertinent Negatives:

8801019 Refused  
8801023 Unable to Complete

## Select Resources:

3502001 Blue  
3502003 Green  
3502005 Grey  
3502007 Orange  
3502009 Pink  
3502011 Purple  
3502013 Red  
3502015 White  
3502017 Yellow

**OC-MEDS – DATA DICTIONARY****eExam.03 - Date/Time of Assessment**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

Definition:
The date/time of the assessment

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Date/Time of Assessment
------------------	-------------------------

Data Type:	Datetime	Pertinent Negatives (PN):	No
------------	----------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; pattern = [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+ -)[0-9]{2}:[0-9]{2}

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting

**OC-MEDS – DATA DICTIONARY****eExam.04 - Skin Assessment**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

Definition:
The assessment findings associated with the patient's skin.

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Skin Assessment
----------------	-----------------

Data Type:	Multi-select	Pertinent Negatives (PN):	Yes
------------	--------------	---------------------------	-----

Is Nillable:	Yes	NOT Values:	No
--------------	-----	-------------	----

Attributes:
None

**Code List:**

Pertinent Negatives:  
8801005 Exam Finding Not Present

Select Resources:  
3504037 Capillary Refill 2-4 seconds  
3504035 Capillary Refill less than 2 seconds  
3504039 Capillary Refill more than 4 seconds  
3504001 Clammy  
3504003 Cold  
it3504.121 Color - Normal  
3504005 Cyanotic  
3504007 Diaphoretic  
3504009 Dry  
3504011 Flushed  
3504013 Hot  
3504015 Jaundiced  
3504017 Lividity  
it3504.130 Moisture - Normal  
3504019 Mottled  
3504021 Normal  
3504023 Not Indicated/Not Done



**OC-MEDS – DATA DICTIONARY**

3504025 Pale it3504.137 Poor Skin Turgor it3504.138 Rash 3504031 Tenting 3504033 Warm
---



**OC-MEDS – DATA DICTIONARY****eExam.05 - Head Assessment**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if pertinent.
----------------------	-----------------------------------

Definition:
The assessment findings associated with the patient's head.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Head Assessment
------------------	-----------------

Data Type:	Multi-select	Pertinent Negatives (PN):	Yes
------------	--------------	---------------------------	-----

Is Nillable:	Yes	NOT Values:	No
--------------	-----	-------------	----

Attributes:
None

**Code List:**

Pertinent Negatives:  
8801005 Exam Finding Not Present

Select Resources:  
3505001 Abrasion  
3505003 Avulsion  
3505005 Bleeding Controlled  
3505007 Bleeding Uncontrolled  
3505009 Burn-Blistering  
3505011 Burn-Charring  
3505013 Burn-Redness  
3505015 Burn-White/Waxy  
3505051 Contusion  
3505047 Crush Injury  
3505017 Decapitation  
3505019 Deformity  
3505021 Drainage  
3505023 Foreign Body  
3505025 Gunshot Wound-Entry  
3505027 Gunshot Wound-Exit  
3505045 Gunshot Wound



## OC-MEDS – DATA DICTIONARY

3505029 Laceration
3505031 Mass/Lesion
3505033 Normal
3505035 Not Indicated/Not Done
3505037 Pain
3505039 Puncture/Stab Wound
it3505.001 Rash
3505049 Swelling
3505053 Tenderness

**OC-MEDS – DATA DICTIONARY****eExam.06 - Face Assessment**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if pertinent.
----------------------	-----------------------------------

Definition:
The assessment findings associated with the patient's face.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Face Assessment
------------------	-----------------

Data Type:	Multi-select	Pertinent Negatives (PN):	Yes
------------	--------------	---------------------------	-----

Is Nillable:	Yes	NOT Values:	No
--------------	-----	-------------	----

Attributes:

**Code List:**

Pertinent Negatives:  
8801005 Exam Finding Not Present

Select Resources:  
3506001 Abrasion  
3506003 Asymmetric Smile or Droop  
3506005 Avulsion  
3506007 Bleeding Controlled  
3506009 Bleeding Uncontrolled  
3506011 Burn-Blistering  
3506013 Burn-Charring  
3506015 Burn-Redness  
3506017 Burn-White/Waxy  
3506055 Contusion  
3506049 Crush Injury  
3506019 Decapitation  
3506021 Deformity  
3506023 Drainage  
3506025 Foreign Body  
3506027 Gunshot Wound-Entry  
3506029 Gunshot Wound-Exit



## OC-MEDS – DATA DICTIONARY

3506047 Gunshot Wound
3506031 Laceration
3506033 Mass/Lesion
3506035 Normal
3506037 Not Indicated/Not Done
3506039 Pain
3506041 Puncture/Stab Wound
3506053 Swelling
3506051 Tenderness

**OC-MEDS – DATA DICTIONARY****eExam.07 - Neck Assessment**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
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Definition:
The assessment findings associated with the patient's neck.

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Neck Assessment
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Data Type:	Multi-select	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	No
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Attributes:
None

Code List:
Pertinent Negatives: 8801005 Exam Finding Not Present
Select Resources: 3507001 Abrasion 3507003 Avulsion 3507005 Bleeding Controlled 3507007 Bleeding Uncontrolled 3507009 Burn-Blistering 3507011 Burn-Charring 3507013 Burn-Redness 3507015 Burn-White/Waxy 3507055 Contusion 3507051 Crush Injury 3507017 Decapitation 3507057 Deformity 3507019 Foreign Body 3507021 Gunshot Wound-Entry 3507023 Gunshot Wound-Exit 3507049 Gunshot Wound 3507025 JVD



**OC-MEDS – DATA DICTIONARY**

3507027 Laceration  
3507029 Normal  
3507031 Not Indicated/Not Done  
3507033 Pain  
3507035 Puncture/Stab Wound  
it3507.001 Rash  
it3507.002 Stiffness  
3507037 Stridor  
3507039 Subcutaneous Air  
3507053 Swelling  
3507059 Tenderness  
3507045 Tracheal Deviation-Left  
3507047 Tracheal Deviation-Right

**OC-MEDS – DATA DICTIONARY****eExam.08 - Chest/Lungs Assessment**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
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**Definition:**

The assessment findings associated with the patient's chest/lungs.
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Patient Identifiable:	Agency Identifiable:
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No	No
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NEMIS Element:	Chest/Lungs Assessment
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Data Type:	Multi-select	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	No
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**Attributes:**

None
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**Code List:****Pertinent Negatives:**

8801005 Exam Finding Not Present

**Select Resources:**

3508001 Abrasion

3508005 Accessory Muscles Used with Breathing

3508003 Avulsion

3508007 Bleeding Controlled

3508009 Bleeding Uncontrolled

3508011 Breath Sounds-Absent-Left

3508013 Breath Sounds-Absent-Right

3508015 Breath Sounds-Decreased Left

3508017 Breath Sounds-Decreased Right

3508019 Breath Sounds-Equal

3508021 Breath Sounds-Normal-Left

3508023 Breath Sounds-Normal-Right

3508025 Burn-Blistering

3508027 Burn-Charring

3508029 Burn-Redness

3508031 Burn-White/Waxy

3508101 Contusion



## OC-MEDS – DATA DICTIONARY

3508033 Crush Injury  
3508035 Deformity  
3508037 Flail Segment-Left  
3508039 Flail Segment-Right  
3508041 Foreign Body  
3508043 Gunshot Wound-Entry  
3508045 Gunshot Wound-Exit  
3508097 Gunshot Wound  
it3508.006 Hematoma  
3508049 Implanted Device  
3508047 Increased Respiratory Effort  
3508051 Laceration  
3508053 Normal  
3508055 Not Indicated/Not Done  
3508057 Pain  
it3508.001 Pain/Pressure Radiating to Neck/Back/Arms  
3508059 Pain with Inspiration/expiration-Left  
3508061 Pain with Inspiration/expiration-Right  
3508063 Puncture/Stab Wound  
3508065 Rales-Left  
3508067 Rales-Right  
it3508.002 Rash  
3508069 Retraction  
3508071 Rhonchi-Left  
3508073 Rhonchi-Right  
3508075 Rhonchi/Wheezing  
it3508.003 Sounds Present At Apexes  
it3508.004 Sounds Present At Bases  
it3508.005 Surgical Scar (Mastectomy)  
3508077 Stridor-Left  
3508079 Stridor-Right  
3508099 Swelling  
3508103 Tenderness-General  
3508085 Tenderness-Left  
3508087 Tenderness-Right  
3508089 Wheezing-Expiratory - Left  
3508091 Wheezing-Expiratory - Right  
3508093 Wheezing-Inspiratory - Left  
3508095 Wheezing-Inspiratory – Right  
it3508.007 Chest Tube - Left Chest  
it3508.008 Chest Tube - Right Chest



**OC-MEDS – DATA DICTIONARY****eExam.09 - Heart Assessment**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
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Definition:
The assessment findings associated with the patient's heart.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Heart Assessment
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Data Type:	Multi-select	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	No
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Attributes:
None

Code List:
Pertinent Negatives: 8801005 Exam Finding Not Present
Select Resources: 3509001 Clicks 3509003 Heart Sounds Decreased 3509005 Murmur-Diastolic 3509007 Murmur-Systolic 3509009 Normal 3509011 Not Indicated/Not Done 3509013 Rubs 3509015 S1 3509017 S2 3509019 S3 3509021 S4

**OC-MEDS – DATA DICTIONARY****eExam.10 - Abdominal Assessment Finding Location**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
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Definition:
The location of the patient's abdomen assessment findings.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Abdominal Assessment Finding Location
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
None

Code List:
Select Resources: 3510001 Generalized 3510003 Left Lower Quadrant 3510005 Left Upper Quadrant 3510007 Periumbilical 3510009 Right Lower Quadrant 3510011 Right Upper Quadrant

**OC-MEDS – DATA DICTIONARY****eExam.11 - Abdomen Assessment**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
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Definition:
The assessment findings associated with the patient's abdomen.

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Abdomen Assessment
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Data Type:	Multi-select	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	No
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Attributes:
None

Code List:
Pertinent Negatives: 8801005 Exam Finding Not Present
Select Resources: 3511001 Abrasion 3511003 Avulsion 3511005 Bleeding Controlled 3511007 Bleeding Uncontrolled 3511009 Bowel Sounds-Absent 3511011 Bowel Sounds-Present 3511013 Burn-Blistering 3511015 Burn-Charring 3511017 Burn-Redness 3511019 Burn-White/Waxy 3511059 Contusion 3511055 Crush Injury 3511061 Deformity 3511021 Distention 3511023 Foreign Body 3511025 Guarding 3511027 Gunshot Wound-Entry



**OC-MEDS – DATA DICTIONARY**



3511029 Gunshot Wound-Exit  
3511053 Gunshot Wound  
3511031 Laceration  
3511033 Mass/Lesion  
3511035 Mass-Pulsating  
3511037 Normal  
3511039 Not Indicated/Not Done  
3511041 Pain  
3511043 Pregnant-Palpable Uterus  
3511045 Puncture/Stab Wound  
it3511.001 Rash  
3511057 Swelling  
3511051 Tenderness

**OC-MEDS – DATA DICTIONARY****eExam.12 - Pelvis/Genitourinary Assessment**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
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**Definition:**

The assessment findings associated with the patient's pelvis/genitourinary.
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Patient Identifiable:	Agency Identifiable:
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No	No
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NEMESIS Element:	Pelvis/Genitourinary Assessment
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Data Type:	Multi-select	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	No
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**Attributes:**

None
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**Code List:****Pertinent Negatives:**

8801005 Exam Finding Not Present

**Select Resources:**

3512001 Abrasion

3512003 Avulsion

3512005 Bleeding Controlled

3512009 Bleeding-Rectal

3512007 Bleeding Uncontrolled

3512011 Bleeding-Urethral

3512013 Bleeding-Vaginal

3512015 Burn-Blistering

3512017 Burn-Charring

3512019 Burn-Redness

3512021 Burn-White/Waxy

3512065 Contusion

3512061 Crush Injury

3512023 Deformity

it3512.110 Discharge

it3512.114 Foley Catheter

3512025 Foreign body



**OC-MEDS – DATA DICTIONARY**



3512027 Genital Injury  
3512029 Gunshot Wound-Entry  
3512031 Gunshot Wound-Exit  
3512059 Gunshot Wound  
it3512.112 Incontinent to Bowel  
it3512.111 Incontinent to Urine  
3512033 Laceration  
3512035 Mass/Lesion  
3512037 Normal  
3512039 Not Indicated/Not Done  
3512041 Pain  
3512043 Pelvic Fracture  
3512045 Pelvic Instability  
3512047 Penile Priapism/Erection  
3512049 Pregnant-Crowning  
3512051 Puncture/Stab Wound  
3512063 Swelling  
3512057 Tenderness

**OC-MEDS – DATA DICTIONARY****eExam.13 - Back and Spine Assessment Finding Location**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
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Definition:
The location of the patient's back and spine assessment findings.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Back and Spine Assessment Finding Location
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
None

**Code List:**

Select Resources:

- 3513001 Back-General
- 3513003 Cervical-Left
- 3513005 Cervical-Midline
- 3513007 Cervical-Right
- 3513027 Crush Injury
- 3513009 Lumbar-Left
- 3513011 Lumbar-Midline
- 3513013 Lumbar-Right
- 3513021 Sacral-Left
- 3513023 Sacral-Midline
- 3513025 Sacral-Right
- 3513015 Thoracic-Left
- 3513017 Thoracic-Midline
- 3513019 Thoracic-Right

**OC-MEDS – DATA DICTIONARY****eExam.14 - Back and Spine Assessment**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
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**Definition:**

The assessment findings associated with the patient's spine (Cervical, Thoracic, Lumbar, and Sacral) and back exam.

Patient Identifiable:	Agency Identifiable:
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No	No
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NEMIS Element:	Back and Spine Assessment
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Data Type:	Multi-select	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	No
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**Attributes:**

None

**Code List:****Pertinent Negatives:**

8801005 Exam Finding Not Present

**Select Resources:**

3514001 Abrasion

3514003 Avulsion

3514005 Bleeding Controlled

3514007 Bleeding Uncontrolled

3514009 Burn-Blistering

3514011 Burn-Charring

3514013 Burn-Redness

3514015 Burn-White/Waxy

3514053 Contusion

3514049 Crush Injury

3514017 Deformity

3514019 Foreign Body

3514021 Gunshot Wound-Entry

3514023 Gunshot Wound-Exit

3514047 Gunshot Wound

3514025 Laceration





**OC-MEDS – DATA DICTIONARY**



3514027 Normal
3514029 Not Indicated/Not Done
3514031 Pain
3514033 Pain with Range of Motion
3514035 Puncture/Stab Wound
3514051 Swelling
3514055 Tenderness
3514041 Tenderness Costovertebral Angle
3514043 Tenderness Midline Spinous Process
3514045 Tenderness Paraspinous

**OC-MEDS – DATA DICTIONARY****eExam.15 - Extremity Assessment Finding Location**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
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Definition:
The location of the patient's extremity assessment findings.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Extremity Assessment Finding Location
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
None

**Code List:**

Select Resources:

- 3515001 Ankle-Left
- 3515003 Ankle-Right
- 3515005 Arm-Upper-Left
- 3515007 Arm-Upper-Right
- 3515009 Elbow-Left
- 3515011 Elbow-Right
- 3515013 Finger-2nd (Index)-Left
- 3515015 Finger-2nd (Index)-Right
- 3515017 Finger-3rd (Middle)-Left
- 3515019 Finger-3rd (Middle)-Right
- 3515021 Finger-4th (Ring)-Left
- 3515023 Finger-4th (Ring)-Right
- 3515025 Finger-5th (Smallest)-Left
- 3515027 Finger-5th (Smallest)-Right
- 3515029 Foot-Dorsal-Left
- 3515031 Foot-Dorsal-Right
- 3515033 Foot-Plantar-Left
- 3515035 Foot-Plantar-Right
- 3515037 Forearm-Left
- 3515039 Forearm-Right



**OC-MEDS – DATA DICTIONARY**



3515041 Hand-Dorsal-Left  
3515043 Hand-Dorsal-Right  
3515045 Hand-Palm-Left  
3515047 Hand-Palm-Right  
3515049 Hip-Left  
3515051 Hip-Right  
3515053 Knee-Left  
3515055 Knee-Right  
3515057 Leg-Lower-Left  
3515059 Leg-Lower-Right  
3515061 Leg-Upper-Left  
3515063 Leg-Upper-Right  
3515065 Shoulder-Left  
3515067 Shoulder-Right  
3515069 Thumb-Left  
3515071 Thumb-Right  
3515073 Toe-1st (Big)-Left  
3515075 Toe-1st (Big)-Right  
3515077 Toe-2nd-Left  
3515079 Toe-2nd-Right  
3515081 Toe-3rd-Left  
3515083 Toe-3rd-Right  
3515085 Toe-4th-Left  
3515087 Toe-4th-Right  
3515089 Toe-5th (Smallest)-Left  
3515091 Toe-5th (Smallest)-Right  
3515093 Wrist-Left  
3515095 Wrist-Right

**OC-MEDS – DATA DICTIONARY****eExam.16 - Extremities Assessment**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
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**Definition:**

The assessment findings associated with the patient's extremities.
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Patient Identifiable:	Agency Identifiable:
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No	No
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NEMIS Element:	Extremities Assessment
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Data Type:	Multi-select	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	No
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**Attributes:**

None
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**Code List:**

Pertinent Negatives:

Code Description

8801005 Exam Finding Not Present

Select Resources:

Code Description

3516001 Abrasion

3516003 Amputation-Acute

3516005 Amputation-Previous

3516083 Arm Drift

3516007 Avulsion

3516009 Bleeding Controlled

3516011 Bleeding Uncontrolled

3516013 Burn-Blistering

3516015 Burn-Charring

3516017 Burn-Redness

3516019 Burn-White/Waxy

3516021 Clubbing (of fingers)

it3516.001 Cold Extremity

3516081 Contusion

3516023 Crush Injury

3516025 Deformity



**OC-MEDS – DATA DICTIONARY**



3516027 Dislocation  
3516029 Edema  
3516031 Foreign Body  
3516033 Fracture-Closed  
3516035 Fracture-Open  
3516037 Gunshot Wound-Entry  
3516039 Gunshot Wound-Exit  
3516077 Gunshot Wound  
3516041 Laceration  
3516043 Motor Function-Abnormal/Weakness  
3516045 Motor Function-Absent  
3516047 Motor Function-Normal  
3516049 Normal  
3516051 Not Indicated/Not Done  
3516053 Pain  
3516055 Paralysis  
3516057 Pulse-Abnormal  
3516059 Pulse-Absent  
3516061 Pulse-Normal  
3516063 Puncture/Stab Wound  
3516065 Sensation-Abnormal  
3516067 Sensation-Absent  
3516069 Sensation-Normal  
3516079 Swelling  
3516075 Tenderness

**OC-MEDS – DATA DICTIONARY****eExam.17 - Eye Assessment Finding Location**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
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Definition:
The location of the patient's eye assessment findings.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Eye Assessment Finding Location
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
None

Code List:
Select Resources: 3517001 Bilateral 3517003 Left 3517005 Right

**OC-MEDS – DATA DICTIONARY****eExam.18 - Eye Assessment**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
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Definition:
The assessment findings of the patient's eye examination.

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Eye Assessment
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Data Type:	Multi-select	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	No
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Attributes:
None

Code List:
Pertinent Negatives: 8801005 Exam Finding Not Present
Select Resources: 3518001 1-mm 3518003 2-mm 3518005 3-mm 3518007 4-mm 3518009 5-mm 3518011 6-mm 3518013 7-mm 3518015 8-mm or > 3518017 Blind 3518019 Cataract Present 3518021 Clouded 3518057 Contusion 3518023 Deformity 3518025 Dysconjugate Gaze 3518027 Foreign Body 3518029 Glaucoma Present 3518031 Hyphema



**OC-MEDS – DATA DICTIONARY**



3518033 Jaundiced Sclera
3518035 Missing
3518037 Non-Reactive
3518041 Non-Reactive Prosthetic
3518039 Not Indicated/Not Done
3518043 Nystagmus Noted
3518045 Open Globe
3518047 PERRL
3518059 Puncture/Stab Wound
3518049 Pupil-Irregular/Teardrop
3518051 Reactive
3518053 Sluggish
3518055 Swelling
It3518.100 Fixed/Dilated



**OC-MEDS – DATA DICTIONARY****eExam.19 - Mental Status Assessment**

OC-MEDS Reporting:	Required
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Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
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**Definition:**

The assessment findings of the patient's mental status examination.
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Patient Identifiable:	Agency Identifiable:
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No	No
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NEMESIS Element:	Mental Status Assessment
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Data Type:	Multi-select	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	No
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**Attributes:**

None
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**Code List:****Pertinent Negatives:**

8801005 Exam Finding Not Present

**Select Resources:**

3519023 Agitation

3519001 Combative

3519003 Confused

3519005 Hallucinations

3519007 Normal Baseline for Patient

3519009 Not Indicated/Not Done

3519015 Oriented-Event

3519011 Oriented-Person

3519013 Oriented-Place

3519017 Oriented-Time

it3519.100 Perseveration (Uncontrolled Verbal Repetition)

3519019 Pharmacologically Sedated/Paralyzed

3519025 Somnolent (Lethargic / Sleepy)

3519027 Stupor

3519021 Unresponsive

**OC-MEDS – DATA DICTIONARY****eExam.20 - Neurological Assessment**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
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**Definition:**

The assessment findings of the patient's neurological examination.
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Patient Identifiable:	Agency Identifiable:
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No	No
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NEMESIS Element:	Neurological Assessment
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Data Type:	Multi-select	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	No
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**Attributes:**

None
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**Code List:****Pertinent Negatives:**

8801005 Exam Finding Not Present

**Select Resources:**

3520001 Aphagia

3520003 Aphasia

3520005 Cerebellar Function-Abnormal

3520007 Cerebellar Function-Normal

3520009 Decerebrate Posturing

3520011 Decorticate Posturing

3520013 Gait-Abnormal

3520015 Gait-Normal

3520017 Hemiplegia-Left

3520019 Hemiplegia-Right

3520021 Normal Baseline for Patient

3520023 Not Indicated/Not Done

it3520.001 Postictal

3520049 Reported Stroke Symptoms Resolved in EMS Presence

3520047 Reported Stroke Symptoms Resolved Prior to EMS Arrival

3520025 Seizures

3520027 Speech Normal



## OC-MEDS – DATA DICTIONARY

3520029 Speech Slurring
3520031 Strength-Asymmetric
3520033 Strength-Normal
3520035 Strength-Symmetric
3520037 Tremors
3520039 Weakness-Facial Droop-Left
3520041 Weakness-Facial Droop-Right
3520043 Weakness-Left Sided
3520045 Weakness-Right Sided

**OC-MEDS – DATA DICTIONARY****itExam.002 - STEMI Triage Criteria**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
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Definition:
STEMI Triage Criteria

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	STEMI Triage Criteria
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments:
v2 Code = IT12.1

Code List:
Select Resources:
itExam.002.100 No
itExam.002.101 Yes



**OC-MEDS – DATA DICTIONARY**

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**itExam.037 - Skin Exam Details**

OC-MEDS Reporting:	Optional
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Reporting Condition:	None
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Definition:
Skin Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Skin Exam Details
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Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
None

Code List:
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None
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**OC-MEDS – DATA DICTIONARY**

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**itExam.038 - Mental Exam Details**

OC-MEDS Reporting:	Optional
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Reporting Condition:	None
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Definition:
Mental Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Mental Exam Details
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Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
None

Code List:
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None
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**OC-MEDS – DATA DICTIONARY**

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**itExam.039 - Neurological Exam Details**

OC-MEDS Reporting:	Optional
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Reporting Condition:	None
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Definition:
Neurological Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Neurological Exam Details
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Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
None

Code List:
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None
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## OC-MEDS – DATA DICTIONARY

### itExam.040 - Head Exam Details

OC-MEDS Reporting:	Optional
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Reporting Condition:	None
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Definition:
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Head Exam Details – Comments Field
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Patient Identifiable:
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No
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Agency Identifiable:
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No
----

OC-MEDS Element:	Head Exam Details
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Data Type:
------------

String
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Pertinent Negatives (PN):
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No
----

Is Nillable:
--------------

No
----

NOT Values:
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No
----

Attributes:
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None
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Code List:
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None
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**OC-MEDS – DATA DICTIONARY**

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**itExam.041 - Face Exam Details**

OC-MEDS Reporting:	Optional
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Reporting Condition:	None
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Definition:
Face Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Face Exam Details
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Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
None

Code List:
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None
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**OC-MEDS – DATA DICTIONARY****itExam.042 - Eye Exam Details**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

Eye Exam Details – Comments Field

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS Element: Eye Exam Details

Data Type:

String

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

None

**Code List:**

None



**OC-MEDS – DATA DICTIONARY**

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**itExam.043 - Neck Exam Details**

OC-MEDS Reporting:	Optional
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Reporting Condition:	None
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Definition:
Neck Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Neck Exam Details
------------------	-------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

Code List:
------------

None
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**OC-MEDS – DATA DICTIONARY**

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**itExam.044 - Extremity Exam Details**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:
Extremity Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Extremity Exam Details
------------------	------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

Code List:
------------

None
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<b>itExam.045 - Chest Exam Details</b>
--

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:
Chest Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Chest Exam Details
------------------	--------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

Code List:
------------

None
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**OC-MEDS – DATA DICTIONARY**

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**itExam.046 - Heart Exam Details**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:
Heart Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Heart Exam Details
------------------	--------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

Code List:
------------

None
------



**OC-MEDS – DATA DICTIONARY**

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**itExam.047 - Abdomen Exam Details**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:
Abdomen Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Abdomen Exam Details
------------------	----------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

Code List:
------------

None
------



**OC-MEDS – DATA DICTIONARY**

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**itExam.048 - Pelvis Exam Details**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:
Pelvis Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Pelvis Exam Details
------------------	---------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

Code List:
------------

None
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OC-MEDS – DATA DICTIONARY



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**itExam.049 - Spine Exam Details**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:
Spine Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Spine Exam Details
------------------	--------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****eHistory.01 - Barriers to Patient Care**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

**Definition:**

Indication of whether or not there were any patient specific barriers to serving the patient at the scene

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Barriers to Patient Care
------------------	--------------------------

Data Type:	Multi-select	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

3101001 Cultural, Custom, Religious

3101003 Developmentally Impaired

3101005 Hearing Impaired

3101007 Language

3101009 None Noted

3101011 Obesity

3101013 Physical Barrier (Unable to Access Patient)

3101015 Physically Impaired

3101017 Physically Restrained

3101019 Psychologically Impaired

3101021 Sight Impaired

3101023 Speech Impaired

3101025 Unattended or Unsupervised (including minors)

3101027 Unconscious

3101029 Uncooperative

**OC-MEDS – DATA DICTIONARY****eHistory.02 - Last Name of Patient's Practitioner**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if pertinent.
----------------------	-----------------------------------

Definition:
The last name of the patient's practitioner

Patient Identifiable:	Agency Identifiable:
No	Yes

NEMESIS Element:	Last Name of Patient's Practitioner
------------------	-------------------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: character length = 1 to 60

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****eHistory.03 - First Name of Patient's Practitioner**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

The first name of the patient's practitioner

Patient Identifiable:

No

Agency Identifiable:

Yes

NEMESIS Element: First Name of Patient's Practitioner

Data Type: String

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

Constraints: character length = 1 to 50

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****eHistory.05 - Advance Directives**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if pertinent.
----------------------	-----------------------------------

**Definition:**

The presence of a valid DNR form, living will, or document directing end of life or healthcare treatment decisions.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Advance Directives
------------------	--------------------

Data Type:	Multi-select	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

7701005 Not Reporting

**Select Resources:**

3105001 Family/Guardian request DNR (but no documentation)

3105003 Living Will

3105005 None

3105009 Other Healthcare Advanced Directive Form

3105007 Other

3105011 State EMS DNR or Medical Order Form

**OC-MEDS – DATA DICTIONARY****eHistory.06 - Medication Allergies**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

**Definition:**

The list of medication allergies is based on RxNorm (RXCUI) Codes. In addition, a specific list of ICD-10 CM codes can be used for medication groups.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMIS Element:	Medication Allergies
----------------	----------------------

Data Type:	ICD-10 or RxNorm	Pertinent Negatives (PN):	Yes
------------	------------------	---------------------------	-----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None

**Code List:**

**See Attachment 14 – eHistory.06 Data List**



**OC-MEDS – DATA DICTIONARY**



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**eHistory.07 - Environmental/Food Allergies**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if pertinent.
----------------------	-----------------------------------

Definition:
The patient's known allergies to food or environmental agents.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Environmental/Food Allergies
------------------	------------------------------

Data Type:	SnoMed value	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

Code List:
------------

**See Attachment 15 – eHistory.07 Data List**

**OC-MEDS – DATA DICTIONARY****eHistory.08 - Medical/Surgical History**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

**Definition:**

The patient's pre-existing medical and surgery history of the patient

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMIS Element:	Medical/Surgical History
----------------	--------------------------

Data Type:	ICD-10 value	Pertinent Negatives (PN):	Yes
------------	--------------	---------------------------	-----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

Constraints: pattern = ([A-QRSTZ][0-9][0-9A-Z])([0-9A-Z]{1,3})?|[0-9A-HJ-NP-Z]{3,7}

**Code List:**

**See Attachment 5 – eHistory.08 Data List**



**OC-MEDS – DATA DICTIONARY****eHistory.09 - Medical History Obtained From**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if pertinent.
----------------------	-----------------------------------

**Definition:**

Type of person medical history obtained from
--

Patient Identifiable:
-----------------------

No
----

Agency Identifiable:
----------------------

No
----

NEMESIS Element:	Medical History Obtained From
------------------	-------------------------------

Data Type:
------------

Multi-select
--------------

Pertinent Negatives (PN):
---------------------------

No
----

Is Nillable:
--------------

No
----

NOT Values:
-------------

No
----

**Attributes:**

None
------

**Code List:**

Select Resources:

3109001 Bystander/Other

3109003 Family

3109005 Health Care Personnel

it3109.103 Medical Alert / Vial

it3109.100 Patient Chart / Medical Records

3109007 Patient

it3109.101 Repeat Patient Record



## OC-MEDS – DATA DICTIONARY

### eHistory.12 - Current Medications

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

Definition:
The medications the patient currently takes

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Current Medications
------------------	---------------------

Data Type:	RxNorm value	Pertinent Negatives (PN):	Yes
------------	--------------	---------------------------	-----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
Constraints: character length = 2 to 7

Code List:
 <b>See Attachment 3 – eHistory.12 Data List</b>



OC-MEDS – DATA DICTIONARY



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**eHistory.13 - Current Medication Dose**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if pertinent.
----------------------	-----------------------------------

Definition:
The numeric dose or amount of the patient's current medication

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Current Medication Dose
------------------	-------------------------

Data Type:	Decimal	Pertinent Negatives (PN):	No
------------	---------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: format = #####.##

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****eHistory.14 - Current Medication Dosage Unit**

OC-MEDS Reporting: Optional

Reporting Condition: Complete and submit if pertinent.

**Definition:**

The dosage unit of the patient's current medication

Patient Identifiable:

No

Agency Identifiable:

No

NEMESIS Element: Current Medication Dosage Unit

Data Type: Single-select

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

None

**Code List:**

Select Resources:	3114023 Micrograms per Minute (mcg/min)
3114001 Centimeters (cm)	3114025 Milliequivalents (mEq)
3114003 Grams (gms)	3114027 Metered Dose (MDI)
3114005 Drops (gtts)	3114029 Milligrams (mg)
3114007 Inches (in)	3114031 Milligrams per Kilogram (mg/kg)
3114009 International Units (IU)	3114033 Milligrams per Kilogram Per Minute (mg/kg/min)
3114011 Keep Vein Open (kvo)	3114035 Milligrams per Minute (mg/min)
3114015 Liters (l)	3114037 Milliliters (ml)
3114013 Liters Per Minute (l/min [fluid])	3114039 Milliliters per Hour (ml/hr)
3114017 Liters Per Minute (LPM [gas])	3114041 Other
3114019 Micrograms (mcg)	3114043 Puffs
3114021 Micrograms per Kilogram per Minute (mcg/kg/min)	3114045 Units per Hour (units/hr)

**OC-MEDS – DATA DICTIONARY****eHistory.15 - Current Medication Administration Route**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if pertinent.
----------------------	-----------------------------------

**Definition:**

The administration route (po, SQ, etc.) of the patient's current medication
---

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Current Medication Administration Route
------------------	---

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

None
------

**Code List:**

Select Resources:
-------------------

9927001 Blow-By
-----------------

9927003 Buccal
----------------

9927005 Endotracheal Tube (ET)
--------------------------------

9927007 Gastrostomy Tube
--------------------------

9927009 Inhalation
--------------------

9927011 Intraarterial
-----------------------

9927013 Intradermal
---------------------

9927015 Intramuscular (IM)
----------------------------

9927017 Intranasal
--------------------

9927019 Intraocular
---------------------

9927021 Intraosseous (IO)
---------------------------

9927023 Intravenous (IV)
--------------------------

9927025 Nasal Cannula
-----------------------

9927027 Nasogastric
---------------------

9927029 Nasotracheal Tube
---------------------------

9927031 Non-Rebreather Mask
-----------------------------

9927033 Ophthalmic
--------------------

9927035 Oral
--------------

9927037 Other/miscellaneous
-----------------------------

9927039 Otic
--------------



## OC-MEDS – DATA DICTIONARY

9927041 Re-breather mask
9927043 Rectal
9927045 Subcutaneous
9927047 Sublingual
9927049 Topical
9927051 Tracheostomy
9927053 Transdermal
9927055 Urethral
9927057 Ventimask
9927059 Wound

**OC-MEDS – DATA DICTIONARY****eHistory.17 - Alcohol/Drug Use Indicators**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eTimes.07 - Patient Contact Time is complete and eDisposition.12 is not blank.
----------------------	--

**Definition:**

Indicators for the potential use of alcohol or drugs by the patient related to the patient's current illness or injury.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Alcohol/Drug Use Indicators
------------------	-----------------------------

Data Type:	Multi-select
------------	--------------

Pertinent Negatives (PN):	Yes
---------------------------	-----

Is Nillable:	Yes
--------------	-----

NOT Values:	Yes
-------------	-----

**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Pertinent Negatives:**

8801015 None Reported

8801019 Refused

8801023 Unable to Complete

**Select Resources:**

3117001 ETOH Containers/Paraphernalia Visible

3117003 Drug Paraphernalia Visible

3117005 Admits to ETOH Use

3117007 Admits to Drug Use

3117009 Positive Test from Law or Health Provider

3117011 Smell of ETOH on Breath

**OC-MEDS – DATA DICTIONARY****eHistory.18 - Pregnancy**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if pertinent.
----------------------	-----------------------------------

Definition:
Indication of the possibility by the patient's history of current pregnancy.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Pregnancy
------------------	-----------

Data Type:	Single-select	Pertinent Negatives (PN):	Yes
------------	---------------	---------------------------	-----

Is Nillable:	Yes	NOT Values:	No
--------------	-----	-------------	----

Attributes:
-------------

None
------

**Code List:**

## Pertinent Negatives:

8801019 Refused

8801023 Unable to Complete

## Select Resources:

3118001 No

3118003 Possible, Unconfirmed

3118005 Yes, Confirmed 12 to 20 Weeks

3118007 Yes, Confirmed Greater Than 20 Weeks

3118009 Yes, Confirmed Less Than 12 Weeks

3118011 Yes, Weeks Unknown





OC-MEDS – DATA DICTIONARY



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<b>itHistory.007 - Current Medication Comments</b>
--

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if pertinent.
----------------------	-----------------------------------

Definition:
Current Medication Comments

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Current Medication Comments
------------------	-----------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

Code List:
------------

None
------



## OC-MEDS – DATA DICTIONARY

### itHistory.008 - Environment Allergy Comments

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if pertinent.
----------------------	-----------------------------------

Definition:
Environment Allergy Comments

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Environment Allergy Comments
------------------	------------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

Code List:
------------

None
------



**OC-MEDS – DATA DICTIONARY**

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**itHistory.009 - Medication Allergy Comments**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if pertinent.
----------------------	-----------------------------------

Definition:
Medication Allergy Comments

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Medication Allergy Comments
------------------	-----------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

Code List:
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None
------



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---

<b>itHistory.011 - Other Past Medical History</b>
---

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if pertinent.
----------------------	-----------------------------------

Definition:
Other Past Medical History

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Other Past Medical History
------------------	----------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code = IT1.22

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****eInjury.01 - Cause of Injury**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eSituation.02 includes a "Yes" value.
----------------------	---------------------------------------

**Definition:**

The category of the reported/suspected external cause of the injury.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Cause of Injury
------------------	-----------------

Data Type:	ICD-10 value
------------	--------------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	Yes
--------------	-----

NOT Values:	Yes
-------------	-----

**Attributes:**

Constraints: pattern = ([TV-Y][0-9]{2})([0-9A-Z]{1,7})?

**Code List:**

**See Attachment 8 – eInjury.01 Data List**

**OC-MEDS – DATA DICTIONARY****eInjury.02 - Mechanism of Injury**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eSituation.02 includes a "Yes" value.
----------------------	---------------------------------------

Definition:
The mechanism of the event which caused the injury

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Mechanism of Injury
------------------	---------------------

Data Type:	Multi-select	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting  Select Resources: 2902001 Blunt 2902003 Burn 2902005 Other 2902007 Penetrating

**OC-MEDS – DATA DICTIONARY****eInjury.03 - Trauma Center Criteria**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eOther.02 includes a "Trauma" or "Burn" value.
----------------------	--

**Definition:**

Field Triage Criteria for transport to a trauma center as defined by the Centers for Disease Control and Prevention and the American College of Surgeons-Committee on Trauma.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMIS Element:	Trauma Center Criteria
----------------	------------------------

Data Type:	Multi-select
------------	--------------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	Yes
--------------	-----

NOT Values:	Yes
-------------	-----

**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

2903015 Penetrating injuries to head, neck, chest, abdomen, back, groin, or extremities above the elbow or knee

2903001 Amputation above the wrist or ankle

2903005 Flail Chest or chest wall instability or deformity

2903003 Crushed, degloved, or mangled

extremity (excluding only fingers or toes

2903007 Glasgow Coma Score < 14 in the presence of head injury

it2903.104 Extremity with poor circulation or without a pulse

it2903.119 Seat belt bruising or abrasion of neck, chest, or abdomen

2903009 Open or depressed skull fracture

it2903.106 Suspicion of spinal cord injury

2903011 Paralysis or numbness of arm or leg

2903013 Pelvic pain or deformity on palpation

2903017 Respiratory Rate <12 OR >30 breaths per minute (Adult/Adolescent/Children)

it2903.112 Blunt Head Trauma with loss of consciousness > 5 minutes

2903019 Systolic Blood Pressure <90 mmHg

(Adult/Adolescent) or SBP< 80 (Child)

it2903.111 Abdominal injury, blunt, with tenderness of 2 or more quadrants

2903021 Fracture of two or more long bones (femur, humerus)

**OC-MEDS – DATA DICTIONARY****eInjury.04 - Vehicular, Pedestrian, or Other Injury Risk Factor**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eInjury.01 includes a "motor vehicle", "bicycle", or "fall" based value.
----------------------	--

**Definition:**

Field Triage Criteria for transport to a trauma center as defined by the Centers for Disease Control and Prevention and the American College of Surgeons-Committee on Trauma.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMSIS Element:	Vehicular, Pedestrian, or Other Injury Risk Factor
-----------------	--

Data Type:	Multi-select
------------	--------------

Pertinent Negatives (PN):	Yes
---------------------------	-----

Is Nillable:	Yes
--------------	-----

NOT Values:	Yes
-------------	-----

**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Pertinent Negatives:**

8801005 Exam Finding Not Present

**Select Resources:**

2904019 Anticoagulants and Bleeding Disorders

2904001 Auto v. Pedestrian/Bicyclist Thrown, Run Over, or > 20 MPH Impact

2904007 Crash Death in Same Passenger Compartment

2904009 Crash Ejection (partial or complete) from vehicle

2904011 Crash Intrusion, including roof: > 12 in. occupant site; > 18 in. any site

2904023 EMS Provider Judgment

2904003 Fall Adults: > 15 ft. (one story is equal to 10 ft.) or Ground level age 75 or older w ALOC  
or head/face trauma

2904005 Fall Children: > 10 ft. or 2-3 times the height of the child

2904015 Motorcycle Crash > 20 MPH

2904021 Pregnancy > 20 weeks



**OC-MEDS – DATA DICTIONARY****eInjury.05 - Main Area of the Vehicle Impacted by the Collision**

OC-MEDS Reporting: Optional

Reporting Condition: Complete and submit if pertinent

**Definition:**

The area or location of initial impact on the vehicle based on 12-point clock diagram.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Main Area of the Vehicle Impacted by the Collision

Data Type: Number

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

Constraints: minimum = 1; maximum = 12

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****eInjury.06 - Location of Patient in Vehicle**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eInjury.01 includes a "motor vehicle" or "bicycle" based value.
----------------------	---

**Definition:**

The seat row location of the vehicle at the time of the crash with the front seat numbered as 1
---

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Location of Patient in Vehicle
------------------	--------------------------------

Data Type:	Single-select
------------	---------------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	No
--------------	----

NOT Values:	No
-------------	----

**Attributes:**

None
------

**Code List:****Select Resources:**

2906001 Front Seat-Left Side (or motorcycle driver)
2906003 Front Seat-Middle
2906005 Front Seat-Right Side
2906007 Passenger in other enclosed passenger or cargo area (non-trailing unit such as a bus, etc.)
2906009 Passenger in unenclosed passenger or cargo area (non-trailing unit such as a pickup, etc.)
2906011 Riding on Vehicle Exterior (non-trailing unit)
2906013 Second Seat-Left Side (or motorcycle passenger)
2906015 Second Seat-Middle
2906017 Second Seat-Right Side
2906019 Sleeper Section of Cab (truck)
2906021 Third Row-Left Side (or motorcycle passenger)
2906023 Third Row-Middle
2906025 Third Row-Right Side
2906027 Trailing Unit
2906029 Unknown

**OC-MEDS – DATA DICTIONARY****eInjury.07 - Use of Occupant Safety Equipment**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eInjury.01 includes a "motor vehicle" or "bicycle" based value.
----------------------	---

Definition:
Safety equipment in use by the patient at the time of the injury

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Use of Occupant Safety Equipment
------------------	----------------------------------

Data Type:	Multi-select	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
-------------

None
------

**Code List:**

## Not Values:

7701001 Not Applicable  
7701003 Not Recorded  
7701005 Not Reporting

## Select Resources:

2907001 Child Booster Seat  
2907003 Eye Protection  
2907005 Helmet Worn  
2907007 Infant Car Seat Forward Facing  
2907009 Infant Car Seat Rear Facing  
2907029 Lap Belt Only Used  
2907015 None  
2907017 Other  
2907019 Personal Floatation Device  
2907021 Protective Clothing  
2907023 Protective Non-Clothing Gear  
2907027 Shoulder and Lap Belt Used  
2907031 Shoulder Belt Only Used

**OC-MEDS – DATA DICTIONARY****eInjury.08 - Airbag Deployment**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eInjury.01 includes a "motor vehicle" or "bicycle" based value.
----------------------	---

Definition:
-------------

Indication of Airbag Deployment
---------------------------------

Patient Identifiable:
-----------------------

No
----

Agency Identifiable:
----------------------

No
----

NEMIS Element:	Airbag Deployment
----------------	-------------------

Data Type:
------------

Multi-select
--------------

Pertinent Negatives (PN):
---------------------------

No
----

Is Nillable:
--------------

No
----

NOT Values:
-------------

No
----

Attributes:
-------------

None
------

Code List:
------------

Select Resources:

2908001 Airbag Deployed Front

2908005 Airbag Deployed Other (knee, air belt, etc.)

2908003 Airbag Deployed Side

2908007 No Airbag Deployed

2908009 No Airbag Present

**OC-MEDS – DATA DICTIONARY****eInjury.09 - Height of Fall (feet)**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eInjury.01 includes a "fall" based value.
----------------------	---

**Definition:**

The distance in feet the patient fell, measured from the lowest point of the patient to the ground

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMIS Element:	Height of Fall (feet)
----------------	-----------------------

Data Type:	Number	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

Constraints: minimum = 0; maximum = 10000

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****eMedications.01 - Date/Time Medication Administered**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if medication administered.
----------------------	---

**Definition:**

The date/time medication administered to the patient
--

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Date/Time Medication Administered
------------------	-----------------------------------

Data Type:	Datetime	Pertinent Negatives (PN):	No
------------	----------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

Constraints: between 1/1/1950 and 1/1/2050; pattern = [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+ -)[0-9]{2}:[0-9]{2}
--

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

7701005 Not Reporting

**OC-MEDS – DATA DICTIONARY****eMedications.02 - Medication Administered Prior to this Units EMS Care**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if medication administered.
----------------------	---

**Definition:**

Indicates that the medication administration which is documented was administered prior to this EMS units care

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Medication Administered Prior to this Units EMS Care
------------------	--

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

9923001 No

9923003 Yes

**OC-MEDS – DATA DICTIONARY****eMedications.03 - Medication Given**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if medication administered.
----------------------	---

Definition:
The medication given to the patient

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Medication Given
------------------	------------------

Data Type:	RxNorm value	Pertinent Negatives (PN):	Yes
------------	--------------	---------------------------	-----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
Constraints: character length = 2 to 7

Code List:
------------

**See Attachment 9 – eMedications.03 Data List**



**OC-MEDS – DATA DICTIONARY****eMedications.04 - Medication Administered Route**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if medication administered.
----------------------	---

**Definition:**

The route medication was administered to the patient
--

Patient Identifiable:
-----------------------

No
----

Agency Identifiable:
----------------------

No
----

NEMESIS Element:	Medication Administered Route
------------------	-------------------------------

Data Type:	Single-select
------------	---------------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	No
--------------	----

NOT Values:	No
-------------	----

**Attributes:**

None
------

**Code List:**

Select Resources:

9927001 Blow-By

9927005 Endotracheal Tube (ET)

9927009 Inhalation/Nebulizer

9927015 Intramuscular (IM)

9927017 Intranasal (IN)

9927021 Intraosseous (IO)

9927023 Intravenous (IV)

it9727.001 Intravenous Pump

9927025 Nasal Cannula

9927031 Non-Rebreather Mask

9927035 Oral

9927037 Other/miscellaneous

9927045 Subcutaneous

9927047 Sublingual

9927049 Topical

9927053 Transdermal

9927057 Ventimask

9927059 Wound

**OC-MEDS – DATA DICTIONARY****eMedications.05 - Medication Dosage**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if medication administered.
----------------------	---

Definition:
The dose or amount of the medication given to the patient

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Medication Dosage
------------------	-------------------

Data Type:	Decimal	Pertinent Negatives (PN):	No
------------	---------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
Constraints: format = #####.###

**Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded

**OC-MEDS – DATA DICTIONARY****eMedications.06 - Medication Dosage Units**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if medication administered.
----------------------	---

**Definition:**

The unit of medication dosage given to patient
--

Patient Identifiable:
-----------------------

No
----

Agency Identifiable:
----------------------

No
----

NEMIS Element:	Medication Dosage Units
----------------	-------------------------

Data Type:	Single-select
------------	---------------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	Yes
--------------	-----

NOT Values:	Yes
-------------	-----

**Attributes:**

None
------

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

3706001 gm (Grams)

it9727.002 gtts (Drops)

3706007 Keep Vein Open (kvo)

3706009 L (Liters)

3706035 L/min (Liters Per Minute)

3706013 Puffs

3706015 mcg (Micrograms)

3706017 mcg/kg/min (Micrograms per Kilogram per Minute)

3706019 mEq (Milliequivalents)

3706021 mg (Milligrams)

3706023 mg/kg/min (Milligrams Per Kilogram Per Minute)

3706025 ml (Milliliters)

3706027 ml/hr (Milliliters Per Hour)

3706045 Units per Hour (units/hr)

3706029 Other

**OC-MEDS – DATA DICTIONARY****eMedications.07 - Response to Medication**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if medication administered.
----------------------	---

Definition:
The patient's response to the medication

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Response to Medication
------------------	------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded  Select Resources: 9916001 Improved 9916003 Unchanged 9916005 Worse

**OC-MEDS – DATA DICTIONARY****eMedications.08 - Medication Complication**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if medication administered.
----------------------	---

**Definition:**

Any complication (abnormal effect on the patient) associated with the administration of the medication to the patient by EMS

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Medication Complication
------------------	-------------------------

Data Type:	Multi-select	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

3708001 Altered Mental Status

3708003 Apnea

3708005 Bleeding

3708007 Bradycardia

3708009 Bradypnea

3708011 Diarrhea

3708013 Extravasation

3708015 Hypertension

3708017 Hyperthermia

3708019 Hypotension

3708021 Hypothermia

3708023 Hypoxia

3708025 Injury

3708027 Itching/Urticaria

3708029 Nausea



**OC-MEDS – DATA DICTIONARY**

3708031 None
3708033 Other
3708035 Respiratory Distress
3708037 Tachycardia
3708039 Tachypnea
3708041 Vomiting

**OC-MEDS – DATA DICTIONARY****eMedications.09 - Medication Crew (Healthcare Professionals) ID**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if medication administered.
----------------------	---

**Definition:**

The statewide assigned ID number of the EMS crew member giving the treatment to the patient
---

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	Yes
----	-----

NEMESIS Element:	Medication Crew (Healthcare Professionals) ID
------------------	---

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

Constraints: character length = 2 to 50
---

**Code List:**

None
------

**OC-MEDS – DATA DICTIONARY****eMedications.10 - Role/Type of Person Administering Medication**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if medication administered.
----------------------	---

**Definition:**

The type (level) of EMS or Healthcare Professional Administering the Medication. For medications administered prior to EMS arrival, this may be a non-EMS healthcare professional.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Role/Type of Person Administering Medication
------------------	--

Data Type:	Single-select
------------	---------------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	Yes
--------------	-----

NOT Values:	Yes
-------------	-----

**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

9905009 EMT

9905011 Advanced EMT

9905013 Paramedic

9905017 Nurse/MICN

9905019 Other Healthcare Professional

9905023 Patient/Lay Person

9905025 Physician

9905027 Respiratory Therapist

9905029 Student

it9905.171 Law Enforcement



**OC-MEDS – DATA DICTIONARY****eMedications.11 - Medication Authorization**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The type of treatment authorization obtained

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Medication Authorization
------------------	--------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

Code List:
Select Resources: 9918001 Base Hospital Order 9918003 On-Scene Physician 9918005 Standing Order/Protocol 9918007 Written Orders (Patient Specific)

**OC-MEDS – DATA DICTIONARY****itMedications.002 - Medication Comments**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if pertinent.
----------------------	-----------------------------------

Definition:
Medication Comments

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Medication Comments
------------------	---------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: max length = 500
Comments: v2 Code

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****itMedications.010 - Medication Site**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if pertinent.
----------------------	-----------------------------------

Definition:
Medication Site

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Medication Site
------------------	-----------------

Data Type:	Single Select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments:
v2 Code = IT7.83

Code List:
Select Resources: itMedications.010.103 Arm-Left itMedications.010.104 Arm-Right itMedications.010.128 Lower Extremity-Left itMedications.010.129 Lower Extremity-Right itMedications.010.131 Mouth itMedications.010.133 Nose itMedications.010.134 Other itMedications.010.141 Tibia Proximal IO-Left itMedications.010.142 Tibia Proximal IO-Right itMedications.010.151 Umbilical Arterial Line itMedications.010.150 Umbilical Venous Line



## OC-MEDS – DATA DICTIONARY

### itMedications.017 - Medication Ordered

OC-MEDS Reporting:	Base Hospital Use Only
--------------------	------------------------

Reporting Condition:	Complete and submit if available.
----------------------	-----------------------------------

Definition:
Medication Ordered

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Medication Ordered
------------------	--------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code = IT32.3

Code List:
------------

**See Attachment 9 – eMedications.03 Data List**



**OC-MEDS – DATA DICTIONARY**

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**itMedications.018 - Medication Ordered By**

OC-MEDS Reporting:	Base Hospital Use Only
--------------------	------------------------

Reporting Condition:	Complete and submit if available.
----------------------	-----------------------------------

Definition:
The ID number of the MICN or Base Physician who ordered the medication.

Patient Identifiable:	Agency Identifiable:
No	Yes

OC-MEDS Element:	Medication Ordered By
------------------	-----------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****itMedications.019 - Medication Ordered Dosage**

OC-MEDS Reporting:	Base Hospital Use Only
--------------------	------------------------

Reporting Condition:	Complete and submit if available.
----------------------	-----------------------------------

Definition:
The dosage of the medication ordered by the base hospital.

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Medication Ordered Dosage
------------------	---------------------------

Data Type:	Decimal	Pertinent Negatives (PN):	No
------------	---------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code = IT32.4

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****itMedications.020 - Medication Ordered Dosage Units**

OC-MEDS Reporting:	Base Hospital Use Only
--------------------	------------------------

Reporting Condition:	Complete and submit if available.
----------------------	-----------------------------------

Definition:
The dose units of the medication ordered by the base hospital.

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Medication Ordered Dosage Units
------------------	---------------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code = IT32.5

**Code List:**

Select Resources:

- itMedications.020.100 Grams
- itMedications.020.101 gtts (Drops)
- itMedications.020.102 Inches
- itMedications.020.103 International Units
- itMedications.020.104 Keep Vein Open (To Keep Open)
- itMedications.020.105 Liters
- itMedications.020.106 Liters Per Minute
- itMedications.020.107 MDI Puffs
- itMedications.020.108 Micrograms
- itMedications.020.109 Micrograms per Kilogram per Minute
- itMedications.020.110 Milliequivalents
- itMedications.020.111 Milligrams
- itMedications.020.112 Milligrams Per Kilogram Per Minute
- itMedications.020.113 Milliliters
- itMedications.020.114 Milliliters Per Hour
- itMedications.020.115 Other
- itMedications.020.116 Units Per Hour

**OC-MEDS – DATA DICTIONARY****itMedications.021 - Medication Ordered Route**

OC-MEDS Reporting:	Base Hospital Use Only
--------------------	------------------------

Reporting Condition:	Complete and submit if available.
----------------------	-----------------------------------

Definition:
The route of the medication ordered by the base hospital.

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Medication Ordered Route
------------------	--------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code = IT32.6

**Code List:**

Select Resources:

- itMedications.021.100 Blow-By
- itMedications.021.101 Buccal
- itMedications.021.102 Endotracheal Tube (ET)
- itMedications.021.103 Gastrostomy Tube
- itMedications.021.104 Inhalation
- itMedications.021.105 Intraarterial
- itMedications.021.106 Intradermal
- itMedications.021.107 Intramuscular (IM)
- itMedications.021.108 Intranasal
- itMedications.021.109 Intraocular
- itMedications.021.110 Intraosseous (IO)
- itMedications.021.111 Intravenous (IV)
- itMedications.021.112 Intravenous Pump
- itMedications.021.113 Nasal Cannula
- itMedications.021.114 Nasogastric
- itMedications.021.115 Nasotracheal Tube
- itMedications.021.116 Non-Rebreather Mask
- itMedications.021.117 Ophthalmic
- itMedications.021.118 Oral





**OC-MEDS – DATA DICTIONARY**



itMedications.021.119 Other/miscellaneous  
itMedications.021.120 Otic  
itMedications.021.121 Re-breather mask  
itMedications.021.122 Rectal  
itMedications.021.123 Subcutaneous  
itMedications.021.124 Sublingual  
itMedications.021.125 Topical  
itMedications.021.126 Tracheostomy  
itMedications.021.127 Transdermal  
itMedications.021.128 Urethral  
itMedications.021.129 Ventimask  
itMedications.021.130 Wound

**OC-MEDS – DATA DICTIONARY****itMedications.022 - Medication Ordered Response**

OC-MEDS Reporting:	Base Hospital Use Only
--------------------	------------------------

Reporting Condition:	Complete and submit if available.
----------------------	-----------------------------------

**Definition:**

The response of the patient to the ordered medication as reported to the MICN or Physician.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

OC-MEDS Element:	Medication Ordered Response
------------------	-----------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

Comments: v2 Code = IT32.7

**Code List:****Select Resources:**

itMedications.022.100 Improved  
itMedications.022.101 Unchanged  
itMedications.022.102 Worse



OC-MEDS – DATA DICTIONARY



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<b>itMedications.023 - Medication Ordered Date/Time</b>
---

OC-MEDS Reporting:	Base Hospital Use Only
--------------------	------------------------

Reporting Condition:	Complete and submit if available.
----------------------	-----------------------------------

Definition:
The date/time the medication was ordered by the base hospital.

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Medication Ordered Date/Time
------------------	------------------------------

Data Type:	Datetime	Pertinent Negatives (PN):	No
------------	----------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code = IT32.8

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****itMedications.024 - Medication Ordered Comments**

OC-MEDS Reporting:	Base Hospital Use Only
--------------------	------------------------

Reporting Condition:	Complete and submit if available.
----------------------	-----------------------------------

Definition:
Comments regarding the medication ordered by the base hospital.

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Medication Ordered Comments
------------------	-----------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code = IT32.9

**Code List:**

None
------

**OC-MEDS – DATA DICTIONARY****eNarrative.01 - Patient Care Report Narrative**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eTimes.07 - Patient Contact Time is complete and eDisposition.12 is not blank.
----------------------	--

Definition:
The narrative of the patient care report (PCR).

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMESIS Element:	Patient Care Report Narrative
------------------	-------------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
Constraints: character length = 1 to 10,000

**Code List:****Ref. Attachment 16 – Approved Abbreviations**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded  
7701005 Not Reporting

**OC-MEDS – DATA DICTIONARY****eOther.02 - Potential System of Care/Specialty/Registry Patient**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.20 includes "Regional Specialty" value.
----------------------	--

**Definition:**

An indication if the patient may meet the entry criteria for an injury or illness specific registry

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMSIS Element:	Potential System of Care/Specialty/Registry Patient
-----------------	---

Data Type:	Multi-select	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

None

**Code List:**

Select Resources:

4502003 Burn

4502007 CVA/Stroke

4502011 Other (Explain in Narrative)

it4502.100 Replant

4502015 STEMI/CVRC

4502017 Trauma

**OC-MEDS – DATA DICTIONARY****eOther.03 - Personal Protective Equipment Used**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

The personal protective equipment which was used by EMS personnel during this EMS patient contact.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMIS Element:	Personal Protective Equipment Used
----------------	------------------------------------

Data Type:	Multi-select	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

None

**Code List:**

Select Resources:

4503001 Eye Protection

4503003 Gloves

4503005 Helmet

4503007 Level A Suit

4503009 Level B Suit

4503011 Level C Suit

4503013 Level D Suit (Turn out gear)

4503015 Mask-N95

4503017 Mask-Surgical (Non-Fitted)

4503019 Other

4503021 PAPR

4503023 Reflective Vest

**OC-MEDS – DATA DICTIONARY****eOther.04 - EMS Professional (Crew Member) ID**

OC-MEDS Reporting: Optional

Reporting Condition: Complete and submit if available

**Definition:**

The ID number of the EMS Crew Member associated with eOther.03, eOther.05, eOther.06.

Patient Identifiable:

No

Agency Identifiable:

Yes

NEMESIS Element: EMS Professional (Crew Member) ID

Data Type:

String

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Constraints: character length = 2 to 50

**Code List:**

None



**OC-MEDS – DATA DICTIONARY****eOther.05 - Suspected EMS Work Related Exposure, Injury, or Death**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if pertinent
----------------------	----------------------------------

**Definition:**

Indication of an EMS work related exposure, injury, or death associated with this EMS event.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:
------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None

**Code List:**

Not Values:

7701001 Not Applicable

7701003 Not Recorded

Select Resources:

9923001 No

9923003 Yes

**OC-MEDS – DATA DICTIONARY****eOther.06 - The Type of Work-Related Injury, Death or Suspected Exposure**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if pertinent
----------------------	----------------------------------

**Definition:**

The type of exposure or unprotected contact with blood or body fluids
---

Patient Identifiable:
-----------------------

No
----

Agency Identifiable:
----------------------

No
----

NEMESIS Element:	The Type of Work-Related Injury, Death or Suspected Exposure
------------------	--

Data Type:
------------

Multi-select
--------------

Pertinent Negatives (PN):
---------------------------

No
----

Is Nillable:
--------------

Yes
-----

NOT Values:
-------------

Yes
-----

**Attributes:**

None
------

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

7701005 Not Reporting

**Select Resources:**

4506001 Death-Cardiac Arrest

4506003 Death-Injury Related

4506005 Death-Other

4506007 Exposure-Airborne Respiratory/Biological/Aerosolized Secretions

4506009 Exposure-Body Fluid Contact to Broken Skin

4506011 Exposure-Body Fluid Contact with Eye

4506013 Exposure-Body Fluid Contact with Intact Skin

4506015 Exposure-Body Fluid Contact with Mucosal Surface

4506017 Exposure-Needle Stick with Body Fluid Injection

4506019 Exposure-Needle Stick without Body Fluid Injection

4506021 Exposure-Toxin/Chemical/Hazmat

4506023 Injury-Lifting/Back/Musculoskeletal

4506025 Injury-Other

4506027 None

4506029 Other

**OC-MEDS – DATA DICTIONARY****eOther.08 - Crew Member Completing this Report**

OC-MEDS Reporting:	Required
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Reporting Condition:	Every submitted incident.
----------------------	---------------------------

**Definition:**

The statewide assigned ID number of the EMS crew member which completed this patient care report

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	Yes
----	-----

NEMESIS Element:	Crew Member Completing this Report
------------------	------------------------------------

Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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**Attributes:**

Constraints: character length = 2 to 50

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****eOther.09 - External Electronic Document Type**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
Document type which has been electronically stored with PCR.

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	External Electronic Document Type
----------------	-----------------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

**Code List:**

Select Resources:

- 4509001 Other Audio Recording
- 4509003 Billing Information / Facesheet
- 4509005 Diagnostic Image (CT, X-ray, US, etc.)
- 4509007 DNR/Living Will
- 4509009 12-Lead ECG
- 4509011 Guardianship/Power of Attorney
- 4509013 History, Allergies, Medications Docs
- 4509015 Other
- 4509017 Patient Identification
- 4509019 Patient Refusal/AMA Sheet
- 4509021 Other Picture/Graphic
- it4509.100 Other Provider PCR
- 4509025 Other Video/Movie

**OC-MEDS – DATA DICTIONARY****eOther.10 - File Type**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

The description of the file attachment stored in File Attachment Image (eOther.11). The description is defined as the extension of the file type. Examples of file name extensions include "doc", "jpeg", "tiff", etc.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	File Type
------------------	-----------

Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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**Attributes:****Code List:**

None



OC-MEDS – DATA DICTIONARY



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**eOther.11 - File Attachment**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The file that is attached electronically to the patient care report.

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMESIS Element:	File Attachment
------------------	-----------------

Data Type:	Base64Binary	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****eOther.12 - Type of Person Signing**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available
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**Definition:**

The individual's signature associated with eOther.15 (Signature Status).
--

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Type of Person Signing
------------------	------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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**Attributes:**

Comments: v2 Code = IT4.2
---------------------------

**Code List:**

## Select Resources:

4512001 EMS Crew Member (Other) 4512003 EMS Primary Care Provider (for this event) 4512005 Healthcare Provider (Nurse / Physician) 4512007 Medical Director 4512009 Non-Healthcare Provider 4512011 Base Hospital Personnel (BHC, MICN, etc.) 4512013 Other 4512015 Patient (Self) 4512017 Parent / Guardian / Representative 4512019 Witness
--

**OC-MEDS – DATA DICTIONARY****eOther.13 - Signature Reason**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
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Definition:
The reason for the individuals signature.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Signature Reason
------------------	------------------

Data Type:	Multi-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments: v2 Code = IT4.17

Code List:
Select Resources: 4513015 Airway Verification 4513011 Controlled Substance, Administration 4513013 Controlled Substance, Waste it4513.103 EMS Provider 4513001 HIPAA acknowledgement/Release it4513.104 Medical Necessity 4513023 Other 4513017 Patient Belongings (Receipt) it4513.105 Patient/Medical Necessity Unable to Sign 4513003 Permission to Treat / Transport 4513009 Against Medical Advice - Treatment / Transport 4513005 Authorization for Billing 4513007 Transfer of Patient Care



**OC-MEDS – DATA DICTIONARY****eOther.14 - Type Of Patient Representative**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

If Patient Representative is chosen as the owner of the signature, this documents the relationship of the individual signing to the patient.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Type Of Patient Representative
------------------	--------------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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**Attributes:**

Comments: v2 Code = IT8.50

**Code List:**

Select Resources:

4514001 Aunt  
4514003 Brother  
4514005 Daughter  
4514007 Discharge Planner  
4514009 Domestic Partner  
4514011 Father  
4514013 Friend  
4514015 Grandfather  
4514017 Grandmother  
4514019 Guardian  
4514021 Husband  
4514023 Law Enforcement  
4514025 MD/DO  
4514027 Mother  
4514031 Nurse Practitioner (NP)  
4514029 Nurse (RN)  
4514035 Other  
4514033 Other Care Provider (Home health, hospice, etc.)  
4514037 Physician's Assistant (PA)



## OC-MEDS – DATA DICTIONARY

4514039 Power of Attorney
4514041 Other Relative
4514043 Self
4514045 Sister
4514047 Son
4514049 Uncle
4514051 Wife

**OC-MEDS – DATA DICTIONARY****eOther.15 - Signature Status**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
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**Definition:**

Indication that a patient or patient representative signature has been collected or attempted to be collected.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Signature Status
------------------	------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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**Attributes:**

None

**Code List:**

## Select Resources:

4515001 Not Signed - Crew Called out to another call  
4515003 Not Signed - Deceased  
4515005 Not Signed - Due to Distress Level  
4515007 Not Signed - Equipment Failure  
4515009 Not Signed - In Law Enforcement Custody  
4515011 Not Signed - Language Barrier  
4515013 Not Signed - Mental Status/Impaired  
4515015 Not Signed - Minor/Child  
4515017 Not Signed - Physical Impairment of Extremities  
4515019 Not Signed - Refused  
4515021 Not Signed - Transferred Care/No Access to Obtain Signature  
4515023 Not Signed - Unconscious  
4515025 Not Signed -Visually Impaired  
4515027 Physical Signature/Paper Copy Obtained  
4515031 Signed  
4515033 Signed-Not Patient  
eOther.15.100 Not Signed - Patient Contamination  
eOther.15.101 Physically Restrained  
eOther.15.102 Bilateral Upper Extremity Weakness

**OC-MEDS – DATA DICTIONARY****eOther.16 - Signature File Name**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The name of the graphic file for the signature.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Signature File Name
------------------	---------------------

Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Constraints: character length = 1 to 255

Code List:
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None
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**OC-MEDS – DATA DICTIONARY****eOther.17 - Signature File Type**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

The description of the file attachment stored in Signature Graphic (eOther.18).

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Signature File Type
------------------	---------------------

Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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**Attributes:**

Constraints: character length = 1 to 255

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****eOther.18 - Signature Graphic**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The graphic file for the signature.

Patient Identifiable:	Agency Identifiable:
Yes	Yes

NEMESIS Element:	Signature Graphic
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Data Type:	Base64Binary	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
None

Code List:
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None
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**OC-MEDS – DATA DICTIONARY****eOther.19 - Date/Time of Signature**

OC-MEDS Reporting: Optional

Reporting Condition: Complete and submit if available

**Definition:**

The date and time the signature was captured.

Patient Identifiable:

No

Agency Identifiable:

No

NEMESIS Element: Date/Time of Signature

Data Type: Datetime

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:****Constraints:**

between 1/1/1950 and 1/1/2050; pattern = [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****eOther.20 - Signature Last Name**

OC-MEDS Reporting: Optional

Reporting Condition: Complete and submit if available

**Definition:**

The last name of the individual who signed the associated signature.

Patient Identifiable:

Yes

Agency Identifiable:

Yes

NEMESIS Element: Signature Last Name

Data Type: String

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

Constraints: character length = 1 to 60

**Code List:**

None



**OC-MEDS – DATA DICTIONARY****eOther.21 - Signature First Name**

OC-MEDS Reporting: Optional

Reporting Condition: Complete and submit if available

**Definition:**

The first name of the individual associated with the signature.

Patient Identifiable:

No

Agency Identifiable:

No

NEMESIS Element: Signature First Name

Data Type:

String

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Constraints: character length = 1 to 50

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****itOther.015 - AMA Type**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if pertinent
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Definition:
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AMA Type
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Patient Identifiable:
-----------------------

No
----

Agency Identifiable:
----------------------

No
----

OC-MEDS Element:	AMA Type
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Data Type:	Single-select
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Pertinent Negatives (PN):	No
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Is Nillable:	No
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NOT Values:	No
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Attributes:
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Comments: v2 Code = IT8.19
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**Code List:**

Select Resources:

itOther.015.100 AGAINST MEDICAL ADVICE, refuse medical care, transportation, and/or advice by this agency.

itOther.015.102 REFUSE SPECIFIC care, advice, or recommended destination as provided by this agency.

itOther.015.101 REQUEST RELEASE, as I do not feel my condition requires emergency care and/or transportation by this agency.

**OC-MEDS – DATA DICTIONARY****itOther.017 - Patient/DDM Reason For AMA**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if pertinent
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**Definition:**

Patient/DDM Reason For AMA
----------------------------

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

OC-MEDS Element:	Patient/DDM Reason For AMA
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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**Attributes:**

Comments: v2 Code = IT8.21
----------------------------

**Code List:**

Select Resources:
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itOther.017.100 Chief Complaint resolved
--

itOther.017.101 Feels ambulance transport not necessary
---

itOther.017.103 Other
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itOther.017.102 Private tx to hospital/PMD available
--

**OC-MEDS – DATA DICTIONARY****itOther.018 - Patient/DDM Alternative Plan**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if pertinent
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**Definition:**

AMA - Patient/DDM Alternative Plan
------------------------------------

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

OC-MEDS Element:	AMA - Patient/DDM Alternative Plan
------------------	------------------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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**Attributes:**

Comments: v2 Code = IT8.22
----------------------------

**Code List:**

Select Resources:
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itOther.018.104 Call PMD
--------------------------

itOther.018.101 Go home & monitor
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itOther.018.105 Other
-----------------------

itOther.018.102 Private auto to hospital
--

itOther.018.103 Private auto to PMD
-------------------------------------

itOther.018.100 Stay home & monitor
-------------------------------------

**OC-MEDS – DATA DICTIONARY**

itOther.019 - Who (family/friends) with patient now			
OC-MEDS Reporting:		Optional	
Reporting Condition:		Complete and submit if pertinent	
Definition:			
AMA - Who (family/friends) with patient now			
Patient Identifiable:		Agency Identifiable:	
No		No	
OC-MEDS Element:		AMA - Who (family/friends) with patient now	
Data Type:	Multi-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.23			
Code List:			
Select Resources: itOther.019.100 Family itOther.019.101 Friends itOther.019.103 Law Enforcement itOther.019.102 Legal Guardian/DDM itOther.019.105 Other itOther.019.104 Responsible Adult (i.e. School Nurse)			

**OC-MEDS – DATA DICTIONARY****itOther.020 - Is Patient (or DDM) oriented to person, place, time & event**

OC-MEDS Reporting: Optional

Reporting Condition: Complete and submit if pertinent

**Definition:**

AMA - Is Patient (or DDM) oriented to person, place, time &amp; event

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS Element: AMA - Is Patient (or DDM) oriented to person, place, time &amp; event

Data Type: Single-select

Pertinent Negatives (PN): No

Is Nillable: Yes

NOT Values: Yes

**Attributes:**

Comments: v2 Code = IT8.24

**Code List:****Not Values:**

itOther.020.NV.100 Not Applicable

itOther.020.NV.102 Not Available

itOther.020.NV.101 Unknown

**Select Resources:**

itOther.020.101 No

itOther.020.100 Yes

**OC-MEDS – DATA DICTIONARY****itOther.021 - Is Patient (or DDM) Unimpaired by drugs or alcohol**

OC-MEDS Reporting: Optional

Reporting Condition: Complete and submit if pertinent

**Definition:**

AMA - Is Patient (or DDM) Unimpaired by drugs or alcohol

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS Element: AMA - Is Patient (or DDM) Unimpaired by drugs or alcohol

Data Type: Single-select

Pertinent Negatives (PN): No

Is Nillable: Yes

NOT Values: Yes

**Attributes:**

Comments: v2 Code = IT8.25

**Code List:****Not Values:**

itOther.021.NV.100 Not Applicable

itOther.021.NV.102 Not Available

itOther.021.NV.101 Unknown

**Select Resources:**

itOther.021.101 No

itOther.021.100 Yes

**OC-MEDS – DATA DICTIONARY****itOther.022 - Is Patient (or DDM) competent to refuse care**

OC-MEDS Reporting: Optional

Reporting Condition: Complete and submit if pertinent

**Definition:**

AMA - Is Patient (or DDM) competent to refuse care

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS Element: AMA - Is Patient (or DDM) competent to refuse care

Data Type: Single-select

Pertinent Negatives (PN): No

Is Nillable: Yes

NOT Values: Yes

**Attributes:**

Comments: v2 Code = IT8.26

**Code List:****Not Values:**

itOther.022.NV.100 Not Applicable

itOther.022.NV.102 Not Available

itOther.022.NV.101 Unknown

**Select Resources:**

itOther.022.101 No

itOther.022.100 Yes



**OC-MEDS – DATA DICTIONARY****itOther.023 - Has patient (or DDM) been advised that 911 can be reassessed**

OC-MEDS Reporting: Optional

Reporting Condition: Complete and submit if pertinent

**Definition:**

AMA - Has patient (or DDM) been advised that 911 can be reassessed

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS Element: AMA - Has patient (or DDM) been advised that 911 can be reassessed

Data Type: Single-select

Pertinent Negatives (PN): No

Is Nillable: Yes

NOT Values: Yes

**Attributes:**

Comments: v2 Code = IT8.27

**Code List:****Not Values:**

itOther.023.NV.100 Not Applicable

itOther.023.NV.102 Not Available

itOther.023.NV.101 Unknown

**Select Resources:**

itOther.023.101 No

itOther.023.100 Yes

**OC-MEDS – DATA DICTIONARY****itOther.024 - Have the risks and complications of refusal been discussed**

OC-MEDS Reporting: Optional

Reporting Condition: Complete and submit if pertinent

**Definition:**

AMA - Have the risks and complications of refusal been discussed

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS Element: AMA - Have the risks and complications of refusal been discussed

Data Type: Single-select

Pertinent Negatives (PN): No

Is Nillable: Yes

NOT Values: Yes

**Attributes:**

Comments: v2 Code = IT8.28

**Code List:****Not Values:**

itOther.024.NV.100 Not Applicable

itOther.024.NV.102 Not Available

itOther.024.NV.101 Unknown

**Select Resources:**

itOther.024.101 No

itOther.024.100 Yes

**OC-MEDS – DATA DICTIONARY****itOther.025 - Is the patient 18 YEARS OF AGE or emancipated**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if pertinent
----------------------	----------------------------------

**Definition:**

AMA - Is the patient 18 YEARS OF AGE or emancipated
---

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

OC-MEDS Element:	AMA - Is the patient 18 YEARS OF AGE or emancipated
------------------	---

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

Comments: v2 Code = IT8.29
----------------------------

**Code List:****Not Values:**

itOther.025.NV.100 Not Applicable

itOther.025.NV.102 Not Available

itOther.025.NV.101 Unknown

**Select Resources:**

itOther.025.101 No

itOther.025.100 Yes

**OC-MEDS – DATA DICTIONARY****itOther.029 - AMA Initial Disposition**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if pertinent
----------------------	----------------------------------

Definition:
AMA Initial Disposition

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	AMA Initial Disposition
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Data Type:	Multi-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments: v2 Code = IT8.96

Code List:
Select Resources: itOther.029.106 Authorized Decision Maker (ADM) Refused Exam itOther.029.108 Authorized Decision Maker (ADM) Refused Transport itOther.029.107 Authorized Decision Maker (ADM) Refused Treatment itOther.029.103 Patient Accepted Exam itOther.029.105 Patient Accepted Transport itOther.029.104 Patient Accepted Treatment itOther.029.100 Patient Refused Exam itOther.029.102 Patient Refused Transport itOther.029.101 Patient Refused Treatment

**OC-MEDS – DATA DICTIONARY****eOutcome.01 - Emergency Department Disposition**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.
----------------------	---

Definition:
The known disposition of the patient from the Emergency Department (ED)

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Emergency Department Disposition
------------------	----------------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
None

**Code List:**

## Not Values:

7701001 Not Applicable  
7701003 Not Recorded

## Select Resources:

09 Admitted as an inpatient to this hospital.  
20 Deceased/Expired (or did not recover - Religious Non Medical Health Care Patient)  
01 Discharged to home or self care (routine discharge)  
66 Discharged/transferred to a Critical Access Hospital (CAH).  
43 Discharged/transferred to a Federal Health Care Facility (e.g., VA or federal health care facility)  
62 Discharged/transferred to a inpatient rehabilitation facility including distinct part units of a hospital.  
04 Discharged/transferred to an intermediate care facility (ICF)  
02 Discharged/transferred to another short term general hospital for inpatient care  
70 Discharged/transferred to another type of health care institution not defined elsewhere in the code list.  
05 Discharged/transferred to another type of institution not defined elsewhere in this code list  
64 Discharged/transferred to a nursing facility certified under Medicaid but not certified



## OC-MEDS – DATA DICTIONARY

<p>under Medicare</p> <p>65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital.</p> <p>03 Discharged/transferred to a skilled nursing facility (SNF)</p> <p>21 Discharged/transferred to court/law enforcement</p> <p>06 Discharged/transferred to home under care of organized home health service organization in anticipation of covered skills care</p> <p>50 Discharged/transferred to Hospice - home.</p> <p>51 Discharged/transferred to Hospice - medical facility</p> <p>63 Discharged/transferred to long term care hospitals</p> <p>61 Discharged/transferred within this institution to a hospital based Medicare approved swing bed.</p> <p>07 Left against medical advice or discontinued care</p> <p>Code Description</p> <p>30 Still a patient or expected to return for outpatient services.</p>
---

**OC-MEDS – DATA DICTIONARY****eOutcome.02 - Hospital Disposition**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.
----------------------	---

Definition:
The known disposition of the patient from the hospital, if admitted.

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Hospital Disposition
----------------	----------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:

**Code List:**

## Not Values:

7701001 Not Applicable  
7701003 Not Recorded

## Select Resources:

20 Deceased/Expired (or did not recover - Religious Non Medical Health Care Patient)  
01 Discharged to home or self care (routine discharge)  
66 Discharged/transferred to a Critical Access Hospital (CAH).  
43 Discharged/transferred to a Federal Health Care Facility (e.g., VA or federal health care facility)  
62 Discharged/transferred to a inpatient rehabilitation facility including distinct part units of a hospital.  
04 Discharged/transferred to an intermediate care facility (ICF)  
02 Discharged/transferred to another short term general hospital for inpatient care  
70 Discharged/transferred to another type of health care institution not defined elsewhere in the code list.  
05 Discharged/transferred to another type of institution not defined elsewhere in this code list  
64 Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare



**OC-MEDS – DATA DICTIONARY**



- 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital.
- 03 Discharged/transferred to a skilled nursing facility (SNF)
- 21 Discharged/transferred to court/law enforcement
- 06 Discharged/transferred to home under care of organized home health service organization in anticipation of covered skills care
- 50 Discharged/transferred to Hospice - home.
- 51 Discharged/transferred to Hospice - medical facility
- 63 Discharged/transferred to long term care hospitals
- 61 Discharged/transferred within this institution to a hospital based Medicare approved swing bed.
- 07 Left against medical advice or discontinued care
- 30 Still a patient or expected to return for outpatient services.



**OC-MEDS – DATA DICTIONARY****eOutcome.06 - Emergency Department Chief Complaint**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.
----------------------	---

Definition:
The patient's reason for seeking care or attention, expressed in the terms as close as possible to those used by the patient or responsible informant.

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Emergency Department Chief Complaint
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Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Constraints: character length = 2 to 100

Code List:
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None
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**OC-MEDS – DATA DICTIONARY****eOutcome.07 - First ED Systolic Blood Pressure**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.
----------------------	---

Definition:
The first recorded Emergency Department Systolic Blood Pressure.

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	First ED Systolic Blood Pressure
----------------	----------------------------------

Data Type:	Number	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: minimum = 0; maximum = 500

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****eOutcome.08 - Emergency Department Recorded Cause of Injury**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.
----------------------	---

Definition:
The documented cause of injury from the emergency department record.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Emergency Department Recorded Cause of Injury
------------------	---

Data Type:	Multi-select	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: pattern = ([TV-Y][0-9]{2})(\.[0-9A-Z]{1,7})?)

Code List:
Code list is represented in ICD-10. Future Use.

**OC-MEDS – DATA DICTIONARY****eOutcome.09 - Emergency Department Procedures**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.
----------------------	---

Definition:
The procedures performed on the patient during the emergency department visit.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Emergency Department Procedures
------------------	---------------------------------

Data Type:	ICD-10 value	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: pattern = [0-9A-HJ-NP-Z]{3,7}

Code List:
Code list is represented in ICD-10. Future Use.

**OC-MEDS – DATA DICTIONARY****eOutcome.10 - Emergency Department Diagnosis**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.
----------------------	---

Definition:
The practitioner's description of the condition or problem for which Emergency Department services were provided.

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Emergency Department Diagnosis
----------------	--------------------------------

Data Type:	ICD-10 value	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: pattern = [A-Z][0-9][0-9A-Z](\\.[0-9A-Z]{1,3})?)

Code List:
Code list is represented in ICD-10. Future Use.

**OC-MEDS – DATA DICTIONARY****eOutcome.11 - Date/Time of Hospital Admission**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.
----------------------	---

Definition:
The date and time the patient was admitted to the hospital.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Date/Time of Hospital Admission
------------------	---------------------------------

Data Type:	Datetime	Pertinent Negatives (PN):	No
------------	----------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; pattern = [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+ -)[0-9]{2}:[0-9]{2}

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****eOutcome.12 - Hospital Procedures**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.
----------------------	---

Definition:	Hospital Procedures performed on the patient during the hospital admission.
-------------	---

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Hospital Procedures
----------------	---------------------

Data Type:	ICD-10 value	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:	Constraints: pattern = [0-9A-HJ-NP-Z]{3,7}
-------------	--

Code List:	Code list is represented in ICD-10. Future Use.
------------	---

**OC-MEDS – DATA DICTIONARY****eOutcome.13 - Hospital Diagnosis**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.
----------------------	---

Definition:
The hospital diagnosis of the patient associated with the hospital admission.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Hospital Diagnosis
------------------	--------------------

Data Type:	ICD-10 value	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: pattern = [A-Z][0-9][0-9A-Z](\.[0-9A-Z]{1,4})?

Code List:
Code list is represented in ICD-10. Future Use.



**OC-MEDS – DATA DICTIONARY****eOutcome.14 - Total ICU Length of Stay**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.
----------------------	---

Definition:
The total number of patient days in any ICU (including all ICU episodes).

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Total ICU Length of Stay
------------------	--------------------------

Data Type:	Number	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: minimum = 1; maximum = 400

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****eOutcome.15 - Total Ventilator Days**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.
----------------------	---

Definition:
The total number of patient days spend on a mechanical ventilator (excluding time in the operating room).

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Total Ventilator Days
----------------	-----------------------

Data Type:	Number	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: minimum = 1; maximum = 400

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****eOutcome.16 - Date/Time of Hospital Discharge**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.
----------------------	---

Definition:
The date the patient was discharged from the hospital.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Date/Time of Hospital Discharge
------------------	---------------------------------

Data Type:	Datetime	Pertinent Negatives (PN):	No
------------	----------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; pattern = [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+ -)[0-9]{2}:[0-9]{2}

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****eOutcome.17 - Outcome at Hospital Discharge**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.
----------------------	---

Definition:
The patient's functional status at time of hospital discharge.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Outcome at Hospital Discharge
------------------	-------------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

**Code List:**

Select Resources:

- 4317013 Dead
- 4317007 Moderate disability; requiring some help, but able to walk without assistance
- 4317009 Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance
- 4317003 No significant disability despite symptoms; able to carry out all usual duties and activities
- 4317001 No Symptoms At All
- 4317011 Severe disability; bedridden, incontinent and requiring constant nursing care and attention
- 4317005 Slight disability; unable to carry out all previous activities, but able to look after own affairs without assistance

**OC-MEDS – DATA DICTIONARY****itOutcome.015 - Misc Patient Number (EMS Subscription Number)**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available.
----------------------	-----------------------------------

**Definition:**

The EMS subscription number assigned by the EMS provider agency for the patient.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

Yes	Yes
-----	-----

OC-MEDS Element:	Misc Patient Number
------------------	---------------------

Data Type:	String
------------	--------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	No
--------------	----

NOT Values:	No
-------------	----

**Attributes:**

Constraints: max length = 255

Comments: v2 Code = IT5.41

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePatient.02 - Last Name**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

Definition:
The patient's last (family) name

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMESIS Element:	Last Name
------------------	-----------

Data Type:	String	Pertinent Negatives (PN):	Yes
------------	--------	---------------------------	-----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
Constraints: character length = 1 to 60

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting  Pertinent Negatives: 8801019 Refused 8801023 Unable to Complete

**OC-MEDS – DATA DICTIONARY****ePatient.03 - First Name**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

**Definition:**

The patient's first (given) name
----------------------------------

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

Yes	No
-----	----

NEMESIS Element:	First Name
------------------	------------

Data Type:	String	Pertinent Negatives (PN):	Yes
------------	--------	---------------------------	-----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

Constraints: character length = 1 to 50
---

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

7701005 Not Reporting

**Pertinent Negatives:**

8801019 Refused

8801023 Unable to Complete

**OC-MEDS – DATA DICTIONARY****ePatient.04 - Middle Initial/Name**

OC-MEDS Reporting: Optional

Reporting Condition: Complete and submit if available

**Definition:**

The patient's middle name, if any

Patient Identifiable:

Yes

Agency Identifiable:

No

NEMESIS Element: Middle Initial/Name

Data Type: String

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

Constraints: character length = 1 to 50

**Code List:**

None



**OC-MEDS – DATA DICTIONARY****ePatient.05 - Patient's Home Address**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

**Definition:**

Patient's address of residence
--------------------------------

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

Yes	No
-----	----

NEMESIS Element:	Patient's Home Address
------------------	------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

Constraints: character length = 1 to 255
--

**Code List:**

None
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OC-MEDS – DATA DICTIONARY



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**ePatient.05.StreetAddress2 - StreetAddress2**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
Additional address field.

Patient Identifiable:	Agency Identifiable:
Yes	No

OC-MEDS Element:	Street Address 2
------------------	------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****ePatient.06 - Patient's Home City**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

**Definition:**

The patient's primary city or township of residence.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Patient's Home City
------------------	---------------------

Data Type:	GNIS Value	Pertinent Negatives (PN):	No
------------	------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

Comments: v2 Code = IT8.37 / City codes are based on GNIS Feature Class. The primary Feature Class to use is "Civil" with "Populated Place" and "Military" code as additional options.

**Code List:**

GNIS Codes Website: [http://geonames.usgs.gov/domestic/download\\_data.htm](http://geonames.usgs.gov/domestic/download_data.htm)

**OC-MEDS – DATA DICTIONARY****ePatient.07 - Patient's Home County**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

Definition:
The patient's home county or parish of residence.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Patient's Home County
------------------	-----------------------

Data Type:	ANSI value	Pertinent Negatives (PN):	No
------------	------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
Constraints: pattern = [0-9]{5}
Comments: v2 Code = IT10.28

**Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded

**OC-MEDS – DATA DICTIONARY****ePatient.08 - Patient's Home State**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Patient's Home State
------------------	----------------------

Data Type:	ANSI value	Pertinent Negatives (PN):	No
------------	------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
Constraints: character length = 2
Comments: The ANSI Code Selection by text but stored as ANSI code.

**Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded

**OC-MEDS – DATA DICTIONARY****ePatient.09 - Patient's Home ZIP Code**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

Definition:
The patient's ZIP code of residence.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Patient's Home ZIP Code
------------------	-------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
Constraints: pattern = [0-9]{5} [0-9]{5}-[0-9]{4} [0-9]{5}-[0-9]{5} [A-Z][0-9][A-Z] [0-9][A-Z][0-9]

**Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded

**OC-MEDS – DATA DICTIONARY****ePatient.10 - Patient's Country of Residence**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available.
----------------------	-----------------------------------

Definition:
The country of residence of the patient.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Patient's Country of Residence
------------------	--------------------------------

Data Type:	ANSI Value	Pertinent Negatives (PN):	No
------------	------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: character length = 2
Comments: Based on the ISO Country Code.

Code List:
ANSI Country Codes (ISO 3166) Website: <a href="http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm">http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm</a>

**OC-MEDS – DATA DICTIONARY****ePatient.12 - Social Security Number**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

The patient's social security number

Patient Identifiable:

Yes

Agency Identifiable:

No

NEMESIS Element: Social Security Number

Data Type: Number

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

Constraints: pattern = [0-9]{9}

**Code List:**

None



**OC-MEDS – DATA DICTIONARY****ePatient.13 - Gender**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

Definition:
The Patient's Gender

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Gender
------------------	--------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:

**Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded

Select Resources:  
9906001 Female  
9906003 Male  
9906005 Unknown (Unable to Determine)

**OC-MEDS – DATA DICTIONARY****ePatient.15 - Age**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Age
------------------	-----

Data Type:	Number	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

Constraints: minimum = 1; maximum = 120

**Code List:**

Not Values:

7701001 Not Applicable

7701003 Not Recorded

**OC-MEDS – DATA DICTIONARY****ePatient.16 - Age Units**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

**Definition:**

The unit used to define the patient's age

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No

No

NEMESIS Element:	Age Units
------------------	-----------

Data Type:	Single-select
------------	---------------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	Yes
--------------	-----

NOT Values:	Yes
-------------	-----

**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

2516001 Days

2516003 Hours

2516005 Minutes

2516007 Months

2516009 Years

**OC-MEDS – DATA DICTIONARY****ePatient.17 - Date of Birth**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The patient's date of birth

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMESIS Element:	Date of Birth
------------------	---------------

Data Type:	Datetime	Pertinent Negatives (PN):	Yes
------------	----------	---------------------------	-----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
Constraints: minimum = 1/1/1890; maximum = 1/1/2050

**Code List:**

## Not Values:

7701001 Not Applicable

7701003 Not Recorded

7701005 Not Reporting

## Pertinent Negatives:

8801019 Refused

8801023 Unable to Complete

**OC-MEDS – DATA DICTIONARY****ePatient.18 - Patient's Phone Number**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

The patient's phone number

Patient Identifiable:

Yes

Agency Identifiable:

No

NEMESIS Element: Patient's Phone Number

Data Type: String

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

Constraints: pattern = [2-9][0-9][0-9]-[2-9][0-9][0-9]-[0-9][0-9][0-9][0-9]

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePatient.20 - State Issuing Driver's License**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

The state that issued the drivers license

Patient Identifiable:

No

Agency Identifiable:

No

NEMESIS Element: State Issuing Driver's License

Data Type:

ANSI Value

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Constraints: pattern = [0-9]{2}

**Code List:**

Stored as the ANSI State Code.

GNIS Codes Website: [http://geonames.usgs.gov/domestic/download\\_data.htm](http://geonames.usgs.gov/domestic/download_data.htm)

**OC-MEDS – DATA DICTIONARY****ePatient.21 - Driver's License Number**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

The patient's drivers license number

Patient Identifiable:

Yes

Agency Identifiable:

No

NEMESIS Element: Driver's License Number

Data Type: String

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

Constraints: character length = 1 to 30

**Code List:**

None



OC-MEDS – DATA DICTIONARY



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**itOtherKin.001 - Street Address**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:
Street Address of the other kin.

Patient Identifiable:	Agency Identifiable:
Yes	No

OC-MEDS Element:	Street Address
------------------	----------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code = IT10.24

Code List:
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None
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**OC-MEDS – DATA DICTIONARY**

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**itOtherKin.002 - Street Address 2**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:
Street Address 2 of the other kin.

Patient Identifiable:	Agency Identifiable:
Yes	No

OC-MEDS Element:	Street Address 2
------------------	------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	
--------------	----	-------------	--

Attributes:
None

Code List:
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None
------

**OC-MEDS – DATA DICTIONARY****itOtherKin.003 - Postal Code**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

Postal Code of the other kin.

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS Element: Postal Code

Data Type:

String

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Comments: v2 Code = IT10.31

**Code List:**

None



OC-MEDS – DATA DICTIONARY



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**itOtherKin.004 - Apartment Number**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:
Apartment Number of the other kin.

Patient Identifiable:	Agency Identifiable:
Yes	No

OC-MEDS Element:	Apartment Number
------------------	------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****itOtherKin.006 - City Name**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

City Name of the other kin.

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS Element: City Name

Data Type:

GNIS Value

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

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

**Code List:**GNIS Codes Website: [http://geonames.usgs.gov/domestic/download\\_data.htm](http://geonames.usgs.gov/domestic/download_data.htm)

**OC-MEDS – DATA DICTIONARY****itOtherKin.008 - County Name**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

County Name of the other kin.

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS Element: County Name

Data Type:

ANSI Value

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Constraints: pattern = [0-9]{5}

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****itOtherKin.010 - State Name**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

State Name of the other kin.

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS Element: State Name

Data Type:

ANSI Value

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

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

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****itOtherKin.012 - Country Code**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

Country Code of the other kin.

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS Element: Country Code

Data Type:

ANSI Value

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Comments: Based on the ISO Country Codes.

**Code List:**

ANSI Country Codes (ISO 3166) Website:

[http://www.iso.org/iso/country\\_codes/iso\\_3166\\_code\\_lists.htm](http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm)

**OC-MEDS – DATA DICTIONARY****itOtherKin.013 - First Name**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

First Name of the other kin.

Patient Identifiable:

Yes

Agency Identifiable:

No

OC-MEDS Element: First Name

Data Type: String

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

Comments: v2 Code = IT10.21

**Code List:**

None



**OC-MEDS – DATA DICTIONARY****itOtherKin.014 - Last Name**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

Last Name of the other kin.

Patient Identifiable:

Yes

Agency Identifiable:

No

OC-MEDS Element: Last Name

Data Type: String

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

Comments: v2 Code = IT10.22

**Code List:**

None



OC-MEDS – DATA DICTIONARY



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<b>itOtherKin.015 - Middle Initial</b>
--

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:
Middle Initial of the other kin.

Patient Identifiable:	Agency Identifiable:
Yes	No

OC-MEDS Element:	Middle Initial
------------------	----------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code = IT10.23

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****itOtherKin.016 - Phone**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:
Phone Number of the other kin.

Patient Identifiable:	Agency Identifiable:
Yes	No

OC-MEDS Element:	Phone
------------------	-------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code = IT10.32

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****itOtherKin.017 - Relation**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

**Definition:**

The relation of the other kin to the patient.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

OC-MEDS Element:	Relation
------------------	----------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

Comments: v2 Code = IT10.33

**Code List:**

## Select Resources:

itOtherKin.017.001 Appointed Guardian  
itOtherKin.017.002 Aunt/Uncle  
itOtherKin.017.003 Brother  
itOtherKin.017.004 Child Dependent  
itOtherKin.017.005 Employee  
itOtherKin.017.006 Father  
itOtherKin.017.007 Grandchild  
itOtherKin.017.008 Grandparent  
itOtherKin.017.009 Life Domestic Partner  
itOtherKin.017.010 Mother  
itOtherKin.017.011 Other  
itOtherKin.017.012 Other Non-Relative  
itOtherKin.017.013 Other Relative  
itOtherKin.017.014 Partner to a Civil Union  
itOtherKin.017.015 Sibling  
itOtherKin.017.016 Sister  
itOtherKin.017.017 Son/Daughter  
itOtherKin.017.018 Spouse  
itOtherKin.017.019 Unknown



OC-MEDS – DATA DICTIONARY



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**itPatient.004 - Patient Apartment Number**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
Patient Apartment Number

Patient Identifiable:	Agency Identifiable:
Yes	No

OC-MEDS Element:	Patient Apartment Number
------------------	--------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: max length = 50
Comments: v2 Code = IT8.53

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****itPatient.013 - Patient Alternate Address - Street Address**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

Patient Alternate Address - Street Address

Patient Identifiable:

Yes

Agency Identifiable:

No

OC-MEDS Element: Patient Alternate Address - Street Address

Data Type: String

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

Comments: v2 Code = IT8.33

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****itPatient.014 - Patient Alternate Address - Street Address 2**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

Patient Alternate Address - Street Address 2

Patient Identifiable:

Yes

Agency Identifiable:

No

OC-MEDS Element: Patient Alternate Address - Street Address 2

Data Type: String

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

Comments: v2 Code = IT8.54

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****itPatient.015 - Patient Alternate Address - Postal Code**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

Patient Alternate Address - Postal Code

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS Element: Patient Alternate Address - Postal Code

Data Type: String

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

Comments: v2 Code = IT8.39

**Code List:**

None



**OC-MEDS – DATA DICTIONARY****itPatient.016 - Patient Alternate Address - City**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

Patient Alternate Address - City

Patient Identifiable:

Yes

Agency Identifiable:

No

OC-MEDS Element: Patient Alternate Address - City

Data Type:

GNIS Value

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Comments: v2 Code = IT8.36 / City codes are based on GNIS Feature Class. The primary Feature Class to use is "Civil" with "Populated Place" and "Military" code as additional options.

**Code List:**GNIS Codes Website: [http://geonames.usgs.gov/domestic/download\\_data.htm](http://geonames.usgs.gov/domestic/download_data.htm)

**OC-MEDS – DATA DICTIONARY****itPatient.017 - Patient Alternate Address - County**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

Patient Alternate Address - County

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS Element: Patient Alternate Address - County

Data Type: ANSI Value

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

Comments: v2 Code = IT8.43

Constraints: pattern = [0-9]{5}

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****itPatient.018 - Patient Alternate Address - State**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

Patient Alternate Address - State

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS Element: Patient Alternate Address - State

Data Type: ANSI Value

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

Comments: v2 Code = IT8.38 / The ANSI Code Selection by text but stored as ANSI code.

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****itPatient.019 - Patient Alternate Address - Country Code**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

Patient Alternate Address - Country Code

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS Element: Patient Alternate Address - Country Code

Data Type: ANSI Value

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

Comments: Based on the ISO Country Codes.

**Code List:**

ANSI Country Codes (ISO 3166) Website:

[http://www.iso.org/iso/country\\_codes/iso\\_3166\\_code\\_lists.htm](http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm)

**OC-MEDS – DATA DICTIONARY****itPatient.020 - Patient Alternate Address - Apartment Number**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

Patient Alternate Address - Apartment Number

Patient Identifiable:

Yes

Agency Identifiable:

No

OC-MEDS Element: Patient Alternate Address - Apartment Number

Data Type: String

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

Comments: v2 Code = IT8.34

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePayment.01 - Primary Method of Payment**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Primary Method of Payment
------------------	---------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

2601019 Community Network

2601017 Contracted Payment

2601001 Insurance

2601003 Medicaid

2601005 Medicare

2601021 No Insurance Identified

2601007 Not Billed (for any reason)

2601009 Other Government

2601023 Other Payment Option

2601015 Payment by Facility

2601011 Self Pay

2601013 Workers Compensation

**OC-MEDS – DATA DICTIONARY****ePayment.02 - Physician Certification Statement**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMIS Element:	Physician Certification Statement
----------------	-----------------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

None

**Code List:**

Select Resources:  
9922001 No  
9922003 Unknown  
9922005 Yes

**OC-MEDS – DATA DICTIONARY****ePayment.03 - Date Physician Certification Statement Signed**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

**Definition:**

The date the Physician Certification Statement was signed
---

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Date Physician Certification Statement Signed
------------------	---

Data Type:	Datetime
------------	----------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	No
--------------	----

NOT Values:	No
-------------	----

**Attributes:****Constraints:**

between 1/1/1950 and 1/1/2050; pattern = [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+ -)[0-9]{2}:[0-9]{2}
---

**Code List:**

None
------



**OC-MEDS – DATA DICTIONARY****ePayment.04 - Reason for Physician Certification Statement**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Reason for Physician Certification Statement
------------------	--

Data Type:	Multi-select	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

None
------

**Code List:**

Select Resources:

Code Description

2604001 Bed Confined

2604003 Cardiac/Hemodynamic monitoring required during transport

2604005 Confused, combative, lethargic, comatose

2604007 Contractures

2604009 Danger to self or others-monitoring

2604011 Danger to self or others-seclusion (flight risk)

2604013 DVT requires elevation of lower extremity

2604015 IV medications/fluids required during transport

2604017 Moderate to severe pain on movement

2604019 Morbid Obesity requires additional personnel/equipment to handle

2604021 Non-healing fractures

2604023 Orthopedic device (backboard, halo, use of pins in traction, etc.) requiring special handling in transit

2604025 Restraints (Physical or Chemical) anticipated or used during transport

2604027 Risk of falling off wheelchair or stretcher while in motion (not related to obesity)

2604029 Severe Muscular weakness and de-conditioned state precludes any significant physical activity

2604031 Special handling en route-Isolation

2604033 Third Party assistance/attendant required to apply, administer, or regulate or adjust



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oxygen en route

2604035 Unable to maintain erect sitting position in a chair for time needed to transport, due to moderate muscular weakness and de-conditioning.

2604037 Unable to sit in chair or wheelchair due to Grade II or greater decubitus ulcers on buttocks.

**OC-MEDS – DATA DICTIONARY****ePayment.05 - Healthcare Provider Type Signing Physician Certification Statement**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

**Definition:**

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

Patient Identifiable:
-----------------------

No
----

Agency Identifiable:
----------------------

No
----

NEMIS Element:
----------------

Healthcare Provider Type Signing Physician Certification Statement
--

Data Type:
------------

Single-select
---------------

Pertinent Negatives (PN):
---------------------------

No
----

Is Nillable:
--------------

No
----

NOT Values:
-------------

No
----

**Attributes:**

None
------

**Code List:****Select Resources:**

2605001 Clinical Nurse Specialist

2605003 Discharge Planner

2605007 Physician Assistant

2605005 Physician (MD or DO)

2605009 Registered Nurse

2605011 Registered Nurse Practitioner

**OC-MEDS – DATA DICTIONARY****ePayment.06 - Last Name of Individual Signing Physician Certification Statement**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	Yes
----	-----

NEMESIS Element:	Last Name of Individual Signing Physician Certification Statement
------------------	---

Data Type:	String
------------	--------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	No
--------------	----

NOT Values:	No
-------------	----

**Attributes:**

Constraints: character length = 1 to 60

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePayment.07 - First Name of Individual Signing Physician Certification Statement**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

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

Patient Identifiable:

No

Agency Identifiable:

Yes

NEMESIS Element:

First Name of Individual Signing Physician Certification Statement

Data Type:

String

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Constraints: character length = 1 to 50

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePayment.08 - Patient Resides in Service Area**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Patient Resides in Service Area
------------------	---------------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

None

**Code List:**

Select Resources:

2608003 Not a Resident Within EMS Service Area

2608001 Resident Within EMS Service Area



OC-MEDS – DATA DICTIONARY



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**ePayment.09 - Insurance Company ID**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:
The ID Number of the patient's insurance company.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Insurance Company ID
------------------	----------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: character length = 2 to 60

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****ePayment.10 - Insurance Company Name**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

The name of the patient's insurance company.

Patient Identifiable:

No

Agency Identifiable:

No

NEMESIS Element: Insurance Company Name

Data Type:

String

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Constraints: character length = 2 to 100

**Code List:**

None



**OC-MEDS – DATA DICTIONARY****ePayment.11 - Insurance Company Billing Priority**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

**Definition:**

The billing priority or order for the insurance company.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Insurance Company Billing Priority
------------------	------------------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

None

**Code List:**

## Select Resources:

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



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---

**ePayment.12.StreetAddress2 - Insurance Company Address 2**

OC-MEDS Reporting:

Reporting Condition:

Definition:

The mailing address 2 of the Insurance Company

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS Element:

Insurance Company Address 2

Data Type:

String

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

None

Code List:

None

**OC-MEDS – DATA DICTIONARY****ePayment.12 - Insurance Company Address**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

The mailing address of the Insurance Company

Patient Identifiable:

No

Agency Identifiable:

No

NEMESIS Element: Insurance Company Address

Data Type:

String

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Constraints: character length = 1 to 255

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePayment.13 - Insurance Company City**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

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

Patient Identifiable:

No

Agency Identifiable:

No

NEMESIS Element: Insurance Company City

Data Type:

String

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Constraints: character length = 2 to 30

**Code List:**

None



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### ePayment.14 - Insurance Company State

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

#### Definition:

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

Patient Identifiable:
-----------------------

No

Agency Identifiable:
----------------------

No

NEMESIS Element:	Insurance Company State
------------------	-------------------------

Data Type:
------------

ANSI Value

Pertinent Negatives (PN):
---------------------------

No

Is Nillable:
--------------

No

NOT Values:
-------------

No

#### Attributes:

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

#### Code List:

None

**OC-MEDS – DATA DICTIONARY****ePayment.15 - Insurance Company ZIP Code**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

The insurance company's ZIP Code

Patient Identifiable:

No

Agency Identifiable:

No

NEMESIS Element: Insurance Company ZIP Code

Data Type:

String

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:****Constraints:**

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

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePayment.16 - Insurance Company Country**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:
The insurance company's country

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Insurance Company Country
----------------	---------------------------

Data Type:	ANSI Value	Pertinent Negatives (PN):	No
------------	------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: character length = 2 / Based on the ISO Country Codes.

Code List:
ANSI Country Codes (ISO 3166) Website: <a href="http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm">http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm</a>

**OC-MEDS – DATA DICTIONARY****ePayment.17 - Insurance Group ID**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:
The ID number of the patient's insurance group.

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMESIS Element:	Insurance Group ID
------------------	--------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: character length = 2 to 30

**Code List:**

None
------



**OC-MEDS – DATA DICTIONARY****ePayment.18 - Insurance Policy ID Number**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

The ID number of the patient's insurance policy

Patient Identifiable:

Yes

Agency Identifiable:

No

NEMESIS Element: Insurance Policy ID Number

Data Type:

String

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Constraints: character length = 2 to 30

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePayment.19 - Last Name of the Insured**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

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

Patient Identifiable:

Yes

Agency Identifiable:

No

NEMESIS Element: Last Name of the Insured

Data Type:

String

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Constraints: character length = 1 to 60

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePayment.20 - First Name of the Insured**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

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

Patient Identifiable:

Yes

Agency Identifiable:

No

NEMESIS Element: First Name of the Insured

Data Type: String

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

Constraints: character length = 1 to 50

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePayment.21 - Middle Initial/Name of the Insured**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

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

Patient Identifiable:

Yes

Agency Identifiable:

No

NEMESIS Element: Middle Initial/Name of the Insured

Data Type:

String

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Constraints: character length = 1 to 50

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePayment.22 - Relationship to the Insured**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

**Definition:**

The relationship of the patient to the primary insured person
---

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Relationship to the Insured
------------------	-----------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

None
------

**Code List:**

## Select Resources:

2622009 Cadaver Donor
2622005 Child/Dependent
2622011 Employee
2622013 Life/Domestic Partner
2622015 Organ Donor
2622007 Other
2622019 Other Relationship
2622001 Self
2622003 Spouse
2622017 Unknown

**OC-MEDS – DATA DICTIONARY**

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ePayment.23 - Closest Relative/Guardian Last Name			
OC-MEDS Reporting:		Optional	
Reporting Condition:		None	
Definition:			
The last (family) name of the patient's closest relative or guardian			
Patient Identifiable:		Agency Identifiable:	
Yes		No	
NEMESIS Element:		Closest Relative/Guardian Last Name	
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 1 to 60			
Code List:			
None			

**OC-MEDS – DATA DICTIONARY****ePayment.24 - Closest Relative/ Guardian First Name**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

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

Patient Identifiable:

Yes

Agency Identifiable:

No

NEMESIS Element: Closest Relative/ Guardian First Name

Data Type:

String

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Constraints: character length = 1 to 50

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePayment.25 - Closest Relative/ Guardian Middle Initial/Name**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

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

Patient Identifiable:

Yes

Agency Identifiable:

No

NEMESIS Element: Closest Relative/ Guardian Middle Initial/Name

Data Type:

String

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Constraints: character length = 1 to 50

**Code List:**

None



**OC-MEDS – DATA DICTIONARY****ePayment.26 - Closest Relative/ Guardian Street Address**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

Yes	No
-----	----

NEMESIS Element:	Closest Relative/ Guardian Street Address
------------------	---

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

Constraints: character length = 1 to 255

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePayment.27 - Closest Relative/ Guardian City**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Closest Relative/ Guardian City
------------------	---------------------------------

Data Type:	String
------------	--------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	No
--------------	----

NOT Values:	No
-------------	----

**Attributes:**

Constraints: character length = 2 to 30

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePayment.28 - Closest Relative/ Guardian State**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Closest Relative/ Guardian State
------------------	----------------------------------

Data Type:	ANSI Value	Pertinent Negatives (PN):	No
------------	------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

Constraints: character length = 2 / The ANSI Code Selection by text but stored as ANSI code.

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePayment.29 - Closest Relative/ Guardian ZIP Code**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

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

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Closest Relative/ Guardian ZIP Code

Data Type: String

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:****Constraints:**

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

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePayment.30 - Closest Relative/ Guardian Country**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Closest Relative/ Guardian Country
------------------	------------------------------------

Data Type:	ANSI Value	Pertinent Negatives (PN):	No
------------	------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

Constraints: character length = 2 / Based on the ISO Country Codes.

**Code List:**

ANSI Country Codes (ISO 3166) Website:

[http://www.iso.org/iso/country\\_codes/iso\\_3166\\_code\\_lists.htm](http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm)

**OC-MEDS – DATA DICTIONARY****ePayment.31 - Closest Relative/ Guardian Phone Number**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

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

Patient Identifiable:

Yes

Agency Identifiable:

No

NEMESIS Element: Closest Relative/ Guardian Phone Number

Data Type:

String

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Constraints: pattern = [2-9][0-9][0-9]-[2-9][0-9][0-9]-[0-9][0-9][0-9][0-9]

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePayment.32 - Closest Relative/ Guardian Relationship**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:
The relationship of the patient's closest relative or guardian

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Closest Relative/ Guardian Relationship
------------------	---

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

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



**OC-MEDS – DATA DICTIONARY**

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**ePayment.33 - Patient's Employer**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:
The patient's employers Name

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMESIS Element:	Patient's Employer
------------------	--------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: character length = 2 to 60

Code List:
------------

None



**OC-MEDS – DATA DICTIONARY****ePayment.34 - Patient's Employers Address**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

The street address of the patient's employer

Patient Identifiable:

Yes

Agency Identifiable:

No

NEMESIS Element: Patient's Employers Address

Data Type:

String

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Constraints: character length = 1 to 255

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePayment.35 - Patient Employers City**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

**Definition:**

The city or township of the patients employer used for mailing purposes
---

Patient Identifiable:
-----------------------

No
----

Agency Identifiable:
----------------------

No
----

NEMESIS Element:	Patient Employers City
------------------	------------------------

Data Type:
------------

String
--------

Pertinent Negatives (PN):
---------------------------

No
----

Is Nillable:
--------------

No
----

NOT Values:
-------------

No
----

**Attributes:**

Constraints: character length = 2 to 30
---

**Code List:**

None
------

**OC-MEDS – DATA DICTIONARY****ePayment.36 - Patient's Employers State**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:
The state of the patient's employer

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Patient's Employers State
----------------	---------------------------

Data Type:	ANSI Value	Pertinent Negatives (PN):	No
------------	------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: character length = 2 / The ANSI Code Selection by text but stored as ANSI code.

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****ePayment.37 - Patient's Employers ZIP Code**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

The ZIP Code of the patient's employer

Patient Identifiable:

No

Agency Identifiable:

No

NEMESIS Element: Patient's Employers ZIP Code

Data Type: String

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

Constraints: pattern = [0-9]{5} | [0-9]{5}-[0-9]{4} | [0-9]{5}-[0-9]{5} | [A-Z][0-9][A-Z] [0-9][A-Z][0-9]

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePayment.38 - Patient's Employers Country**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:
The country of the patient's employer

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Patient's Employers Country
------------------	-----------------------------

Data Type:	ANSI Value	Pertinent Negatives (PN):	No
------------	------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: character length = 2 / Based on the ISO Country Codes.

Code List:
ANSI Country Codes (ISO 3166) Website: <a href="http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm">http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm</a>

**OC-MEDS – DATA DICTIONARY****ePayment.39 - Patient's Employers Primary Phone Number**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

The employer's primary phone number.

Patient Identifiable:

Yes

Agency Identifiable:

No

NEMESIS Element: Patient's Employers Primary Phone Number

Data Type:

String

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Constraints: pattern = [2-9][0-9][0-9]-[2-9][0-9][0-9]-[0-9][0-9][0-9][0-9]

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePayment.40 - Response Urgency**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

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

Patient Identifiable:

No

Agency Identifiable:

No

NEMESIS Element: Response Urgency

Data Type:

Single-select

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

None

**Code List:**

Select Resources:

2640001 Immediate

2640003 Non-Immediate

**OC-MEDS – DATA DICTIONARY****ePayment.41 - Patient Transport Assessment**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMIS Element:	Patient Transport Assessment
----------------	------------------------------

Data Type:	Multi-select	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

None
------

**Code List:****Select Resources:**

2641001 Unable to sit without assistance

2641003 Unable to stand without assistance

2641005 Unable to walk without assistance



**OC-MEDS – DATA DICTIONARY****ePayment.42 - Specialty Care Transport Care Provider**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

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

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Specialty Care Transport Care Provider

Data Type: Multi-select

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

None

**Code List:**

Select Resources:	2642023 EMT-Intermediate
2642015 2009 Advanced Emergency Medical Technician (AEMT)	2642025 EMT-Paramedic
2642011 2009 Emergency Medical Responder (EMR)	2642019 First Responder
2642013 2009 Emergency Medical Technician (EMT)	2642003 Nurse
2642017 2009 Paramedic	2642005 Nurse Practitioner
2642001 Advanced EMT-Paramedic	2642027 Other Healthcare Professional
2642037 Community Paramedicine	2642029 Other Non-Healthcare Professional
2642035 Critical Care Paramedic	2642009 Physician Assistant
2642021 EMT-Basic	2642007 Physician (MD, DO)
	2642039 Registered Nurse
	2642031 Respiratory Therapist
	2642033 Student

**OC-MEDS – DATA DICTIONARY****ePayment.44 - Ambulance Transport Reason Code**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

**Definition:**

The CMS Ambulance Transport Reason Code for the transport.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Ambulance Transport Reason Code
------------------	---------------------------------

Data Type:	Multi-select	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

None

**Code List:****Select Resources:**

E Patient was transferred to a Rehabilitation Facility

B Patient was transported for the benefit of a preferred physician

D Patient was transported for the care of a specialist or for availability of equipment

C Patient was transported for the nearness of family members

A Patient was transported to the nearest facility for care of symptoms, complaints, or both

**OC-MEDS – DATA DICTIONARY****ePayment.45 - Round Trip Purpose Description**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Round Trip Purpose Description
------------------	--------------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

Constraints: character length = 2 to 80

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePayment.46 - Stretcher Purpose Description**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMIS Element:	Stretcher Purpose Description
----------------	-------------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

Constraints: character length = 2 to 80

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePayment.47 - Ambulance Conditions Indicator**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Ambulance Conditions Indicator
------------------	--------------------------------

Data Type:	Multi-select	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

None

**Code List:****Select Resources:**

09 Ambulance service was medically necessary

07 Patient had to be physically restrained

08 Patient had visible hemorrhaging

12 Patient is confined to a bed or chair (Use code 12 to indicate patient was bedridden during transport.)

01 Patient was admitted to a hospital

04 Patient was moved by stretcher

06 Patient was transported in an emergency situation

05 Patient was unconscious or in shock

**OC-MEDS – DATA DICTIONARY****ePayment.48 - Mileage to Closest Hospital Facility**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

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

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Mileage to Closest Hospital Facility

Data Type:

Decimal

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Constraints: minimum = 1; maximum = 1000; format = ####.##

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePayment.49 - ALS Assessment Performed and Warranted**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	ALS Assessment Performed and Warranted
------------------	--

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

None
------

**Code List:**

Select Resources: Code Description 9923001 No 9923003 Yes
--

**OC-MEDS – DATA DICTIONARY****ePayment.50 - CMS Service Level**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The CMS service level for this EMS encounter.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	CMS Service Level
------------------	-------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
None

**Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded

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



**OC-MEDS – DATA DICTIONARY****ePayment.51 - EMS Condition Code**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

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

Patient Identifiable:

No

Agency Identifiable:

No

NEMESIS Element: EMS Condition Code

Data Type:

ICD-10 value

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Constraints: pattern = [A-Z][0-9]{2}((\.[0-9A-Z]{1,3})?)

**Code List:**

Relevant ICD-10 Value

**OC-MEDS – DATA DICTIONARY****ePayment.52 - CMS Transportation Indicator**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	CMS Transportation Indicator
------------------	------------------------------

Data Type:	Multi-select	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

None
------

**Code List:**

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

**OC-MEDS – DATA DICTIONARY****ePayment.53 - Transport Authorization Code**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

**Definition:**

Prior authorization code provided by the insurance carrier/payer.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Transport Authorization Code
------------------	------------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

Constraints: character length = 2 to 52

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePayment.54 - Prior Authorization Code Payer**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:
The Payer who has provided the Prior Authorization Code.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Prior Authorization Code Payer
------------------	--------------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: character length = 1 to 255

**Code List:**

None
------

**OC-MEDS – DATA DICTIONARY****ePayment.55 - Supply Item Used Name**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

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

Patient Identifiable:

No

Agency Identifiable:

No

NEMESIS Element: Supply Item Used Name

Data Type: String

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

Constraints: character length = 2 to 80

Comments: Added to track EMS supplies for billing. The list of supplies would be created by the EMS Agency.

**Code List:**

List to be created by EMS Provider Agency.

**OC-MEDS – DATA DICTIONARY****ePayment.56 - Number of Supply Item(s) Used**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

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

Patient Identifiable:

No

Agency Identifiable:

No

NEMESIS Element: Number of Supply Item(s) Used

Data Type: Number

Pertinent Negatives (PN):

No

Is Nillable: No

NOT Values:

No

**Attributes:**

Constraints: minimum = 1; maximum = 100,000,000

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePayment.57 - Payer Type**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:
Payer type according to X12 standard.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Payer Type
------------------	------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

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

Code List:
Select Resources: AM Automobile Medical BL Blue Cross/Blue Shield CH Champus CI Commercial Insurance Co. 17 Dental Maintenance Organization DS Disability 14 Exclusive Provider Organization (EPO) FI Federal Employees Program HM Health Maintenance Organization 16 Health Maintenance Organization (HMO) Medicare Risk 15 Indemnity Insurance LM Liability Medical MC Medicaid MA Medicare Part A MB Medicare Part B ZZ Mutually Defined OF Other Federal Program 11 Other Non-Federal Programs 13 Point of Service (POS)



**OC-MEDS – DATA DICTIONARY**

<p>12 Preferred Provider Organization (PPO) TV Title V VA Veteran Affairs Plan WC Workers' Compensation Health Claim</p>
--



**OC-MEDS – DATA DICTIONARY****ePayment.58 - Insurance Group Name**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

The name of the patient's insurance group.

Patient Identifiable:

Yes

Agency Identifiable:

No

NEMESIS Element: Insurance Group Name

Data Type:

String

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Constraints: character length = 2 to 30

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****itPayment.001 - Moved by Stretcher**

OC-MEDS Reporting: Optional

Reporting Condition: None

Definition:  
Moved by Stretcher

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element: Moved by Stretcher

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:  
Comments: v2 Code = IT8.2

Code List:
Select Resources: itPayment.001.100 No itPayment.001.101 Yes

**OC-MEDS – DATA DICTIONARY****itPayment.002 - Visible Hemorrhaging**

OC-MEDS Reporting: Optional

Reporting Condition: None

Definition:  
Visible Hemorrhaging

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element: Visible Hemorrhaging

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:  
Comments: v2 Code = IT8.3**Code List:**  
  
Select Resources:  
itPayment.002.100 No  
itPayment.002.101 Yes

**OC-MEDS – DATA DICTIONARY****itPayment.003 - Unconscious/Shock**

OC-MEDS Reporting: Optional

Reporting Condition: None

Definition:  
Unconscious/Shock

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element: Unconscious/Shock

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:  
Comments: v2 Code = IT8.4

Code List:

Select Resources:  
itPayment.003.100 No  
itPayment.003.101 Yes

**OC-MEDS – DATA DICTIONARY****itPayment.004 - Bed Confined Before**

OC-MEDS Reporting: Optional

Reporting Condition: None

Definition:  
Bed Confined Before

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element: Bed Confined Before

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:  
Comments: v2 Code = IT8.5**Code List:**  
  
Select Resources:  
itPayment.004.100 No  
itPayment.004.101 Yes

**OC-MEDS – DATA DICTIONARY****itPayment.005 - Bed Confined After**

OC-MEDS Reporting: Optional

Reporting Condition: None

Definition:  
Bed Confined After

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element: Bed Confined After

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:  
Comments: v2 Code = IT8.6**Code List:**  
  
Select Resources:  
itPayment.005.100 No  
itPayment.005.101 Yes

**OC-MEDS – DATA DICTIONARY****itPayment.007 - Physical Restraints**

OC-MEDS Reporting: Optional

Reporting Condition: None

Definition:  
Physical Restraints

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element: Physical Restraints

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:  
Comments: v2 Code = IT8.11**Code List:**  
  
Select Resources:  
itPayment.007.100 No  
itPayment.007.101 Yes

**OC-MEDS – DATA DICTIONARY****itPayment.008 - Hospital Admit**

OC-MEDS Reporting: Optional

Reporting Condition: None

Definition:  
Hospital Admit

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element: Hospital Admit

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:  
Comments: v2 Code = IT8.12**Code List:**

Select Resources:  
itPayment.008.100 No  
itPayment.008.101 Yes



**OC-MEDS – DATA DICTIONARY****itPayment.010 - Patient Belongings Other**

OC-MEDS Reporting: Optional

Reporting Condition: None

## Definition:

Patient Belongings Other

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS Element: Patient Belongings Other

Data Type:

String

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

## Attributes:

Comments: v2 Code = IT8.16

## Code List:

None

**OC-MEDS – DATA DICTIONARY****itPayment.011 - Patient Belongings Left With**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

Patient Belongings Left With

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS Element: Patient Belongings Left With

Data Type: Single-select

Pertinent Negatives (PN):

Is Nillable: No

NOT Values:

**Attributes:**

Comments: v2 Code = IT8.17

**Code List:**

## Select Resources:

itPayment.011.105 At Destination with Family

itPayment.011.103 At Destination with Patient

itPayment.011.102 At Destination with Staff (includes Aeromed. staff)

itPayment.011.100 At Incident Location with Family/friends

itPayment.011.101 At Incident with Law Enforcements

itPayment.011.104 At Other (Describe Below)

**OC-MEDS – DATA DICTIONARY****itPayment.012 - Patient Belongings Left With Other**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

Patient Belongings Left With Other

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS Element: Patient Belongings Left With Other

Data Type: String

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

Comments: v2 Code = IT8.18

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****itPayment.013 - Mult. Joint Contracture**

OC-MEDS Reporting: Optional

Reporting Condition: None

Definition:  
Mult. Joint Contracture

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element: Mult. Joint Contracture

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:  
Comments: v2 Code = IT8.46**Code List:**  
  
Select Resources:  
itPayment.013.100 No  
itPayment.013.101 Yes

**OC-MEDS – DATA DICTIONARY****itPayment.014 - Invalid Transport Possible**

OC-MEDS Reporting: Optional

Reporting Condition: None

Definition:  
Invalid Transport Possible

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element: Invalid Transport Possible

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:  
Comments: v2 Code = IT8.47**Code List:**  
  
Select Resources:  
itPayment.014.100 No  
itPayment.014.101 Yes

**OC-MEDS – DATA DICTIONARY****itPayment.015 - Treatment Available at the Originating Facility**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

Treatment Available at the Originating Facility

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS Element: Treatment Available at the Originating Facility

Data Type: Single-select

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

Comments: v2 Code = IT8.48

**Code List:**

Select Resources:

itPayment.015.100 No

itPayment.015.101 Yes

**OC-MEDS – DATA DICTIONARY****itPayment.016 - Patient Status/Bed Type**

OC-MEDS Reporting: Optional

Reporting Condition: None

Definition:  
Patient Status/Bed Type

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element: Patient Status/Bed Type

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:  
Comments: v2 Code = IT8.49

Code List:
Select Resources: itPayment.016.102 DRG Patient itPayment.016.103 Hospice patient itPayment.016.101 NH Bed itPayment.016.100 SNF Bed

**OC-MEDS – DATA DICTIONARY****eProcedures.01 - Date/Time Procedure Performed**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if procedure performed.
----------------------	---

Definition:
The date/time the procedure was performed on the patient

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Date/Time Procedure Performed
------------------	-------------------------------

Data Type:	Datetime	Pertinent Negatives (PN):	No
------------	----------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; pattern = [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+ -)[0-9]{2}:[0-9]{2}

**Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded  
7701005 Not Reporting



**OC-MEDS – DATA DICTIONARY****eProcedures.02 - Procedure Performed Prior to this Units EMS Care**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if procedure performed.
----------------------	---

**Definition:**

Indicates that the procedure which was performed and documented was performed prior to this EMS units care.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMIS Element:	Procedure Performed Prior to this Units EMS Care
----------------	--

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:****Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded

**Select Resources:**

9923001 No  
9923003 Yes



**OC-MEDS – DATA DICTIONARY**

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**eProcedures.03 - Procedure**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if procedure performed.
----------------------	---

Definition:
The procedure performed on the patient.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Procedure
------------------	-----------

Data Type:	SnoMed value	Pertinent Negatives (PN):	Yes
------------	--------------	---------------------------	-----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
None

Code List:
 <b>See Attachment 6 - eProcedures.03 Data List</b>

**OC-MEDS – DATA DICTIONARY****eProcedures.04 - Size of Procedure Equipment**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if procedure performed.
----------------------	---

Definition:
The size of the equipment used in the procedure on the patient

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Size of Procedure Equipment
------------------	-----------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: character length = 1 to 20

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****eProcedures.05 - Number of Procedure Attempts**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if procedure performed.
----------------------	---

**Definition:**

The number of attempts taken to complete a procedure or intervention regardless of success.
---

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Number of Procedure Attempts
------------------	------------------------------

Data Type:	Number	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

Constraints: minimum = 1; maximum = 10
--

**Code List:**

Not Values:
-------------

7701001 Not Applicable
------------------------

7701003 Not Recorded
----------------------

**OC-MEDS – DATA DICTIONARY****eProcedures.06 - Procedure Successful**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if procedure performed.
----------------------	---

**Definition:**

Indicates that this individual procedure attempt which was performed on the patient was successful.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMIS Element:	Procedure Successful
----------------	----------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

9923001 No

9923003 Yes

**OC-MEDS – DATA DICTIONARY****eProcedures.07 - Procedure Complication**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if procedure performed.
----------------------	---

**Definition:**

Any complication (abnormal effect on the patient) associated with the performance of the procedure on the patient

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMIS Element:	Procedure Complication
----------------	------------------------

Data Type:	Multi-select	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

3907001 Altered Mental Status

3907003 Apnea

3907005 Bleeding

3907047 Bradycardia

3907007 Bradypnea

3907009 Diarrhea

3907011 Esophageal Intubation-immediately

3907013 Esophageal Intubation-other

3907015 Extravasation

3907017 Hypertension

3907019 Hyperthermia

3907021 Hypotension

3907023 Hypothermia

3907025 Hypoxia

3907027 Injury



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3907029 Itching/Urticaria
3907031 Nausea
3907033 None
3907035 Other
3907039 Respiratory Distress
3907041 Tachycardia
3907043 Tachypnea
3907045 Vomiting

**OC-MEDS – DATA DICTIONARY****eProcedures.08 - Response to Procedure**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if procedure performed.
----------------------	---

Definition:
The patient's response to the procedure

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Response to Procedure
------------------	-----------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
None

**Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded

Select Resources:  
9916001 Improved  
9916003 Unchanged  
9916005 Worse



**OC-MEDS – DATA DICTIONARY****eProcedures.09 - Procedure Crew Members ID**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if procedure performed.
----------------------	---

**Definition:**

The statewide assigned ID number of the EMS crew member performing the procedure on the patient

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	Yes
----	-----

NEMIS Element:	Procedure Crew Members ID
----------------	---------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

Constraints: character length = 2 to 50

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****eProcedures.10 - Role/Type of Person Performing the Procedure**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if procedure performed.
----------------------	---

**Definition:**

The type (level) of EMS or Healthcare Professional performing the procedure. For procedures performed prior to EMS arrival, this may be a non-EMS healthcare professional.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMIS Element:	Role/Type of Person Performing the Procedure
----------------	--

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

9905009 EMT

9905013 Paramedic

9905017 Nurse/MICN

9905019 Other Healthcare Professional

9905023 Patient/Lay Person

9905025 Physician

9905027 Respiratory Therapist

9905029 Student

it9905.171 Law Enforcement

**OC-MEDS – DATA DICTIONARY****eProcedures.11 - Procedure Authorization**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The type of treatment authorization obtained

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Procedure Authorization
------------------	-------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
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Attributes:
None

Code List:
Select Resources: 9918001 Base Hospital Order 9918003 On-Scene Physician 9918005 Standing Order/Protocol 9918007 Written Orders (Patient Specific)

**OC-MEDS – DATA DICTIONARY****eProcedures.13 - Vascular Access Location**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if eProcedures.03 includes a "vascular access" value.
----------------------	---

**Definition:**

The location of the vascular access site attempt on the patient, if applicable.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Vascular Access Location
------------------	--------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

7701005 Not Reporting

**Select Resources:**

3913001 Antecubital-Left

3913003 Antecubital-Right

3913005 External Jugular-Left

3913007 External Jugular-Right

3913015 Foot-Left

3913013 Foot-Right

3913017 Forearm-Left

3913019 Forearm-Right

3913021 Hand-Left

3913023 Hand-Right

3913047 IO-Tibia-Left Proximal

3913049 IO-Tibia-Right Proximal

3913051 Lower Extremity-Left

3913053 Lower Extremity-Right

3913057 Other Central (PICC, Portacath, etc.)



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3913055 Other Peripheral
3913059 Scalp
3913065 Umbilical
3913071 Upper Arm-Left
3913073 Upper Arm-Right

**OC-MEDS – DATA DICTIONARY****itProcedures.005 - Procedure Comments**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
Procedure Comments

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Procedure Comments
------------------	--------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: max length = 500
Comments: v2 Code = IT7.22

Code List:
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None
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**OC-MEDS – DATA DICTIONARY****itProcedures.006 - Procedure Location**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
Procedure Location

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Procedure Location
------------------	--------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code = IT7.24

**Code List:**

Select Resources:

- itProcedures.006.100 Antecubital-Left
- itProcedures.006.101 Antecubital-Right
- itProcedures.006.125 Arm-Left
- itProcedures.006.126 Arm-Right
- itProcedures.006.127 Back
- itProcedures.006.143 Chest
- itProcedures.006.128 Chest-Left
- itProcedures.006.129 Chest-Right
- itProcedures.006.146 Esophagus
- itProcedures.006.102 External Jugular-Left
- itProcedures.006.103 External Jugular-Right
- itProcedures.006.130 Eye-Left
- itProcedures.006.131 Eye-Right
- itProcedures.006.132 Eyes-Both
- itProcedures.006.105 Femoral-Left Distal IO
- itProcedures.006.104 Femoral-Left IV
- itProcedures.006.107 Femoral-Right Distal IO
- itProcedures.006.106 Femoral-Right IV
- itProcedures.006.133 Foot-Left



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itProcedures.006.134 Foot-Right  
itProcedures.006.108 Forearm-Left  
itProcedures.006.109 Forearm-Right  
itProcedures.006.135 GI/GU  
itProcedures.006.110 Hand-Left  
itProcedures.006.111 Hand-Right  
itProcedures.006.136 Head  
itProcedures.006.122 Humeral Head IO-Left  
itProcedures.006.123 Humeral Head IO-Right  
itProcedures.006.158 Internal Jugular-Left  
itProcedures.006.159 Internal Jugular-Right  
itProcedures.006.112 Lower Extremity-Left  
itProcedures.006.113 Lower Extremity-Right  
itProcedures.006.145 Mainstem Bronchus  
itProcedures.006.156 Midclavicular - Right  
itProcedures.006.137 Mouth  
itProcedures.006.138 Neck  
itProcedures.006.139 Nose  
itProcedures.006.114 Other  
itProcedures.006.140 Pelvis  
itProcedures.006.147 Pharynx/hypopharynx  
itProcedures.006.115 Scalp  
itProcedures.006.116 Sternal IO  
itProcedures.006.160 Subclavian  
itProcedures.006.141 Tibia Distal IO-Left  
itProcedures.006.142 Tibia Distal IO-Right  
itProcedures.006.117 Tibia Proximal IO-Left  
itProcedures.006.118 Tibia Proximal IO-Right  
itProcedures.006.144 Trachea  
itProcedures.006.119 Umbilical  
itProcedures.006.151 Upper Extremity - Left  
itProcedures.006.152 Upper Extremity - Right  
itProcedures.006.120 Wrist-Left  
itProcedures.006.121 Wrist-Right



**OC-MEDS – DATA DICTIONARY****itProcedures.045 - Circulation Prior To Procedure**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if pertinent
----------------------	----------------------------------

Definition:
Circulation Prior To Procedure

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Circulation Prior To Procedure
------------------	--------------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code = IT7.104

Code List:
Select Resources: itProcedures.045.100 Absent itProcedures.045.101 Present

**OC-MEDS – DATA DICTIONARY****itProcedures.046 - Sensation Prior To Procedure**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if pertinent
----------------------	----------------------------------

Definition:
Sensation Prior To Procedure

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Sensation Prior To Procedure
------------------	------------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code = IT7.105

Code List:
Select Resources: itProcedures.046.100 Absent itProcedures.046.101 Present

**OC-MEDS – DATA DICTIONARY****itProcedures.047 - Motor Prior To Procedure**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if pertinent
----------------------	----------------------------------

Definition:
Motor Prior To Procedure

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Motor Prior To Procedure
------------------	--------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code = IT7.106

Code List:
Select Resources: itProcedures.047.100 Absent itProcedures.047.101 Present

**OC-MEDS – DATA DICTIONARY****itProcedures.048 - Circulation After Procedure**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if pertinent
----------------------	----------------------------------

Definition:
Circulation After Procedure

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Circulation After Procedure
------------------	-----------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code = IT7.107

Code List:
Select Resources: itProcedures.048.100 Absent itProcedures.048.101 Present

**OC-MEDS – DATA DICTIONARY****itProcedures.049 - Sensation After Procedure**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if pertinent
----------------------	----------------------------------

Definition:
Sensation After Procedure

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Sensation After Procedure
------------------	---------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code = IT7.108

Code List:
Select Resources: itProcedures.049.100 Absent itProcedures.049.101 Present

**OC-MEDS – DATA DICTIONARY****itProcedures.050 - Motor After Procedure**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if pertinent
----------------------	----------------------------------

Definition:
Motor After Procedure

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Motor After Procedure
------------------	-----------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code = IT7.109

Code List:
Select Resources: itProcedures.050.100 Absent itProcedures.050.101 Present

**OC-MEDS – DATA DICTIONARY****itProcedures.055 - Procedure Ordered**

OC-MEDS Reporting:	Base Hospital Use Only
--------------------	------------------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The Procedure Ordered by the Base Hospital

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Procedure Ordered
------------------	-------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
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Attributes:
Comments: v2 Code = IT32.11

Code List:
 <b>See Attachment 6 - eProcedures.03 Data List</b>



OC-MEDS – DATA DICTIONARY



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**itProcedures.056 - Procedure Ordered By**

OC-MEDS Reporting:	Base Hospital Use Only
--------------------	------------------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The MICN or Physician who ordered the procedure.

Patient Identifiable:	Agency Identifiable:
No	Yes

OC-MEDS Element:	Procedure Ordered By
------------------	----------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

Code List:
------------

None
------



**OC-MEDS – DATA DICTIONARY****itProcedures.057 - Procedure Ordered Size of Equipment**

OC-MEDS Reporting:	Base Hospital Use Only
--------------------	------------------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The size of the equipment ordered by the Base Hospital.

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Procedure Ordered Size of Equipment
------------------	-------------------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code = IT32.14

Code List:
------------

None
------



**OC-MEDS – DATA DICTIONARY**

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**itProcedures.058 - Procedure Ordered Date/Time**

OC-MEDS Reporting:	Base Hospital Use Only
--------------------	------------------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The date/time that the procedure was ordered.

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Procedure Ordered Date/Time
------------------	-----------------------------

Data Type:	Datetime	Pertinent Negatives (PN):	No
------------	----------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code = IT32.13

Code List:
------------

None
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**OC-MEDS – DATA DICTIONARY**

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**itProcedures.059 - Procedure Ordered Comments**

OC-MEDS Reporting:	Base Hospital Use Only
--------------------	------------------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
Procedure Ordered Comments

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Procedure Ordered Comments
------------------	----------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code = IT32.16

Code List:
------------

None

**OC-MEDS – DATA DICTIONARY****itProcedures.060 - Procedure Ordered Location**

OC-MEDS Reporting:	Base Hospital Use Only
--------------------	------------------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

The location in which the procedure ordered by the Base Hospital is to be performed.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

OC-MEDS Element:	Procedure Ordered Location
------------------	----------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

Comments: v2 Code = IT32.15

**Code List:****Not Values:**

itProcedures.060.161 Not Applicable

itProcedures.060.162 Not Recorded

**Select Resources:**

itProcedures.060.100 Abdomen

itProcedures.060.101 Antecubital-Left

itProcedures.060.102 Antecubital-Right

itProcedures.060.103 Anterior Axillary - Left

itProcedures.060.104 Anterior Axillary - Right

itProcedures.060.105 Arm-Left

itProcedures.060.106 Arm-Right

itProcedures.060.107 Assessment-Global

itProcedures.060.108 Back

itProcedures.060.109 Chest

itProcedures.060.110 Chest-Left

itProcedures.060.111 Chest-Right

itProcedures.060.112 Ear-Left

itProcedures.060.113 Ear-Right

itProcedures.060.114 Esophagus

itProcedures.060.115 External Jugular-Left



## OC-MEDS – DATA DICTIONARY

itProcedures.060.116 External Jugular-Right  
itProcedures.060.117 Eye-Left  
itProcedures.060.118 Eye-Right  
itProcedures.060.119 Eyes-Both  
itProcedures.060.120 Femoral-Left Distal IO  
itProcedures.060.121 Femoral-Left IV  
itProcedures.060.122 Femoral-Right Distal IO  
itProcedures.060.123 Femoral-Right IV  
itProcedures.060.124 Foot-Left  
itProcedures.060.125 Foot-Right  
itProcedures.060.126 Forearm-Left  
itProcedures.060.127 Forearm-Right  
itProcedures.060.128 GI/GU  
itProcedures.060.129 Hand-Left  
itProcedures.060.130 Hand-Right  
itProcedures.060.131 Head  
itProcedures.060.132 Humeral Head IO-Left  
itProcedures.060.133 Humeral Head IO-Right  
itProcedures.060.134 Internal Jugular-Left  
itProcedures.060.135 Internal Jugular-Right  
itProcedures.060.136 Lower Extremity-Left  
itProcedures.060.137 Lower Extremity-Right  
itProcedures.060.138 Mainstem Bronchus  
itProcedures.060.139 Midclavicular - Left  
itProcedures.060.140 Midclavicular - Right  
itProcedures.060.141 Mouth  
itProcedures.060.142 Neck  
itProcedures.060.143 Nose  
itProcedures.060.144 Other  
itProcedures.060.145 Pelvis  
itProcedures.060.146 Pharynx/hypopharynx  
itProcedures.060.147 Scalp  
itProcedures.060.148 Sternal IO  
itProcedures.060.149 Subclavian  
itProcedures.060.150 Temporal  
itProcedures.060.151 Tibia Distal IO-Left  
itProcedures.060.152 Tibia Distal IO-Right  
itProcedures.060.153 Tibia Proximal IO-Left  
itProcedures.060.154 Tibia Proximal IO-Right  
itProcedures.060.155 Trachea  
itProcedures.060.156 Umbilical  
itProcedures.060.157 Upper Extremity - Left  
itProcedures.060.158 Upper Extremity - Right  
itProcedures.060.159 Wrist-Left  
itProcedures.060.160 Wrist-Right

**OC-MEDS – DATA DICTIONARY****itProcedures.061 - Procedure Ordered Response**

OC-MEDS Reporting:	Base Hospital Use Only
--------------------	------------------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

The patient's response to the procedure ordered by the Base Hospital.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

OC-MEDS Element:	Procedure Ordered Response
------------------	----------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

Comments: v2 Code = IT32.12

**Code List:****Not Values:**

itProcedures.061.103 Not Applicable

itProcedures.061.104 Not Recorded

**Select Resources:**

itProcedures.061.100 Improved

itProcedures.061.101 Unchanged

itProcedures.061.102 Worse

**OC-MEDS – DATA DICTIONARY****eRecord.01 - Patient Care Report Number**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

Yes	Yes
-----	-----

NEMESIS Element:	Patient Care Report Number
------------------	----------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

Constraints: character length = 3 to 50

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****eRecord.02 - Software Creator**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMIS Element:	Software Creator
----------------	------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

Constraints: character length = 1 to 50

Comments: Software Creator must be certified compliant with the current version of the National EMS Information System (NEMIS) as stated on the NEMIS Website.

**Code List:**

None





**OC-MEDS – DATA DICTIONARY**

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---

**eRecord.03 - Software Name**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

Definition:
The name of the application used to create this record.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Software Name
------------------	---------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: character length = 1 to 50

Code List:
------------

None

**OC-MEDS – DATA DICTIONARY****eRecord.04 - Software Version**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

Definition:
The version of the application used to create this record.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Software Version
------------------	------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: character length = 1 to 50

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****eResponse.01 - EMS Agency Number**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

**Definition:**

The provider number of the responding agency

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	Yes
----	-----

NEMESIS Element:	EMS Agency Number
------------------	-------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

Constraints: character length = 1 to 15

Public Provider Agencies (Fire Departments) will utilize the provider's Fire Department Identification Number (FDID). FDID Numbers are issued to fire departments by the California State Office of the State Fire Marshal (SFM). More information regarding NFIRS is available at . FDID numbers are a five-digit number used for reporting data pursuant to the National Fire Incident Reporting System (NFIRS) - [www.nfirs.fema.gov](http://www.nfirs.fema.gov).

Private Provider Agencies (Ambulance Companies) will utilize the provider's Health Insurance Portability and Accountability Act (HIPAA) National Provider Identifier (NPI). NPI # is a HIPAA Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses will use the NPI's in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. Additional information is available online at: <http://www.cms.hhs.gov/NationalProvIdentStand/>

**Code List:**

**See Attachment 2 - EMS Provider Agency Data List**

**OC-MEDS – DATA DICTIONARY****eResponse.02 - EMS Agency Name**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

Definition:
EMS Agency Name

Patient Identifiable:	Agency Identifiable:
No	Yes

NEMESIS Element:	EMS Agency Name
------------------	-----------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
Constraints: character length = 2 to 100

**Code List:****See Attachment 2 - EMS Provider Agency Data List**

Not Values:  
7701005 Not Applicable  
7701003 Not Recorded  
7701001 Not Reporting

**OC-MEDS – DATA DICTIONARY****eResponse.03 - Incident Number**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

Definition:
The incident number assigned by the 911 Dispatch System

Patient Identifiable:	Agency Identifiable:
Yes	Yes

NEMESIS Element:	Incident Number
------------------	-----------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
Constraints: character length = 3 to 50

**Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded

**OC-MEDS – DATA DICTIONARY****eResponse.04 - EMS Response Number**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Completed and submit if available
----------------------	-----------------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

Yes	Yes
-----	-----

NEMESIS Element:	EMS Response Number
------------------	---------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

Constraints: character length = 3 to 50

**Code List:**

Not Values:

7701001 Not Applicable

7701003 Not Recorded

**OC-MEDS – DATA DICTIONARY****eResponse.05 - Type of Service Requested**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMIS Element:	Type of Service Requested
----------------	---------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

None

**Code List:**

Select Resources:

2205001 911 Response (Scene)

2205003 Intercept

2205005 Interfacility Transport

2205007 Medical Transport

2205009 Mutual Aid

2205011 Public Assistance/Other Not Listed

2205013 Standby

**OC-MEDS – DATA DICTIONARY****eResponse.07 - Primary Role of the Unit**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

**Definition:**

The primary role of the EMS Unit which responded to this specific EMS event
---

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Primary Role of the Unit
------------------	--------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

None
------

**Code List:**

Select Resources:
-------------------

2207001 Air Ambulance
-----------------------

2207003 Ground Ambulance
--------------------------

2207009 Engine / Truck / Paramedic Van
--



**OC-MEDS – DATA DICTIONARY****eResponse.09 - Type of Response Delay**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if pertinent
----------------------	----------------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Type of Response Delay
------------------	------------------------

Data Type:	Multi-select	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

2209001 Crowd

2209003 Directions/Unable to Locate

2209005 Distance

2209007 Diversion (Different Incident)

2209033 Flight Planning

2209009 HazMat

2209031 Mechanical Issue-Unit, Equipment, etc.

2209011 None/No Delay

2209013 Other

2209015 Rendezvous Transport Unavailable

2209017 Route Obstruction (e.g., Train)

2209019 Scene Safety (Not Secure for EMS)

it2209.112 Scheduled Call

2209021 Staff Delay

it2209.111 Surflines

2209023 Traffic

2209025 Vehicle Crash Involving this Unit

2209027 Vehicle Failure of this Unit

2209029 Weather

**OC-MEDS – DATA DICTIONARY****eResponse.11 - Type of Transport Delay**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if pertinent
----------------------	----------------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Type of Transport Delay
------------------	-------------------------

Data Type:	Multi-select	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

2211001 Crowd

2211003 Directions/Unable to Locate

2211005 Distance

2211007 Diversion

2211009 HazMat

2211011 None/No Delay

2211013 Other

2211031 Patient Condition Change (e.g., Unit Stopped)

2211015 Rendezvous Transport Unavailable

2211017 Route Obstruction (e.g., Train)

2211019 Safety

2211021 Staff Delay

2211023 Traffic

2211025 Vehicle Crash Involving this Unit

2211027 Vehicle Failure of this Unit

2211029 Weather

**OC-MEDS – DATA DICTIONARY****eResponse.12 - Type of Turn-Around Delay**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if pertinent
----------------------	----------------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Type of Turn-Around Delay
------------------	---------------------------

Data Type:	Multi-select
------------	--------------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	Yes
--------------	-----

NOT Values:	Yes
-------------	-----

**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

2212001 Clean-up

2212003 Decontamination

2212005 Distance

2212007 Documentation

2212009 ED Overcrowding / Transfer of Care

2212033 EMS Crew Accompanies Patient for Facility Procedure

2212011 Equipment Failure

2212013 Equipment/Supply Replenishment

2212015 None/No Delay

2212017 Other

2212019 Rendezvous Transport Unavailable

2212021 Route Obstruction (e.g., Train)

2212023 Staff Delay

2212025 Traffic

2212027 Vehicle Crash of this Unit

2212029 Vehicle Failure of this Unit

2212031 Weather

**OC-MEDS – DATA DICTIONARY****eResponse.13 - EMS Vehicle (Unit) Number**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

Definition:
The unique physical vehicle number of the responding unit.

Patient Identifiable:	Agency Identifiable:
No	Yes

NEMESIS Element:	EMS Vehicle (Unit) Number
------------------	---------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: character length = 1 to 25

Code List:
Unit list created by EMS provider agency.

**OC-MEDS – DATA DICTIONARY****eResponse.14 - EMS Unit Call Sign**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every Submitted Incident.
----------------------	---------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	Yes
----	-----

NEMESIS Element:	EMS Unit Call Sign
------------------	--------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

Constraints: character length = 1 to 50

**Code List:**

Unit list created by EMS provider agency.

**OC-MEDS – DATA DICTIONARY****eResponse.15 - Level of Care of This Unit**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

**Definition:**

The level of care (BLS or ALS) the unit is able to provide based on the units' treatment capabilities for this EMS response.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMIS Element:	Level of Care of This Unit
----------------	----------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

None

**Code List:**

Select Resources:

2215009 PAU

2215017 CCT (RN)

2215013 ALS

2215003 BLS

2215021 Non-911 IFT-ALS

**OC-MEDS – DATA DICTIONARY****eResponse.19 - Beginning Odometer Reading of Responding Vehicle**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

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

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Beginning Odometer Reading of Responding Vehicle

Data Type: Decimal

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

Constraints: format = #####.##

Comments: If a mileage counter is being used instead of an odometer, this value would be "0". If the provider does not record this information, then the default value will be "0".

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****eResponse.20 - On-Scene Odometer Reading of Responding Vehicle**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMSIS Element:	On-Scene Odometer Reading of Responding Vehicle
-----------------	---

Data Type:	Decimal	Pertinent Negatives (PN):	No
------------	---------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

Constraints: format = #####.##

Comments: If a mileage counter is being used instead of an odometer, this value would be "0". In general, this is the starting odometer reading as documented by most EMS providers.

**Code List:**

None



**OC-MEDS – DATA DICTIONARY****eResponse.21 - Patient Destination Odometer Reading of Responding Vehicle**

OC-MEDS Reporting: Optional

Reporting Condition: None

**Definition:**

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

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Patient Destination Odometer Reading of Responding Vehicle

Data Type: Decimal

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

Constraints: format = #####.##

Comments: If a mileage counter is being used instead of an odometer, this value would be the miles from the scene to the destination (if eResponse.20 is the starting point).

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****eResponse.22 - Ending Odometer Reading of Responding Vehicle**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMSIS Element:	Ending Odometer Reading of Responding Vehicle
-----------------	---

Data Type:	Decimal
------------	---------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	No
--------------	----

NOT Values:	No
-------------	----

**Attributes:**

Constraints: format = #####.##

Comments: If the provider does not record this information, then the default value will be "0".

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****eResponse.23 - Response Mode to Scene**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

**Definition:**

The indication whether the response was emergent or non-emergent. An emergent response is an immediate response (typically using lights and sirens).

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMSIS Element:	Response Mode to Scene
-----------------	------------------------

Data Type:	Single-select
------------	---------------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	No
--------------	----

NOT Values:	No
-------------	----

**Attributes:**

None

**Code List:**

Select Resources:

2223003 Code 3 Downgraded to Code 2

2223001 Code 3

2223005 Code 2

2223007 Code 2 Upgraded to Code 3

**OC-MEDS – DATA DICTIONARY****itResponse.017 - Encounter Specific Patient Tracking Number (Triage Tag #)**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if pertinent.
----------------------	-----------------------------------

**Definition:**

This number should be automatically generated by a concatenation of four fields. This number will follow the specific patient event.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

Yes	Yes
-----	-----

OC-MEDS Element:	Encounter Specific Patient Tracking Number
------------------	--

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

None

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****eScene.01 - First EMS Unit on Scene**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	First EMS Unit on Scene
------------------	-------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None
------

**Code List:**

Not Values: 7701001 Not Applicable 7701003 Not Recorded
---

**Select Resources:**

9923001 No 9923003 Yes
---------------------------



## OC-MEDS – DATA DICTIONARY

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

OC-MEDS Reporting: Optional

Reporting Condition: Complete and submit if available.

**Definition:**

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

Patient Identifiable:

No

Agency Identifiable:

Yes

NEMESIS Element:

Other EMS or Public Safety Agencies at Scene

Data Type:

String

Pertinent Negatives (PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Constraints: character length = 2 to 100

**Code List:**

**See Attachment 2 - EMS Provider Agency Data List**

**OC-MEDS – DATA DICTIONARY****eScene.03 - Other EMS or Public Safety Agency ID Number**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available.
----------------------	-----------------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	Yes
----	-----

NEMESIS Element:	Other EMS or Public Safety Agency ID Number
------------------	---

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

Constraints: character length = 1 to 25
---

**Code List:**

<b>See Attachment 2 - EMS Provider Agency Data List</b>
---

**OC-MEDS – DATA DICTIONARY****eScene.06 - Number of Patients at Scene**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

Definition:
Indicator of how many total patients were at the scene

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Number of Patients at Scene
------------------	-----------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
None

**Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded

Select Resources:  
2707001 Multiple  
2707003 None  
2707005 Single



**OC-MEDS – DATA DICTIONARY****eScene.07 - Mass Casualty Incident**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMIS Element:	Mass Casualty Incident
----------------	------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

9923001 No

9923003 Yes

**OC-MEDS – DATA DICTIONARY****eScene.08 - Triage Classification for MCI Patient**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eScene.07 is equal to "Yes".
----------------------	------------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMSIS Element:	Triage Classification for MCI Patient
-----------------	---------------------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

2708009 Black - Deceased

2708005 Green - Minor

2708001 Red - Immediate

2708003 Yellow - Delayed

**OC-MEDS – DATA DICTIONARY****eScene.09 - Incident Location Type**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

**Definition:**

The kind of location where the incident happened
--

Patient Identifiable:
-----------------------

No
----

Agency Identifiable:
----------------------

No
----

NEMESIS Element:	Incident Location Type
------------------	------------------------

Data Type:
------------

ICD-10 value
--------------

Pertinent Negatives (PN):
---------------------------

No
----

Is Nillable:
--------------

Yes
-----

NOT Values:
-------------

Yes
-----

**Attributes:**

Constraints: pattern = Y92\[0-9]{1,3}
---------------------------------------

**Code List:**

<b>See Attachment 7 - eScene.09 Data List</b>
---

**OC-MEDS – DATA DICTIONARY****eScene.10 - Incident Facility Code**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available.
----------------------	-----------------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	Yes
----	-----

NEMESIS Element:	Incident Facility Code
------------------	------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

Constraints: character length = 2 to 50

**Code List:****NOT Values:**

7701001 - Not Applicable

7701003 - Not Recorded

7701005 - Not Reporting

**See Attachment 1 - Orange County Facilities Data List**

**OC-MEDS – DATA DICTIONARY****eScene.11 - Scene GPS Location**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The GPS coordinates associated with the Scene.

Patient Identifiable:	Agency Identifiable:
Yes	Yes

NEMESIS Element:	Scene GPS Location
------------------	--------------------

Data Type:	GPS value	Pertinent Negatives (PN):	No
------------	-----------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: pattern = (\+ -)?(90(\.[0]{1,6})? ([1-8][0-9] [0-9])(\.[0-9]{1,6})?),(\+ -)?(180(\.[0]{1,6})? (1[0-7][0-9] [1-9][0-9] [0-9])(\.[0-9]{1,6})?)

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****eScene.13 - Incident Facility or Location Name**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

The name of the facility, business, building, etc. associated with the scene of the EMS event.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	Yes
----	-----

NEMESIS Element:	Incident Facility or Location Name
------------------	------------------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:**

Constraints: character length = 2 to 100

**Code List:**

**See Attachment 1 - Orange County Facilities Data List**

**OC-MEDS – DATA DICTIONARY****eScene.15 - Incident Street Address**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

**Definition:**

The street address where the patient was found, or, if no patient, the address to which the unit responded.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

Yes	No
-----	----

NEMIS Element:	Incident Street Address
----------------	-------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

Constraints: character length = 1 to 255

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**OC-MEDS – DATA DICTIONARY****eScene.15.StreetAddress2 – Incident StreetAddress2**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
StreetAddress2

Patient Identifiable:	Agency Identifiable:
Yes	No

OC-MEDS Element:	StreetAddress2
------------------	----------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code = IT5.28

Code List:
------------

None
------



**OC-MEDS – DATA DICTIONARY****eScene.16 - Incident Apartment, Suite, or Room**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

The number of the specific apartment, suite, or room where the incident occurred.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

Yes	No
-----	----

NEMESIS Element:	Incident Apartment, Suite, or Room
------------------	------------------------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

Constraints: character length = 1 to 15

**Code List:**

Not Values:

7701001 Not Applicable

7701003 Not Recorded

**OC-MEDS – DATA DICTIONARY****eScene.17 - Incident City**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

**Definition:**

The city or township (if applicable) where the patient was found or to which the unit responded (or best approximation)

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Incident City
------------------	---------------

Data Type:	GNIS value	Pertinent Negatives (PN):	No
------------	------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

7701005 Not Reporting

**See Attachment 4 - Orange County Cities and Places GNIS Code List**

**OC-MEDS – DATA DICTIONARY****eScene.18 - Incident State**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

**Definition:**

The state, territory, or province where the patient was found or to which the unit responded (or best approximation)

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Incident State
------------------	----------------

Data Type:	ANSI value	Pertinent Negatives (PN):	No
------------	------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

Constraints: character length = 2

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

**Code List:**

Not Values:

7701001 Not Applicable

7701003 Not Recorded

**OC-MEDS – DATA DICTIONARY****eScene.19 - Incident ZIP Code**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

Definition:
The ZIP code of the incident location

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Incident ZIP Code
------------------	-------------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
Constraints: pattern = [0-9]{5}   [0-9]{5}-[0-9]{4}   [0-9]{5}-[0-9]{5}   [A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded

**OC-MEDS – DATA DICTIONARY****eScene.21 - Incident County**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

**Definition:**

The county or parish where the patient was found or to which the unit responded (or best approximation)

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Incident County
------------------	-----------------

Data Type:	ANSI value	Pertinent Negatives (PN):	No
------------	------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**OC-MEDS – DATA DICTIONARY****eScene.22 - Incident Country**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:
The country of the incident location.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Incident Country
------------------	------------------

Data Type:	ANSI value	Pertinent Negatives (PN):	No
------------	------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: character length = 2
Comments: Based on the ISO Country codes.

Code List:
ANSI Country Codes (ISO 3166) Website: <a href="http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm">http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm</a>

**OC-MEDS – DATA DICTIONARY****itScene.005 - Incident Area Classification**

OC-MEDS Reporting:	Recommended (Required for EATS Contracted Providers)
--------------------	--

Reporting Condition:	Complete and submit if available.
----------------------	-----------------------------------

Definition:
Incident Area Classification

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Incident Area Classification
------------------	------------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code = IT5.52

Code List:
Select Resources: itScene.005.102 Rural itScene.005.101 Suburban itScene.005.100 Urban itScene.005.103 Wilderness



## OC-MEDS – DATA DICTIONARY

## itScene.025 - Zone Number (District Number)

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The fire department incident district number.

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	District Number
------------------	-----------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code = E8.9

Code List:
See Attachment 10 - Orange County Fire District Numbers Data List



**OC-MEDS – DATA DICTIONARY****itScene.026 - Areas of Operation (Emergency Operating Area)**

OC-MEDS Reporting:	Recommended (Required for EATS Contracted Providers)
--------------------	--

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

The Emergency Operating Area (EOA) as defined by the Orange County EMS Plan.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

OC-MEDS Element:	Area of Operation
------------------	-------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:****Code List:**

**See Attachment 11 - Orange County EOA Data List**

**OC-MEDS – DATA DICTIONARY****eSituation.01 - Date/Time of Symptom Onset**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

The date and time the symptom began (or was discovered) as it relates to this EMS event. This is described or estimated by the patient, family, and/or healthcare professionals.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMIS Element:	Date/Time of Symptom Onset
----------------	----------------------------

Data Type:	Datetime
------------	----------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	Yes
--------------	-----

NOT Values:	Yes
-------------	-----

**Attributes:****Constraints:**

between 1/1/1950 and 1/1/2050; pattern = [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

**Code List:****Not Values:**

7701001 Unknown

7701003 Not Recorded

**OC-MEDS – DATA DICTIONARY****eSituation.02 - Possible Injury**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

Definition:
Indication whether or not there was an injury

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Possible Injury
------------------	-----------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded  Select Resources: 9922001 No 9922003 Unknown 9922005 Yes

**OC-MEDS – DATA DICTIONARY****eSituation.03 - Complaint Type**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

Definition:
The type of patient healthcare complaint being documented.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Complaint Type
------------------	----------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
None

**Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded  
7701005 Not Reporting

Select Resources:  
2803001 Chief (Primary)  
2803003 Other  
2803005 Secondary

**OC-MEDS – DATA DICTIONARY****eSituation.04 - Complaint**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

**Definition:**

The statement of the problem by the patient or the history provider.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Complaint
------------------	-----------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

Constraints: character length = 1 to 255

**Code List:****Not Values:**

7701001 Unknown/Not Applicable

7701003 Not Recorded

7701005 Not Reporting

**OC-MEDS – DATA DICTIONARY****eSituation.05 - Duration of Complaint**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eSituation.04 is not blank.
----------------------	-----------------------------

Definition:
The duration of the complaint

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Duration of Complaint
------------------	-----------------------

Data Type:	Number	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
Constraints: minimum = 1; maximum = 365

Code List:
Not Values: 7701001 Unknown 7701003 Not Recorded 7701005 Not Reporting

**OC-MEDS – DATA DICTIONARY****eSituation.06 - Time Units of Duration of Complaint**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eSituation.04 is not blank.
----------------------	-----------------------------

Definition:
The time units of the duration of the patient's complaint

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Time Units of Duration of Complaint
------------------	-------------------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
None

**Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded  
7701005 Not Reporting

Select Resources:  
2806007 Days  
2806005 Hours  
2806003 Minutes  
2806011 Months  
2806001 Seconds  
2806009 Weeks  
2806013 Years

**OC-MEDS – DATA DICTIONARY****eSituation.09 - Primary Symptom**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

**Definition:**

The primary sign and symptom present in the patient or observed by EMS personnel

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMIS Element:	Primary Symptom
----------------	-----------------

Data Type:	ICD-10 value	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:****Constraints:**

pattern = (R[0-6][0-9](\.[0-9]{1,4})?|(R73\.9)|(R99))|([A-QSTZ][0-9]{2})(\.[0-9A-Z]{1,4})?

**Code List:**

**See Attachment 13 - eSituation.09 Data List**



**OC-MEDS – DATA DICTIONARY****eSituation.11 - Provider's Primary Impression**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

**Definition:**

The EMS personnel's impression of the patient's primary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMIS Element:	Provider's Primary Impression
----------------	-------------------------------

Data Type:	ICD-10 value
------------	--------------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	Yes
--------------	-----

NOT Values:	Yes
-------------	-----

**Attributes:****Constraints:**

pattern = (R[0-6][0-9](\.[0-9]{1,4})?|(R73\.[9])|(R99))|([A-QSTZ][0-9]{2})(\.[0-9A-Z]{1,4})?)

**Code List:**

**See Attachment 12 - eSituation.11 and eSituation.12 Data List**

**OC-MEDS – DATA DICTIONARY****eSituation.12 - Provider's Secondary Impressions**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if pertinent
----------------------	----------------------------------

**Definition:**

The EMS personnel's impression of the patient's secondary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Provider's Secondary Impressions
------------------	----------------------------------

Data Type:	ICD-10 value	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:****Constraints:**

pattern = (R[0-6][0-9](\.[0-9]{1,4})?|(R73\.[9])|(R99))|([A-QSTZ][0-9]{2})((\.[0-9A-Z]{1,4})?)

**Code List:**

**See Attachment 12 – eSituation.11 and eSituation.12 Data List**

**OC-MEDS – DATA DICTIONARY****eSituation.14 - Work-Related Illness/Injury**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

Definition:
Indication of whether or not the illness or injury is work related.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Work-Related Illness/Injury
------------------	-----------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
None

**Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded  
7701005 Not Reporting

Select Resources:  
9922001 No  
9922003 Unknown  
9922005 Yes

**OC-MEDS – DATA DICTIONARY****eSituation.18 - Date/Time Last Known Well**

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if pertinent.
----------------------	-----------------------------------

**Definition:**

The estimated date and time the patient was last known to be well or in their usual state of health. This is described or estimated by the patient, family, and/or bystanders.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Date/Time Last Known Well
------------------	---------------------------

Data Type:	Datetime	Pertinent Negatives (PN):	Yes
------------	----------	---------------------------	-----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:****Comments:**

For stroke related events, this is the date and time the patient was last seen normal. For cardiac or respiratory arrest related events, this is the date and time the patient was last known to have a pulse or when interaction was had with the patient. For drowning related events, this is the date and time the patient was last seen. For injury or trauma related events, this is the date and time the patient was injured.

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Pertinent Negatives:**

8801023 Unable to Complete

**OC-MEDS – DATA DICTIONARY****itSituation.001 - Patient Belongings**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:
Patient Belongings

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Patient Belongings
------------------	--------------------

Data Type:	Multi-select	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code = IT8.15

**Code List:**

Select Resources:

- itSituation.001.115 Cane
- itSituation.001.111 Cell Phone
- itSituation.001.103 Clothing
- itSituation.001.114 Crutches
- itSituation.001.106 False Teeth
- itSituation.001.104 Glasses
- itSituation.001.105 ID Card/License
- itSituation.001.102 Insurance Card
- itSituation.001.107 Jewelry (Describe Below)
- itSituation.001.110 Keys
- itSituation.001.118 Medication List
- itSituation.001.100 Medications
- itSituation.001.109 None
- itSituation.001.108 Other (Describe Below)
- itSituation.001.113 Suitcase
- itSituation.001.112 Walker/Cane
- itSituation.001.101 Wallet/Purse
- itSituation.001.117 Weapon
- itSituation.001.116 Wheelchair



## OC-MEDS – DATA DICTIONARY

### itPatientFollowUp.004 - Contact Name

OC-MEDS Reporting: Optional

Reporting Condition: Complete and submit if pertinent.

**Definition:**

The contact name of the person who last saw the patient well.

Patient Identifiable:

Yes

Agency Identifiable:

No

OC-MEDS Element: Contact Name

Data Type: String

Pertinent Negatives (PN): No

Is Nillable: No

NOT Values: No

**Attributes:**

Comments:

v2 Code = IT30.2

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****itPatientFollowUp.008 - Contact Phone**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if pertinent.
----------------------	-----------------------------------

**Definition:**

The contact phone number of the person who last saw the patient well.
---

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

Yes	No
-----	----

OC-MEDS Element:	Contact Phone
------------------	---------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:****Comments:**

v2 Code = IT30.6
------------------

**Code List:**

None
------

**OC-MEDS – DATA DICTIONARY****eTimes.02 - Dispatch Notified Date/Time**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Dispatch Notified Date/Time
------------------	-----------------------------

Data Type:	Datetime	Pertinent Negatives (PN):	No
------------	----------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:****Constraints:**

between 1/1/1950 and 1/1/2050; pattern = [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

**Code List:**

None



**OC-MEDS – DATA DICTIONARY****eTimes.03 - Unit Notified by Dispatch Date/Time**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Unit Notified by Dispatch Date/Time
------------------	-------------------------------------

Data Type:	Datetime	Pertinent Negatives (PN):	No
------------	----------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**Attributes:****Constraints:**

between 1/1/1950 and 1/1/2050; pattern = [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+ -)[0-9]{2}:[0-9]{2}
---

**Code List:**

None
------

**OC-MEDS – DATA DICTIONARY****eTimes.05 - Unit En Route Date/Time**

OC-MEDS Reporting:	Required
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Unit En Route Date/Time
------------------	-------------------------

Data Type:	Datetime	Pertinent Negatives (PN):	No
------------	----------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
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**Attributes:****Constraints:**

between 1/1/1950 and 1/1/2050; pattern = [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**OC-MEDS – DATA DICTIONARY****eTimes.06 - Unit Arrived on Scene Date/Time**

OC-MEDS Reporting:	Required
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMIS Element:	Unit Arrived on Scene Date/Time
----------------	---------------------------------

Data Type:	Datetime	Pertinent Negatives (PN):	No
------------	----------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
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**Attributes:****Constraints:**

between 1/1/1950 and 1/1/2050; pattern = [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**OC-MEDS – DATA DICTIONARY****eTimes.07 - Arrived at Patient Date/Time**

OC-MEDS Reporting:	Required
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Arrived at Patient Date/Time
------------------	------------------------------

Data Type:	Datetime	Pertinent Negatives (PN):	No
------------	----------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
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**Attributes:****Constraints:**

between 1/1/1950 and 1/1/2050; pattern = [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**OC-MEDS – DATA DICTIONARY****eTimes.08 - Transfer of EMS Patient Care Date/Time**

OC-MEDS Reporting:	Required
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Transfer of EMS Patient Care Date/Time
------------------	--

Data Type:	Datetime	Pertinent Negatives (PN):	No
------------	----------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
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**Attributes:****Constraints:**

between 1/1/1950 and 1/1/2050; pattern = [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

7701005 Not Reporting

**OC-MEDS – DATA DICTIONARY****eTimes.09 - Unit Left Scene Date/Time**

OC-MEDS Reporting:	Required
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Unit Left Scene Date/Time
------------------	---------------------------

Data Type:	Datetime	Pertinent Negatives (PN):	No
------------	----------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:****Constraints:**

between 1/1/1950 and 1/1/2050; pattern = [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**OC-MEDS – DATA DICTIONARY****eTimes.11 - Patient Arrived at Destination Date/Time**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Patient Arrived at Destination Date/Time
------------------	--

Data Type:	Datetime	Pertinent Negatives (PN):	No
------------	----------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
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**Attributes:****Constraints:**

between 1/1/1950 and 1/1/2050; pattern = [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**OC-MEDS – DATA DICTIONARY****eTimes.12 - Destination Patient Transfer of Care Date/Time**

OC-MEDS Reporting:	Required
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Destination Patient Transfer of Care Date/Time
------------------	--

Data Type:	Datetime
------------	----------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	Yes
--------------	-----

NOT Values:	Yes
-------------	-----

**Attributes:****Constraints:**

between 1/1/1950 and 1/1/2050; pattern = [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded



**OC-MEDS – DATA DICTIONARY****eTimes.13 - Unit Back in Service Date/Time**

OC-MEDS Reporting:	Required
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Reporting Condition:	Every submitted incident.
----------------------	---------------------------

**Definition:**

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

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Unit Back in Service Date/Time
------------------	--------------------------------

Data Type:	Datetime
------------	----------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	No
--------------	----

NOT Values:	No
-------------	----

**Attributes:****Constraints:**

between 1/1/1950 and 1/1/2050; pattern = [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****eTimes.14 - Unit Canceled Date/Time**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if available
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Definition:
The date/time the unit was canceled.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Unit Canceled Date/Time
------------------	-------------------------

Data Type:	Datetime	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Constraints: between 1/1/1950 and 1/1/2050; pattern = [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+ -)[0-9]{2}:[0-9]{2}

Code List:
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None
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**OC-MEDS – DATA DICTIONARY****eVitals.01 - Date/Time Vital Signs Taken**

OC-MEDS Reporting:	Required
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Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
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**Definition:**

The date/time vital signs were taken on the patient.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Date/Time Vital Signs Taken
------------------	-----------------------------

Data Type:	Datetime	Pertinent Negatives (PN):	No
------------	----------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:****Constraints:**

between 1/1/1950 and 1/1/2050; pattern = [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

7701005 Not Reporting

**OC-MEDS – DATA DICTIONARY****eVitals.02 - Obtained Prior to this Units EMS Care**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

**Definition:**

Indicates that the information which is documented was obtained prior to the documenting EMS units care.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Obtained Prior to this Units EMS Care
------------------	---------------------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

9923001 No

9923003 Yes

**OC-MEDS – DATA DICTIONARY****eVitals.03 - Cardiac Rhythm / Electrocardiography (ECG)**

OC-MEDS Reporting:	Required
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

The cardiac rhythm / ECG and other electrocardiography findings of the patient as interpreted by EMS personnel.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Cardiac Rhythm / Electrocardiography (ECG)
------------------	--

Data Type:	Multi-select	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	Yes
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**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Pertinent Negatives:**

8801019 Refused

8801023 Unable to Complete

**Select Resources:**

9901001 Agonal/Idioventricular

9901005 Artifact

9901003 Asystole

9901007 Atrial Fibrillation

9901009 Atrial Flutter

9901011 AV Block-1st Degree

9901013 AV Block-2nd Degree-Type 1

9901015 AV Block-2nd Degree-Type 2

9901017 AV Block-3rd Degree

9901019 Junctional

9901021 Left Bundle Branch Block



## OC-MEDS – DATA DICTIONARY

9901023 Non-STEMI Anterior Ischemia
9901025 Non-STEMI Inferior Ischemia
9901027 Non-STEMI Lateral Ischemia
9901029 Non-STEMI Posterior Ischemia
9901031 Other
9901033 Paced Rhythm
9901035 PEA
9901037 Premature Atrial Contractions (PAC)
9901039 Premature Ventricular Contractions (PVC)
9901041 Right Bundle Branch Block
9901043 Sinus Arrhythmia
9901045 Sinus Bradycardia (SB)
9901047 Normal Sinus Rhythm (NSR)
9901049 Sinus Tachycardia (ST)
9901051 STEMI Anterior Ischemia
9901053 STEMI Inferior Ischemia
9901055 STEMI Lateral Ischemia
9901057 STEMI Posterior Ischemia
9901059 Supraventricular Tachycardia
9901061 Torsades De Points
9901063 Unknown AED Non-Shockable Rhythm
9901065 Unknown AED Shockable Rhythm
9901067 Ventricular Fibrillation (VF)
9901071 Ventricular Tachycardia (Pulseless)
9901069 Ventricular Tachycardia (With Pulse)

**OC-MEDS – DATA DICTIONARY****eVitals.06 - SBP (Systolic Blood Pressure)**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

Definition:
The patient's systolic blood pressure.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	SBP (Systolic Blood Pressure)
------------------	-------------------------------

Data Type:	Number	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
Constraints: minimum = 0; maximum = 500

**Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded

Pertinent Negatives:  
8801005 Exam Finding Not Present  
8801019 Refused  
8801023 Unable to Complete

**OC-MEDS – DATA DICTIONARY****eVitals.07 - DBP (Diastolic Blood Pressure)**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

Definition:
The patient's diastolic blood pressure.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	DBP (Diastolic Blood Pressure)
------------------	--------------------------------

Data Type:	String	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
Constraints: pattern = [5][0][0]   [1-4][0-9][0-9]   [0]   [1-9][0-9]   P   p

**Code List:**

Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting  Pertinent Negatives: 8801005 Exam Finding Not Present 8801019 Refused 8801023 Unable to Complete
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**OC-MEDS – DATA DICTIONARY****eVitals.08 - Method of Blood Pressure Measurement**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

**Definition:**

Indication of method of blood pressure measurement.
---

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Method of Blood Pressure Measurement
------------------	--------------------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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**Attributes:**

None
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**Code List:**

## Not Values:

7701001 Not Applicable

7701003 Not Recorded

## Select Resources:

3308005 Cuff-Automated

3308007 Cuff-Manual Auscultated

3308009 Cuff-Manual Palpated Only

3308011 Venous Line

**OC-MEDS – DATA DICTIONARY****eVitals.10 - Heart Rate**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

Definition:
The patient's heart rate expressed as a number per minute.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Heart Rate
------------------	------------

Data Type:	Number	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
Constraints: minimum = 0; maximum = 500

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded  Pertinent Negatives: 8801005 Exam Finding Not Present 8801019 Refused 8801023 Unable to Complete

**OC-MEDS – DATA DICTIONARY****eVitals.12 - Pulse Oximetry**

OC-MEDS Reporting:	Required
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Reporting Condition:	Complete and submit if available
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Definition:
The patient's oxygen saturation.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Pulse Oximetry
------------------	----------------

Data Type:	Number	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
Constraints: minimum = 0; maximum = 100

**Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded

Pertinent Negatives:  
8801005 Exam Finding Not Present  
8801019 Refused  
8801023 Unable to Complete

**OC-MEDS – DATA DICTIONARY****eVitals.13 - Pulse Rhythm**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

Definition:
The clinical rhythm of the patient's pulse.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Pulse Rhythm
------------------	--------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
None

Code List:
Select Resources: 3313001 Irregularly Irregular 3313003 Regular 3313005 Regularly Irregular

**OC-MEDS – DATA DICTIONARY****eVitals.14 - Respiratory Rate**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

Definition:
The patient's respiratory rate expressed as a number per minute.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Respiratory Rate
------------------	------------------

Data Type:	Number	Pertinent Negatives (PN):	Yes
------------	--------	---------------------------	-----

Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
Constraints: minimum = 0; maximum = 300

**Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded

Pertinent Negatives:  
8801005 Exam Finding Not Present  
8801019 Refused  
8801023 Unable to Complete

**OC-MEDS – DATA DICTIONARY****eVitals.15 - Respiratory Effort**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

Definition:
The patient's respiratory effort.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Respiratory Effort
------------------	--------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

**Code List:**

Select Resources:

- 3315001 Apneic
- 3315003 Labored
- 3315005 Mechanically Assisted (BVM, CPAP, etc.)
- 3315007 Normal
- 3315009 Rapid
- 3315011 Shallow
- 3315013 Weak/Agonal

**OC-MEDS – DATA DICTIONARY****eVitals.16 - End Tidal Carbon Dioxide (ETCO2)**

OC-MEDS Reporting:	Required
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Reporting Condition:	Complete and submit if available
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**Definition:**

The numeric value of the patient's exhaled end tidal carbon dioxide (ETCO2) level measured as a unit of pressure in millimeters of mercury (mmHg).

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	End Tidal Carbon Dioxide (ETCO2)
------------------	----------------------------------

Data Type:	Number
------------	--------

Pertinent Negatives (PN):	Yes
---------------------------	-----

Is Nillable:	Yes
--------------	-----

NOT Values:	Yes
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**Attributes:**

Constraints: minimum = 0; maximum = 200

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Pertinent Negatives:**

8801019 Refused

8801023 Unable to Complete

**OC-MEDS – DATA DICTIONARY****eVitals.18 - Blood Glucose Level**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The patient's blood glucose level.

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Blood Glucose Level
----------------	---------------------

Data Type:	Number	Pertinent Negatives (PN):	Yes
------------	--------	---------------------------	-----

Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
Constraints: minimum = 0; maximum = 2000

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded  Pertinent Negatives: 8801019 Refused 8801023 Unable to Complete



**OC-MEDS – DATA DICTIONARY****eVitals.19 - Glasgow Coma Score-Eye**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

**Definition:**

The patient's Glasgow Coma Score Eye opening.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Glasgow Coma Score-Eye
------------------	------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	Yes
------------	---------------	---------------------------	-----

Is Nillable:	Yes	NOT Values:	Yes
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**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Pertinent Negatives:**

8801019 Refused

8801023 Unable to Complete

**Select Resources:**

1 1 - No eye movement

4 4 - Opens eyes spontaneously

2 2 - Painful stimulation

3 3 - Verbal stimulation

**OC-MEDS – DATA DICTIONARY****eVitals.20 - Glasgow Coma Score-Verbal**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

Definition:
The patient's Glasgow Coma Score Verbal.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Glasgow Coma Score-Verbal
------------------	---------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
None

**Code List:**

## Not Values:

7701001 Not Applicable

7701003 Not Recorded

## Pertinent Negatives:

8801019 Refused

8801023 Unable to Complete

## Select Resources:

4 4 - Confused

3 3 - Inappropriate words

2 2 - Incomprehensible sounds

1 1- No verbal/vocal response

5 5 - Oriented

**OC-MEDS – DATA DICTIONARY****eVitals.21 - Glasgow Coma Score-Motor**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

**Definition:**

The patient's Glasgow Coma Score Motor
--

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
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NEMESIS Element:	Glasgow Coma Score-Motor
------------------	--------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	Yes
------------	---------------	---------------------------	-----

Is Nillable:	Yes	NOT Values:	Yes
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**Attributes:**

None
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**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Pertinent Negatives:**

8801019 Refused

8801023 Unable to Complete

**Select Resources:**

2 2 - Extension to pain

3 3 - Flexion to pain

5 5 - Localizing pain

1 1 - No motor response

6 6 - Obeys commands

4 4 - Withdrawal from pain

**OC-MEDS – DATA DICTIONARY****eVitals.22 - Glasgow Coma Score-Qualifier**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

**Definition:**

Documentation of factors which make the GCS score more meaningful.
--

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Glasgow Coma Score-Qualifier
------------------	------------------------------

Data Type:	Multi-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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**Attributes:**

None
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**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

3322001 Eye Obstruction Prevents Eye Assessment

3322003 Initial GCS has legitimate values without interventions such as intubation and sedation

3322005 Patient Chemically Paralyzed

3322007 Patient Chemically Sedated

3322009 Patient Intubated

**OC-MEDS – DATA DICTIONARY****eVitals.23 - Total Glasgow Coma Score**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

Definition:
The patient's total Glasgow Coma Score.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Total Glasgow Coma Score
------------------	--------------------------

Data Type:	Number	Pertinent Negatives (PN):	Yes
------------	--------	---------------------------	-----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
Constraints: minimum = 3; maximum = 15

Code List:
Not Values: 7701003 Not Recorded
Pertinent Negatives: 8801019 Refused 8801023 Unable to Complete

**OC-MEDS – DATA DICTIONARY****eVitals.24 - Temperature**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
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Definition:
The patient's body temperature in degrees Celsius/centigrade.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Temperature
------------------	-------------

Data Type:	Decimal	Pertinent Negatives (PN):	Yes
------------	---------	---------------------------	-----

Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
Constraints: minimum = 0; maximum = 50; format = ###.##

**Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded  
7701005 Not Reporting

Pertinent Negatives:  
8801019 Refused  
8801023 Unable to Complete

**OC-MEDS – DATA DICTIONARY****eVitals.25 - Temperature Method**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The method used to obtain the patient's body temperature.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Temperature Method
------------------	--------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
None

**Code List:**

Select Resources:  
3325001 Axillary  
3325003 Central (Venous or Arterial)  
3325005 Esophageal  
3325007 Oral  
3325009 Rectal  
3325011 Temporal Artery  
3325013 Tympanic  
3325015 Urinary Catheter  
it3325.102 Skin Probe

**OC-MEDS – DATA DICTIONARY****eVitals.26 - Level of Responsiveness (AVPU)**

OC-MEDS Reporting:	Required
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Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

Definition:
The patient's highest level of responsiveness.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Level of Responsiveness (AVPU)
------------------	--------------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
None

**Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded

Select Resources:  
3326001 Alert  
3326005 Painful  
3326007 Unresponsive  
3326003 Verbal



**OC-MEDS – DATA DICTIONARY****eVitals.27 - Pain Scale Score**

OC-MEDS Reporting:	Required
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

The patient's indication of pain from a scale of 0-10.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Pain Scale Score
------------------	------------------

Data Type:	Number	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	Yes
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**Attributes:**

Constraints: minimum = 0; maximum = 10

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Pertinent Negatives:**

8801019 Refused

8801023 Unable to Complete

**OC-MEDS – DATA DICTIONARY****eVitals.28 - Pain Scale Type**

OC-MEDS Reporting:	Required
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The type of pain scale used.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Pain Scale Type
------------------	-----------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
None

**Code List:**

## Not Values:

7701001 Not Applicable  
7701003 Not Recorded  
7701005 Not Reporting

## Select Resources:

3328001 FLACC (Face, Legs, Activity, Cry, Consolability)  
3328003 Numeric (0-10)  
3328005 Other  
3328007 Wong-Baker (FACES)

**OC-MEDS – DATA DICTIONARY****eVitals.29 - Stroke Scale Score**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if available
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**Definition:**

The findings or results of the Stroke Scale Type (eVitals.30) used to assess the patient exhibiting stroke-like symptoms.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

NEMESIS Element:	Stroke Scale Score
------------------	--------------------

Data Type:	Single-select	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	Yes
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**Attributes:**

None

**Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Pertinent Negatives:**

8801019 Refused

8801023 Unable to Complete

**Select Resources:**

3329001 Negative

3329003 Non-Conclusive

3329005 Positive

**OC-MEDS – DATA DICTIONARY****eVitals.30 - Stroke Scale Type**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The type of stroke scale used.

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Stroke Scale Type
------------------	-------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
None

**Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded

Select Resources:  
3330001 Cincinnati  
3330013 F.A.S.T. Exam  
3330003 Los Angeles  
3330009 NIH  
3330011 Orange County EMS

**OC-MEDS – DATA DICTIONARY****eVitals.32 - APGAR**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
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Definition:
The patient's total APGAR score (0-10).

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	APGAR
------------------	-------

Data Type:	Number	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	No
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Attributes:
Constraints: minimum = 0; maximum = 10

Code List:
 Pertinent Negatives: 8801023 Unable to Complete

**OC-MEDS – DATA DICTIONARY****itStemi.001 - STEMI 12 Lead ECG Used?**

OC-MEDS Reporting:	Required
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Reporting Condition:	Complete and submit if pertinent
----------------------	----------------------------------

Definition:
STEMI 12 Lead ECG Used?

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	STEMI 12 Lead ECG Used?
------------------	-------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments: v2 Code = IT12.2

Code List:
Select Resources: itStemi.001.100 No itStemi.001.101 Yes



**OC-MEDS – DATA DICTIONARY**

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**itStemi.002 - STEMI 12 Lead ECG Transmitted for Interpretation**

OC-MEDS Reporting:	Required
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Reporting Condition:	Complete and submit if pertinent
----------------------	----------------------------------

Definition:
STEMI 12 Lead ECG Transmitted for Interpretation

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	STEMI 12 Lead ECG Transmitted for Interpretation
------------------	--

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments: v2 Code = IT12.3

Code List:
Select Resources: itStemi.002.100 No itStemi.002.101 Yes

**OC-MEDS – DATA DICTIONARY****itStemi.003 - STEMI Probable?**

OC-MEDS Reporting:	Required
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Reporting Condition:	Complete and submit if pertinent
----------------------	----------------------------------

Definition:
STEMI Probable?

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	STEMI Probable?
------------------	-----------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments: v2 Code = IT12.5

Code List:
Select Resources: itStemi.003.102 Inconclusive itStemi.003.100 No itStemi.003.101 Yes



**OC-MEDS – DATA DICTIONARY****itVitals.001 - Pulse Oximetry Qualifier**

OC-MEDS Reporting:	Required
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Reporting Condition:	Complete and submit if available
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Definition:
Pulse Oximetry Qualifier

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Pulse Oximetry Qualifier
------------------	--------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments: v2 Code = IT1.1

Code List:
Select Resources: itVitals.001.102 At Room Air itVitals.001.101 CPAP itVitals.001.103 High Concentration O2 (10-25 LPM) itVitals.001.104 Low Concentration O2 (1-6 LPM) itVitals.001.105 Medium Concentration O2 (7-9 LPM)

**OC-MEDS – DATA DICTIONARY****itVitals.002 - Airway**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

Definition:
Assessment of the status of the patient's airway.

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Airway
------------------	--------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments: v2 Code = IT1.4

Code List:
Select Resources: itVitals.002.108 Compromised itVitals.002.109 Obstructed itVitals.002.110 Other itVitals.002.111 Patent

**OC-MEDS – DATA DICTIONARY****itVitals.006 - Provoked**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

The provoking factor that led to the patient's pain or condition.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

OC-MEDS Element:	Provoked
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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**Attributes:**

Comments: v2 Code = IT1.12

**Code List:****Select Resources:**

itVitals.006.100 Anger  
itVitals.006.101 Anxiety  
itVitals.006.102 Exertion  
itVitals.006.103 Foods  
itVitals.006.105 Lie/Sit  
itVitals.006.104 Muscle Use  
itVitals.006.108 Palpation  
itVitals.006.109 Respiration  
itVitals.006.106 Stress  
itVitals.006.107 Unprovoked

**OC-MEDS – DATA DICTIONARY****itVitals.007 - Quality**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The quality of the patient's pain.

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Quality
------------------	---------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments: v2 Code = IT1.13

Code List:
Select Resources: itVitals.007.103 Burning itVitals.007.101 Dull itVitals.007.107 Expiratory itVitals.007.108 Insp/Exp itVitals.007.106 Inspiratory itVitals.007.110 Intermittent itVitals.007.105 Mild Onset itVitals.007.104 Onset-SUD itVitals.007.109 Pressure itVitals.007.100 Sharp itVitals.007.111 Throbbing itVitals.007.102 Tight

**OC-MEDS – DATA DICTIONARY****itVitals.008 - Region**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

Description of the location of the patient's pain or condition.
---

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

OC-MEDS Element:	Region
------------------	--------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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**Attributes:**

Comments: v2 Code = IT1.14
----------------------------

**Code List:**

Select Resources:

itVitals.008.102 Anterior  
itVitals.008.123 Arm  
itVitals.008.107 Back  
itVitals.008.103 Epigastric  
itVitals.008.120 Head  
itVitals.008.108 Jaw  
itVitals.008.100 L Ant Chst  
itVitals.008.119 Left Arm  
itVitals.008.118 Left Leg  
itVitals.008.124 Leg  
itVitals.008.114 LLQ  
itVitals.008.117 Lower Back  
itVitals.008.112 LUQ  
itVitals.008.109 Neck  
itVitals.008.122 Posterior  
itVitals.008.101 R Ant Chst  
itVitals.008.110 Right Arm  
itVitals.008.111 Right Leg  
itVitals.008.115 RLQ  
itVitals.008.113 RUQ



**OC-MEDS – DATA DICTIONARY**

itVitals.008.104 Subcost L  
itVitals.008.105 Subcost R  
itVitals.008.106 Substernal  
itVitals.008.116 Upper Back

**OC-MEDS – DATA DICTIONARY****itVitals.009 - Radiation**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
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**Definition:**

Description of whether the patient's pain radiated to any other part of the body.

Patient Identifiable:	Agency Identifiable:
-----------------------	----------------------

No	No
----	----

OC-MEDS Element:	Radiation
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Data Type:	Single-select
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Pertinent Negatives (PN):	No
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Is Nillable:	No
--------------	----

NOT Values:	No
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**Attributes:**

Comments: v2 Code = IT1.15

**Code List:****Select Resources:**

itVitals.009.118 Non-radiating  
itVitals.009.102 To Anterior  
itVitals.009.110 To Arm  
itVitals.009.107 To Back  
itVitals.009.103 To Epigastric  
itVitals.009.119 To Head  
itVitals.009.108 To Jaw  
itVitals.009.100 To L Ant Chst  
itVitals.009.114 To Left Lower  
itVitals.009.112 To Left Upper

itVitals.009.111 To Leg  
itVitals.009.117 To Lower Back  
itVitals.009.109 To Neck  
itVitals.009.101 To R Ant Chst  
itVitals.009.115 To Right Lower  
itVitals.009.113 To Right Upper  
itVitals.009.104 To Subcost L  
itVitals.009.105 To Subcost R  
itVitals.009.106 To Substernal  
itVitals.009.116 To Upper Back



**OC-MEDS – DATA DICTIONARY**

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**itVitals.010 - Duration**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
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Definition:
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The amount of time the patient has experienced the pain or condition.
---

Patient Identifiable:
-----------------------

No
----

Agency Identifiable:
----------------------

No
----

OC-MEDS Element:	Duration
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Data Type:
------------

Number
--------

Pertinent Negatives (PN):
---------------------------

No
----

Is Nillable:
--------------

No
----

NOT Values:
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No
----

Attributes:
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Comments: v2 Code = IT1.16
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Code List:
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None
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**OC-MEDS – DATA DICTIONARY****itVitals.011 - Duration Units**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
Duration Units.

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Duration Units
------------------	----------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments: v2 Code = IT1.17

Code List:
Select Resources: itVitals.011.102 Days itVitals.011.101 Hours itVitals.011.100 Minutes itVitals.011.103 Weeks

**OC-MEDS – DATA DICTIONARY****itVitals.017 - PQRST Narrative**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
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Definition:
PQRST Narrative

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	PQRST Narrative
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Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Constraints: max length = 255
Comments: v2 Code = IT1.24

Code List:
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None
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**OC-MEDS – DATA DICTIONARY****itVitals.018 - Blood Glucose Other**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if available
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Definition:
Blood Glucose Other

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Blood Glucose Other
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments: v2 Code = IT1.25, IT1.26

Code List:
Select Resources: itVitals.018.001 Hi itVitals.018.000 Low

**OC-MEDS – DATA DICTIONARY****itVitals.019 - Pulse Quality**

OC-MEDS Reporting:	Required
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Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
----------------------	--

Definition:
Pulse Quality

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Pulse Quality
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Data Type:	Multi-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments: v2 Code = IT1.43

Code List:
Select Resources: itVitals.019.104 Absent itVitals.019.101 Bounding itVitals.019.103 Normal itVitals.019.102 Rapid itVitals.019.100 Weak

**OC-MEDS – DATA DICTIONARY****itVitals.025 - Stroke Scale Speech**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
Stroke Scale Speech

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Stroke Scale Speech
------------------	---------------------

Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Constraints: max length = 500
Comments: v2 Code = IT13.11

Code List:
Select Resources: itVitals.025.102 Abnormal itVitals.025.101 Normal

**OC-MEDS – DATA DICTIONARY****itVitals.026 - Stroke Scale Facial Droop**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if available
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Definition:
Stroke Scale Facial Droop

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Stroke Scale Facial Droop
------------------	---------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments: v2 Code = IT13.12

Code List:
Select Resources: itVitals.026.102 Abnormal itVitals.026.103 Left itVitals.026.101 Normal itVitals.026.100 Right

**OC-MEDS – DATA DICTIONARY****itVitals.027 - Stroke Scale Arm Drift**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
Stroke Scale Arm Drift

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Stroke Scale Arm Drift
------------------	------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments: v2 Code = IT13.13

Code List:
Select Resources: itVitals.027.102 Abnormal itVitals.027.100 Left Drifts Down itVitals.027.103 Left Falls Rapidly itVitals.027.101 Normal itVitals.027.104 Right Drifts Down itVitals.027.105 Right Falls Rapidly

**OC-MEDS – DATA DICTIONARY****itVitals.046 - Vitals Crew Members ID**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

The statewide assigned ID number of the EMS crew member taking the vitals on the patient

Patient Identifiable:	Agency Identifiable:
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No	Yes
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OC-MEDS Element:	Vitals Crew Members ID
------------------	------------------------

Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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**Attributes:**

Constraints: max length = 50

Comments: v2 Code = IT1.63

**Code List:**

None



**OC-MEDS – DATA DICTIONARY**

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itVitals.050 - Appearance			
OC-MEDS Reporting:		Optional	
Reporting Condition:		Complete and submit if available	
Definition:			
APGAR Appearance (skin color)			
Patient Identifiable:		Agency Identifiable:	
No		No	
OC-MEDS Element:		Appearance	
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Comments:			
v2 Code = E14.26.1			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting  Select Resources: itVitals.050.100 Blue, pale itVitals.050.102 Completely pink itVitals.050.101 Body pink, blue extremities			

**OC-MEDS – DATA DICTIONARY****itVitals.051 - Pulse**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
APGAR Pulse (heart rate)

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Pulse
------------------	-------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
Comments:
v2 Code = E14.26.2

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting  Select Resources: itVitals.051.100 Absent itVitals.051.101 < 100/minute itVitals.051.102 > 100/minute

**OC-MEDS – DATA DICTIONARY****itVitals.052 - Grimace**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
APGAR Grimace ("reflex irritability")

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Grimace
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
Comments:
v2 Code = E14.26.3

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting  Select Resources: itVitals.052.100 No response itVitals.052.101 Grimace itVitals.052.102 Cough, sneeze, cry

**OC-MEDS – DATA DICTIONARY****itVitals.053 - Activity**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
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Definition:
APGAR Activity (muscle tone)

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Activity
------------------	----------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
Comments:
v2 Code = E14.26.4

Code List:
Not Values:
7701001 Not Applicable
7701003 Not Recorded
7701005 Not Reporting
Select Resources:
itVitals.053.102 Active motion
itVitals.053.101 Some flexion
itVitals.053.100 Limp

**OC-MEDS – DATA DICTIONARY****itVitals.054 - Respiration**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
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Definition:
APGAR Respiration (breathing rate and effort)

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Respiration
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
Comments:
v2 Code = E14.26.5

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting  Select Resources: itVitals.054.100 Absent itVitals.054.102 Good, crying itVitals.054.101 Slow, irregular