



OC-MEDS – DATA DICTIONARY

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)

Commented [RL1]: Need to confirm if these are still current.

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.

NEMSIS Element: A basic unit of information defined and structured by the National Emergency Medical Services Information System (NEMSIS) to enable electronic documentation and communication of EMS incident information. The NEMSIS Element Code is listed in Section V. Resources in the header for each data element. The NEMSIS Element serves as the foundation for all specifications provided. Where undefined, [NEMSIS standards and](#) NEMSIS Custom Element guidance ~~has been~~ [shall be](#) applied.

OC-MEDS Element Label: The name of the data element as defined by Orange County EMS. This Label may differ from the NEMSIS Name in order to achieve consistency with Orange County EMS (OCEMS) Policies, Procedures, and Standing Orders. The header of each data element is formatted as: NEMSIS Data Element Code – OC-MEDS Element Label

OC-MEDS Usage: The data submission standard used [in the Orange County Medical Emergency Data System \(OC-MEDS\)](#) 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).
- **Mandatory:** ~~Data elements that must shall be completed and submitted on ALL incidents, are not Nillable, and do not~~ [NOT allow NOT Vvalues \(NV\) or Pertinent Negatives \(PN\).](#)
- **Required:** Data elements that shall be [completed and](#) submitted depending on the specified [OC-MEDS Reporting](#) ~~OC-MEDS Reporting~~ Condition. Required data elements ~~may not be submitted with a must be completed per usage guidelines and may be~~ [Nillable, and may allow](#) NOT Values [\(NV\) and Pertinent Negatives \(PN\).](#)
- **Recommended:** Data elements that should be completed and submitted [depending on the specified OC-MEDS Reporting Condition. Recommended data elements may be](#) [Nillable and may allow](#) ~~NOT values~~ [NV and PN.](#)
- **Optional:** Data elements that may be [completed at the provider agency's discretion. If the elements are completed, they should be submitted.](#) ~~added to a provider's run form and/or may submitted.~~



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◆ **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 is required to should be completed and/or submitted. Implemented as Validation Rules, coded as Schematron.

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.

CEMSIS Value Set: NEMSIS data elements which include required California specific value sets/lists.

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 Nillable: Indicates that the element can accept a "blank" value.

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/Attributes: Additional programmatic and/or technical information to support or further describe the format used in the data element, such as Constraints on the value formatting and Correlation grouping.

Code List: The list of values with codes, description and label (if any) to be used for the specified documenting the data element. Some code list elements include multiple a values list 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 eCode list will be specified in by the Data Type box and the codes format used will be in the specified in Constraints data standard format.

CEMSIS Value Lists: The California Emergency Medical Services Information System (CEMSIS) has mandated usage of several defined value lists. A value is a defined option for documenting a data element. Where applicable the values defined by CEMSIS shall be used to complete and submit patient care reporting.

OC-MEDS Value Lists: Where applicable OC-MEDS has further defined the value options available for documenting a data element. OC-MEDS Value Lists can be found as Attachments.

Attachments: Locally selected data lists Documents that provide additional information and technical specification such as Value Lists, Reporting Condition Validation Rules, and Reporting Condition Schematron, based on defined data formats that meet the clinical and/or operational needs of the

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Orange County EMS System. If available, code lists include values as defined by the California EMS Information System (CEMSIS). Attachments include:

- [Attachment 1 – Data Element List](#)
- [Attachment 21 – Orange County Facilities List Data List](#)
- [Attachment 32 – EMS Provider Agencies y Data List](#)
- [Attachment 3 – eHistory.12 Data List](#)
- [Attachment 4 – Orange County Cities and Places GNIS Code List](#)
- [Attachment 4 – Procedures \(eProcedures.03\)](#)
- [Attachment 5 – Medications Given \(eMedications.03\)](#)
- [Attachment 6 – Cause of Injury \(eInjury.01\)](#)
- [Attachment 7 – Disposition \(itDisposition.112\)](#)
- [Attachment 8 – Symptoms \(eSituation.09&10\)](#)
- [Attachment 9 – Impressions \(eSituation.11&12\)](#)
- [Attachment 5 – eHistory.08 Data List](#)
- [Attachment 6 – eProcedures.03 Data List](#)
- [Attachment 107 – Incident Location Type \(eScene.09\) Data List](#)
- [Attachment 11 – Med Allergies \(eHistory.06\)](#)
- [Attachment 12 – EF Allergies \(eHistory.07\)](#)
- [Attachment 13 – Med Surg History \(eHistory.08\)](#)
- [Attachment 14 – Current Medications \(eHistory.12\)](#)
- [Attachment 15 – Approved Abbreviations \(eNarrative.01\)](#)
- [Attachment 8 – eInjury.01 Data List](#)
- [Attachment 9 – eMedications.03 Data List](#)
- [Attachment 160 – Orange County Fire District Numbers Data List](#)
- [Attachment 174 – Orange County EOAs 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](#)
- [Attachment 18 – Reporting Conditions Validation Rules](#)
- [Attachment 19 – Reporting Conditions Schematron](#)

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Commented [RL2]: Need to obtain an updated list

Commented [RL3]: Attachments relabeled and re-ordered.

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.



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Approved:

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OCEMS Medical Director

Tammi McConnell, MSN, RN
OCEMS Administrator

Original Date: 10/01/2016
Reviewed Date(s): 04/17/2017, 04/01/2018, 06/01/2019, 04/01/2023
Revised Date(s): 04/01/2017, 04/01/2018, 06/01/2019, 04/01/2023
Effective Date: ~~06/01/2019~~ 10/01/2023



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V. RESOURCES:**eAirway 01 – Indications for Invasive Airway**

OC-MEDS Usage:	Optional
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Reporting Condition:	None
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Definition:	The date and time the airway device placement was confirmed.
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Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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:
Correlation: eAirway.ConfirmationGroup
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
Select Resources:
4001001 Adequate Airway Reflexes/Effort, Potential for Compromise
4001003 Airway Reflex Compromised
4001005 Apnea or Agonal Respirations
4001007 Illness Involving Airway
4001009 Injury Involving Airway
4001011 Other
4001013 Ventilatory Effort Compromised



OC-MEDS – DATA DICTIONARY

eAirway.02 - Date/Time Airway Device Placement Confirmation

OC-MEDS Reporting Usage:	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

NEMSIS 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:
Correlation: eAirway.ConfirmationGroup
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



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eAirway.03 - Airway Device Being Confirmed

OC-MEDS <u>Reporting Usage:</u>	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:
<u>Correlation: eAirway.ConfirmationGroupNone</u>

Code List: <u>note (OC-MEDS Label)</u>
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting Select Resources: 4003003 Endotracheal Tube 4003005 Other-Invasive Airway 4003007 <u>SAD-Combitube, (Combitube/King)</u> <u>It4003.001 SAD-i-gel, (LMA (i-gel))</u>



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eAirway.04 - Airway Device Placement Confirmed Method

OC-MEDS <u>Reporting Usage:</u>	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.
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Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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:	
<u>Correlation:</u> eAirway.ConfirmationGroupNone	

Code List: <u>note (OC-MEDS Label)</u>
--

Not Values:

7701001 Not Applicable
7701003 Not Recorded
7701005 Not Reporting

Select Resources:

4004001 Auscultation
4004003 Bulb/Syringe Aspiration (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
4004021 Chest Rise

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eAirway.05 - Tube Depth

OC-MEDS Reporting Usage:	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:
No	No

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:
Correlation: eAirway.ConfirmationGroup
Constraints:
minimum = 48 ; maximum = 32

Code List:
None





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eAirway.06 - Type of Individual Confirming Airway Device Placement

OC-MEDS <u>Reporting Usage:</u>	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

NEMSIS 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:
<u>Correlation:</u> eAirway.ConfirmationGroupNone

Code List: <u>note (OC-MEDS Label)</u>
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting Select Resources: 4006001 <u>Another Person on the Same Crew, (Another Paramedic on the Same Crew)</u> 4006003 Other 4006005 <u>Person Performing Intubation, (Paramedic Performing Intubation)</u> 4006007 Receiving Air Medical/EMS Crew 4006009 Receiving Hospital Team



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eAirway.07 - Crew Member ID

OC-MEDS Reporting Usage:	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

NEMSIS 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:
Correlation: eAirway Confirmation Group
Constraints: character length = 2 to 50

Code List:
None



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eAirway.08 – Airway Complications Encountered

OC-MEDS Usage: Optional

Reporting Condition: If your PCRS is unable to use itAirway.017, eAirway.08 shall be used. Same Reporting Conditions apply.

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Definition:

The airway management complications encountered during the patient care episode.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Airway Complications Encountered

Data Type:

Multi-select

Pertinent Negatives
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

Attributes:

Correlation: eAirway.AirwayGroup

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](#)



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eAirway.09 – Suspected Reasons for Failed Airway ProcedureOC-MEDS Usage: OptionalReporting Condition: If your PCRS is unable to use itAirway.018, eAirway.09 shall be used. Same Reporting Conditions apply.

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Definition:
The type of individual who confirmed the airway device placement.Patient Identifiable: No Agency Identifiable: NoNEMSIS Element: Suspected Reasons for Failed Airway ProcedureData Type: Multi-select Pertinent Negatives (PN): NoIs Nillable: No NOT Values: NoAttributes:
Correlation: eAirway.AirwayGroup**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



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itAirway.002 - ETT Placement Verification

OC-MEDS Reporting Usage:	Recommended 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:	ETT Placement Verification
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Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMSIS Element:	ETT Placement Verification Custom Element
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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:	
Correlation: eAirway Confirmation Group	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 <u>Reporting Usage:</u>	Recommended
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Reporting Condition:	<u>None</u> Procedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
ETT Verification Comments

Patient Identifiable:	Agency Identifiable:
No	No

<u>OC-MEDS NEMSIS</u> Element:	ETT Verification Comments <u>Custom Element</u>
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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:
<u>Correlation: eAirway Confirmation Group</u>
Constraints: max length = 255
<u>Comments:</u> <u>v2 Code = IT7.29</u>

Code List:
None

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itAirway.004 - Breath Sounds-Left

OC-MEDS Usage/Reporting:	Recommended 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:	Breath Sounds-Left
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Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS/NEMSIS Element:	Breath Sounds-Left Custom Element
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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:	
Correlation: eAirway Confirmation Group	Comments: v2 Code = IT7.45

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



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itAirway.005 - Airway Measured At

OC-MEDS Reporting Usage:	Recommended 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:
Airway Measured At

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMSIS Element:	Airway Measured At Custom Element
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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:
Correlation: eAirway Confirmation Group 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 Usage:	Recommended 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:
Breath Sounds-Right

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMSIS Element:	Breath Sounds-Right Custom Element
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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:
Correlation: eAirway Confirmation Group 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 Usage/Reporting:	Recommended 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:	Chest Rise-Left
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Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS/NEMSIS Element:	Chest Rise-LeftCustom Element
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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:	
Correlation: eAirway.ConfirmationGroupComments: v2 Code – IT7.55	

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



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itAirway.008 - Chest Rise-Right

OC-MEDS Reporting Usage:	Recommended 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:	Chest Rise-Right
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Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMSIS Element:	Chest Rise-Right Custom Element
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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:	
Correlation: eAirway Confirmation Group	Comments: v2 Code – IT7.56

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



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itAirway.009 - Esophageal Detector Device

OC-MEDS Usage: Recommended

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Reporting Condition: None

Definition:
Esophageal Detector Device

Patient Identifiable:	Agency Identifiable:
<u>No</u>	<u>No</u>

NEMSIS Element: Custom Element

Data Type:	<u>Single-select</u>	Pertinent Negatives (PN):	<u>No</u>
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Is Nilable:	<u>No</u>	NOT Values:	<u>No</u>
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Attributes:
Correlation: eAirway.ConfirmationGroup

Code List:
Select Resources:
itAirway.009.100 Free Pull
itAirway.009.101 Resistance
itAirway.009.102 Unable to Determine
itAirway.009.104 Bulb reinflates
itAirway.009.105 Bulb stays compressed



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itAirway.010 - Gastric Sounds

OC-MEDS Usage/Reporting:	Recommended 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:	Gastric Sounds
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Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS/NEMSIS Element:	Gastric Sounds Custom Element
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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:	
Correlation: eAirway Confirmation Group	Comments: v2 Code – IT7.64

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



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itAirway.011 - Tube Misting

OC-MEDS Reporting Usage:	Recommended 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:	Tube Misting
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Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMSIS Element:	Tube Misting Custom Element
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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:	
Correlation: eAirway Confirmation Group	Comments: v2 Code – IT7.65

Code List:
Select Resources: itAirway.011.100 No itAirway.011.101 Yes



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itAirway.013 - Preoxygenation Done

OC-MEDS

Report in Usage:

~~Recommended~~ Required

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Reporting Condition:

eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.

Definition:

Preoxygenation Done

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS NEMSIS

Element:

~~Preoxygenation Done~~ Custom Element

Data Type:

Single-select

Pertinent Negatives
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

Correlation: eAirway Confirmation Group Comments:

v2 Code – IT7.71

Code List:

Select Resources:

itAirway.013.100 No

itAirway.013.101 Yes



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itAirway.015 - ETT Verification Findings

OC-MEDS <u>Reporting Usage:</u>	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

<u>OC-MEDS NEMSIS</u> Element:	<u>ETT Verification Findings Custom Element</u>
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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:
<u>Correlation: eAirway Confirmation Group Comments:</u> <u>v2 Code - IT7.27</u>

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

itAirway.017 - Airway Complications Encountered

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

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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
----------------------	--

Definition:	The airway management complications encountered during the patient care episode.
-------------	--

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Airway Complications Encountered Custom Element
-----------------	--

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

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

Attributes:	
Correlation:	eAirway.ConfirmationGroup
Comments:	Used in place of eAirway.08, allows for grouping

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting
Select Resources: itAirway.017.104 Esophageal Intubation-Delayed Detection (After Tube Secured) itAirway.017.105 Esophageal Intubation-Detected in Emergency Department itAirway.017.106 Failed Intubation Effort itAirway.017.107 Injury or Trauma to Patient from Airway Management Effort itAirway.017.108 Other itAirway.017.110 Patient Vomiting/Aspiration itAirway.017.111 Tube Dislodged During Transport/Patient Care itAirway.017.112 Tube Was Not in Correct Position when EMS Crew/Team Assumed Care of the Patient



OC-MEDS – DATA DICTIONARY

itAirway.018 - Suspected Reasons for Failed Airway Management

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

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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
----------------------	--

Definition:	The reason(s) the airway was unable to be successfully managed.
-------------	---

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS OC-MEDS Element:	Airway Complications Encountered Custom Element
----------------------------	---

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

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

Attributes:	
Correlation: eAirway Confirmation Group	
Comments:	Used in place of eAirway.09, allows for grouping

Code List:
Select Resources:
itAirway.018.101 Difficult Patient Airway Anatomy
itAirway.018.102 ETI Attempted, but Arrived At Destination Facility Before Accomplished
itAirway.018.103 Facial or Oral Trauma
itAirway.018.104 Inability to Expose Vocal Cords
itAirway.018.105 Inadequate Patient Relaxation/Presence of Protective Airway Reflexes
itAirway.018.106 Jaw Clenched (Trismus)
itAirway.018.113 Not Applicable
itAirway.018.107 Other
itAirway.018.108 Poor Patient Access
itAirway.018.109 Secretions/Blood/Vomit
itAirway.018.110 Unable to Position or Access Patient



OC-MEDS – DATA DICTIONARY

eArrest.01 - Cardiac Arrest

OC-MEDS UsageReporting:	Required
----------------------------	----------

Reporting Condition:	eSituation.11 includes Cardiac Arrest, Traumatic Cardiac Arrest, Respiratory Arrest, or Unconscious.
----------------------	--

Definition:
Indication of the presence of a cardiac arrest at any time during this EMS event.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Cardiac Arrest
-----------------	----------------

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: 3001001 No 3001005 Yes, After EMS Arrival 3001003 Yes, Prior to EMS Arrival



OC-MEDS – DATA DICTIONARY

eArrest.02 - Cardiac Arrest Etiology

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

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

Definition:
Indication of the etiology or cause of the cardiac arrest (classified as cardiac, non-cardiac, etc.)

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Cardiac Arrest Etiology
-----------------	-------------------------

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: 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 Usage:	Required
--	----------

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

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:
No	No

NEMSIS Element:	Resuscitation Attempted By EMS
-----------------	--------------------------------

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: 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 Usage:	Required
-----------------------------	----------

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

Definition:
Indication of who the cardiac arrest was witnessed by

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Arrest Witnessed By
-----------------	---------------------

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: 3004001 Not Witnessed 3004003 Witnessed by Family Member 3004005 Witnessed by Healthcare Provider 3004007 Witnessed by Lay Person



OC-MEDS – DATA DICTIONARY

eArrest.07 - AED Use Prior to EMS Arrival

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

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

Definition:
Documentation of AED use Prior to EMS Arrival

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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.09 - Type of CPR Provided

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

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Reporting Condition:	eArrest.01 includes a "Yes" value. None
----------------------	---

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Definition:
Documentation of the type/technique of CPR used by EMS.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Type of CPR Provided
-----------------	----------------------

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

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

Attributes:
None
Comments: Redundant with Procedures, may be left blank

Code List:
Not Values: <u>7701001 Not Applicable</u> <u>7701003 Not Recorded</u>
Select Resources: <u>3009001 Manual Compressions Only-Continuous</u> <u>3009003 Compressions-External Band Type Device (Auto-Pulse)</u> <u>3009005 Compressions-External Plunger Type Device (Lucas Device)</u> <u>3009009 Compressions-Manual - Intermittent with Ventilation</u> <u>3009011 Compressions-Other Device</u> <u>30090107 Elevated Head 30 Degree Semi-Fowlers</u> <u>3009013 Ventilation-Bag Valve Mask Only</u> <u>3009015 Ventilation-Impedance Threshold Device</u> <u>3009017 Ventilation-Mouth to Mouth</u> <u>3009019 Ventilation-Pocket Mask</u>



OC-MEDS – DATA DICTIONARY

eArrest.11 - First Monitored Arrest Rhythm of the Patient

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

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

Definition:
Documentation of what the first monitored arrest rhythm which was noted

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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 it3011.125 Coarse Ventricular Fibrillation it3011.126 Fine Ventricular Fibrillation 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 UsageReporting:	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
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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 <u>Reporting Usage:</u>	Required
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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

NEMSIS 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 Usage:	Required
-----------------------------	----------

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

Definition:
The date/time resuscitation was discontinued.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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

Arrest.16 - Reason CPR/Resuscitation Discontinued

OC-MEDS Reporting Usage:	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

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

Data Type:	Single-select	Pertinent Negatives (PN):	No
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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 Usage:	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
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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 it9901.104 Course Ventricular Fibrillation it9901.105 Fine Ventricular Fibrillation 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
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)
9901071 Ventricular Tachycardia (Pulseless)



OC-MEDS – DATA DICTIONARY

eArrest.18 – End of EMS Cardiac Arrest Event

OC-MEDS
Reporting
Usage:

Required

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Reporting Condition:

eArrest.01 includes a "Yes" value. None

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Definition:

The patient's outcome at the end of the EMS event.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

End of EMS Cardiac Arrest Event

Data Type:

Multi-select

Pertinent Negatives
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

Attributes:

None

Comments: Redundant with other times documentation, may be left blank

Code List:

Not Values:

7701001 Not Applicable

7701003 Not Recorded

Select Resources:

3018001 Expired in ED

3018003 Expired in the Field

3018011 Ongoing Resuscitation by Other EMS

3018005 Ongoing Resuscitation in ED

3018009 ROSC in the ED

3018007 ROSC in the Field



OC-MEDS – DATA DICTIONARY

eArrest.20 – Who First Initiated CPR

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

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

Definition:	Who first initiated CPR for this EMS event.
-------------	---

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Who First Initiated CPR
-----------------	-------------------------

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:
3020007 First Responder
3020011 First Responder (Non EMS Fire)
3020009 Law Enforcement
3020001 Lay Person
3020003 Lay Person Family Member
3020005 Lay Person Medical Provider
3020013 Responding EMS Personnel

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OC-MEDS – DATA DICTIONARY

eArrest.21 – Who First Applied the AED

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

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

Definition:	Documentation of who first applied the AED for this EMS event
-------------	---

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Who First Applied the AED
-----------------	---------------------------

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

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

Attributes:	
None	

Code List:
Not Values: <u>7701001 Not Applicable</u>
<u>3021013 EMS (Transporting Unit Personnel)</u>
<u>3021007 First Responder (EMS)</u>
<u>3021011 First Responder (non-EMS)</u>
<u>3021009 Law Enforcement</u>
<u>3021001 Lay Person</u>
<u>3021003 Lay Person Family Member</u>
<u>3021005 Lay Person Medical Provider</u>



OC-MEDS – DATA DICTIONARY

eArrest.22 - Who First Defibrillated the Patient

<u>OC-MEDS</u> <u>Report in Usage:</u>	<u>Required</u>
---	-----------------

<u>Reporting Condition:</u>	<u>eArrest.01 includes a "Yes" value.</u>
-----------------------------	---

<u>Definition:</u>
<u>Who First Defibrillated the Patient.</u>

<u>Patient Identifiable:</u>	<u>Agency Identifiable:</u>
<u>No</u>	<u>No</u>

<u>NEMSIS Element:</u>	<u>Who First Defibrillated the Patient</u>
------------------------	--

<u>Data Type:</u>	<u>Single-select</u>	<u>Pertinent Negatives (PN):</u>	<u>No</u>
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<u>Is Nillable:</u>	<u>Yes</u>	<u>NOT Values:</u>	<u>Yes</u>
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<u>Attributes:</u>
<u>None</u>

<u>Code List:</u>
<u>Not Values:</u> <u>7701001 Not Applicable</u>
<u>Select Resources:</u> <u>3022007 First Responder (EMS)</u> <u>3022011 First Responder (non-EMS)</u> <u>3022009 First Responder (Police)</u> <u>3022001 Lay Person</u> <u>3022003 Lay Person Family Member</u> <u>3022005 Lay Person Medical Provider</u> <u>3022013 Responding EMS Personnel</u>



OC-MEDS – DATA DICTIONARY

eCrew.01 - Crew Member ID

OC-MEDS ReportingUsage:	Required
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Reporting Condition:	Every submitted incident.
----------------------	---------------------------

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

Patient Identifiable:	Agency Identifiable:
No	Yes

NEMIS Element:	Crew Member ID
----------------	----------------

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

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

Attributes:
Correlation: eCrew.CrewGroup
Constraints:
character length = 2 to 50

Code List:
None



OC-MEDS – DATA DICTIONARY

eCrew.02 - Crew Member Level

OC-MEDS Reporting Usage:	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

NEMSIS Element:	Crew Member Level
-----------------	-------------------

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

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

Attributes:
Correlation: eCrew.CrewGroupNone
Comments: There are significant changes to the values list from previous version.

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Code List: note (OC-MEDS Labels)
--

Not Values:
7701001 Not Applicable

Select Resources:

[9925001 Advanced Emergency Medical Technician \(AEMT\), \(Advanced EMT\)](#)
[9925003 Emergency Medical Responder \(EMR\), \(First Responder\)](#)
[9925005 Emergency Medical Technician \(EMT\), \(EMT\)](#)
[9925007 Paramedic](#)
[9925023 Other Healthcare Professional](#)
[9925025 Other Non-Healthcare Professional](#)
[9925027 Physician](#)
[9925029 Respiratory Therapist](#)
[9925031 Student](#)
[9925043 Registered Nurse, \(Nurse/MICN\)](#)~~[9925.204](#)~~[9925015 EMT](#)
~~[9925002](#)~~[9925017 Advanced EMT](#)
~~[9925.205](#)~~[9925019 Paramedic](#)
~~[9925.203](#)~~[9925013 First Responder](#)



[9925021 Nurse/MICN](#)
[9925037 Nurse Practitioner](#)
[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 Usage:	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

NEMSIS Element:	Crew Member Response Role
-----------------	---------------------------

Data Type:	Multi-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
Correlation: eCrew.CrewGroupNone

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 it2403.119 Lifeguard



OC-MEDS – DATA DICTIONARY

eDevice_01 – Medical Device Serial Number

<u>OC-MEDS Reporting Usage:</u>	<u>Required</u>
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<u>Reporting Condition:</u>	<u>Complete and submit if available when pertinent</u>
-----------------------------	--

<u>Definition:</u>
<u>The unique manufacturer's serial number associated with a medical device.</u>

<u>Patient Identifiable:</u>	<u>Agency Identifiable:</u>
<u>No</u>	<u>No</u>

<u>NEMSIS Element:</u>	<u>Medical Device Serial Number</u>
------------------------	-------------------------------------

<u>Data Type:</u>	<u>String</u>	<u>Pertinent Negatives (PN):</u>	<u>No</u>
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<u>Is Nillable:</u>	<u>No</u>	<u>NOT Values:</u>	<u>No</u>
---------------------	-----------	--------------------	-----------

<u>Attributes:</u>
<u>Constraints: Min Length: 2,</u> <u>Max Length: 50</u>
<u>Comments: Element required for 911 and IFT-ALS providers</u>

<u>Code List:</u>
<u>None</u>



OC-MEDS – DATA DICTIONARY

eDevice.02 - Date/Time of Event (per Medical Device)

OC-MEDS

Usage Reporting:

~~Recommended~~ Required

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Reporting Condition: Complete and submit if available when pertinent

Definition:

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

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS 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}

Comments: Element required for 911 and IFT-ALS providers

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 Usage:	Recommended Required
-----------------------------	---------------------------------

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

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Medical Device Event Type Recommended
----------------	--

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

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

Attributes:
Comments: Element required for 911 and IFT-ALS providers
None

Code List:	
Select Resources:	
4103001 12-Lead ECG	4103025 Pacing Electrical Capture
4103003 Analysis (Button Pressed)	4103027 Pacing Started
4103005 CO2	4103029 Pacing Stopped
4103007 Date Transmitted	4103031 Patient Connected
it4103.109 Cardioversion	4103033 Power On
4103009 Defibrillation	4103035 Pulse Oximetry
4103011 ECG-Monitor	4103037 Pulse Rate
4103013 Heart Rate	4103039 Respiratory Rate
4103015 Invasive Pressure 1	4103041 Shock Advised
4103017 Invasive Pressure 2	4103043 Sync Off
4103021 Non-Invasive BP	4103045 Sync On
4103019 No Shock Advised	4103047 Temperature 1
4103023 Other	4103049 Temperature 2
4103025 Pacing Electrical Capture	
4103027 Pacing Started	
4103029 Pacing Stopped	
4103031 Patient Connected	

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OC-MEDS – DATA DICTIONARY

4103033 Power On	
4103035 Pulse Oximetry	
4103037 Pulse Rate	
4103039 Respiratory Rate	
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-Usage:

~~Recommended~~Required

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Reporting Condition: Complete and submit ~~if available~~when petinent

Definition:

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

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS 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

Comments: Element required for 911 and IFT-ALS providers

Code List:

None



OC-MEDS – DATA DICTIONARY

eDevice.05 - Medical Device Waveform Graphic

OC-MEDS Reporting Usage:	Recommended Required
-----------------------------	---------------------------------

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

Definition:
The graphic waveform file.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Medical Device Waveform Graphic
-----------------	---------------------------------

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

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

Attributes:
None Comments: Element required for 911 and IFT-ALS providers

Code List:
None



OC-MEDS – DATA DICTIONARY

eDevice.06 - Medical Device Mode (Manual, AED, Pacing, CO2, O2, etc)

OC-MEDS

Reporting Usage:

~~Recommended~~ Required

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Reporting Condition: Complete and submit ~~if available~~ when pertinent

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:

No

Agency Identifiable:

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:

~~Comments: Element required for 911 and IFT-ALS providers~~ 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 Usage:	Recommended Required
--------------------------	---------------------------------

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

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Medical Device ECG Lead
-----------------	-------------------------

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

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

Attributes:
Comments: Element required for 911 and IFT-ALS providers None

Code List:	
Select Resources:	4107021 V3
4107011 AVF	4107023 V3r
4107009 AVL	4107025 V4
4107007 AVR	4107027 V4r
4107001 I	4107029 V5
4107003 II	4107031 V5r
4107005 III	4107033 V6
4107013 Paddle	4107035 V6r
4107015 Pads	4107037 V7
4107017 V1	4107039 V8
4107019 V2	4107041 V9



OC-MEDS – DATA DICTIONARY

eDevice.08 - Medical Device ECG Interpretation

OC-MEDS Reporting Usage:	Recommended Required
-----------------------------	---------------------------------

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Reporting Condition:	Complete and submit <u>when pertinent if available</u>
----------------------	--

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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 <u>Comments: Element required for 911 and IFT-ALS providers</u>

Code List:
None



OC-MEDS – DATA DICTIONARY

eDevice.09 - Type of Shock

OC-MEDS Reporting Usage:	Recommended Required
-----------------------------	---------------------------------

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

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Type of Shock
-----------------	---------------

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

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

Attributes:
Comments: Element required for 911 and IFT-ALS providers None

Code List:
Select Resources: 4109001 Biphasic 4109003 Monophasic



OC-MEDS – DATA DICTIONARY

eDevice.10 - Shock or Pacing Energy

OC-MEDS Reporting Usage:	Recommended Required
-----------------------------	---------------------------------

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Reporting Condition:	Complete and submit <u>when pertinent</u> if available
----------------------	--

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

Patient Identifiable:	Agency Identifiable:
No	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 = ####.#
Comments: Element required for 911 and IFT-ALS providers

Code List:
None

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OC-MEDS – DATA DICTIONARY

eDevice.11 - Total Number of Shocks Delivered

OC-MEDS Reporting Usage:	Recommended Required
-----------------------------	---------------------------------

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

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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
Comments: Element required for 911 and IFT-ALS providers

Code List:
None

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OC-MEDS – DATA DICTIONARY

eDevice.12 - Pacing Rate

OC-MEDS Reporting Usage:	Recommended Required
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Reporting Condition:	Complete and submit if available when pertinent
----------------------	--

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Pacing Rate
-----------------	-------------

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

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

Attributes:
Constraints: minimum = 1; maximum = 1000
Comments: Element required for 911 and IFT-ALS providers

Code List:
None

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OC-MEDS – DATA DICTIONARY

itDevice.006 - EKG Ectopy			
OC-MEDS Reporting Usage:	Recommended		
Reporting Condition:	Complete and submit if available None		
Definition: EKG Ectopy			
Patient Identifiable:	Agency Identifiable:		
No	No		
NEMSIS Element:	EKG Ectopy Custom Element		
Data Type:	Multi-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes: None			
Code List:			
Select Resources:			
itDevice.006.100 12 Lead ECG-Anterior Ischemia		itDevice.006.109 P > 6	
itDevice.006.101 12 Lead ECG-Inferior Ischemia		itDevice.006.108 P < 6 itDevice.006.119 Pacemaker: Atrial	
itDevice.006.102 12 Lead ECG-Lateral Ischemia		itDevice.006.121 Pacemaker: A-V Sequential	
itDevice.006.114 12 lead ECG - Posterior Wall		itDevice.006.120 Pacemaker: Ventricular	
itDevice.006.111 12 Lead ECG - Septal Ischemia		itDevice.006.134 PAC - Premature Atrial Contractions	
itDevice.006.117 Anterior Hemiblock		itDevice.006.135 PJC - Premature Junctional Contractions	
itDevice.006.103 Artifact		itDevice.006.118 Posterior Hemiblock	
itDevice.006.104 AV Block-1st Degree		itDevice.006.136 PVC - Premature Ventricular Contractions	
itDevice.006.116 Bifascicular Block		itDevice.006.110 Q wave	
itDevice.006.132 Bigeminy		itDevice.006.106 Right Bundle Branch Block	
itDevice.006.113 Bi/Trigeminy PVC's		itDevice.006.126 STEMI Anterior Ischemia / Injury (12 Lead)	
itDevice.006.122 Delta Wave Positive		itDevice.006.127 STEMI Inferior Ischemia / Injury (12 Lead)	
itDevice.006.115 Fascicular Block		itDevice.006.128 STEMI Lateral Ischemia / Injury (12 Lead)	
itDevice.006.125 Isolated Posterior Ischemia		itDevice.006.129 STEMI Posterior Ischemia / Injury (12 Lead)	
itDevice.006.123 J Wave (Osborn) Positive		itDevice.006.130 STEMI Septal Ischemia / Injury (12 Lead)	
itDevice.006.105 Left Bundle Branch Block		itDevice.006.137 S-T Segment Depression	
itDevice.006.112 Multifocal PVC's		itDevice.006.138 S-T Segment Elevation	
itDevice.006.107 No Ectopy Noted		itDevice.006.133 Trigeminy	
itDevice.006.131		itDevice.006.124 T Wave Inversion	
No Elevation Noted			



OC-MEDS – DATA DICTIONARY

itDevice.008 - Medical Device Administered Prior to EMS Care

OC-MEDS Reporting Usage:	Recommended
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Reporting Condition:	Complete and submit if availableNone
----------------------	--------------------------------------

Definition:
Indicates that the medical device administration which is documented was administered prior to this EMS units care

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Medical Device Administered Prior to EMS CareCustom Element
-----------------	---

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Niltable:	Yes	NOT Values:	Yes
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Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded
Select Resources: itDevice.008.100 No itDevice.008.101 Yes

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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 Nullable:	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			

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OC-MEDS – DATA DICTIONARY

eDispatch.01 - Complaint Reported by Dispatch

OC-MEDS Reporting Usage:	Mandatory Required
-----------------------------	--------------------

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

Definition:
The complaint dispatch reported to the responding unit.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Complaint Reported by Dispatch
-----------------	--------------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

Code List:	
Select Resources:	2301045 Hemorrhage/Laceration
2301001 Abdominal Pain/Problems	2301047 Industrial Accident/Inaccessible Incident/Other Entrapments (Non-Vehicle)
2301083 Airmedical Transport	2301049 Medical Alarm
2301003 Allergic Reaction/Stings	2301051 No Other Appropriate Choice
2301005 Animal Bite	2301053 Overdose/Poisoning/Ingestion
2301007 Assault	2301055 Pandemic/Epidemic/Outbreak
2301009 Automated Crash Notification	2301057 Pregnancy/Childbirth/Miscarriage
2301011 Back Pain (Non-Traumatic)	2301059 Psychiatric Problem/Abnormal Behavior/Suicide Attempt
2301013 Breathing Problem	2301061 Sick Person
2301015 Burns/Explosion	2301063 Stab/Gunshot Wound/Penetrating Trauma
2301017 Carbon Monoxide/Hazmat/Inhalation/CBRN	2301065 Standby
2301019 Cardiac Arrest/Death	2301067 Stroke/CVA
2301021 Chest Pain (Non-Traumatic)	2301069 Traffic/Transportation Incident
2301023 Choking	2301071 Transfer/Interfacility/Palliative Care
2301025 Convulsions/Seizure	2301073 Traumatic Injury
2301027 Diabetic Problem	2301077 Unconscious/Fainting/Near-Fainting
2301081 Drowning/Diving/SCUBA Accident	2301079 Unknown Problem/Person Down
2301029 Electrocutation/Lightning	2301075 Well Person Check
2301031 Eye Problem/Injury	2301085 Altered Mental Status
2301033 Falls	2301087 Intercept
2301035 Fire	2301089 Nausea
2301037 Headache	

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OC-MEDS – DATA DICTIONARY



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 2301085 Altered Mental Status 2301087 Intercept 2301089 Nausea 2301091 Vomiting	2301091 Vomiting
---	----------------------------------



OC-MEDS – DATA DICTIONARY

eDispatch.02 – EMD Performed

OC-MEDS Reporting Usage:	Required
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Reporting Condition:	Complete and submit if available if available
----------------------	---

Definition:	Indication of whether Emergency Medical Dispatch was performed for this EMS event.
-------------	--

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	EMD Performed
-----------------	---------------

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: <u>7701001 Not Applicable</u> <u>7701003 Not Recorded</u>
Select Resources: <u>2302001 No</u> <u>2302007 Yes, Unknown Pre-Arrival Instructions</u> <u>2302005 Yes, Without Pre-Arrival Instructions</u> <u>2302003 Yes, With Pre-Arrival Instruction</u>

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OC-MEDS – DATA DICTIONARY

eDispatch.03 - EMD Card Number

OC-MEDS Reporting Usage:	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:	Agency Identifiable:
No	No

NEMSIS Element:	EMD Card Number
-----------------	-----------------

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

Reporting Condition:	eDisposition.12 itDisposition.112 includes a "Transport" value.
----------------------	--

Definition:
The destination the patient was delivered or transferred to.

Patient Identifiable:	Agency Identifiable:
No	Yes

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

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

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

Attributes:
Correlation: eDisposition.DestinationGroup
Constraints:
character length = 2 to 100

Code List:
NOT Values:
7701001 - Not Applicable
7701003 - Not Recorded
7701005 - Not Reporting
Only those values in Attachment 2 –Facilities List may be used. For additional values please submit a request to oc-meds@ochca.com



OC-MEDS – DATA DICTIONARY

eDisposition.02 - Destination/Transferred To, Code

OC-MEDS <u>Reporting Usage:</u>	Required
------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 includes a "Transport" value.
----------------------	--

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

Patient Identifiable:	Agency Identifiable:
No	Yes

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

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

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

Attributes:
<u>Correlation: eDisposition.DestinationGroup</u>
Constraints:
character length = 2 to 50

Code List:
NOT Values:
7701001 Not Applicable
7701003 Not Recorded
7701005 Not Reporting
Only those values in Attachment 2 –Facilities List may be used. For additional values please submit a request to oc-meds@ochca.com



OC-MEDS – DATA DICTIONARY

eDisposition.03 - Destination Street Address

OC-MEDS ReportingUsage:	Required
--	----------

Reporting Condition:	eDisposition.12 itDisposition.112 includes a "Transport" value.
----------------------	--

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

Patient Identifiable:	Agency Identifiable:
No	Yes

NEMIS Element:	Destination Street Address
----------------	----------------------------

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

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

Attributes:
Correlation: eDisposition.DestinationGroup
Constraints: character length = 1 to 255

Code List:
 See Attachment 2 –Facilities List



OC-MEDS – DATA DICTIONARY

eDisposition.03.StreetAddress2 - Destination Street Address 2

OC-MEDS <u>Reporting Usage:</u>	Optional
------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 includes a "Transport" value.
----------------------	--

Definition:
None

Patient Identifiable:	Agency Identifiable:
No	Yes

NEMIS Element:	Destination Street Address 2
----------------	------------------------------

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

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

Attributes:
<u>Correlation: eDisposition.DestinationGroup</u> None
<u>Constraints: character length = 1 to 255</u>

Code List:
None



OC-MEDS – DATA DICTIONARY

eDisposition.04 - Destination City

OC-MEDS <u>Usage/Reporting:</u>	Required
------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 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

NEMSIS Element:	Destination City
-----------------	------------------

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

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

Attributes:
<u>Correlation: eDisposition.DestinationGroup</u>
<u>Constraints: GNIS Codes</u> None

Code List:
 See Attachment 2 –Facilities List



OC-MEDS – DATA DICTIONARY

eDisposition.05 - Destination State

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

Reporting Condition:	eDisposition.12 itDisposition.112 includes a "Transport" value.
----------------------	--

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Destination State
----------------	-------------------

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

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

Attributes:
Correlation: eDisposition.DestinationGroup
Constraints: ANSI/GNIS Codes None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded
See Attachment 2 –Facilities List



OC-MEDS – DATA DICTIONARY

eDisposition.06 - Destination County

OC-MEDS <u>ReportingUsage:</u>	Required
-----------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 includes a "Transport" value.
----------------------	--

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Destination County
----------------	--------------------

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

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

Attributes:
<u>Correlation: eDisposition.DestinationGroup</u>
<u>Constraints: [0-9]{5}, ANSI CodesNone</u>

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded
See Attachment 2 –Facilities List



OC-MEDS – DATA DICTIONARY

eDisposition.07 - Destination ZIP Code

OC-MEDS <u>ReportingUsage:</u>	Required
-----------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 includes a "Transport" value.
----------------------	--

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Destination ZIP Code
----------------	----------------------

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

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

Attributes:
<u>Correlation: eDisposition.DestinationGroup</u>
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 2 –Facilities List



OC-MEDS – DATA DICTIONARY

eDisposition.08 - Destination Country

OC-MEDS <u>Reporting Usage:</u>	Optional
------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 includes a "Transport" value.
----------------------	--

Definition:
The country of the destination.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Destination Country
-----------------	---------------------

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

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

Attributes:
<u>Correlation: eDisposition.DestinationGroup</u>
Constraints:
character length = 2, <u>ANSI Codes</u>

Code List:
 See Attachment 2 –Facilities List



OC-MEDS – DATA DICTIONARY

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

OC-MEDS Usage Reporting:	Optional Recommended
-----------------------------	---------------------------------

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

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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

eDispositionitDisposition.12 - Incident/Patient Disposition

OC-MEDS Reporting Usage:	Required Mandatory
-----------------------------	-------------------------------

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

NEMSIS-OC-MEDS NEMSIS Element:	<u>Custom Element</u> Incident/Patient Disposition
--	---

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

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

Attributes:	<u>Comment: eDisposition.12 was removed from NEMSIS standard, however OC-MEDS is maintaining it as a Required custom element that is critical to OC-MEDS operations.</u> See Attachment 7 for more information and definitions.
-------------	---

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Code List:
Select Resources:
<u>itDisposition.112.105 PERSON CONTACTED - Not a Patient</u>
<u>itDisposition.112.1014212003 ASSIST - Public (e.g. back to bed)</u>
<u>itDisposition.112.1034212007 CANCELED - Prior to Arrival At Scene</u>
<u>itDisposition.112.1044212009 CANCELED - On Scene (No Patient Contact)</u>
<u>itDisposition.112.1074212015 DOA - Obvious Death</u>
<u>itDisposition.112.1094212019 DOA BHC - Pronounced Death After Intervention Attempted</u>
<u>itDisposition.112.1114212023 AMA - Patient Refused Evaluation/Care / Accepts Transport</u>
<u>itDisposition.112.1124212025 AMA - Patient Refused Evaluation/Care and Transport</u>
<u>itDisposition.112.1134212027 AMA - Patient Refuses Transport / Accepts Evaluation/Care</u>
<u>itDisposition.112.1104212029 RELEASE - Treated, Released (per protocol)</u>
<u>itDisposition.112.1154212034 TRANSFER - Treated, Transferred Care to Another EMS Unit</u>
<u>itDisposition.112.1164212033 Treated, Transported by EMS</u>
<u>4212035 TRANSFER - Treated, Transferred to Law Enforcement</u>
<u>itDisposition.112.1194212039 STANDBY ONLY - No Services or Support Provided</u>



OC-MEDS – DATA DICTIONARY

~~itDisposition.112.125#4212.101~~ 911 BHC - 911 IFT with PM
~~itDisposition.112.166~~ 911 IFT - ALS No Contact
~~itDisposition.112.134#4212.110~~ 911 ALS NO CONTACT – Treated, Transported ALS w/o Base Hospital Contact (ALS No Contact)
~~itDisposition.112.135#4212.111~~ 911 BHC - Treated and Transported ALS with Base Hospital Contact
~~itDisposition.112.142 #4212.112-911~~ BLS ONLY - Treated and Transported with EMT (BLS level eval. and care only)
~~itDisposition.112.137#4212.113~~ ALS EVAL. / BLS - Transported with BLS after PM/ALS evaluation
~~itDisposition.112.167 #4212.143~~ NON-911 BLS-Interfacility Transport
~~itDisposition.112.138#4212.114~~ NON-911 IFT-ALS - Treated and Transported with non-911 IFT PM w/o Base Hospital Contact
~~itDisposition.112.139 #4212.115~~ NON-911 IFT-ALS BHC - Treated and Transported with IFT PM with Base Hospital Contact
~~itDisposition.112.140 #4212.116~~ NON-911 CCT – Critical Care Transport w/ RN or RT
~~itDisposition.112.146#4212.122~~ BHC - AMA - with Base Hospital Contact
~~itDisposition.112.153#4212.129~~ 911 TRANSFER - Treated, Transferred Care to an ALS EMS Unit (BLS/PAU/ALS to ALS)
~~itDisposition.112.164 #4212.141~~ 911 TRANSFER - Treated, Transferred Care to a BLS EMS Unit (ALS/PAU to BLS Ambulance)
~~itDisposition.112.143~~ NON-911 BLS Interfacility Transport
~~itDisposition.112.155#4212.131~~ HOSPICE - Patient Treated, Released (to Hospice per protocol)
~~itDisposition.112.129~~ AST TRANSPORT - Ambulance Strike Team / Facility Evacuation Transport



OC-MEDS – DATA DICTIONARY

eDisposition.16 - EMS Transport Method

OC-MEDS <u>Reporting Usage:</u>	Required
------------------------------------	----------

Reporting Condition:	eDisposition.12 <u>Disposition.112</u> includes a "Transport" value.
----------------------	---

Definition:
Transport method by this EMS Unit.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	EMS Transport Method
-----------------	----------------------

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: <u>note (OC-MEDS Label)</u>
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 4216003 Air Medical- Helicopter <u>Rotor Craft, (Air Medical – Helicopter)</u> 4216005 Ground-Ambulance 4216011 <u>Ground-Other Not Listed, (Other (Not Listed))</u>



OC-MEDS – DATA DICTIONARY

eDisposition.17 - Transport Mode from Scene

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

Reporting Condition:	eDisposition.12 itDisposition.112 includes a "Transport" value.
----------------------	--

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Transport Mode from Scene
-----------------	---------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
None Comment: Major change in values with 3.5 standard.

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Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded
Select Resources: 4217003 Emergent Downgraded to Non-EmergentCode 3 Downgraded to Code 2 4217001 Emergent (Immediate Response)Code 3 4217005 Non-EmergentCode 2 4217007 Non-Emergent Upgraded to EmergentCode 2 Upgraded to Code 3

Commented [RL5]: Custom labels of values are being removed to conform to NEMSIS standard



OC-MEDS – DATA DICTIONARY

eDisposition.18 - Additional Transport Mode Descriptors

OC-MEDS <u>Reporting Usage:</u>	<u>Required</u>
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<u>Reporting Condition:</u>	<u>itDisposition.112 includes a "Transport" value.</u>
-----------------------------	--

<u>Definition:</u>
<u>The documentation of transport mode techniques for this EMS response.</u>

<u>Patient Identifiable:</u>	<u>Agency Identifiable:</u>
<u>No</u>	<u>No</u>

<u>NEMIS Element:</u>	<u>Additional Transport Mode Descriptors</u>
-----------------------	--

<u>Data Type:</u>	<u>Multi-select</u>	<u>Pertinent Negatives (PN):</u>	<u>No</u>
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<u>Is Nillable:</u>	<u>Yes</u>	<u>NOT Values:</u>	<u>Yes</u>
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<u>Attributes:</u>
<u>Comments: Required to differentiate Code 2 vs Code 3 transport</u>

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<u>Code List: note (OC-MEDS Label)</u>
--

Not Values:
7701001 Not Applicable
7701003 Not Recorded

Select Resources:
4218019 Initial Lights and Sirens, Downgraded to No Lights or Sirens, (Code 3, Downgraded to Code 2)
4218017 Initial No Lights or Sirens, Upgraded to Lights and Sirens, (Code 2, Upgraded Code 3)
4218011 Lights and Sirens, (Code 3)
4218015 No Lights or Sirens, (Code 2)



OC-MEDS – DATA DICTIONARY

eDisposition.19 - Final Patient Acuity

OC-MEDS <u>Reporting Usage:</u>	Required
------------------------------------	----------

Reporting Condition:	eDisposition.12 <u>Disposition.112</u> includes a "Transport" value.
----------------------	---

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Final Patient Acuity
-----------------	----------------------

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: <u>note (OC-MEDS Label)</u>
--

Not Values:
7701001 Not Applicable
7701003 Not Recorded

Select Resources:
4219005 Lower Acuity (Green), (Mild)
4219003 Emergent (Yellow), (Moderate)

4219001 Critical (Red), (Severe)
4219007 Dead without Resuscitation Efforts (Black), (DOA — Obvious Death)~~Dead~~
4219009 Dead with Resuscitation Efforts (Black), (DOA - Pronounced After Interventions)
~~4219003 Moderate~~
~~4219005 Mild~~
4219011 Non-Acute/Routine



OC-MEDS – DATA DICTIONARY

eDisposition.20 - Reason for Choosing Destination

OC-MEDS <u>Reporting-Usage:</u>	Required
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Reporting Condition:	eDisposition.12 <u>itDisposition.112</u> includes a "Transport" value.
----------------------	---

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Reason for Choosing Destination
-----------------	---------------------------------

Data Type:	Multi-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:	
<u>Comment:</u> New custom values None	

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Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded
Select Resources: 4220001 Closest Facility it4220.111 Depart After 1hr 4220003 Diversion 4220005 Family Choice it4220.112 Bypass APOT>60min 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 4220001 Closest Facility , (Closest Facility) 4220003 Diversion



OC-MEDS – DATA DICTIONARY

[4220005 Family Choice](#)
[4220007 Insurance Status/Requirement](#)
[4220009 Law Enforcement Choice](#)
[4220011 On-Line/On-Scene Medical Direction, \(Base Hospital Direction\)](#)
[4220013 Other](#)
[4220015 Patient's Choice](#)
[4220017 Patient's Physician's Choice](#)
[4220019 Protocol](#)
[4220021 Regional Specialty Center, \(Regional Specialty Center \(Trauma/Cardiac/Stroke\)\)](#)
[it4220.112 Bypass APOT>60min](#)
[it4220.111 Depart After 1hr](#)
[it4220.100 Dead On Scene / Coroner](#)

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OC-MEDS – DATA DICTIONARY

eDisposition.21 - Type of Destination

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

Reporting Condition:	eDisposition.12 itDisposition.112 includes a "Transport" value.
----------------------	--

Definition:
The type of destination the patient was delivered or transferred to

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Type of Destination
-----------------	---------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
None Comment: New NEMSIS values. Continued use of custom values.

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Code List: <u>note (OC-MEDS Labels)</u>
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 (ACS - Alternate Care Site) 4221019 Police/Jail 4221021 Urgent Care it4221.103 Behavioral In Patient it4221.102 Behavioral Out Patient it4221.101 Dialysis Center

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OC-MEDS – DATA DICTIONARY

[it4221.100 Hospice](#)

Select Resources:

[4221001 Home](#)
[4221003 Hospital-Emergency Department](#)
[4221005 Hospital-Non-Emergency Department
Bed, \(Hospital-Direct Admit\)](#)
[4221007 Clinic, \(Medical Office/Clinic\)](#)
[4221009 Morgue/Mortuary, \(Coroner / Morgue\)](#)
[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](#)
[4221025 Dialysis Center](#)
[it4221.100 Hospice](#)
[4221043 Alternative Care Site](#)
[4221039 Drug and/or Alcohol Rehabilitation
Facility, \(Drug/Alcohol Rehab\)](#)



OC-MEDS – DATA DICTIONARY

eDisposition.22 - Hospital In-Patient Destination

OC-MEDS Reporting Usage:	Required
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Reporting Condition:	eDisposition.12 itDisposition.112 includes a "Transport" value.
----------------------	--

Definition:
The location within the hospital that the patient was taken directly by EMS (e.g., Cath Lab CCU, ICU ₇ , etc.).

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Hospital In-Patient Destination
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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: note (OC-MEDS Label)	
Not Values: 7701001 Not Applicable 7701003 Not Recorded	4222031 Hospital-OR, (OR) 4222033 Hospital-Orthopedic, (Orthopedic) 4222035 Hospital-Other, (Other) 4222037 Hospital-Out-Patient Bed, (Out-Patient Bed) 4222027 Hospital-Peds (General), (Peds (General)) 4222029 Hospital-Peds ICU, (Peds ICU) 4222045 Hospital-Radiation, (Radiation) 4222041 Hospital-Radiology Services - CT/PET, (Radiology Services - CT/PET) 4222039 Hospital-Radiology Services – MRI, (Radiology Services – MRI) 4222043 Hospital-Radiology Services - X-Ray, (Radiology Services - X-Ray) 4222047 Hospital-Rehab, (Rehab) 4222049 Hospital-SICU, (SICU) 4222051 Hospital-Oncology, (Oncology)
Select Resources: 4222001 Hospital-Burn, (Burn) 4222003 Hospital-Cath Lab, (Cath Lab) 4222005 Hospital-CCU, (CCU) 4222007 Hospital-Endoscopy, (Endoscopy) 4222009 Hospital-Hospice, (Hospice) 4222011 Hospital-Hyperbaric Oxygen Treatment, (Hyperbaric Oxygen Treatment) 4222013 Hospital-ICU, (ICU) 4222015 Hospital-Labor and Delivery, (Labor & Delivery) 4222017 Hospital-Med/Surg, (Med/Surg) 4222019 Hospital-Mental Health, (Mental Health)	

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OC-MEDS – DATA DICTIONARY

<u>4222021 Hospital-MICU, (MICU)</u>	<u>24222053 Hospital-Outpatient Surgery, (Outpatient Surgery)</u>
<u>4222023 Hospital-NICU, (NICU)</u>	
<u>4222025 Hospital-Nursery, (Nursery)</u> 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	
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

eDisposition.23 - Hospital Capability

OC-MEDS Reporting Usage:	Required
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Reporting Condition:	itDisposition.112 includes a "Transport" value.
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Definition:
The primary hospital capability associated with the patient's condition for this transport (e.g., Trauma, STEMI, Peds, etc.).

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Hospital Capability
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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:
Comments: Replaces OC-MEDS use of eOther.02

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Code List: note (OC-MEDS Label)

Not Values:
7701001 Not Applicable
7701003 Not Recorded

Select Resources:
9908007 Hospital (General), (Hospital (General))
9908031 Cardiac-STEMI/PCI Capable, (STEMI/CVRC)
9908043 Stroke-Comprehensive Stroke Center (CSC), (CVA/Stroke)
9908021 Trauma Center Level 1, (Trauma (UCI,CHOC))
9908023 Trauma Center Level 2, (Trauma (OCG, Mission))
9908003 Burn Center, (Burn)
it9908.104 Hand/Upper Extremity Trauma, (Replant)
9908047 Labor and Delivery, (Obstetrical (Labor/Delivery))
9908011 Pediatric Center, (Pediatric)
9908019 Rehab Center
9908001 Behavioral Health
9908045 Cancer Center9908001 Behavioral Health



[9908003 Burn](#)
[9908045 Cancer Center](#)
[9908031 STEMI/CVRC](#)
[9908104 Replant](#)
[9908007 Hospital \(General\)](#)
[9908047 Obstetrical \(Labor/Delivery\)](#)
[9908011 Pediatric](#)
[9908019 Rehab Center](#)
[9908043 CVA/Stroke](#)
[9908021 Trauma \(UCI, CHOC\)](#)
[9908023 Trauma \(OCG, Mission\)](#)



OC-MEDS – DATA DICTIONARY

Disposition.24 – Destination Team Pre-Arrival Alert or ActivationOC-MEDS Usage: Required

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Reporting Condition: itDisposition.112 includes a "Transport" value.eResponse.07 contains an ALS value and itDisposition.112 indicates transport at ALS level of care**Definition:**

Indication that an alert (or activation) was called by EMS to the appropriate destination healthcare facility team. The alert (or activation) should occur prior to the EMS Unit arrival at the destination with the patient.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Destination Team Pre-Arrival Alert or Activation

Data Type:

Single-selectPertinent Negatives
(PN):No

Is Nillable:

Yes

NOT Values:

Yes**Attributes:**NoneCorrelation: eDisposition.HospitalTeamActivationGroup**Code List:****Not Values:**7701001 Not Applicable7701003 Not Recorded**Select Resources:**it4224.101 Yes-Burnit4224.104 Yes-Replant4224001 None4224019 Yes-Sepsis4224021 Yes-Biological/Infectious Precautions4224005 Yes-Cardiac Arrest4224007 YEs-Obstetrics4224009 Other4224013 Yes-STEMI4224015 Yes-Stroke4224017 Yes-Trauma



OC-MEDS – DATA DICTIONARY

eDisposition.25 - Date/Time of Destination Prearrival Alert or Activation

OC-MEDS Reporting Usage:	Required
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Reporting Condition:	eResponse.07 contains an ALS value and itDisposition.112 indicates transport at ALS level of careitDisposition.112 includes a "Transport" value.
----------------------	--

Definition:
The Date/Time EMS alerted, notified, or activated the Destination Healthcare Facility prior to EMS arrival. The EMS assessment identified the patient as acutely ill or injured based on exam and possibly specified alert criteria.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Date/Time of Destination Prearrival Alert or Activation
-----------------	---

Data Type:	DateTime	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
Correlation: eDisposition.HospitalTeamActivationGroup
Regex Pattern Constraints:
A{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}Z\$
Min Date: 01/01/1950
Max Date: 01/01/2050

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



OC-MEDS – DATA DICTIONARY

eDisposition.27 - Unit Disposition

OC-MEDS <u>Reporting Usage:</u>	<u>Mandatory</u>
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<u>Reporting Condition:</u>	<u>#Disposition.112 includes a "Transport" value-All Incidents</u>
-----------------------------	--

<u>Definition:</u>
<u>The patient disposition for an EMS event identifying whether patient contact was made.</u>

<u>Patient Identifiable:</u>	<u>Agency Identifiable:</u>
<u>No</u>	<u>No</u>

<u>NEMIS Element:</u>	<u>Unit Disposition</u>
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<u>Data Type:</u>	<u>Single-select</u>	<u>Pertinent Negatives (PN):</u>	<u>No</u>
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<u>Is Nillable:</u>	<u>Yes</u>	<u>NOT Values:</u>	<u>Yes</u>
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<u>Attributes:</u>
<u>Correlation: eDisposition.IncidentDispositionGroup</u>
<u>Comments: <u>New Element</u>, partially replaces eDisposition.12</u>

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<u>Code List:</u>
<u>Not Values:</u> <u>7701001 Not Applicable</u> <u>7701003 Not Recorded</u>
<u>Select Resources:</u> <u>4227003 Cancelled on Scene</u> <u>4227005 Cancelled Prior to Arrival at Scene</u> <u>4227011 Non-Patient Incident (Not Otherwise Listed)</u> <u>4227007 No Patient Contact</u> <u>4227009 No Patient Found</u> <u>4227001 Patient Contact Made</u>



OC-MEDS – DATA DICTIONARY

eDisposition.28 - Patient Evaluation/Care

OC-MEDS Reporting Usage:	Required
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Reporting Condition:	it Disposition.112 includes a "Transport" value. eDisposition.27 indicates that a patient was present on scene
----------------------	---

Definition:
The patient disposition for an EMS event identifying whether a patient was evaluated and care or services were provided

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Patient Evaluation/Care
-----------------	-------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
Correlation: eDisposition.IncidentDispositionGroup
Comments: New Element, partially replaces eDisposition.12

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Code List:
<u>Not Values:</u> 7701001 Not Applicable 7701003 Not Recorded
<u>Select Resources:</u> 4228001 Patient Evaluated and Care Provided 4228003 Patient Evaluated and Refused Care 4228005 Patient Evaluated, No Care Required 4228007 Patient Refused Evaluation/Care 4228009 Patient Support Services Provided



OC-MEDS – DATA DICTIONARY

eDisposition.29 - Crew Disposition

OC-MEDS

Required

Usage Reporting:

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Reporting Condition: ~~it Disposition.112 includes a "Transport" value.~~ All Incidents

Definition:

The crew disposition for this EMS event identifying which crew provided primary patient care or whether support services were required.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Crew Disposition

Data Type:

Single-select

Pertinent Negatives
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

Attributes:

Correlation: eDisposition.IncidentDispositionGroup

Comments: **New Element**, partially replaces eDisposition.12

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Code List:

Not Values:

7701001 Not Applicable7701003 Not Recorded

Select Resources:

4229007 Assumed Primary Care from Another EMS Crew4229013 Back in Service, Care/Support Services Refused4229011 Back in Service, No Care/Support Services Required4229009 Incident Support Services Provided (Including Standby)4229001 Initiated and Continued Primary Care4229003 Initiated Primary Care and Transferred to Another EMS Crew4229005 Provided Care Supporting Primary EMS Crew



OC-MEDS – DATA DICTIONARY

eDisposition.30 – Transport Disposition

OC-MEDS Reporting Usage:	Required
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Reporting Condition:	it Disposition.112 includes a "Transport" value. All Incidents
----------------------	---

Definition:
The transport disposition for an EMS event identifying whether a transport occurred and by which unit.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Transport Disposition
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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:
Correlation: eDisposition.IncidentDispositionGroup
Comments: New Element, partially replaces eDisposition.12

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Code List:
Not Values: <u>7701001 Not Applicable</u> <u>7701003 Not Recorded</u>
Select Resources: <u>4230011 Non-Patient Transport (Not Otherwise Listed)</u> <u>4230013 No Transport</u> <u>4230009 Patient Refused Transport</u> <u>4230005 Transport by Another EMS Unit</u> <u>4230007 Transport by Another EMS Unit, with a Member of This Crew</u> <u>4230001 Transport by This EMS Unit (This Crew Only)</u> <u>4230003 Transport by This EMS Unit, with a Member of Another Crew</u>



OC-MEDS – DATA DICTIONARY

eDisposition.31 - Reason for Refusal/Release

OC-MEDS Usage/Reporting:	Required
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Reporting Condition:	itDisposition.112 includes a "Transport" value. itDisposition.112 or eDisposition.28/29/30 indicate refusal of care/service
----------------------	--

Definition:
Describes reason(s) for the patient's refusal of care/transport OR the EMS clinician's decision to release the patient.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Reason for Refusal/Release
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
Correlation: eDisposition.IncidentDispositionGroup
Comments: New Element , partially replaces eDisposition.12

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Code List:
<u>Not Values:</u> <u>7701001 Not Applicable</u> <u>7701003 Not Recorded</u>
<u>Select Resources:</u> <u>4231001 Against Medical Advice</u> <u>4231011 DNR</u> <u>4231013 Medical/Physician Orders for Life Sustaining Treatment</u> <u>4231015 Other, Not Listed</u> <u>4231003 Patient/Guardian Indicates Ambulance Transport is Not Necessary</u> <u>4231009 Patient/Guardian States Intent to Transport by Other Means</u> <u>4231005 Released Following Protocol Guidelines</u> <u>4231007 Released to Law Enforcement</u>



OC-MEDS – DATA DICTIONARY

eDisposition.32 – Level of Care Provided per Protocol

OC-MEDS Reporting Usage:	Required
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Reporting Condition:	it Disposition.112 includes a "Transport" value. eDisposition.27/28 indicates care provided
----------------------	--

Definition:
The general level of care provided to this patient as defined per provider level in local EMS protocols or clinical guidelines.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Level of Care Provided per Protocol
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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: New Element

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Code List:
Not Values: <u>7701001 Not Applicable</u> <u>7701003 Not Recorded</u>
Select Resources: <u>4232001 BLS - All Levels, (BLS - Standing Order)</u> <u>4232005 ALS - Paramedic, (ALS - Standing Order)</u> <u>4232011 Integrated Health Care, (ALS - Base Hospital Contact)</u> <u>4232013 No Care Provided, (No Care Provided)</u> <u>4232009 Critical Care, (Critical Care (RN, RT))</u> <u>4232007 EMS and Other Health-Care Staff, (Critical Care (Hospital Staff))</u> <u>4232003 ALS - AEMT/Intermediate</u> <u>4232003 ALS - AEMT/Intermediate</u> <u>4232005 ALS - Standing Order</u> <u>4232001 BLS - Standing Order</u> <u>4232009 Critical Care (RN, RT)</u>



~~4232007 Critical Care (Hospital Staff)~~
~~4232011 ALS – Base Hospital Contact~~
~~4232013 No Care Provided~~



OC-MEDS – DATA DICTIONARY

itDisposition.001 - Destination Directed To Code

OC-MEDS Reporting Usage:	Base Hospital Use Only
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Reporting Condition:	Complete and submit if available
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Definition:
Destination Directed To Code

Patient Identifiable:	Agency Identifiable:
No	Yes

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

Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments: v2 Code = IT32.1 None

Code List:
None



OC-MEDS – DATA DICTIONARY

itDisposition.002 - Destination Directed To Reason

OC-MEDS <u>Usage/Reporting:</u>	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

<u>OC-MEDS/NEMSIS</u> Element:	<u>Custom Element</u> Destination Directed To Reason
-----------------------------------	---

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
<u>Comments:</u> <u>v2 Code = IT32.2None</u>

Code List:
Select Resources:
itDisposition.002.104 911 Interfacility Transfer <u>(911-IFT)</u>
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/ <u>MD Request</u>



OC-MEDS – DATA DICTIONARY

itDisposition.007 - Base Hospital Contact Date

OC-MEDS <u>Reporting Usage:</u>	Required
------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 includes a Base Hospital value.
----------------------	--

Definition:
Base Hospital Contact Date

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMSIS Element:	<u>Custom Element</u> Base Hospital Contact Date
----------------------------	--

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

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

Attributes:
<u>Comments/Constraints:</u> v2 Code = ITS.48 Min Date: 01/01/1753 Max Date: 12/31/9999

Code List:
None

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OC-MEDS – DATA DICTIONARY

itDisposition.008 - Base Hospital Clear Communications Date/Time

OC-MEDS Usage/Reporting:	Base Hospital Use Only Required
-----------------------------	--

Reporting Condition:	Base Hospital Use Only Complete and report when pertinent
----------------------	--

Definition:
Base Hospital Clear Communications Date/Time

Patient Identifiable:	Agency Identifiable:
No	No

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

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

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

Attributes:
Comments: v2 Code = I75.77None

Code List:
None



OC-MEDS – DATA DICTIONARY

itDisposition.017 - Transfer Rig Number (Transporting Unit Number)

OC-MEDS Reporting Usage:	Recommended Required
-----------------------------	---------------------------------

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Reporting Condition:	eDisposition.12 itDisposition.112 includes a "Transport" value.
----------------------	--

Definition:
Transfer Rig Number

Patient Identifiable:	Agency Identifiable:
No	Yes

OC-MEDS NEMSIS Element:	Custom Element Transfer Rig Number (Transporting Unit 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 Usage:	Recommended
---	-------------

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

Definition:
First EMS Unit Arriving

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMESIS Element:	Custom 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.032 - Received From Agency ID

OC-MEDS <u>Report in Usage:</u>	<u>Recommended</u>
------------------------------------	--------------------

<u>Reporting Condition:</u>	<u>Complete and submit if available</u>
-----------------------------	---

<u>Definition:</u>
<u>Received From Agency ID</u>

<u>Patient Identifiable:</u>	<u>Agency Identifiable:</u>
<u>No</u>	<u>No</u>

<u>OC-MEDS NEMSIS Element:</u>	<u>Custom Element Received From Agency ID</u>
------------------------------------	---

<u>Data Type:</u>	<u>String</u>	<u>Pertinent Negatives (PN):</u>	<u>No</u>
-------------------	---------------	--------------------------------------	-----------

<u>Is Nillable:</u>	<u>No</u>	<u>NOT Values:</u>	<u>No</u>
---------------------	-----------	--------------------	-----------

<u>Attributes:</u>
<u>Comments: For OC-MEDS PCRS users, this field is auto-populated upon transfer in the field.</u>
<u>Constraints:</u>
<u>max length = 100</u>
<u>Comments:</u>
<u>v2 Code = IT5.13</u>

<u>Code List:</u>
<u>See Attachment 2 – EMS Provider Agency List</u> None



OC-MEDS – DATA DICTIONARY

itDisposition.034 - Transferred To Agency ID

OC-MEDS Reporting Usage:	<u>Recommended</u>
-----------------------------	--------------------

Reporting Condition:	<u>Complete and submit if available</u>
----------------------	---

Definition:	<u>Transferred To Agency ID</u>
-------------	---------------------------------

Patient Identifiable:	Agency Identifiable:
<u>No</u>	<u>No</u>

OC-MEDS NEMSIS Element:	<u>Custom Element Transferred To Agency ID</u>
----------------------------	--

Data Type:	<u>String</u>	Pertinent Negatives (PN):	<u>No</u>
------------	---------------	------------------------------	-----------

Is Nillable:	<u>No</u>	NOT Values:	<u>No</u>
--------------	-----------	-------------	-----------

Attributes:
<u>Comments: For OC-MEDS PCRS users, this field is auto-populated upon transfer in the field.</u>
Constraints:
<u>max length = 100</u>
Comments:
<u>v2 Code = IT5.13</u>

Code List:
<u>See Attachment 2 – EMS Provider Agency List</u> None



OC-MEDS – DATA DICTIONARY

itDisposition.035 – Transferring Physician / Referring MD

OC-MEDS Reporting Usage:	Required Recommended
-----------------------------	---------------------------------

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

Definition:
Transferring Physician / Referring MD

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMSIS Element:	Custom Element Transferring Physician / Referring MD
----------------------------	---

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

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

Attributes:
Constraints: max length = 50
Comments: v2 Code = IT5.45

Code List:
None



OC-MEDS – DATA DICTIONARY

itDisposition.036 – Receiving Physician / Accepting MD

OC-MEDS Reporting Usage:	Recommended Required
-----------------------------	---------------------------------

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

Definition:
Receiving Physician / Accepting MD

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMESIS Element:	Custom Element Receiving Physician / Accepting MD
-----------------------------	---

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

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

Attributes:
Constraints: max length = 50
Comments: v2 Code = IT5.46

Code List:
None



OC-MEDS – DATA DICTIONARY

itDisposition.038 - Transporting Agency

OC-MEDS <u>Reporting Usage:</u>	Required
------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 includes a "Transport" value.
----------------------	--

Definition:
Transporting Agency

Patient Identifiable:	Agency Identifiable:
No	Yes

OC-MEDS NEMSIS Element:	Custom Element <u>Transporting Agency</u>
----------------------------	---

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

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

Attributes:
Constraints: max length = 50
<u>Comments:</u> v2 Code = IT5.50

Code List:
 See Attachment 2 – EMS Provider Agency List



OC-MEDS – DATA DICTIONARY

itDisposition.047 - Base Hospital Contacted

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

Reporting Condition:	eDisposition.12 itDisposition.112 includes a Base Hospital value.
----------------------	--

Definition:
Base Hospital Contacted

Patient Identifiable:	Agency Identifiable:
No	Yes

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

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

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

Attributes:
Comments: v2 Code = IT5.23None

Code List:
See Attachment 2 –Facilities List (Base Hospital Column)



OC-MEDS – DATA DICTIONARY

eExam.01 - Estimated Body Weight in Kilograms

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

Reporting Condition:	eDisposition.12 itDisposition.112 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

NEMSIS 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 <u>Reporting Usage:</u>	Required
------------------------------------	----------

Reporting Condition:	Complete and submit if pertinent <u>when pertinent</u> .
----------------------	---

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Length Based Tape Measure
----------------	---------------------------

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

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

Attributes:
None <u>Comment: custom values do not need to be used unless pertinent for agency specific needs</u>

Code List: <u>note (OC-MEDS Label)</u>	
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting	<u>Pertinent Negatives:</u> <u>8801019 Refused</u> <u>8801023 Unable to Complete</u>
<u>Select Resources:</u> <u>3502005 Grey, (Grey (3 kg, 4 kg, and 5 kg))</u> <u>3502009 Pink, (Pink (6-7 kg))</u> <u>3502013 Red, (Red (8-9 kg))</u> <u>3502011 Purple, (Purple (10-11 kg))</u> <u>3502017 Yellow, (Yellow (12-14 kg))</u> <u>3502015 White, (White (15-18 kg))</u> <u>3502001 Blue, (Blue (19-22 kg))</u> <u>3502007 Orange, (Orange (23-29 kg))</u> <u>3502003 Green, (Green (30-36 kg))</u> <u>it3502.002 Black - Too Tall (37-49 kg)</u> <u>it3502.003 Preemie / 2kg GREY</u> <u>it3502.004 Newborn / 4kg GREY</u> <u>it3502.005 4 Month / 6kg PINK</u> <u>it3502.006 6 Month / 8kg RED</u>	<u>it3502.007 1YR / 10kg PURPLE</u> <u>it3502.008 2YR / 12kg YELLOW</u> <u>it3502.009 3YR / 15kg WHITE</u> <u>it3502.010 4YR / 17kg WHITE</u> <u>it3502.011 5YR / 20kg BLUE</u> <u>it3502.012 6YR / 22kg BLUE</u> <u>it3502.013 7YR / 25kg ORANGE</u> <u>it3502.014 8YR / 27kg ORANGE</u> <u>it3502.015 9YR / 30kg GREEN</u> <u>it3502.016 10YR / 35kg GREEN</u> <u>it3502.017 11YR / 40kg GREEN</u> <u>it3502.018 12YR / 50kg GREEN</u> <u>it3502.019 13-14YR / 60kg GREEN</u>

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OC-MEDS – DATA DICTIONARY

eExam.03 - Date/Time of Assessment

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

Reporting Condition:	eDisposition.12 itDisposition.112 does not include a Canceled or No Patient Contact value.
----------------------	---

Definition:
The date/time of the assessment

Patient Identifiable:	Agency Identifiable:
No	No

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

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

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

Attributes:
Correlation: eExam.AssessmentGroup
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 Usage:	Required
--------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 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:
Correlation: eExam.AssessmentGroup

Code List:	
Pertinent Negatives: 8801005 Exam Finding Not Present	
Select Resources: 3504021 Normal it3504.121 Color - Normal it3504.130 Moisture - Normal 3504033 Warm 3504001 Clammy, (Clammy / Moist) it3504.146 Cool 3504003 Cold 3504005 Cyanotic 3504007 Diaphoretic 3504009 Dry 3504011 Flushed 3504013 Hot 3504035 Capillary Nail Bed Refill less than 2 seconds, (Capillary Refill less than 2 seconds)	3504037 Capillary Nail Bed Refill 2-4 seconds, (Capillary Refill 2-4 seconds) 3504039, Capillary Nail Bed Refill more than 4 seconds, (Capillary Refill more than 4 seconds) 3504017 Lividity 3504015 Jaundiced 3504019 Mottled 3504025 Pale it3504.137 Poor Skin Turgor 3504027 Poor Turgor 3504029 Red (Erythematous) it3504.138 Rash 3504031 Tenting 3504023 Not Done

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OC-MEDS – DATA DICTIONARY

Exam.05 - Head Assessment

OC-MEDS Reporting Usage:	Required Recommended
-----------------------------	---------------------------------

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

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Head Assessment
-----------------	-----------------

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

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

Attributes:
Correlation: eExam.AssessmentGroup None

Code List:	
Pertinent Negatives: 8801005 Exam Finding Not Present	
<u>Select Resources:</u> 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 3505045 Gunshot Wound 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 Usage:	Required Recommended
---	---------------------------------

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

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Face Assessment
-----------------	-----------------

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

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

Attributes:
Correlation: eExam.AssessmentGroup

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 3506021 Deformity	3506023 Drainage 3506025 Foreign Body 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

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OC-MEDS – DATA DICTIONARY

eExam.07 - Neck Assessment

OC-MEDS Usage: ~~Required~~ Recommended

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Reporting Condition: Complete and submit ~~if pertinent~~ when pertinent.Definition:
The assessment findings associated with the patient's neck.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: Neck Assessment

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

Is Nilable:	Yes	NOT Values:	No
-------------	-----	-------------	----

Attributes:
Correlation: eExam.AssessmentGroup

Code List:

Pertinent Negatives:
8801005 Exam Finding Not Present

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<u>Select Resources:</u> 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 3507049 Gunshot Wound	3507025 JVD 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

Reporting Condition: Complete and submit if pertinent.

Definition:

The assessment findings associated with the patient's chest/lungs.

Patient-Identifiable:

No

Agency-Identifiable:

No

NEMSIS Element: Chest/Lungs Assessment

Data-Type:

Multi-select

Pertinent Negatives
(PN):

Yes

Is-Nullable:

Yes

NOT-Values:

No

Attributes:

None

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

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~~3508101 Contusion~~
~~3508033 Crush Injury~~
~~3508035 Deformity~~
~~3508037 Flail Segment Left~~
~~3508039 Flail Segment Right~~
~~3508041 Foreign Body~~
~~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 Usage:	Recommended Required
-----------------------------	---------------------------------

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

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Heart Assessment
-----------------	------------------

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

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

Attributes:
Correlation: <u>eExam.AssessmentGroup</u>
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 Usage:	Recommended Required
-----------------------------	---------------------------------

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

Definition:
The location of the patient's abdomen assessment findings.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Abdominal Assessment Finding Location
-----------------	---------------------------------------

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

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

Attributes:
None Correlation: eExam.AbdomenGroup

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 Usage:	Recommended Required
-----------------------------	---------------------------------

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

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Abdomen Assessment
-----------------	--------------------

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

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

Attributes:
Correlation: eExam.AbdomenGroupNone

Code List:

Pertinent Negatives:
8801005 Exam Finding Not Present

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<u>Select Resources:</u> 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 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
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OC-MEDS – DATA DICTIONARY

eExam.12 - Pelvis/Genitourinary Assessment

OC-MEDS

Usage/Reporting:

~~Recommended~~Required

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Reporting Condition: Complete and submit ~~if pertinent~~when pertinent.

Definition:

The assessment findings associated with the patient's pelvis/genitourinary.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Pelvis/Genitourinary Assessment

Data Type:

Multi-select

Pertinent Negatives
(PN):

Yes

Is Nillable:

Yes

NOT Values:

No

Attributes:

Correlation: eExam.AssessmentGroup

Code List:

Pertinent Negative:

[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](#)[3512027 Genital Injury](#)[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 Usage:	Recommended Required
-----------------------------	---------------------------------

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

Definition:
The location of the patient's back and spine assessment findings.

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Back and Spine Assessment Finding Location
----------------	--

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

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

Attributes:
None Correlation: eExam.SpineGroup

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 Usage:	Recommended Required
-----------------------------	---------------------------------

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

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Back and Spine Assessment
-----------------	---------------------------

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

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

Attributes:
None Correlation: eExam.SpineGroup

Code List:

Pertinent Negatives: 8801005 Exam Finding Not Present	
<u>Select Resources:</u> 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 3514029 Not Indicated/Not Done	3514031 Pain 3514025 Laceration 3514027 Normal 3514019 Foreign Body 3514047 Gunshot Wound 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

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OC-MEDS – DATA DICTIONARY

eExam.15 - Extremity Assessment Finding Location

OC-MEDS Usage: **Recommended**Required

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Reporting Condition: Complete and submit ~~if pertinent~~when pertinent.

Definition:

The location of the patient's extremity assessment findings.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Extremity Assessment Finding Location

Data Type:

Single-select

Pertinent Negatives
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

Correlation: eExam.ExtremityGroup

Comment: **New NEMSIS values added**None

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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](#)
[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](#)
[3515097 Arm-Whole Arm and Hand-Left](#)
[3515099 Arm-Whole Arm and Hand-Right](#)
[3515101 Hand-Whole Hand-Left](#)
[3515103 Hand-Whole Hand-Right](#)
[3515105 Leg-Whole Leg-Left](#)
[3515107 Leg-Whole Leg-Right](#)
[3515109 Foot-Whole Foot-Left](#)
[3515111 Foot-Whole Foot-Right](#)

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OC-MEDS – DATA DICTIONARY

eExam.16 - Extremities Assessment

OC-MEDS Usage: ~~Recommended~~ Required

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Reporting Condition: Complete and submit ~~if pertinent~~ when pertinent.Definition:
The assessment findings associated with the patient's extremities.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: Extremities Assessment

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

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

Attributes:
Correlation: eExam.ExtremityGroupNone

Code List:

Pertinent Negatives: 8801005 Exam Finding Not Present	
Select Resources: 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 3516027 Dislocation 3516029 Edema 3516031 Foreign Body	3516033 Fracture-Closed 3516035 Fracture-Open 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 it3516.002 Rigor Mortis 3516065 Sensation-Abnormal 3516067 Sensation-Absent 3516069 Sensation-Normal 3516079 Swelling 3516075 Tenderness

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OC-MEDS – DATA DICTIONARY

eExam.17 - Eye Assessment Finding Location

OC-MEDS Reporting Usage:	Recommended Required
-----------------------------	---------------------------------

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

Definition:
The location of the patient's eye assessment findings.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Eye Assessment Finding Location
-----------------	---------------------------------

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

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

Attributes:
None Correlation: eExam.EyeGroup

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



OC-MEDS – DATA DICTIONARY

eExam.18 - Eye Assessment

OC-MEDS Reporting Usage:	Recommended Required
-----------------------------	---------------------------------

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

Definition:
The assessment findings of the patient's eye examination.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Eye Assessment
-----------------	----------------

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

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

Attributes:
None Correlation: eExam.EyeGroup

Code List:

<u>Pertinent Negatives:</u> <u>8801005 Exam Finding Not Present</u>	
Select Resources:	<u>3518031 Hyphema</u>
3518001 1-mm	<u>3518033 Jaundiced Sclera</u>
3518003 2-mm	<u>3518035 Missing</u>
3518005 3-mm	<u>3518037 Non-Reactive</u>
3518007 4-mm	<u>3518041 Non-Reactive Prosthetic</u>
3518009 5-mm	<u>3518039 Not Indicated/Not Done</u>
3518011 6-mm	<u>3518043 Nystagmus Noted</u>
3518013 7-mm	<u>3518045 Open Globe</u>
3518015 8-mm or >	<u>3518047 PERRL</u>
3518017 Blind	<u>3518059 Puncture/Stab Wound</u>
3518019 Cataract Present	<u>3518049 Pupil-Irregular/Teardrop</u>
3518021 Clouded	<u>3518051 Reactive</u>
3518057 Contusion	<u>3518053 Sluggish</u>
3518023 Deformity	<u>3518055 Swelling</u>
3518025 Dysconjugate Gaze	<u>It3518.100 Fixed/Dilated</u>
3518027 Foreign Body	<u>3518061 Dilated</u>
3518029 Glaucoma Present	<u>3518063 Pin Point</u>

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OC-MEDS – DATA DICTIONARY

eExam.19 - Mental Status Assessment

OC-MEDS Usage:	Required
--------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 does not include a Canceled or No Patient Contact value.
----------------------	---

Definition:	The assessment findings of the patient's mental status examination.
-------------	---

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Mental Status Assessment
-----------------	--------------------------

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

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

Attributes:
None Correlation: eExam.AssessmentGroup

Code List:	
Pertinent Negatives: 8801005 Exam Finding Not Present	
Select Resources:	
3519023 Agitation	3519027 Stupor
3519001 Combative	3519021 Unresponsive
3519003 Confused	3519029 Altered mental status, unspecified
3519005 Hallucinations	3519031 Developmentally Impaired
3519007 Normal Baseline for Patient	3519033 Disorientation, unspecified
3519009 Not Indicated/Not Done	3519035 Pharmacologically Paralyzed
3519015 Oriented-Event	3519037 Pharmacologically Sedated
3519011 Oriented-Person	3519039 Psychologically Impaired
3519013 Oriented-Place	3519041 Slowness and poor responsiveness
3519017 Oriented-Time	3519043 State of emotional shock and stress, unspecified
it3519.100 Perseveration (Uncontrolled Verbal Repetition)	3519045 Strange and inexplicable behavior
3519019 Pharmacologically Sedated/Paralyzed	3519049 Unspecified coma
3519025 Somnolent (Lethargic / Sleepy)	



OC-MEDS – DATA DICTIONARY

eExam.20 - Neurological Assessment

OC-MEDS Reporting Usage:	Recommended Required
-----------------------------	---------------------------------

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

Definition:
The assessment findings of the patient's neurological examination.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Neurological Assessment
-----------------	-------------------------

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

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

Attributes:
Correlation: eExam.AssessmentGroupNone

Code List:

Pertinent Negatives:
8801005 Exam Finding Not Present

<u>Select Resources:</u> 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 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 3520051 Arm Drift-Left 3520053 Arm Drift-Right
---	--



OC-MEDS – DATA DICTIONARY

eExam.21 - Stroke/CVA Symptoms Resolved

OC-MEDS Reporting Usage:	Recommended Required
-----------------------------	---------------------------------

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

Definition:
Indication if the Stroke/CVA Symptoms resolved and when.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Stroke/CVA Symptoms Resolved
-----------------	------------------------------

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: 8801023 Unable to Complete
Select Resources: 3521001 No 3521003 Yes-Resolved Prior to EMS Arrival 3521005 Yes-Resolved in EMS Presence



OC-MEDS – DATA DICTIONARY

eExam.22 - Lung Assessment Finding Location

OC-MEDS Usage/Reporting:	Required
-----------------------------	----------

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

Definition:	The location of the patient's lung assessment findings
-------------	--

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Lung Assessment Finding Location
-----------------	----------------------------------

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

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

Attributes:	
Correlation:	eExam.LungGroup
Comments:	New Element, in part partly replaces eExam.08

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Code List:
Select Resources:
3522005 Bilateral
3522001 Left
3522003 Right

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OC-MEDS – DATA DICTIONARY

eExam.23 - Lung Assessment

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

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

Definition:	The assessment findings associated with the patient's lungs
-------------	---

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Lung Assessment
-----------------	-----------------

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

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

Attributes:	
Correlation: eExam.LungGroup	
Comments: New Element, partly in part replaces eExam.08	

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Code List:	
Pertinent Negatives: 8801005 Exam Finding Not Present	
Select Resources: 3523001 Breath Sounds-Absent 3523003 Breath Sounds-Decreased 3523005 Breath Sounds-Equal 3523007 Breath Sounds-Normal 3523009 Foreign Body 3523011 Increased Respiratory Effort 3523013 Normal 3523015 Not Done 3523017 Pain	3523019 Pain with Inspiration/Expiration 3523021 Rales 3523023 Rhonchi 3523025 Rhonchi/Wheezing 3523027 Stridor 3523031 Wheezing-Inspiratory 3523029 Wheezing-Expiratory

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OC-MEDS – DATA DICTIONARY

eExam.24 - Chest Assessment Finding Location

OC-MEDS Reporting Usage:

Required

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Reporting Condition: Complete and submit if pertinent when pertinent.

Definition:

The location of the patient's chest assessment findings

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Chest Assessment Finding Location

Data Type:

Single-select

Pertinent Negatives (PN):

No

Is Niltable:

No

NOT Values:

No

Attributes:

Correlation: eExam.ChestGroup

Comments: New Element, partly in part replaces eExam.08

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Code List:

Select Resources:

3522005 Bilateral

3522001 Left

3522003 Right

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OC-MEDS – DATA DICTIONARY

eExam.25 - Chest Assessment

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

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

Definition:	The assessment findings associated with the patient's chest
-------------	---

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Chest Assessment
-----------------	------------------

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

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

Attributes:	
Correlation:	eExam.ChestGroup
Comments:	New Element, in part partly-replaces eExam.08

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Code List:	
Pertinent Negatives:	
8801005 Exam Finding Not Present	
Select Resources:	
3525001 Abrasion	3525043 Gunshot Wound
3525005 Accessory Muscles Used with Breathing	3525025 Implanted Device
3525003 Avulsion	3525027 Laceration
3525007 Bleeding Controlled	3525029 Normal
3525009 Bleeding Uncontrolled	3525031 Not Done
3525011 Burn-Blistering	3525033 Pain
3525013 Burn-Charring	3525035 Pain with Inspiration/Expiration
3525015 Burn-Redness	3525037 Puncture/Stab Wound
3525017 Burn-White/Waxy	3525039 Retraction
3525047 Contusion	3525045 Swelling
3525019 Crush Injury	3525041 Tenderness
3525021 Deformity	3525049 Tenderness-General
3525023 Flail Segment	

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OC-MEDS – DATA DICTIONARY

~~itExam.002 – STEMI Triage Criteria~~

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OC-MEDS Reporting: Recommended

Reporting Condition: Complete and submit if pertinent.

Definition:
STEMI Triage Criteria

Patient-Identifiable:	Agency-Identifiable:
No	No

OC-MEDS Element: STEMI Triage Criteria

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

Is-Nullable:	No	NOT-Values:	No
--------------	----	-------------	----

Attributes:
Comments:
v2 Code = IT12.1

Code List:

Select Resources:
itExam.002.100 No
itExam.002.101 Yes



OC-MEDS – DATA DICTIONARY

itExam.037 - Skin Exam Details

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

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

Definition:
Skin Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMSIS Element:	Custom 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
--------------	----	-------------	----

Attributes:
None

Code List:
None



OC-MEDS – DATA DICTIONARY

itExam.038 - Mental Exam Details

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

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

Definition:
Mental Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMSIS Element:	Custom Element Mental Exam Details
---------------------------------------	---

Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

Code List:
None



OC-MEDS – DATA DICTIONARY

itExam.039 - Neurological Exam Details

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

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

Definition:
Neurological Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMSIS Element:	Custom Element Neurological Exam Details
---------------------------------------	--

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

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

Attributes:
None

Code List:
None



OC-MEDS – DATA DICTIONARY

itExam.040 - Head Exam Details

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

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

Definition:
Head Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMSIS Element:	Custom Element Head Exam Details
----------------------------	--

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

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

Attributes:
None

Code List:
None



OC-MEDS – DATA DICTIONARY

itExam.041 - Face Exam Details

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

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

Definition:
Face Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMSIS Element:	Custom Element Face Exam Details
--	--

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

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

Attributes:
None

Code List:
None



OC-MEDS – DATA DICTIONARY

itExam.042 - Eye Exam Details

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

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

Definition:
Eye Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMSIS Element:	Custom 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

itExam.043 - Neck Exam Details

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

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

Definition:
Neck Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

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

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

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

Attributes:
None

Code List:
None



OC-MEDS – DATA DICTIONARY

itExam.044 - Extremity Exam Details

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

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

Definition:
Extremity Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

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

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

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

Attributes:
None

Code List:
None



OC-MEDS – DATA DICTIONARY

itExam.045 --- Chest/Lung Exam Details

OC-MEDS ReportingUsage:	Optional
----------------------------	----------

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

Definition:
Chest Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMSIS Element:	Custom ElementChest Exam Details
----------------------------	----------------------------------

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

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

Attributes:
NoneComment: This element is currently under development, do not configure without further specification.

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Code List:
None



OC-MEDS – DATA DICTIONARY

itExam.046 - Heart Exam Details

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

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

Definition:
Heart Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS OC-MEDS Element:	Custom 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

itExam.047 - Abdomen Exam Details

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

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

Definition:
Abdomen Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMSIS Element:	Custom 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

itExam.048 - Pelvis Exam Details

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

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

Definition:
Pelvis Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

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

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

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

Attributes:
None

Code List:
None



OC-MEDS – DATA DICTIONARY

itExam.049 - Spine Exam Details

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

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

Definition:
Spine Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS OC-MEDS Element:	Custom 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 Usage:	Required
---	----------

Reporting Condition:	eDisposition.12 itDisposition.112 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

NEMSIS 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	3101017 Physically Restrained
3101003 Developmentally Impaired	3101019 Psychologically Impaired
3101005 Hearing Impaired	3101021 Sight Impaired
3101007 Language	3101023 Speech Impaired
3101009 None Noted	3101025 Unattended or Unsupervised (including minors)
3101011 Obesity	3101027 Unconscious
3101013 Physical Barrier (Unable to Access Patient)	3101029 Uncooperative
3101015 Physically Impaired	

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OC-MEDS – DATA DICTIONARY

eHistory.02 - Last Name of Patient's Practitioner

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

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

Definition:
The last name of the patient's practitioner

Patient Identifiable:	Agency Identifiable:
No	Yes

NEMIS Element:	Last Name of Patient's Practitioner
----------------	-------------------------------------

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

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

Attributes:
Correlation: eHistory.PractitionerGroup
Constraints: character length = 1 to 60

Code List:
None



OC-MEDS – DATA DICTIONARY

eHistory.03—First Name of Patient's Practitioner

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

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

Definition:
The first name of the patient's practitioner

Patient-Identifiable:	Agency-Identifiable:
No	Yes

NEMESIS Element:	First Name of Patient's Practitioner
------------------	--------------------------------------

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

Is-Nullable:	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 Usage:	Recommended
---	-------------

Reporting Condition:	Complete and submit if pertinent when 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

NEMSIS 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 <u>Reporting Usage:</u>	Required
------------------------------------	----------

Reporting Condition:	eDisposition.12 <u>Disposition.112</u> 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

NEMSIS Element:	Medication Allergies
-----------------	----------------------

Data Type:	ICD-10 or RxNorm	Pertinent Negatives (PN):	Yes
------------	------------------	---------------------------	-----

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

Attributes:
None

Code List:
<u>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.</u>
<u>See Attachment 14 – eHistory.06 Data List Standard list based on ICD-10 or RxNorm value</u>
<u>At a minimum the values provided in Attachment 11 shall be used. Additional values that conform to the NEMSIS specification may also be used.</u>
Reference the NEMSIS Suggested Lists at: https://nemsis.org/technical-resources/version-3/version-3-resource-repository/
Code list is represented in two separate UMLS datasets:
1) <u>ICD-10 Codes.</u>
2) <u>RxNorm</u>
Website - http://uts.nlm.nih.gov
Product - <u>UMLS Metathesaurus</u>
Website - http://www.nlm.nih.gov/research/umls/rxnorm/docs/rxnormfiles.html
Product - <u>RxNorm Full Monthly Release</u>

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Orange County EMS Agency Policy/Procedure

OC-MEDS – DATA DICTIONARY

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OC-MEDS – DATA DICTIONARY

eHistory.07 - Environmental/Food Allergies

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

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

Definition:
The patient's known allergies to food or environmental agents.

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Environmental/Food Allergies
----------------	------------------------------

Data Type:	SnoMed value	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

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

Attributes:
None

Code List:
Code list is represented in SNOMEDCT. Reference the NEMIS Suggested Lists at: https://nemis.org/technical-resources/version-3/version-3-resource-repository/
<u>At a minimum the values provided in Attachment 12 shall be used. Additional values that conform to the NEMIS specification may also be used.</u>
SNOMEDCT Website: http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html Product: Product - UMLS Metathesaurus See Attachment 15 – eHistory.07 Data List

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OC-MEDS – DATA DICTIONARY

eHistory.08 - Medical/Surgical History

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

Reporting Condition:	eDisposition.12 itDisposition.112 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

NEMSIS 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:
At a minimum the values provided in Attachment 13 shall be used. Additional values that conform to the NEMSIS specification may also be used.
ICD-10-CM: Diagnosis Codes.
Website - http://uts.nlm.nih.gov
Product - UMLS Metathesaurus
Please reference the NEMSIS Suggested Lists at: https://nemsis.org/technical-resources/version-3/version-3-resource-repository/
ICD-10-PCS has a seven character alphanumeric code structure. Each character contains up to 34 possible values. Each value represents a specific option for the general character definition (e.g., stomach is one of the values for the body part character).
The ten digits 0-9 and the 24 letters A-H, J-N and P-Z may be used in each character. The letters O and I are not used in order to avoid confusion with the digits 0 and 1. There are no decimals in ICD-10-PCS.
Website - http://uts.nlm.nih.gov
Product - UMLS Metathesaurus
See Attachment 5 – eHistory.08 Data List Standard list based on ICD-10 values



OC-MEDS – DATA DICTIONARY

eHistory.09 - Medical History Obtained From

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

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

Definition:
Type of person medical history obtained from

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS 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 Usage:	Required
---	----------

Reporting Condition:	eDisposition.12 Disposition.112 does not include a Canceled or No Patient Contact value.
----------------------	---

Definition:
The medications the patient currently takes

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Current Medications
-----------------	---------------------

Data Type:	RxNorm value	Pertinent Negatives (PN):	Yes
------------	--------------	---------------------------	-----

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

Attributes:
Correlation: eHistory.CurrentMedsGroup
Constraints: character length = 2 to 7

Code List:
At a minimum the values provided in Attachment 14 shall be used. Additional values that conform to the NEMSIS specification may also be used.
See Attachment 3 – eHistory.12 Data List Standard list based on RxNorm values.
Reference the NEMSIS Suggested Lists at: https://nemsis.org/technical-resources/version-3/version-3-resource-repository/
RxNorm
Website - http://uts.nlm.nih.gov
Product - UMLS Metathesaurus
Website - http://www.nlm.nih.gov/research/umls/rxnorm/docs/rxnormfiles.html
Product - RxNorm Full Monthly Release

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OC-MEDS – DATA DICTIONARY

eHistory.13 - Current Medication Dose

OC-MEDS Reporting <u>Usage:</u>	Optional <u>Recommended</u>
--	--

Reporting Condition:	Complete and submit if pertinent <u>when pertinent</u> .
----------------------	---

Definition:
The numeric dose or amount of the patient's current medication

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Current Medication Dose
-----------------	-------------------------

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

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

Attributes:
<u>Correlation: eHistory.CurrentMedsGroup</u>
Constraints: format = #####.##

Code List:
None



OC-MEDS – DATA DICTIONARY

eHistory.14 - Current Medication Dosage Unit

OC-MEDS Usage Reporting:	Optional Recommended
-----------------------------	---------------------------------

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

Definition:
The dosage unit of the patient's current medication

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Current Medication Dosage Unit
----------------	--------------------------------

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

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

Attributes:
Correlation: eHistory.CurrentMedsGroupNone

Code List:	
Select Resources:	
3114001 Centimeters (cm)	3114023 Micrograms per Minute (mcg/min)
3114003 Grams (gms)	3114025 Milliequivalents (mEq)
3114005 Drops (gtts)	3114027 Metered Dose (MDI)
3114007 Inches (in)	3114029 Milligrams (mg)
3114009 International Units (IU)	3114031 Milligrams per Kilogram (mg/kg)
3114011 Keep Vein Open (kvo)	3114033 Milligrams per Kilogram Per Minute (mg/kg/min)
3114015 Liters (l)	3114035 Milligrams per Minute (mg/min)
3114013 Liters Per Minute (l/min [fluid])	3114037 Milliliters (ml)
3114017 Liters Per Minute (LPM [gas])	3114039 Milliliters per Hour (ml/hr)
3114019 Micrograms (mcg)	3114041 Other
3114021 Micrograms per Kilogram per Minute (mcg/kg/min)	3114043 Puffs
	3114045 Units per Hour (units/hr)



OC-MEDS – DATA DICTIONARY

eHistory.15 - Current Medication Administration Route

OC-MEDS <u>Reporting Usage:</u>	Optional <u>Recommended</u>
------------------------------------	--

Reporting Condition:	Complete and submit if pertinent <u>when pertinent</u> .
----------------------	---

Definition:
The administration route (po, SQ, etc.) of the patient's current medication

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Current Medication Administration Route
----------------	---

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

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

Attributes:
<u>Correlation: eHistory.CurrentMedsGroup</u> None

Code List:	
Select Resources:	
9927001 Blow-By	9927031 Non-Rebreather Mask
9927003 Buccal	9927033 Ophthalmic
9927005 Endotracheal Tube (ET)	9927035 Oral
9927007 Gastrostomy Tube	9927037 Other/miscellaneous
9927009 Inhalation	9927039 Otic
9927011 Intraarterial	9927041 Re-breather mask
9927013 Intradermal	9927043 Rectal
9927015 Intramuscular (IM)	9927045 Subcutaneous
9927017 Intranasal	9927047 Sublingual
9927019 Intraocular	9927049 Topical
9927021 Intraosseous (IO)	9927051 Tracheostomy
9927023 Intravenous (IV)	9927053 Transdermal
9927025 Nasal Cannula	9927055 Urethral
9927027 Nasogastric	9927057 Ventimask
9927029 Nasotracheal Tube	9927059 Wound

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OC-MEDS – DATA DICTIONARY

eHistory.17 - Alcohol/Drug Use Indicators

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

Reporting Condition:	eTimes.07 - Patient Contact Time is complete and eDisposition.12 Disposition.112 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

NEMSIS 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
3117013 Physical Exam Indicates Suspected Alcohol or Drug Use 3117011 Smell of ETOH on Breath



OC-MEDS – DATA DICTIONARY

eHistory.18 - Pregnancy

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

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

Definition:
Indication of the possibility by the patient's history of current pregnancy.

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS 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

eHistory.20 - Current Medication Frequency**Commented [RL8]:** New NEMSIS Element.

OC-MEDS

Recommended**Formatted:** HighlightReporting Usage:Reporting Condition: Complete and submit ~~if pertinent~~ when pertinent.Definition:

The frequency of administration of the patient's current medication.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Current Medication Frequency

Data Type:

Single-select

Pertinent Negatives
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:Correlation: [eHistory.CurrentMedsGroup](#)Comments: **New element****Formatted:** HighlightCode List:**Formatted Table**Select Resources:[3120015 After Meals](#)[3120029 As needed](#)[3120025 At bedtime](#)[3120013 Before Meals](#)[3120019 Once a day](#)[3120007 Every 4 to 6 hours](#)[3120023 Every day in the evening](#)[3120021 Every day in the morning](#)[3120001 Every hour](#)[3120027 Every other day](#)[3120005 Every 3 hours](#)[3120003 Every 2 hours](#)[3120009 Four times a day](#)[it3120.101 Other](#)[3120011 Three times a day](#)[3120017 Twice a day](#)[it3120.100 Weekly](#)



OC-MEDS – DATA DICTIONARY

itHistory.007 - Current Medication Comments

OC-MEDS Reporting Usage:	Optional Recommended
-----------------------------	---------------------------------

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

Definition:
Current Medication Comments

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMESIS Element:	Custom ElementCurrent Medication Comments
-----------------------------	---

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

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

Attributes:
None Correlation: eHistory.CurrentMedsGroup

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Code List:
None



OC-MEDS – DATA DICTIONARY

itHistory.008 - Environment Allergy Comments

OC-MEDS Reporting Usage:	Optional Recommended
-----------------------------	---------------------------------

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

Definition:
Environment Allergy Comments

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMSIS Element:	Custom 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

itHistory.009 - Medication Allergy Comments

OC-MEDS Reporting Usage:	Optional Recommended
-----------------------------	---------------------------------

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

Definition:
Medication Allergy Comments

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMSIS Element:	Custom Element Medication Allergy Comments
----------------------------	---

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

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

Attributes:
None

Code List:
None



OC-MEDS – DATA DICTIONARY

itHistory.011 - Other Past Medical History (~~Past Medical History Notes~~)

OC-MEDS ~~Reporting~~
Usage:

~~Optional~~ Recommended

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Reporting Condition: Complete and submit ~~if pertinent~~ when pertinent.

Definition:
Other Past Medical History

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS NEMSIS

Element:

~~Custom Element~~ Other Past Medical History

Data Type:

String

Pertinent Negatives
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

~~Comments: v2 Code=None~~ IT1.22

Code List:

None



OC-MEDS – DATA DICTIONARY

itHistory.023 - Other Allergies (Allergies Notes)

OC-MEDS

Recommended

Usage Reporting:

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Reporting Condition: Complete and submit if pertinent when pertinent.

Definition:

Other Allergies (Allergies Notes)

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS NEMSIS

Custom Element Other Allergies (Allergies Notes)

Element:

Data Type:

String

Pertinent Negatives
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

None

Code List:

None



OC-MEDS – DATA DICTIONARY

eInjury.01 - Cause of Injury

OC-MEDS ReportingUsage:	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

NEMSIS 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:
Select Resources: See Attachment 6



OC-MEDS – DATA DICTIONARY

eInjury.02 - Mechanism of Injury

OC-MEDS Reporting Usage:	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

NEMSIS 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 Usage 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

NEMSIS Element:	Trauma Center Criteria
-----------------	------------------------

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

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

Attributes:
No Comment: New Values under consideration, do not configure without further specification.

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Code List:	
Not Values: 7701001 Not Applicable 7701003 Not Recorded	Pertinent Negatives: 8801015 None Reported
Select Resources: 2903015 Penetrating injuries to neck, chest, abdomen, back, or groin; or above elbow or knee 2903001 Amputation (partial or complete) above the wrist or ankle 2903005 Blunt chest injury w/ abnormal respiration (<12 or >30) 2903003 Crushed, degloved, or mangled extremity (excluding only fingers or toes) it2903.104 Extremity Injury w/ poor circulation or no pulse it2903.119 Seat belt bruising or abrasion of neck, chest, or abdomen 2903009 Depressed skull fracture 2903011 Paralysis or numbness of arm or leg (due to injury) 2903013 Pelvic rim pain or deformity on palpation	it2903.107 Penetrating or Open Injury of the Head it2903.109 Unmanageable Airway Resulting From Trauma 2903017 Respiratory Rate <12 OR >30 breaths per minute (Adult/Adolescent/Children) it2903.112 Blunt/Penetrating Head Injury w/ LOC, focal deficit, asymmetric pupils, or vomiting 2903019 Systolic Blood Pressure <90 mmHg (Adult/Adolescent) or SBP< 80 (Child) it2903.111 Blunt Abdominal injury w/ tenderness 2903021 Fracture of two or more long bones (femur, humerus)

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OC-MEDS – DATA DICTIONARY

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

OC-MEDS Reporting Usage:	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:
Comment: New Values under consideration, do not configure without further specification. None

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Code List:	
Not Values: 7701001 Not Applicable 7701003 Not Recorded	Pertinent Negatives: 8801005 Exam Finding Not Present
Select Resources: 2904019 Blunt Head Injury w/ bruising - Taking Anticoagulants (excluding ASA), Bleeding Disorders, or Dialysis 2904001 Auto v. Pedestrian/Bicyclist Thrown, Run Over, or > 20 MPH Impact 2904007 Death of Other Person in Same Passenger Compartment 2904009 Ejection (partial or complete) from vehicle 2904011 Passenger Space Intrusion: > 12 in. occupant site; > 18 in. any site it2904.004 Dive/shore break injury w/ poss. spinal injury	2904023 EMS Provider Judgment 2904003 Fall - Adults: > 15 ft. (one story is equal to 10 ft.); or Fall from a galloping horse 2904005 Fall - Children: > 10 ft. or 2-3 times the height of the child 2904015 Unenclosed Motorized Vehicle Crash Crash > 20 MPH Including "laying bike down" 2904021 Pregnancy w/ Blunt or Penetrating Abdominal Injury it2904.018 Hanging

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OC-MEDS – DATA DICTIONARY

eInjury.05 - Main Area of the Vehicle Impacted by the Collision

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

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

Definition:
The area or location of initial impact on the vehicle based on 12-point clock diagram.

Patient Identifiable:	Agency Identifiable:
No	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 Usage:	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

NEMSIS 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

elinjury.07 - Use of Occupant Safety Equipment

OC-MEDS Usage:	Required
----------------	----------

Reporting Condition:	elinjury.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

NEMSIS Element:	Use of Occupant Safety Equipment
-----------------	----------------------------------

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

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

Attributes:

None Comment: New Value (Unable to Determine)
--

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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
2907033 Unable to Determine



OC-MEDS – DATA DICTIONARY

eInjury.08 - Airbag Deployment

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

Reporting Condition:	eInjury.01 includes a "motor vehicle" or "bicycle" based value.
----------------------	---

Definition:
Indication of Airbag Deployment

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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 UsageReporting:	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

NEMSIS 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 Usage:	Required
---	----------

Reporting Condition:	Complete and submit if medication administered.
----------------------	---

Definition:
The date/time medication administered to the patient

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Date/Time Medication Administered
-----------------	-----------------------------------

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

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

Attributes:
Correlation: eMedications.MedicationGroup
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 Usage:	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

NEMSIS Element:	Medication Administered Prior to this Units EMS Care
-----------------	--

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

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

Attributes:
Correlation: eMedications.MedicationGroupNone

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 Usage:	Required
---	----------

Reporting Condition:	Complete and submit if medication administered.
----------------------	---

Definition:
The medication given to the patient

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Medication Given
-----------------	------------------

Data Type:	RxNorm value	Pertinent Negatives (PN):	Yes
------------	--------------	---------------------------	-----

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

Attributes:
Correlation: eMedications.MedicationGroup
Constraints: character length = 2 to 7

Code List:
Select Resources: See Attachment 5



OC-MEDS – DATA DICTIONARY

eMedications.04 - Medication Administered Route

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

Reporting Condition:	Complete and submit if medication administered.
----------------------	---

Definition:	The route medication was administered to the patient
-------------	--

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Medication Administered Route
-----------------	-------------------------------

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

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

Attributes:
Correlation: eMedications.MedicationGroup
Comments: New Value Coding None

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Code List: note (OC-MEDS Labels)	
Select Resources:	9927031 Non-Rebreather Mask
9927001 Blow-By	9927035 Oral
9927005 Endotracheal Tube (ET)	9927037 Other/miscellaneous
9927009 Inhalation, (-Inhalation/Nebulizer)	9927045 Subcutaneous
9927015 Intramuscular (IM)	9927047 Sublingual
9927017 Intranasal, (Intranasal (IN))	9927049 Topical
9927021 Intraosseous (IO)	9927053 Transdermal
9927023 Intravenous (IV)	9927069 BVM, (Bag Valve Mask (BVM))
9927069 IV Pump, (-Intravenous Pump)	9927057 Ventimask
9927025 Nasal Cannula	9927059 Wound

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OC-MEDS – DATA DICTIONARY

eMedications.05 - Medication Dosage

OC-MEDS UsageReporting:	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

NEMSIS Element:	Medication Dosage
-----------------	-------------------

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

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

Attributes:
Correlation: eMedications.DosageGroup
Constraints: format = #####.###

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



OC-MEDS – DATA DICTIONARY

eMedications.06 - Medication Dosage Units

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

Reporting Condition:	Complete and submit if medication administered.
----------------------	---

Definition:	The unit of medication dosage given to patient
-------------	--

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Medication Dosage Units
----------------	-------------------------

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

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

Attributes:
Correlation: eMedications.DosageGroup
Comment: New Value Codes None

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Code List:	
Not Values: 7701001 Not Applicable 7701003 Not Recorded	
Select Resources: 3706001 gm (Grams) 3706033 mg (Milligrams) 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 3706055 Milligrams per Hour (mg/hr) 3706.108 Micrograms per Hour (mcg/hr) 3706.109 Milliequivalents per Hour (mEq/hr)

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OC-MEDS – DATA DICTIONARY

eMedications.07 - Response to Medication

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

Reporting Condition:	Complete and submit if medication administered.
----------------------	---

Definition:
The patient's response to the medication

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Response to Medication
-----------------	------------------------

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

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

Attributes:
Correlation: eMedications.MedicationGroupNone

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 Usage 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

NEMSIS Element:	Medication Complication
-----------------	-------------------------

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

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

Attributes:
Correlation: eMedications.MedicationGroupNone

Code List:	
Not Values:	
7701001 Not Applicable	
7701003 Not Recorded	
Select Resources:	
3708001 Altered Mental Status	3708023 Hypoxia
3708003 Apnea	3708025 Injury
3708005 Bleeding	3708027 Itching/Urticaria
3708007 Bradycardia	3708029 Nausea
3708009 Bradypnea	3708031 None
3708011 Diarrhea	3708033 Other
3708013 Extravasation	3708035 Respiratory Distress
3708015 Hypertension	3708037 Tachycardia
3708017 Hyperthermia	3708039 Tachypnea
3708019 Hypotension	3708041 Vomiting
3708021 Hypothermia	

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OC-MEDS – DATA DICTIONARY

eMedications.09 - Medication Crew (Healthcare Professionals) ID

OC-MEDS Reporting Usage:	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

NEMSIS Element:	Medication Crew (Healthcare Professionals) ID
-----------------	---

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

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

Attributes:
Correlation: eMedications.MedicationGroup
Constraints: character length = 2 to 50

Code List:
None



OC-MEDS – DATA DICTIONARY

eMedications.10 - Role/Type of Person Administering Medication

OC-MEDS Usage 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

NEMSIS Element:	Role/Type of Person Administering Medication
-----------------	--

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

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

Attributes:
Correlation: eMedications.MedicationGroup
Comment: New Values None

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Code List: note (OC-MEDS Label)
Not Values:
7701001 Not Applicable
7701003 Not Recorded
Select Resources:
9905001 Advanced Emergency Medical Technician (AEMT), (Advanced EMT)
9905003 Emergency Medical Responder (EMR), (First Responder)
9905005 Emergency Medical Technician (EMT), (EMT)
9905007 Paramedic
9905019 Other Healthcare Professional
9905025 Physician
9905027 Respiratory Therapist
9905029 Student
9905041 Registered Nurse, (Nurse/MICN) #9905.2489905009 EMT
9905011 Advanced EMT
#9905.2509905013 Paramedic
9905017 Nurse/MICN

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[9905019 Other Healthcare Professional](#)

[9905043 Patient](#)

[9905023](#) [9905045 Patient](#)/Lay Person

[9905047](#) [9905025 Physician](#)

[9905027 Respiratory Therapist](#)

[9905029 Student](#)

~~#9905.171~~ Law Enforcement

[9905049 Family Member](#)



OC-MEDS – DATA DICTIONARY

eMedications.11 - Medication Authorization

OC-MEDS Reporting Usage:	Optional <u>Required</u>
---	-------------------------------------

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

Definition:
The type of treatment authorization obtained

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Medication Authorization
-----------------	--------------------------

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

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

Attributes:
Correlation: eMedications.MedicationGroup 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

eMedications.12 – Medication Authorizing Physician

OC-MEDS <u>Reporting Usage:</u>	<u>Recommended</u>
------------------------------------	--------------------

<u>Reporting Condition:</u>	<u>Complete and submit if available</u>
-----------------------------	---

<u>Definition:</u>
<u>The name of the authorizing physician ordering the medication administration if the order was provided by any manner other than protocol (standing order) in eMedications.11</u>

<u>Patient Identifiable:</u>	<u>Agency Identifiable:</u>
<u>No</u>	<u>No</u>

<u>NEMSIS Element:</u>	<u>Medication Authorizing Physician</u>
------------------------	---

<u>Data Type:</u>	<u>String</u>	<u>Pertinent Negatives (PN):</u>	<u>No</u>
-------------------	---------------	----------------------------------	-----------

<u>Is Nillable:</u>	<u>No</u>	<u>NOT Values:</u>	<u>No</u>
---------------------	-----------	--------------------	-----------

<u>Attributes:</u>
<u>Correlation: eMedications.MedicationGroup</u>
<u>Constraints: Min Length: 1 Max Length: 255</u>

<u>Code List:</u>
<u>None</u>



OC-MEDS – DATA DICTIONARY

itMedications.002 - Medication Comments

OC-MEDS <u>Reporting Usage:</u>	Optional <u>Recommended</u>
------------------------------------	--

Reporting Condition:	Complete and submit if pertinent <u>when pertinent</u> .
----------------------	---

Definition:
Medication Comments

Patient Identifiable:	Agency Identifiable:
No	No

<u>OC-MEDS</u> <u>NEMESIS</u> Element:	<u>Custom Element</u> Medication Comments
---	--

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

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

Attributes:
<u>Correlation: eMedications.MedicationGroup</u>
Constraints: max length = 500
<u>Comments: v2 Code</u>

Code List:
None



OC-MEDS – DATA DICTIONARY

itMedications.010 - Medication Site

OC-MEDS Reporting Usage:	Required Optional
-----------------------------	------------------------------

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

Definition:
Medication Site

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMSIS Element:	Custom Element Medication Site
----------------------------	---

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

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

Attributes:
Correlation: eMedications.MedicationGroupComments: 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 Usage Reporting:	Base Hospital Use Only
---	------------------------

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

Definition:
Medication Ordered

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMSIS Element:	Custom Element Medication Ordered
----------------------------	---

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

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

Attributes:
Comments: v2 Code = IT32.3None

Code List:
Select Resources: See Attachment 5



OC-MEDS – DATA DICTIONARY

itMedications.018 - Medication Ordered By

OC-MEDS Reporting Usage:	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 NEMSIS Element:	Custom 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 Usage:	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 NEMSIS Element:	Custom Element Medication Ordered Dosage
----------------------------	--

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

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

Attributes:
Comments: v2 Code = IT32.4None

Code List:
None



OC-MEDS – DATA DICTIONARY

itMedications.020 - Medication Ordered Dosage Units

OC-MEDS <u>Usage:</u>	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-NEMESIS Element:	Medication Ordered Dosage Units Custom Element
-----------------------------	--

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

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

Attributes:
Comments: v2 Code = IT32.5None

Code List:
Select Resources: itMedications.020.100 Grams itMedications.020.101 gts (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 Usage:	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 NEMSIS Element:	Custom Element Medication Ordered Route
-------------------------	---

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

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

Attributes:	
Comments: v2 Code = IT32.6None	

Code List:	
Select Resources:	
itMedications.021.100 Blow-By	itMedications.021.117 Ophthalmic
itMedications.021.101 Buccal	itMedications.021.118 Oral
itMedications.021.102 Endotracheal Tube (ET)	itMedications.021.119 Other/miscellaneous
itMedications.021.103 Gastrostomy Tube	itMedications.021.120 Otic
itMedications.021.104 Inhalation	itMedications.021.121 Re-breather mask
itMedications.021.105 Intraarterial	itMedications.021.122 Rectal
itMedications.021.106 Intradermal	itMedications.021.123 Subcutaneous
itMedications.021.107 Intramuscular (IM)	itMedications.021.124 Sublingual
itMedications.021.108 Intranasal	itMedications.021.125 Topical
itMedications.021.109 Intraocular	itMedications.021.126 Tracheostomy
itMedications.021.110 Intraosseous (IO)	itMedications.021.127 Transdermal
itMedications.021.111 Intravenous (IV)	itMedications.021.128 Urethral
itMedications.021.112 Intravenous Pump	itMedications.021.129 Ventimask
itMedications.021.113 Nasal Cannula	itMedications.021.130 Wound
itMedications.021.114 Nasogastric	
itMedications.021.115 Nasotracheal Tube	
itMedications.021.116 Non-Rebreather Mask	

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OC-MEDS – DATA DICTIONARY

itMedications.022 - Medication Ordered Response

OC-MEDS Reporting Usage:	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

NEMSIS OC-MEDS Element:	Custom Element Medication Ordered Response
----------------------------	--

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

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

Attributes:
Comments: v2 Code = IT32.7None

Code List:
Select Resources: itMedications.022.100 Improved itMedications.022.101 Unchanged itMedications.022.102 Worse



OC-MEDS – DATA DICTIONARY

itMedications.023 - Medication Ordered Date/Time

OC-MEDS Reporting Usage:	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 NEMSIS Element:	Custom Element Medication Ordered Date/Time
----------------------------	---

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

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

Attributes:
Comments: v2 Code = IT32.8None

Code List:
None



OC-MEDS – DATA DICTIONARY

itMedications.024 - Medication Ordered Comments

OC-MEDS Reporting Usage:	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 NEMSIS Element:	Custom Element Medication Ordered Comments
----------------------------	--

Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code = IT32.9None

Code List:
None



OC-MEDS – DATA DICTIONARY

eNarrative.01 - Patient Care Report Narrative

OC-MEDS ReportingNone:	Required
--------------------------------------	----------

Reporting Condition:	eTimes.07 - Patient Contact Time is complete and eDisposition.12 itDisposition.112 is not blank.
----------------------	--

Definition:
The narrative of the patient care report (PCR).

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS 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 15 – 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~~

Commented [RL9]: Replaced by required use of eDisposition.23

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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-Nullable:	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 Usage:	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

NEMSIS Element:	Personal Protective Equipment Used
-----------------	------------------------------------

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

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

Attributes:
NoneCorrelation: eOther.EMSCrewMemberGroup

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 Usage 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:	Agency Identifiable:
No	Yes

NEMSIS Element:	EMS Professional (Crew Member) ID
-----------------	-----------------------------------

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

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

Attributes:
Correlation: eOther.EMSCrewMemberGroup
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 Usage:	Required
---	----------

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

Definition:
Indication of an EMS work related exposure, injury, or death associated with this EMS event.

Patient Identifiable:	Agency Identifiable:
No	No

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

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

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

Attributes:
Correlation: eOther.EMSCrewMemberGroupNone

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 ReportingUsage:	Recommended
----------------------------	-------------

Reporting Condition:	Complete and submit if pertinent <u>when pertinent</u>
----------------------	---

Definition:
The type of exposure or unprotected contact with blood or body fluids

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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:
Correlation: eOther.EMSCrewMemberGroupNone

Code List:	
<p>Not Values:</p> <p>7701001 Not Applicable</p> <p>7701003 Not Recorded</p> <p>7701005 Not Reporting</p> <p>Select Resources:</p> <p>4506001 Death-Cardiac Arrest</p> <p>4506003 Death-Injury Related</p> <p>4506005 Death-Other</p> <p>4506007 Exposure-Airborne</p> <p>Respiratory/Biological/Aerosolized Secretions</p> <p>4506009 Exposure-Body Fluid Contact to Broken Skin</p> <p>4506011 Exposure-Body Fluid Contact with Eye</p> <p>4506013 Exposure-Body Fluid Contact with Intact Skin</p> <p>4506015 Exposure-Body Fluid Contact with Mucosal Surface</p> <p>4506017 Exposure-Needle Stick with Body Fluid Injection</p> <p>4506019 Exposure-Needle Stick without Body Fluid Injection</p>	<p>4506021 Exposure-Toxin/Chemical/Hazmat</p> <p>4506023 Injury-Lifting/Back/Musculoskeletal</p> <p>4506025 Injury-Other</p> <p>4506027 None</p> <p>4506029 Other</p>

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OC-MEDS – DATA DICTIONARY

eOther.08 - Crew Member Completing this Report

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

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

NEMSIS Element:	Crew Member Completing this Report
-----------------	------------------------------------

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.09 - External Electronic Document Type

OC-MEDS

[Reporting-Usage:](#)

Optional Required

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Reporting Condition: Complete and submit if available

Definition:

Document type which has been electronically stored with PCR.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: External Electronic Document Type

Data Type:

Single-select

Pertinent Negatives
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

~~None~~Correlation: eOther.FileGroup

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 Usage:	Optional Required
---	------------------------------

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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

NEMSIS Element:	File Type
-----------------	-----------

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

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

Attributes:
Correlation: eOther.FileGroup

Code List:
None



OC-MEDS – DATA DICTIONARY

eOther.11 - File Attachment

OC-MEDS Reporting Usage:	Optional Required
--	------------------------------

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

NEMSIS Element:	File Attachment
-----------------	-----------------

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

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

Attributes:
Correlation: eOther.FileGroupNone

Code List:
None



OC-MEDS – DATA DICTIONARY

eOther.12 - Type of Person Signing

OC-MEDS Reporting Usage:	Optional Required
-----------------------------	-------------------

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

Definition:
The individual's signature associated with eOther.15 (Signature Status).

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Type of Person Signing
-----------------	------------------------

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

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

Attributes:
Correlation: eOther.SignatureGroupComments: 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 Usage Reporting:	Optional Required
-----------------------------	-------------------

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

Definition:
The reason for the individuals signature.

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Signature Reason
----------------	------------------

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

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

Attributes:
Correlation: eOther.SignatureGroupComments: v2 Code = IT4.17

Code List: note (OC-MEDS Label)
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
it4513.123 Verbal Authorization



OC-MEDS – DATA DICTIONARY

eOther.14 - Type Of Patient Representative

OC-MEDS Usage Reporting:	Optional Required
-----------------------------	-------------------

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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

NEMSIS Element:	Type Of Patient Representative
-----------------	--------------------------------

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

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

Attributes:
Correlation: eOther.SignatureGroupComments: v2 Code = IT8.50

Code List:	
Select Resources:	
4514001 Aunt	4514031 Nurse Practitioner (NP)
4514003 Brother	4514029 Nurse (RN)
4514005 Daughter	4514035 Other
4514007 Discharge Planner	4514033 Other Care Provider (Home health, hospice, etc.)
4514009 Domestic Partner	4514037 Physician's Assistant (PA)
4514011 Father	4514039 Power of Attorney
4514013 Friend	4514041 Other Relative
4514015 Grandfather	4514043 Self
4514017 Grandmother	4514045 Sister
4514019 Guardian	4514047 Son
4514021 Husband	4514049 Uncle
4514023 Law Enforcement	4514051 Wife
4514025 MD/DO	
4514027 Mother	

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OC-MEDS – DATA DICTIONARY

eOther.15 - Signature Status

OC-MEDS Reporting Usage:	Optional Required
-----------------------------	-------------------

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

Definition:
Indication that a patient or patient representative signature has been collected or attempted to be collected.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Signature Status
-----------------	------------------

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

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

Attributes:
Correlation: eOther.SignatureGroupNone
Comment: New Values

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Code List:	
Select Resources:	
4515001 Not Signed - Crew Called out to another call	4515023 Not Signed - Unconscious
4515003 Not Signed - Deceased	4515025 Not Signed -Visually Impaired
4515005 Not Signed - Due to Distress Level	4515027 Physical Signature/Paper Copy Obtained
4515007 Not Signed - Equipment Failure	4515031 Signed
4515009 Not Signed - In Law Enforcement Custody	4515033 Signed-Not Patient
4515011 Not Signed - Language Barrier	4515037 Not Signed-Restrained, (Not Signed - Physically Restrained)
4515013 Not Signed - Mental Status/Impaired	eOther.15.102 Not Signed - Bilateral Upper Extremity Weakness
4515015 Not Signed - Minor/Child	4515035 Not Signed-Illiterate (Unable to Read)
eOther.15.100 Not Signed - Patient Contamination	4515039 Not Signed-Combative or Uncooperative
4515017 Not Signed - Physical Impairment of Extremities	
4515019 Not Signed - Refused	
4515021 Not Signed - Transferred Care/No Access to Obtain Signature	

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OC-MEDS – DATA DICTIONARY

eOther.16 - Signature File Name

OC-MEDS Reporting Usage:	Optional Required
-----------------------------	-------------------

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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

NEMSIS Element:	Signature File Name
-----------------	---------------------

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

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

Attributes:
Correlation: eOther.SignatureGroup
Constraints: character length = 1 to 255

Code List:
None



OC-MEDS – DATA DICTIONARY

eOther.17 - Signature File Type

OC-MEDS UsageReporting:	OptionalRequired
----------------------------	------------------

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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

NEMSIS Element:	Signature File Type
-----------------	---------------------

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

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

Attributes:
Correlation: eOther.SignatureGroup
Constraints: character length = 1 to 255

Code List:
None



OC-MEDS – DATA DICTIONARY

eOther.18 - Signature Graphic

OC-MEDS UsageReporting:	OptionalRequired
----------------------------	------------------

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

Definition:
The graphic file for the signature.

Patient Identifiable:	Agency Identifiable:
Yes	Yes

NEMSIS Element:	Signature Graphic
-----------------	-------------------

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

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

Attributes:
Correlation: eOther.SignatureGroupNone

Code List:
None



OC-MEDS – DATA DICTIONARY

eOther.19 - Date/Time of Signature

OC-MEDS Reporting Usage:	Optional Required		
Reporting Condition:	Complete and submit if available		
Definition: The date and time the signature was captured.			
Patient Identifiable:	Agency Identifiable:		
No	No		
NEMSIS Element:	Date/Time of Signature		
Data Type:	Datetime	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes: Correlation: eOther.SignatureGroup 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			

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OC-MEDS – DATA DICTIONARY

eOther.20 - Signature Last Name

OC-MEDS Reporting Usage:	Optional Required
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The last name of the individual who signed the associated signature.

Patient Identifiable:	Agency Identifiable:
Yes	Yes

NEMSIS Element:	Signature Last Name
-----------------	---------------------

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

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

Attributes:
Correlation: eOther.SignatureGroup
Constraints: character length = 1 to 60

Code List:
None



OC-MEDS – DATA DICTIONARY

eOther.21 - Signature First Name

OC-MEDS Reporting Usage:	Optional Required
-----------------------------	-------------------

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

Definition:
The first name of the individual associated with the signature.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Signature First Name
-----------------	----------------------

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

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

Attributes:
Correlation: eOther.SignatureGroup
Constraints: character length = 1 to 50

Code List:
None



OC-MEDS – DATA DICTIONARY

eOther.22 – File Attachment Name

OC-MEDS <u>Reporting Usage:</u>	<u>Required</u>
------------------------------------	-----------------

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<u>Reporting Condition:</u>	<u>Complete and submit if available</u>
-----------------------------	---

<u>Definition:</u>
<u>The name of the attached file.</u>

<u>Patient Identifiable:</u>	<u>Agency Identifiable:</u>
<u>No</u>	<u>No</u>

<u>NEMSIS Element:</u>	<u>File Attachment Name</u>
------------------------	-----------------------------

<u>Data Type:</u>	<u>String</u>	<u>Pertinent Negatives (PN):</u>	<u>No</u>
-------------------	---------------	----------------------------------	-----------

<u>Is Nillable:</u>	<u>No</u>	<u>NOT Values:</u>	<u>No</u>
---------------------	-----------	--------------------	-----------

<u>Attributes:</u>
<u>Correlation: eOther.FileGroupNone</u>

<u>Code List:</u>
<u>None</u>



OC-MEDS – DATA DICTIONARY

itOther.002 - Language

OC-MEDS

Reporting Usage:

Recommended

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Reporting Condition:

Complete and submit if available

Definition:

Used to select the language text on the signature page.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

LanguageCustom Element

Data Type:

Pertinent Negatives
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

None

Code List:

None



OC-MEDS – DATA DICTIONARY

itOther.015 - AMA Type

OC-MEDS Reporting Usage:	Optional Required
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Reporting Condition:	Complete and submit if pertinent when pertinent
----------------------	---

Definition:
AMA Type

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMSIS Element:	Custom Element AMA Type
----------------------------	-------------------------

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

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

Attributes:
Comments: v2 Code = IT8.19 None

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 Usage:	Optional Required
-----------------------------	-------------------

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

Definition:
Patient/DDM Reason For AMA

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMSIS Element:	Custom Element Patient/DDM Reason For AMA
----------------------------	---

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

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

Attributes:
None Comments: v2 Code = IT8.21

Code List:
Select Resources:
itOther.017.100 Chief Complaint resolved
itOther.017.101 Feels ambulance transport not necessary
itOther.017.103 Other
itOther.017.102 Private tx to hospital/PMD available



OC-MEDS – DATA DICTIONARY

itOther.018 - Patient/DDM Alternative Plan

OC-MEDS Reporting Usage:	Optional Required
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Reporting Condition:	Complete and submit if pertinent when pertinent
----------------------	--

Definition:
AMA - Patient/DDM Alternative Plan

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMSIS Element:	Custom Element AMA - Patient/DDM Alternative Plan
----------------------------	---

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

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

Attributes:
Comments: v2 Code = IT8.22 None

Code List:
Select Resources: itOther.018.104 Call PMD itOther.018.101 Go home & monitor 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 Usage:	Optional Required
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Reporting Condition:	Complete and submit if pertinent when pertinent
----------------------	---

Definition:
AMA - Who (family/friends) with patient now

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS NEMSIS Element:	Custom 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=None 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 Usage:	Optional Required
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Reporting Condition:	Complete and submit if pertinent when pertinent
----------------------	--

Definition:
AMA - Is Patient (or DDM) oriented to person, place, time & event

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element NEMSIS Element:	AMA - Is Patient (or DDM) oriented to person, place, time & event Custom Element
---------------------------------------	--

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

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

Attributes:
Comments: v2 Code = IT8.24 None

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
itOther.020.103 Not Available
itOther.020.102 Unknown

Commented [RL10]: Need to discuss whether to keep these in the list or just remove.



OC-MEDS – DATA DICTIONARY

itOther.021 - Is Patient (or DDM) Unimpaired by drugs or alcohol

OC-MEDS
Reporting
Usage:

Optional Required

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Reporting Condition: Complete and submit if pertinent when pertinent

Definition:

AMA - Is Patient (or DDM) Unimpaired by drugs or alcohol

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS
Element
Element:

Custom 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 None

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

~~itOther.021.103 Not Available~~

~~itOther.021.102 Unknown~~

Commented [RL11]: Need to discuss whether to keep these in the list or just remove.



OC-MEDS – DATA DICTIONARY

itOther.022 - Is Patient (or DDM) competent to refuse care

OC-MEDS
Reporting
Usage:

Optional Required

Formatted: Highlight

Reporting Condition: Complete and submit if pertinent when pertinent

Definition:

AMA - Is Patient (or DDM) competent to refuse care

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS
Element
Element:

Custom 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 None

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

itOther.022.103 Not Available

itOther.022.102 Unknown

Commented [RL12]: Need to discuss whether to keep these in the list or just remove.



OC-MEDS – DATA DICTIONARY

itOther.023 - Has patient (or DDM) been advised that 911 can be reassessed

OC-MEDS ReportingOC-MEDS Usage:	Optional Required
---------------------------------------	------------------------------

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

Definition:
AMA - Has patient (or DDM) been advised that 911 can be reassessed

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS ElementNEMSIS Element:	AMA - Has patient (or DDM) been advised that 911 can be reassessedCustom Element
--------------------------------------	---

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

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

Attributes:
Comments: v2 Code=None-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 itOther.023.103 Not Available itOther.023.102 Unknown

Commented [RL13]: Need to discuss whether to keep these in the list or just remove.



OC-MEDS – DATA DICTIONARY

itOther.024 - Have the risks and complications of refusal been discussed

OC-MEDS
Reporting
Usage:

Optional Required

Formatted: Highlight

Reporting Condition: Complete and submit if pertinent when pertinent

Definition:

AMA - Have the risks and complications of refusal been discussed

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS
Element
NEMSIS
Element:

Custom 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=None 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

itOther.024.103 Not Available

itOther.024.102 Unknown

Commented [RL14]: Need to discuss whether to keep these in the list or just remove.



OC-MEDS – DATA DICTIONARY

itOther.025 - Is the patient 18 YEARS OF AGE or emancipated

OC-MEDS
Reporting
Usage:

~~Optional~~ Required

Formatted: Highlight

Reporting Condition: Complete and submit ~~if pertinent~~ when pertinent

Definition:

AMA - Is the patient 18 YEARS OF AGE or emancipated

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS
Element
NEMESIS
Element:

Custom 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 = None 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

~~itOther.025.103 Not Available~~

~~itOther.025.102 Unknown~~

Commented [RL15]: Need to discuss whether to keep these in the list or just remove.



OC-MEDS – DATA DICTIONARY

itOther.029 - AMA Initial Disposition

OC-MEDS
Reporting
Usage:

Optional Required

Formatted: Highlight

Reporting Condition: Complete and submit if pertinent when pertinent

Definition:

AMA Initial Disposition

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS
Element
Element:

Custom Element AMA Initial Disposition

Data Type:

Multi-select

Pertinent Negatives
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

Comments: v2 Code = None 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 OC-MEDS
Usage:

~~Recommended~~ Required

Formatted: Highlight

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

NEMSIS Element: Emergency Department Disposition

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:

Comments: Required to be submitted by designated ERC per policy 300.50. ~~None~~

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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.](#)

[Select Resources cont.:](#)

[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](#)
[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.02 - Hospital Disposition

OC-MEDS
Reporting OC-MEDS
Usage:

Recommended Required

Formatted: Highlight

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

NEMSIS Element: Hospital Disposition

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Comments: Required to be submitted by designated ERC per policy 300.50.

Formatted: Highlight

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.



[Select Resources cont.:](#)

[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](#)
[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.03 - External Report ID/Number Type

OC-MEDS
Reporting OC-MEDS
Usage:

Required

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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 for data linkage.

Definition:
The Type of External Report or Record associated with the Report/ID Number.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: External Report ID/Number Type

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nilable:	No	NOT Values:	No
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Attributes:
[Correlation: eOutcome.ExternalDataGroup](#)
Comments: **Required for EMS**, located in multiple places on the run form, Disposition Destination, Billing Info, and Reporting Outcomes. Highlighted values below are used for bi-directional data exchange between EMS and ERCs.

Formatted: Highlight

Code List:

Select Resources:	
it4303.003 AHA Patient Identifier	4303013 Other Registry
4303001 Disaster Tag	4303015 Other Report
it4303.002 Encounter Number	4303017 Patient ID
4303003 Fire Incident Report	4303019 Prior EMS Patient Care Report
4303005 Hospital-Receiving	4303021 STEMI Registry
4303007 Hospital-Transferring	4303023 Stroke Registry
4303009 Law Enforcement Report	4303025 Trauma Registry
it4303.001 Medical Record Number	
4303011 Other	

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OC-MEDS – DATA DICTIONARY

eOutcome.04 - External Report ID/Number

OC-MEDS
ReportingOC-MEDS
Usage:

Required

Formatted: Highlight

Reporting Condition: Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network for data linkage.

Definition:
The ID or Number of the external report or record in eOutcome.03.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	External Report ID/Number
-----------------	---------------------------

Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
[Correlation: eOutcome.ExternalDataGroup](#)
Constraints: character length = 2 to 100
Comments: Required for EMS, located in multiple places on the run form, Disposition Destination, Billing Info, and Reporting Outcomes.

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Code List:

None



OC-MEDS – DATA DICTIONARY

eOutcome.05 – Other Report Registry Type

<u>OC-MEDS Reporting Usage:</u>	<u>Optional</u>
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<u>Reporting Condition:</u>	<u>Complete and submit if available</u> <u>pertinent</u>
-----------------------------	--

<u>Definition:</u>
<u>The type of external report/registry that was documented as "other" in eOutcome.03</u>

<u>Patient Identifiable:</u>	<u>Agency Identifiable:</u>
<u>No</u>	<u>No</u>

<u>NEMSIS Element:</u>	<u>Other Report Registry Type</u>
------------------------	-----------------------------------

<u>Data Type:</u>	<u>String</u>	<u>Pertinent Negatives (PN):</u>	<u>No</u>
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<u>Is Nillable:</u>	<u>No</u>	<u>NOT Values:</u>	<u>No</u>
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<u>Attributes:</u>
<u>Correlation: eOutcome.ExternalDataGroup</u>
<u>Constraints: character length = 2 to 50</u>

<u>Code List:</u>
<u>None</u>



OC-MEDS – DATA DICTIONARY

eOutcome Outcome.106 - Emergency Department Chief Complaint

OC-MEDS
Reporting
Usage:

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 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:

No

Agency Identifiable:

No

NEMSIS Element: [Emergency Department Chief Complaint Custom Element](#)

Data Type:

String

Pertinent Negatives
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

Constraints: character length = 2 to 100

Comments: Replaces eOutcome.06 which was deprecated by NEMSIS

Code List:

None



OC-MEDS – DATA DICTIONARY

~~Outcome.07~~ - First ED Systolic Blood PressureOC-MEDS
Reporting
Usage:

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

NEMSIS Element: ~~First ED Systolic Blood Pressure~~ Custom Element

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

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

Attributes:
Constraints: minimum = 0; maximum = 500
~~Comments: Replaces Outcome.07 which was deprecated by NEMSIS~~

Code List:

None



OC-MEDS – DATA DICTIONARY

Outcome.108 - Emergency Department Recorded Cause of Injury

OC-MEDS
Reporting
Usage:

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:

No

Agency Identifiable:

No

NEMSIS Element: [Emergency Department Recorded Cause of Injury Custom Element](#)

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})?

Comments: Replaces eOutcome.08 which was deprecated by NEMSIS

Code List:

Code list is represented in ICD-10. Future Use.



OC-MEDS – DATA DICTIONARY

eOutcome.09 - Emergency Department Procedures

OC-MEDS
Reporting OC-MEDS
Usage:

Optional Required

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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 procedures performed on the patient during the emergency department visit.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: Emergency Department Procedures

Data Type:	ICD-10 value	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: [eOutcome.EmergencyDepartmentProceduresGroup](#)
Constraints: [ICD-10-PCS](#), pattern = [0-9A-HJ-NP-Z]{3,7}
Comments: [Required to be submitted by designated ERC per policy 300.50.](#)

Formatted: Highlight

Code List:

~~Code list is represented in ICD-10. Future Use. Standardized list.~~



OC-MEDS – DATA DICTIONARY

eOutcome.10 - Emergency Department Diagnosis

OC-MEDS
Reporting
Usage:

Optional
Required

Formatted: Highlight

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:

No

Agency Identifiable:

No

NEMSIS Element:

Emergency Department Diagnosis

Data Type:

ICD-10 value

Pertinent Negatives
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

Constraints: ICD-10-CM, pattern = [A-Z][0-9][0-9A-Z](\[0-9A-Z]{1,3})?)

Comments: Required to be submitted by designated ERC per policy 300.50

Formatted: Highlight

Code List:

Code list is represented in ICD-10-Future Use-Standardized list.



OC-MEDS – DATA DICTIONARY

eOutcome.11 - Date/Time of Hospital Admission

OC-MEDS
Reporting OC-MEDS
Usage:

Optional Required

Formatted: Highlight

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

NEMIS Element:	Date/Time of Hospital Admission
----------------	---------------------------------

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}

Comments: Required to be submitted by designated ERC per policy 300.50.

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Code List:

None



OC-MEDS – DATA DICTIONARY

eOutcome.12 - Hospital Procedures

OC-MEDS
Reporting OC-MEDS
Usage:

Optional Required

Formatted: Highlight

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

NEMSIS Element: Hospital Procedures

Data Type:	ICD-10 value	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eOutcome.HospitalProceduresGroup
Constraints: ICD-10-PCS, pattern = [0-9A-HJ-NP-Z]{3,7}
Comments: Required to be submitted by designated ERC per policy 300.50

Formatted: Highlight

Code List:

Code list is represented in ICD-10-Future Use-Standardized list.



OC-MEDS – DATA DICTIONARY

eOutcome.13 - Hospital Diagnosis

OC-MEDS
Reporting
Usage:

Optional
Required

Formatted: Highlight

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

NEMSIS Element: Hospital Diagnosis

Data Type:	ICD-10 value	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Constraints: ICD-10-CM, pattern = [A-Z][0-9][0-9A-Z](\.[0-9A-Z]{1,4})?
Comments: Required to be submitted by designated ERC per policy 300.50.

Formatted: Highlight

Code List:

Code list is represented in ICD-10. Future Use-Standardized list.



OC-MEDS – DATA DICTIONARY

Outcome.14 - Total ICU Length of Stay

OC-MEDS
Reporting
Usage:

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

OC-MEDS
Element:

Total ICU Length of Stay

Data Type:	Number	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Constraints: minimum = 1; maximum = 400
Comments: Replaces eOutcome.14 which was deprecated by NEMSIS

Code List:

None



OC-MEDS – DATA DICTIONARY

Outcome.115 - Total Ventilator Days

OC-MEDS
Reporting
Usage:

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

OC-MEDS
Element:

Total Ventilator Days

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

Is Nillable:	No	NOT Values:	No
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Attributes:
Constraints: minimum = 1; maximum = 400
Comments: Replaces eOutcome.15 which was deprecated by NEMSIS

Code List:

None



OC-MEDS – DATA DICTIONARY

eOutcome.16 - Date/Time of Hospital Discharge

OC-MEDS
Reporting OC-MEDS
Usage:

Optional Required

Formatted: Highlight

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

NEMIS Element:	Date/Time of Hospital Discharge
----------------	---------------------------------

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}

Comments: Required to be submitted by designated ERC per policy 300.50.

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Code List:

None



OC-MEDS – DATA DICTIONARY

itOutcome.117 – Outcome at Hospital DischargeOC-MEDS Usage: OptionalReporting 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 emergency department.Patient Identifiable: No Agency Identifiable: NoNEMSIS Element: Custom ElementData Type: Datetime Pertinent Negatives (PN): NoIs Nillable: No NOT Values: NoAttributes: Comments: Replaces eOutcome.15 which was deprecated by NEMSIS**Code List:**

Select Resources:

itOutcome.117.107 Dead

itOutcome.117.104 Moderate disability; requiring some help, but able to walk without assistance

itOutcome.117.105 Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance

itOutcome.117.102 No significant disability despite symptoms; able to carry out all usual duties and activities

itOutcome.117.101 No Symptoms At All

itOutcome.117.106 Severe disability; bedridden, incontinent and requiring constant nursing care and attention

itOutcome.117.103 Slight disability; unable to carry out all previous activities, but able to look after own affairs without assistance



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	
NEMSIS 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			

Commented [RL16]: Deprecated by NEMSIS

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OC-MEDS – DATA DICTIONARY

eOutcome.18 – Date/Time of Emergency Department Admission

OC-MEDS
Reporting
Usage:

Required

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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 date and time the patient was admitted to the emergency department.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: Date/Time of Emergency Department Admission

Data Type:	Datetime	Pertinent Negatives (PN):	No

Is Niltable:	No	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}
Comments: Required to be submitted by designated ERC per policy 300.50.

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Code List:

Not Values:
7701001 Not Applicable
7701003 Not Recorded



OC-MEDS – DATA DICTIONARY

eOutcome.19 - Date/Time Emergency Department Procedure Performed

OC-MEDS
Reporting
Usage:

Required

Formatted: Highlight

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/time the emergency department procedure was performed on the patient.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: Date/Time Emergency Department Procedure Performed

Data Type:	Datetime	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	Yes

Attributes:
Correlation: eOutcome.EmergencyDepartmentProceduresGroup
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}
Comments: Required to be submitted by designated ERC per policy 300.50.

Formatted: Highlight

Code List:

Not Values:
7701001 Not Applicable
7701003 Not Recorded



OC-MEDS – DATA DICTIONARY

eOutcome.20 - Date/Time Hospital Procedure Performed

OC-MEDS
Reporting
Usage:

Required

Formatted: Highlight

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/time the hospital procedure was performed on the patient.

<u>Patient Identifiable:</u>	<u>Agency Identifiable:</u>
No	No

<u>NEMSIS Element:</u>	<u>Date/Time Hospital Procedure Performed</u>
------------------------	---

<u>Data Type:</u>	<u>Datetime</u>	<u>Pertinent Negatives (PN):</u>	<u>No</u>
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<u>Is Nillable:</u>	<u>No</u>	<u>NOT Values:</u>	<u>Yes</u>
---------------------	-----------	--------------------	------------

Attributes:
Correlation: eOutcome.HospitalProceduresGroup
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}
Comments: Required to be submitted by designated ERC per policy 300.50.

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Code List:

Not Values:
7701001 Not Applicable
7701003 Not Recorded



OC-MEDS – DATA DICTIONARY

itOutcome.015 ~~Misc Patient Number (EMS Subscription Number)~~EMS Subscription Membership #

OC-MEDS Reporting Usage:	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 Element:	Misc Patient Number Custom Element
--------------------------------	---

Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: max length = 255
Comments: v2 Code = IT5.41

Code List:
None

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OC-MEDS – DATA DICTIONARY

ePatient.01 – EMS Patient ID

OC-MEDS
Reporting
Usage:

Optional

Reporting Condition: Auto generated on every incident.

Definition:

The unique ID for the patient within the Agency

Patient Identifiable:

Yes

Agency Identifiable:

No

NEMSIS Element: EMS Patient ID

Data Type:

String

Pertinent Negatives
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

Correlation: ePatient.PatientNameGroup

Constraints: character length = 1 to 100

Code List:

None



OC-MEDS – DATA DICTIONARY

ePatient.02 - Last Name

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

Reporting Condition:	eDisposition.12 itDisposition.112 does not include a Canceled or No Patient Contact value.
----------------------	---

Definition:
The patient's last (family) name

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	Last Name
-----------------	-----------

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

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

Attributes:
Correlation: ePatient.PatientNameGroup
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 ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 does not include a Canceled or No Patient Contact value.
----------------------	---

Definition:
The patient's first (given) name

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	First Name
-----------------	------------

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

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

Attributes:
Correlation: ePatient.PatientNameGroup
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 ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The patient's middle name, if any

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	Middle Initial/Name
-----------------	---------------------

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

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

Attributes:
Correlation: ePatient.PatientNameGroup
Constraints: character length = 1 to 50

Code List:
None



OC-MEDS – DATA DICTIONARY

ePatient.05 - Patient's Home Address

OC-MEDS ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 does not include a Canceled or No Patient Contact value.
----------------------	---

Definition:
Patient's address of residence

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	Patient's Home Address
-----------------	------------------------

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

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

Attributes:
Constraints: character length = 1 to 255

Code List:
Pertinent Negatives (PN) 8801023 - Unable to Complete None



OC-MEDS – DATA DICTIONARY

ePatient.05.StreetAddress2 - StreetAddress2

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
Additional address field.

Patient Identifiable:	Agency Identifiable:
Yes	No

OC-MEDS ElementNEMESIS 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 ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 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

NEMSIS Element:	Patient's Home City
-----------------	---------------------

Data Type:	GNIS Value	Pertinent Negatives (PN):	Yes No
------------	------------	---------------------------	-------------------

Is Nillable:	Yes 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. GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

Code List:
Pertinent Negatives (PN) 8801023 - Unable to Complete GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm



OC-MEDS – DATA DICTIONARY

ePatient.07 - Patient's Home County

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

Reporting Condition:	eDisposition.12 itDisposition.112 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

NEMSIS 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 ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 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

NEMSIS 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 ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 does not include a Canceled or No Patient Contact value.
----------------------	---

Definition:
The patient's ZIP code of residence.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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 ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The country of residence of the patient.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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.
http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

Code List:
ANSI Country Codes (ISO 3166) Website: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm None



OC-MEDS – DATA DICTIONARY

ePatient.12 - Social Security Number

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The patient's social security number

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	Social Security Number
-----------------	------------------------

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

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

Attributes:
Constraints: pattern = [0-9]{9}

Code List:
<u>Pertinent Negatives (PN)</u> <u>8801023 - Unable to Complete</u> None



OC-MEDS – DATA DICTIONARY

ePatient.13 - Gender

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

Reporting Condition:	eDisposition.12 itDisposition.112 does not include a Canceled or No Patient Contact value.
----------------------	---

Definition:
The Patient's Gender

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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
9906007 Female-to-Male, Transgender Male
9906009 Male-to-Female, Transgender Female
9906011 Other, neither exclusively male or female
9906005 Unknown (Unable to Determine)

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OC-MEDS – DATA DICTIONARY

ePatient.14 - Race

OC-MEDS
Reporting
Usage:

Required

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Reporting Condition: Complete and submit when available.

Definition:

The patient's race as defined by the OMB (US Office of Management and Budget)

Patient Identifiable:

No

Agency Identifiable:

No

NEMESIS Element:

Gender

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:

2514001 American Indian or Alaska Native

2514003 Asian

2514005 Black or African American

2514007 Hispanic or Latino

2514009 Native Hawaiian or Other Pacific Islander

it2514.001 Other Race

2514011 White

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OC-MEDS – DATA DICTIONARY

ePatient.15 - Age

OC-MEDS ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 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

NEMSIS 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 ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 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

NEMSIS 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 OC-MEDS
Usage:

Required

Recommended

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Reporting Condition: Complete and submit if available

Definition:

The patient's date of birth

Patient Identifiable:

Yes

Agency Identifiable:

No

NEMSIS 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 OC-MEDS Usage:	Optional Required
--	------------------------------

Reporting Condition:	Complete and submit if available None
----------------------	--

Definition:
The patient's phone number

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	Patient's Phone Number
-----------------	------------------------

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

Is Nillable:	Yes 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:
Pertinent Negatives (PN) 8801023 - Unable to Complete None

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OC-MEDS – DATA DICTIONARY

ePatient.19 - Patient's Email Address

<u>OC-MEDS Reporting Usage:</u>	<u>Optional</u> Recommended
---------------------------------	--

<u>Reporting Condition:</u>	<u>Complete and submit if available</u> None
-----------------------------	---

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<u>Definition:</u>
<u>The email address of the patient</u>

<u>Patient Identifiable:</u>	<u>Agency Identifiable:</u>
<u>Yes</u>	<u>No</u>

<u>NEMSIS Element:</u>	<u>Patient's Email Address</u>
------------------------	--------------------------------

<u>Data Type:</u>	<u>String</u>	<u>Pertinent Negatives (PN):</u>	<u>No</u>
-------------------	---------------	----------------------------------	-----------

<u>Is Nillable:</u>	<u>No</u>	<u>NOT Values:</u>	<u>No</u>
---------------------	-----------	--------------------	-----------

<u>Attributes:</u>
<u>Constraints: character length = 3 to 100</u>

<u>Code List:</u>
<u>None</u>



OC-MEDS – DATA DICTIONARY

ePatient.20 - State Issuing Driver's License

OC-MEDS ReportingOC-MEDS Usage:	Optional Recommended
---------------------------------------	---------------------------------

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

Definition:
The state that issued the drivers license

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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



OC-MEDS – DATA DICTIONARY

ePatient.21 - Driver's License Number

OC-MEDS ReportingOC-MEDS Usage:	Optional Recommended
---------------------------------------	---------------------------------

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

Definition:
The patient's drivers license number

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS 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

ePatient.22 - Alternate Home Residence

OC-MEDS
Reporting
Usage:

Required

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Reporting Condition: itDisposition.112 does not include a Canceled or No Patient Contact value.

Definition:

Documentation of the type of patient without a home ZIP/Postal Code.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Alternate Home Residence

Data Type:

Single-select

Pertinent Negatives
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

Attributes:

Comments: New element, replaces itPatient.025 "Is Patient Homeless"

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Code List:

Not Values:

7701001 Not Applicable

7701003 Not Recorded

Select Resources:

2522005 Foreign Visitor

2522001 Homeless

2522003 Migrant Worker



OC-MEDS – DATA DICTIONARY

itOtherKin.001 - Street Address

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

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

Definition:
Street Address of the other kin.

Patient Identifiable:	Agency Identifiable:
Yes	No

OC-MEDS Element Element:	Street AddressCustom
--------------------------------	----------------------

Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: v2 Code=None IT10.24

Code List:
None



OC-MEDS – DATA DICTIONARY

itOtherKin.002 - Street Address 2

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

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

Definition:
Street Address 2 of the other kin.

Patient Identifiable:	Agency Identifiable:
Yes	No

OC-MEDS Element Element:	Street Address 2 Custom Element
--------------------------------	---------------------------------

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

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

Attributes:
None

Code List:
None



OC-MEDS – DATA DICTIONARY

itOtherKin.003 - Postal Code

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

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

Definition:
Postal Code of the other kin.

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	Postal Code Custom Element
--------------------------------	----------------------------

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

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

Attributes:
Comments: v2 Code=None IT10.31

Code List:
None



OC-MEDS – DATA DICTIONARY

itOtherKin.004 - Apartment Number

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

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

Definition:
Apartment Number of the other kin.

Patient Identifiable:	Agency Identifiable:
Yes	No

OC-MEDS Element Element:	Custom ElementApartment 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 Usage:	Optional
--------------------------------	----------

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

Definition:
City Name of the other kin.

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	Custom 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



OC-MEDS – DATA DICTIONARY

itOtherKin.008 - County Name

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

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

Definition:
County Name of the other kin.

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	Custom 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 Usage:	Optional
--------------------------------	----------

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

Definition:
State Name of the other kin.

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	Custom 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 Usage:	Optional
--------------------------------	----------

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

Definition:
Country Code of the other kin.

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	Custom ElementCountry 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



OC-MEDS – DATA DICTIONARY

itOtherKin.013 - First Name

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

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

Definition:
First Name of the other kin.

Patient Identifiable:	Agency Identifiable:
Yes	No

OC-MEDS Element Element:	Custom ElementFirst Name
--------------------------------	--------------------------

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

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

Attributes:
Comments: v2 Code = None IT10.21

Code List:
None



OC-MEDS – DATA DICTIONARY

itOtherKin.014 - Last Name

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

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

Definition:
Last Name of the other kin.

Patient Identifiable:	Agency Identifiable:
Yes	No

OC-MEDS Element Element:	Custom ElementLast Name
--------------------------------	-------------------------

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

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

Attributes:
Comments: v2 Code=None-IT10.22

Code List:
None



OC-MEDS – DATA DICTIONARY

itOtherKin.015 - Middle Initial

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

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

Definition:
Middle Initial of the other kin.

Patient Identifiable:	Agency Identifiable:
Yes	No

OC-MEDS Element Element:	Custom Element Middle Initial
--------------------------------	---

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

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

Attributes:
Comments: v2 Code = None-IT10.23

Code List:
None



OC-MEDS – DATA DICTIONARY

itOtherKin.016 - Phone

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

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

Definition:
Phone Number of the other kin.

Patient Identifiable:	Agency Identifiable:
Yes	No

OC-MEDS Element Element:	Custom ElementPhone
--------------------------------	---------------------

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

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

Attributes:
Comments: v2 Code=None-IT10.32

Code List:
None



OC-MEDS – DATA DICTIONARY

itOtherKin.017 - Relation

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

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

Definition:
The relation of the other kin to the patient.

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	Custom ElementRelation
--------------------------------	------------------------

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

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

Attributes:
Comments: v2 Code=None-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

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OC-MEDS – DATA DICTIONARY

itPatient.004 - Patient Apartment Number

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

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

Definition:
Patient Apartment Number

Patient Identifiable:	Agency Identifiable:
Yes	No

OC-MEDS Element 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 Usage:	Optional
--------------------------------	----------

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

Definition:
Patient Alternate Address - Street Address

Patient Identifiable:	Agency Identifiable:
Yes	No

OC-MEDS Element: Element:	Patient Alternate Address - Street Address Custom Element
---------------------------------	--

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

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

Attributes:
Comments: v2 Code = None IT8.33

Code List:
None



OC-MEDS – DATA DICTIONARY

itPatient.014 - Patient Alternate Address - Street Address 2

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

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

Definition:
Patient Alternate Address - Street Address 2

Patient Identifiable:	Agency Identifiable:
Yes	No

OC-MEDS Element Element:	Custom Element Patient Alternate Address - Street Address 2
--------------------------------	---

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

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

Attributes:
Comments: v2 Code = None-IT8.54

Code List:
None



OC-MEDS – DATA DICTIONARY

itPatient.015 - Patient Alternate Address - Postal Code

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

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

Definition:
Patient Alternate Address - Postal Code

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element: Element:	Custom Element Patient Alternate Address - Postal Code
---------------------------------	---

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

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

Attributes:
Comments: v2 Code = None-IT8.39

Code List:
None



OC-MEDS – DATA DICTIONARY

itPatient.016 - Patient Alternate Address - City

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

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

Definition:
Patient Alternate Address - City

Patient Identifiable:	Agency Identifiable:
Yes	No

OC-MEDS Element: NEMESIS Element:	<u>Custom Element</u> Patient Alternate Address - City
--	---

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

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

Attributes:
<u>Comments:</u> v2 Code = Constraints: 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



OC-MEDS – DATA DICTIONARY

itPatient.017 - Patient Alternate Address - County

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

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

Definition:
Patient Alternate Address - County

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	Custom 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 Usage:	Optional
--------------------------------	----------

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

Definition:
Patient Alternate Address - State

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	Custom 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 ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
Patient Alternate Address - Country Code

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS ElementNEMIS Element:	<u>Custom Element</u> 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



OC-MEDS – DATA DICTIONARY

itPatient.020 - Patient Alternate Address - Apartment Number

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

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

Definition:
Patient Alternate Address - Apartment Number

Patient Identifiable:	Agency Identifiable:
Yes	No

OC-MEDS Element Element:	Custom Element Patient Alternate Address - Apartment Number
--------------------------------	--

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

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

Attributes:
Comments: v2 Code = None-IT8.34

Code List:
None



OC-MEDS – DATA DICTIONARY

~~itPatient.025 – Is Patient Homeless?~~

Commented [RL17]: Deprecated, replaced by ePatient.22

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

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

Definition:
Used to record whether the patient is homeless as observed by EMS providers.

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element:	Is Patient Homeless
------------------	---------------------

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

Is Nullable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:

Code List:
Select Resources:
itPatient.025.002 No
itPatient.025.001 Yes



OC-MEDS – DATA DICTIONARY

ePayment.01 - Primary Method of Payment

OC-MEDS Usage: RecommendedRequired

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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:

No

Agency Identifiable:

No

NEMSIS 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 ReportingOC-MEDS Usage:	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

NEMSIS Element:	Physician Certification Statement
-----------------	-----------------------------------

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

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

Attributes:
None Correlation: ePayment.CertificateGroup

Code List:
Select Resources: 9922001 No 9922003 Unknown 9922005 Yes



OC-MEDS – DATA DICTIONARY

ePayment.03 - Date Physician Certification Statement Signed

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

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

Definition:
The date the Physician Certification Statement was signed

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Date Physician Certification Statement Signed
-----------------	---

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

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

Attributes:
Correlation: ePayment.CertificateGroup
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 Usage:	Optional		
Reporting Condition:	None		
Definition:			
The reason for EMS transport noted on the Physician Certification Statement			
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Reason for Physician Certification Statement		
Data Type:	Multi-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: ePayment.CertificateGroupNone			

Code List:	
Select Resources:	
2604001 Bed Confined	2604027 Risk of falling off wheelchair or stretcher while in motion (not related to obesity)
2604003 Cardiac/Hemodynamic monitoring required during transport	2604029 Severe Muscular weakness and de-conditioned state precludes any significant physical activity
2604005 Confused, combative, lethargic, comatose	2604031 Special handling en route-Isolation
2604007 Contractures	2604033 Third Party assistance/attendant required to apply, administer, or regulate or adjust oxygen en route
2604009 Danger to self or others-monitoring	2604035 Unable to maintain erect sitting position in a chair for time needed to transport, due to moderate muscular weakness and de-conditioning.
2604011 Danger to self or others-seclusion (flight risk)	2604037 Unable to sit in chair or wheelchair due to Grade II or greater decubitus ulcers on buttocks.
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	

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OC-MEDS – DATA DICTIONARY

ePayment.05 - Healthcare Provider Type Signing Physician Certification Statement

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

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

Definition:
The type of healthcare provider who signed the Physician Certification Statement

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Healthcare Provider Type Signing Physician Certification Statement
-----------------	--

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

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

Attributes:
Correlation: ePayment.CertificateGroupNone

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 ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The last name of the healthcare provider who signed the Physician Certification Statement.

Patient Identifiable:	Agency Identifiable:
No	Yes

NEMSIS Element:	Last Name of Individual Signing Physician Certification Statement
-----------------	---

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

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

Attributes:
Correlation: ePayment.CertificateGroup
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 ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The first name of the healthcare provider who signed the Physician Certification Statement.

Patient Identifiable:	Agency Identifiable:
No	Yes

NEMSIS Element:	First Name of Individual Signing Physician Certification Statement
-----------------	--

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

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

Attributes:
Correlation: ePayment.CertificateGroup
Constraints: character length = 1 to 50

Code List:
None



OC-MEDS – DATA DICTIONARY

ePayment.08 - Patient Resides in Service Area

OC-MEDS ReportingOC-MEDS Usage:	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

NEMSIS 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

ePayment.09 - Insurance Company ID

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The ID Number of the patient's insurance company.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Insurance Company ID
-----------------	----------------------

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

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

Attributes:
Correlation: ePayment.InsuranceGroup
Constraints: character length = 2 to 60

Code List:
None



OC-MEDS – DATA DICTIONARY

ePayment.10 - Insurance Company Name

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The name of the patient's insurance company.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Insurance Company Name
-----------------	------------------------

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

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

Attributes:
Correlation: ePayment.InsuranceGroup
Constraints: character length = 2 to 100

Code List:
None



OC-MEDS – DATA DICTIONARY

ePayment.11 - Insurance Company Billing Priority

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The billing priority or order for the insurance company.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Insurance Company Billing Priority
-----------------	------------------------------------

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

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

Attributes:
Correlation: ePayment.InsuranceGroupNone

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



OC-MEDS – DATA DICTIONARY

ePayment.12.StreetAddress2 - Insurance Company Address 2

OC-MEDS Reporting Usage:	
--------------------------------	--

Reporting Condition:	
----------------------	--

Definition:
The mailing address 2 of the Insurance Company

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	Insurance Company Address 2
--------------------------------	-----------------------------

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

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

Attributes:
Correlation: ePayment.InsuranceGroupNone

Code List:
None



OC-MEDS – DATA DICTIONARY

ePayment.12 - Insurance Company Address

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The mailing address of the Insurance Company

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Insurance Company Address
-----------------	---------------------------

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

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

Attributes:
Correlation: ePayment.InsuranceGroup
Constraints: character length = 1 to 255

Code List:
None



OC-MEDS – DATA DICTIONARY

ePayment.13 - Insurance Company City

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The insurance company's city or township used for mailing purposes.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Insurance Company City
-----------------	------------------------

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

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

Attributes:
Correlation: ePayment.InsuranceGroup
Constraints: character length = 2 to 30

Code List:
None



OC-MEDS – DATA DICTIONARY

ePayment.14 - Insurance Company State

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The insurance company's state, territory, or province, or District of Columbia.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Insurance Company State
-----------------	-------------------------

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

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

Attributes:
Correlation: ePayment.InsuranceGroup 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 ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The insurance company's ZIP Code

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Insurance Company ZIP Code
-----------------	----------------------------

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

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

Attributes:
Correlation: ePayment.InsuranceGroup
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 ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The insurance company's country

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Insurance Company Country
-----------------	---------------------------

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

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

Attributes:
Correlation: ePayment.InsuranceGroup
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



OC-MEDS – DATA DICTIONARY

ePayment.17 - Insurance Group ID

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The ID number of the patient's insurance group.

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	Insurance Group ID
-----------------	--------------------

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

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

Attributes:
Correlation: ePayment.InsuranceGroup
Constraints: character length = 2 to 30

Code List:
None



OC-MEDS – DATA DICTIONARY

ePayment.18 - Insurance Policy ID Number

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The ID number of the patient's insurance policy

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	Insurance Policy ID Number
-----------------	----------------------------

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

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

Attributes:
Correlation: ePayment.InsuranceGroup
Constraints: character length = 2 to 30

Code List:
None



OC-MEDS – DATA DICTIONARY

ePayment.19 - Last Name of the Insured

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The last (family) name of the person insured by the insurance company.

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	Last Name of the Insured
-----------------	--------------------------

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

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

Attributes:
Correlation: ePayment.InsuranceGroup
Constraints: character length = 1 to 60

Code List:
None



OC-MEDS – DATA DICTIONARY

ePayment.20 - First Name of the Insured

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The first (given) name of the person insured by the insurance company

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	First Name of the Insured
-----------------	---------------------------

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

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

Attributes:
Correlation: ePayment.InsuranceGroup
Constraints: character length = 1 to 50

Code List:
None



OC-MEDS – DATA DICTIONARY

ePayment.21 - Middle Initial/Name of the Insured

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The middle name, if any, of the person insured by the insurance company.

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	Middle Initial/Name of the Insured
-----------------	------------------------------------

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

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

Attributes:
Correlation: ePayment.InsuranceGroup
Constraints: character length = 1 to 50

Code List:
None



OC-MEDS – DATA DICTIONARY

ePayment.22 - Relationship to the Insured

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

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

Definition:
The relationship of the patient to the primary insured person

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Relationship to the Insured
-----------------	-----------------------------

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

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

Attributes:
Correlation: ePayment.InsuranceGroupNone

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

ePayment.23 - Closest Relative/Guardian Last Name

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The last (family) name of the patient's closest relative or guardian

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	Closest Relative/Guardian Last Name
-----------------	-------------------------------------

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

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

Attributes:
Correlation: ePayment.ClosestRelativeGroup
Constraints: character length = 1 to 60

Code List:
None



OC-MEDS – DATA DICTIONARY

ePayment.24 - Closest Relative/ Guardian First Name

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The first (given) name of the patient's closest relative or guardian

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	Closest Relative/ Guardian First Name
-----------------	---------------------------------------

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

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

Attributes:
Correlation: ePayment.ClosestRelativeGroup
Constraints: character length = 1 to 50

Code List:
None



OC-MEDS – DATA DICTIONARY

ePayment.25 - Closest Relative/ Guardian Middle Initial/Name

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The middle name/initial, if any, of the closest patient's relative or guardian.

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	Closest Relative/ Guardian Middle Initial/Name
-----------------	--

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

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

Attributes:
Correlation: ePayment.ClosestRelativeGroup
Constraints: character length = 1 to 50

Code List:
None



OC-MEDS – DATA DICTIONARY

ePayment.26 - Closest Relative/ Guardian Street Address

OC-MEDS ReportingOC-MEDS Usage:	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

NEMSIS Element:	Closest Relative/ Guardian Street Address
-----------------	---

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

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

Attributes:
Correlation: ePayment.ClosestRelativeGroup
Constraints: character length = 1 to 255

Code List:
None



OC-MEDS – DATA DICTIONARY

ePayment.27 - Closest Relative/ Guardian City

OC-MEDS ReportingOC-MEDS Usage:	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

NEMSIS Element:	Closest Relative/ Guardian City
-----------------	---------------------------------

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

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

Attributes:
Correlation: ePayment.ClosestRelativeGroup
Constraints: character length = 2 to 30

Code List:
None



OC-MEDS – DATA DICTIONARY

ePayment.28 - Closest Relative/ Guardian State

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The state of residence of the patient's closest relative or guardian.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Closest Relative/ Guardian State
-----------------	----------------------------------

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

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

Attributes:
Correlation: ePayment.ClosestRelativeGroup
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 ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The ZIP Code of the residence of the patient's closest relative or guardian.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Closest Relative/ Guardian ZIP Code
-----------------	-------------------------------------

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

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

Attributes:
Correlation: ePayment.ClosestRelativeGroup
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 ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The country of residence of the patient's closest relative or guardian.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Closest Relative/ Guardian Country
-----------------	------------------------------------

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

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

Attributes:
Correlation: ePayment.ClosestRelativeGroup
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



OC-MEDS – DATA DICTIONARY

ePayment.31 - Closest Relative/ Guardian Phone Number

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The phone number of the patient's closest relative or guardian

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	Closest Relative/ Guardian Phone Number
-----------------	---

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

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

Attributes:
Correlation: ePayment.ClosestRelativeGroup
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 Usage:	Optional
--------------------------------	----------

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

Definition:
The relationship of the patient's closest relative or guardian

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Closest Relative/ Guardian Relationship
-----------------	---

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

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

Attributes:
Correlation: ePayment.ClosestRelativeGroup 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

ePayment.33 - Patient's Employer

OC-MEDS ReportingOC-MEDS Usage:	OptionalRequired
---------------------------------------	------------------

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Reporting Condition:	Complete and submit when pertinentNone
----------------------	--

Definition:
The patient's employers Name

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	Patient's Employer
-----------------	--------------------

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

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

Attributes:
Correlation: ePayment.EmployerGroup
Constraints: character length = 2 to 60

Code List:
None



OC-MEDS – DATA DICTIONARY

ePayment.34 - Patient's Employers Address

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The street address of the patient's employer

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	Patient's Employers Address
-----------------	-----------------------------

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

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

Attributes:
Correlation: ePayment.EmployerGroup
Constraints: character length = 1 to 255
Comment: Allows two line documentation.

Code List:
None



OC-MEDS – DATA DICTIONARY

ePayment.35 - Patient Employers City

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The city or township of the patients employer used for mailing purposes

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Patient Employers City
-----------------	------------------------

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

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

Attributes:
Correlation: ePayment.EmployerGroup
Constraints: character length = 2 to 30

Code List:
None



OC-MEDS – DATA DICTIONARY

ePayment.36 - Patient's Employers State

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The state of the patient's employer

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Patient's Employers State
-----------------	---------------------------

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

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

Attributes:
Correlation: ePayment.EmployerGroup
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 ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The ZIP Code of the patient's employer

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Patient's Employers ZIP Code
-----------------	------------------------------

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

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

Attributes:
Correlation: ePayment.EmployerGroup
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 ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The country of the patient's employer

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Patient's Employers Country
-----------------	-----------------------------

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

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

Attributes:
Correlation: ePayment.EmployerGroup
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



OC-MEDS – DATA DICTIONARY

ePayment.39 - Patient's Employers Primary Phone Number

OC-MEDS ReportingOC-MEDS Usage:	OptionalRequired
---------------------------------------	------------------

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Reporting Condition:	Complete and submit when pertinentNone
----------------------	--

Definition:
The employer's primary phone number.

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	Patient's Employers Primary Phone Number
-----------------	--

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

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

Attributes:
Correlation: ePayment.EmployerGroup
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 ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The urgency in which the EMS agency began to mobilize resources for this EMS encounter.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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 ReportingOC-MEDS Usage:	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

NEMSIS 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 Usage:	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:	Agency Identifiable:
No	No

NEMSIS Element:	Specialty Care Transport Care Provider
-----------------	--

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

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

Attributes:
None Comment: New Values

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Code List:	
Select Resources:	
2642015 2009 Advanced Emergency Medical Technician (AEMT)	2642027 Other Healthcare Professional
2642011 2009 Emergency Medical Responder (EMR)	2642029 Other Non-Healthcare Professional
2642013 2009 Emergency Medical Technician (EMT)	2642009 Physician Assistant
2642015 Advanced Emergency Medical Technician (AEMT)	2642007 Physician (MD, DO)
2642017 2009 Paramedic	2642039 Registered Nurse
2642001 Advanced EMT Paramedic	2642031 Respiratory Therapist
2642037 Community Paramedicine	2642033 Student
2642003 Nurse	
2642005 Nurse Practitioner	
2642035 Critical Care Paramedic	
2642021 EMT Basic	

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OC-MEDS – DATA DICTIONARY

ePayment.44 - Ambulance Transport Reason Code

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The CMS Ambulance Transport Reason Code for the transport.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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 ReportingOC-MEDS Usage:	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

NEMSIS 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 ReportingOC-MEDS Usage:	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

NEMSIS 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 ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
Documentation of the CRC03 through CRC07 requirements for CMS billing using X12 transactions.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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 ReportingOC-MEDS Usage:	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:	Agency Identifiable:
No	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 ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
Documentation that the patient required an ALS assessment and it was performed.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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 OC-MEDS
Usage:

~~Recommended~~ Required

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Reporting Condition: Complete and submit if available

Definition:

The CMS service level for this EMS encounter.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS 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 ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The condition code associated with the CMS EMS negotiated rule-making process.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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 ReportingOC-MEDS Usage:	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

NEMSIS 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 ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
Prior authorization code provided by the insurance carrier/payer.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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 ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The Payer who has provided the Prior Authorization Code.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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 ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The name of the supply used on the patient by the EMS Crew during the EMS event.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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 ReportingOC-MEDS Usage:	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:	Agency Identifiable:
No	No

NEMSIS 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 ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
Payer type according to X12 standard.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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	LM Liability Medical
BL Blue Cross/Blue Shield	MC Medicaid
CH Champus	MA Medicare Part A
CI Commercial Insurance Co.	MB Medicare Part B
17 Dental Maintenance Organization	ZZ Mutually Defined
DS Disability	OF Other Federal Program
14 Exclusive Provider Organization (EPO)	11 Other Non-Federal Programs
FI Federal Employees Program	13 Point of Service (POS)
HM Health Maintenance Organization	12 Preferred Provider Organization (PPO)
16 Health Maintenance Organization (HMO)	TV Title V
Medicare Risk	VA Veteran Affairs Plan
15 Indemnity Insurance	WC Workers' Compensation Health Claim

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OC-MEDS – DATA DICTIONARY

ePayment.58 - Insurance Group Name

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The name of the patient's insurance group.

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	Insurance Group Name
-----------------	----------------------

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

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

Attributes:
Correlation: ePayment.InsuranceGroup
Constraints: character length = 2 to 30

Code List:
None



OC-MEDS – DATA DICTIONARY

ePayment.59 - Insurance Company Phone Number

OC-MEDS Usage: Optional

Reporting Condition: None

Definition:
The name of the patient's insurance group.

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element: Insurance Company Phone Number

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

Is Nilable:	No	NOT Values:	No
-------------	----	-------------	----

Attributes:
Correlation: ePayment.InsuranceGroup
Constraints: character length = 2 to 255, pattern [2-9][0-9][0-9]-[2-9][0-9][0-9]-[0-9][0-9][0-9]

Code List:

PhoneNumberType:
9913001 – Fax, 9913003 – Home, 9913005 – Mobile, 9913007 – Pager, 9913009 - Work

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OC-MEDS – DATA DICTIONARY

ePayment.60 - Date of Birth of the Insured

OC-MEDS Usage: Optional

Reporting Condition: None

Definition:
The name of the patient's insurance group.

Patient Identifiable:	Agency Identifiable:
<u>Yes</u>	<u>No</u>

NEMSIS Element: Date of Birth of the Insured

Data Type:	<u>String</u>	Pertinent Negatives (PN):	<u>No</u>
------------	---------------	---------------------------	-----------

Is Nilable:	<u>No</u>	NOT Values:	<u>No</u>
-------------	-----------	-------------	-----------

Attributes:
Correlation: ePayment.InsuranceGroup
Constraints: Data Type Date, minInclusive 1890-01-01, maxInclusive 2050-01-01

Code List:

None



OC-MEDS – DATA DICTIONARY

itPayment.001 - Moved by Stretcher

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

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

Definition:
Moved by Stretcher

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element: Element:	Moved by Stretcher Custom Element
---------------------------------	-----------------------------------

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

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

Attributes:
Comments: v2 Code=None-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 Usage:	Optional
--------------------------------	----------

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

Definition:
Visible Hemorrhaging

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	Custom Element Visible Hemorrhaging
--------------------------------	-------------------------------------

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

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

Attributes:
Comments: v2 Code = None-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 Usage:	Optional
--------------------------------	----------

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

Definition:
Unconscious/Shock

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	Custom Element Unconscious/Shock
--------------------------------	--

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

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

Attributes:
Comments: v2 Code = None-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 Usage:	Optional
--------------------------------	----------

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

Definition:
Bed Confined Before

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	Custom Element Bed Confined Before
--------------------------------	---

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

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

Attributes:
Comments: v2 Code=None 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 Usage:	Optional
--------------------------------	----------

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

Definition:
Bed Confined After

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	Custom Element Bed Confined After
--------------------------------	---

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

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

Attributes:
Comments: v2 Code=None-IT8.6

Code List:
Select Resources: itPayment.005.100 No itPayment.005.101 Yes



OC-MEDS – DATA DICTIONARY

itPayment.007 - Physical Restraints

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
Physical Restraints

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Custom ElementPhysical Restraints
-----------------	-----------------------------------

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

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

Attributes:
Comments: v2 Code=None 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 Usage:	Optional
--------------------------------	----------

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

Definition:
Hospital Admit

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	Custom Element Hospital Admit
--------------------------------	---

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

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

Attributes:
Comments: v2 Code = None-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 Usage:	Optional
--------------------------------	----------

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

Definition:
Patient Belongings Other

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	Custom Element Patient Belongings Other
--------------------------------	---

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

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

Attributes:
Comments: v2 Code = None-IT8.16

Code List:
None



OC-MEDS – DATA DICTIONARY

itPayment.011 - Patient Belongings Left With

OC-MEDS
Reporting
Usage:

Optional

Reporting Condition: None

Definition:

Patient Belongings Left With

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS
Element
Element:

Custom Element
Patient Belongings Left With

Data Type:

Single-select

Pertinent Negatives
(PN):

Is Nillable:

No

NOT Values:

Attributes:

Comments: v2 Code=None 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 Usage:	Optional
--------------------------------	----------

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

Definition:
Patient Belongings Left With Other

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	Custom ElementPatient Belongings Left With Other
--------------------------------	--

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

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

Attributes:
Comments: v2 Code=None-IT8.18

Code List:
None



OC-MEDS – DATA DICTIONARY

itPayment.013 - Mult. Joint Contracture

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

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

Definition:
Mult. Joint Contracture

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	Custom Element Mult. Joint Contracture
--------------------------------	--

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

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

Attributes:
Comments: v2 Code = None 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 Usage:	Optional
--------------------------------	----------

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

Definition:
Invalid Transport Possible

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	Custom Element Invalid Transport Possible
--------------------------------	---

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

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

Attributes:
Comments: v2 Code=None 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 Usage:	Optional
--------------------------------	----------

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

Definition:
Treatment Available at the Originating Facility

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	Custom 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 = None-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 Usage:	Optional
--------------------------------	----------

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

Definition:
Patient Status/Bed Type

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	Custom Element Patient Status/Bed Type
--------------------------------	---

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

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

Attributes:
Comments: v2 Code=None 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

[itPayment.034 - Insured SSN](#)

OC-MEDS Usage: [Optional](#)

Reporting Condition: [None](#)

Definition:

[Patient Status/Bed Type](#)

Patient Identifiable:

[No](#)

Agency Identifiable:

[No](#)

NEMSIS Element: [Custom Element](#)

Data Type:

[Single-select](#)

Pertinent Negatives
(PN):

[No](#)

Is Nilable:

[No](#)

NOT Values:

[No](#)

Attributes:

Correlation: [ePayment.InsuranceGroup](#)

Constraints: Pattern: [^\(\[0-9\]{9}\)\\$](#) Min Value: 0 Max Value: 999999999

Code List:

[None](#)



OC-MEDS – DATA DICTIONARY

eProcedures.01 - Date/Time Procedure Performed

OC-MEDS ReportingOC-MEDS Usage:	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

NEMSIS Element:	Date/Time Procedure Performed
-----------------	-------------------------------

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

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

Attributes:
Correlation: eProcedures.ProcedureGroup
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 Usage:	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

NEMSIS Element:	Procedure Performed Prior to this Units EMS Care
-----------------	--

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

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

Attributes:
Correlation: eProcedures.ProcedureGroup

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded
Select Resources: 9923001 No 9923003 Yes



OC-MEDS – DATA DICTIONARY

eProcedures.03 - Procedure

OC-MEDS ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

Reporting Condition:	Complete and submit if procedure performed.
----------------------	---

Definition:
The procedure performed on the patient.

Patient Identifiable:	Agency Identifiable:
No	No

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

Data Type:	SnoMed value	Pertinent Negatives (PN):	Yes
------------	--------------	---------------------------	-----

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

Attributes:
Correlation: eProcedures.ProcedureGroup None

Code List:
NOT Values: 7701001 Not Applicable 7701003 Not Recorded Pertinent Negatives: 8801001 Contraindication Noted 8801003 Denied By Order 8801019 Refused 8801023 Unable to Complete 8801027 Order Criteria Not Met Select Resources: See Attachment 4



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OC-MEDS – DATA DICTIONARY

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OC-MEDS – DATA DICTIONARY

eProcedures.04 - Size of Procedure Equipment

OC-MEDS ReportingOC-MEDS Usage:	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

NEMSIS Element:	Size of Procedure Equipment
-----------------	-----------------------------

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

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

Attributes:
Correlation: eProcedures.ProcedureGroup
Constraints: character length = 1 to 20

Code List:
None



OC-MEDS – DATA DICTIONARY

eProcedures.05 - Number of Procedure Attempts

OC-MEDS ReportingOC-MEDS Usage:	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

NEMSIS Element:	Number of Procedure Attempts
-----------------	------------------------------

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

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

Attributes:
Correlation: eProcedures.ProcedureGroup
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 Usage:	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

NEMSIS Element:	Procedure Successful
-----------------	----------------------

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

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

Attributes:
Correlation: eProcedures.ProcedureGroup 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 Usage:	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

NEMSIS Element:	Procedure Complication
-----------------	------------------------

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

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

Attributes:
Correlation: eProcedures.ProcedureGroupNone

Code List:	
Not Values:	
7701001 Not Applicable	
7701003 Not Recorded	
Select Resources:	
3907001 Altered Mental Status	
3907003 Apnea	3907023 Hypothermia
3907005 Bleeding	3907025 Hypoxia
3907047 Bradycardia	3907027 Injury
3907007 Bradypnea	3907029 Itching/Urticaria
3907009 Diarrhea	3907031 Nausea
3907011 Esophageal Intubation-immediately	3907033 None
3907013 Esophageal Intubation-other	3907035 Other
3907015 Extravasation	3907039 Respiratory Distress
3907017 Hypertension	3907041 Tachycardia
3907019 Hyperthermia	3907043 Tachypnea
3907021 Hypotension	3907045 Vomiting

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OC-MEDS – DATA DICTIONARY

eProcedures.08 - Response to Procedure

OC-MEDS ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

Reporting Condition:	Complete and submit if procedure performed.
----------------------	---

Definition:
The patient's response to the procedure

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Response to Procedure
-----------------	-----------------------

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

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

Attributes:
Correlation: eProcedures.ProcedureGroupNone

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 ReportingOC-MEDS Usage:	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

NEMSIS Element:	Procedure Crew Members ID
-----------------	---------------------------

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

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

Attributes:
Correlation: eProcedures.ProcedureGroup
Constraints: character length = 2 to 50

Code List:
None



OC-MEDS – DATA DICTIONARY

eProcedures.10 - Role/Type of Person Performing the Procedure

OC-MEDS ReportingOC-MEDS Usage:	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

NEMSIS Element:	Role/Type of Person Performing the Procedure
-----------------	--

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

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

Attributes:
Correlation: eProcedures.ProcedureGroupNone
Comment: New Values

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Code List: note (OC-MEDS Label)
Not Values:
7701001 Not Applicable
7701003 Not Recorded
Select Resources:
9905005 Emergency Medical Technician (EMT), (EMT)
9905007 Paramedic
9905029 Student
9905041 Registered Nurse, (Nurse/MICN)
9905025 Physician
9905019 Other Healthcare Professional
9905027 Respiratory Therapist
9905003 Emergency Medical Responder (EMR), (First Responder)
9905001 Advanced Emergency Medical Technician (AEMT), (Advanced EMT)
9905047 Law Enforcement
9905043 Patient

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[9905045 Lay Person](#)
[9905049 Family Member](#)~~[9905.2459905009 EMT](#)~~
~~[9905.2479905013 Paramedic](#)~~
[9905017 Nurse/MICN](#)
[9905019 Other Healthcare Professional](#)
[9905043 Patient](#)
~~[9905.2499905023 Patient/Lay Person](#)~~
[9905025 Physician](#)
[9905027 Respiratory Therapist](#)
[9905029 Student](#)
~~[9905.171 Law Enforcement](#)~~



OC-MEDS – DATA DICTIONARY

eProcedures.11 - Procedure Authorization

OC-MEDS ReportingOC-MEDS Usage:	OptionalRequired
---------------------------------------	------------------

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

Definition:
The type of treatment authorization obtained

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Procedure Authorization
-----------------	-------------------------

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

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

Attributes:
Correlation: eProcedures.ProcedureGroup 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.12 - Procedure Authorizing Physician

<u>OC-MEDS Reporting Usage:</u>	<u>Optional</u>
---------------------------------	-----------------

<u>Reporting Condition:</u>	<u>Complete and submit if available</u>
-----------------------------	---

<u>Definition:</u>
<u>The name of the authorizing physician ordering the procedure, if the order was provided by any manner other than protocol (standing order) in eProcedures.11</u>

<u>Patient Identifiable:</u>	<u>Agency Identifiable:</u>
<u>No</u>	<u>No</u>

<u>NEMSIS Element:</u>	<u>Procedure Authorizing Physician</u>
------------------------	--

<u>Data Type:</u>	<u>String</u>	<u>Pertinent Negatives (PN):</u>	<u>No</u>
-------------------	---------------	----------------------------------	-----------

<u>Is Nillable:</u>	<u>No</u>	<u>NOT Values:</u>	<u>No</u>
---------------------	-----------	--------------------	-----------

<u>Attributes:</u>
<u>Correlation: eProcedures.ProcedureGroup</u>
<u>Constraints: Min: 1 Max: 255</u>

<u>Code List:</u>
<u>None</u>



OC-MEDS – DATA DICTIONARY

eProcedures.13 - Vascular Access Location

OC-MEDS Usage:	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

NEMSIS Element:	Vascular Access Location
-----------------	--------------------------

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

Is Nilable:	Yes	NOT Values:	Yes
-------------	-----	-------------	-----

Attributes:
Correlation: eProcedures.ProcedureGroup
None Comment: New Values

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Code List:	
Not Values:	
7701001 Not Applicable	
7701003 Not Recorded	
7701005 Not Reporting	
Select Resources:	
3913001 Antecubital-Left	3913051 Lower Extremity-Left
3913003 Antecubital-Right	3913053 Lower Extremity-Right
3913005 External Jugular-Left	3913057 Other Central (PICC, Portacath, etc.)
3913007 External Jugular-Right	3913055 Other Peripheral
3913015 Foot-Left	3913059 Scalp
3913013 Foot-Right	3913065 Umbilical
3913017 Forearm-Left	3913071 Upper Arm-Left
3913019 Forearm-Right	3913073 Upper Arm-Right
3913021 Hand-Left	3913079 Wrist-Left
3913023 Hand-Right	3913081 Wrist-Right
3913047 IO-Tibia-Left Proximal	
3913049 IO-Tibia-Right Proximal	

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OC-MEDS – DATA DICTIONARY

itProcedures.005 - Procedure Comments

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

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

Definition:
Procedure Comments

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	Procedure Comments
--------------------------------	--------------------

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

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

Attributes:
Correlation: eProcedures.ProcedureGroup
Constraints: max length = 500
Comments: v2 Code = IT7.22

Code List:
None



OC-MEDS – DATA DICTIONARY

itProcedures.006 - Procedure Location

OC-MEDS
Reporting
Usage:

Recommended Optional

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Reporting Condition: Complete and submit if available

Definition:
Procedure Location

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS
Element:
NEMESIS
Element:

Procedure Location

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eProcedures.ProcedureGroup
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



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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
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
Usage:

Optional Required Required

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Reporting Condition: Complete and submit if pertinent when pertinent

Definition:
Circulation Prior To Procedure

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS
Element
Element:

Circulation Prior To Procedure

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eProcedures.ProcedureGroup
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
Usage:

Optional Required

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Reporting Condition: Complete and submit if pertinent when pertinent

Definition:
Sensation Prior To Procedure

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS
Element
Element:

Sensation Prior To Procedure

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

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

Attributes:
Correlation: eProcedures.ProcedureGroup
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
ReportingOC-MEDS
Usage:

OptionalRequired

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Reporting Condition: Complete and submit if pertinentwhen pertinent

Definition:
Motor Prior To Procedure

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS
ElementNEMSIS
Element: Motor Prior To Procedure

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

Is Nillable:	No	NOT Values:	No

Attributes:
[Correlation: eProcedures.ProcedureGroup](#)
[Comments: v2 Code = IT7.106](#)

Code List:

Select Resources:
itProcedures.047.100 Absent
itProcedures.047.101 Present



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OC-MEDS – DATA DICTIONARY

itProcedures.048 - Circulation After Procedure

OC-MEDS
Reporting
Usage:

Optional Required

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Reporting Condition: Complete and submit if pertinent when pertinent

Definition:
Circulation After Procedure

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS
Element
Element:

Circulation After Procedure

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

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

Attributes:
Correlation: eProcedures.ProcedureGroup
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
Usage:

Optional Required

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Reporting Condition: Complete and submit if pertinent when pertinent

Definition:
Sensation After Procedure

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS
Element
Element:

Sensation After Procedure

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eProcedures.ProcedureGroup
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
Usage:

~~Optional~~ Required

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Reporting Condition: Complete and submit ~~if pertinent~~ when pertinent

Definition:
Motor After Procedure

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS
Element
Element:

Motor After Procedure

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

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

Attributes:
[Correlation: eProcedures.ProcedureGroup](#)
~~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 Usage:	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 Element:	Procedure Ordered
--------------------------------	-------------------

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

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

Attributes:
Comments: v2 Code = None IT32.11

Code List:
Select Resources: See Attachment 4



OC-MEDS – DATA DICTIONARY

itProcedures.056 - Procedure Ordered By

OC-MEDS Reporting Usage:	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 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 Usage:	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: Element:	Procedure Ordered Size of Equipment
---------------------------------	-------------------------------------

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

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

Attributes:	
Comments:	v2 Code=None IT32.14

Code List:	
	None



OC-MEDS – DATA DICTIONARY

itProcedures.058 - Procedure Ordered Date/Time

OC-MEDS Reporting Usage:	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 Element:	Procedure Ordered Date/Time
--------------------------------	-----------------------------

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

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

Attributes:
Comments: v2 Code=None IT32.13

Code List:
None



OC-MEDS – DATA DICTIONARY

itProcedures.059 - Procedure Ordered Comments

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

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

Definition:	Procedure Ordered Comments
-------------	----------------------------

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	Procedure Ordered Comments
--------------------------------	----------------------------

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

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

Attributes:	
Comments:	v2 Code = None-IT32-16

Code List:	
None	



OC-MEDS – DATA DICTIONARY

itProcedures.060 - Procedure Ordered Location

OC-MEDS Usage:	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

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

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nilable:	Yes	NOT Values:	Yes
-------------	-----	-------------	-----

Attributes:	
Comments:	v2 Code=None 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



OC-MEDS – DATA DICTIONARY

itProcedures.060.115 External Jugular-Left
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 Usage:	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: Element:	Procedure Ordered Response
---------------------------------	----------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:	
Comments:	v2 Code = None-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

eProtocols.01 - Protocols Used

OC-MEDS Reporting OC-MEDS Usage:	Required
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Reporting Condition:	Complete and submit when pertinent	None
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Definition:	The protocol used by EMS personnel to direct the clinical care of the patient
-------------	---

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Protocols Used
-----------------	----------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:	
Correlation:	eProtocols.ProtocolGroup

Code List: note (OC-MEDS Label)
Not Values:
7701001 Not Applicable
7701003 Not Recorded
Select Resources:
9914109 Medical-Abdominal Pain, (Abdominal/Flank Pain/Problems: Non-Traumatic)
9914197 Medical-Apparent Life Threatening Event (ALTE), (Apparent Life Threatening Event (ALTE))
9914111 Medical-Allergic Reaction/Anaphylaxis, (Allergic Reaction/Anaphylaxis)
9914005 Airway-Obstruction/Foreign Body, (Airway-Obstruction/Trach/Stoma Problem)
9914113 Medical-Altered Mental Status, (Altered Level of Consciousness: Non-Traumatic)
9914077 Injury-Amputation, (Amputation)
9914053 General-Behavioral/Patient Restraint, (Behavioral Emergencies)
9914115 Medical-Bradycardia, (Bradycardia: Symptomatic or Deteriorating)
9914085 Injury-Burns-Thermal, (Burns-Thermal, Electrical, Chemical)
9914055 General-Cardiac Arrest, (Cardiac Arrest-Medical Etiology)
9914117 Medical-Cardiac Chest Pain, (Chest Pain of Suspected Cardiac Origin or Suspected Anginal Equivalent)
9914155 OB/GYN-Childbirth/Labor/Delivery, (Childbirth/Labor/Delivery)



[9914089 Injury-Crush Syndrome, \(Crush Injuries\)](#)

[9914091 Injury-Diving Emergencies, \(Diving Emergencies\)](#)

[9914093 Injury-Drowning/Near Drowning, \(Drowning/Near Drowning\)](#)

[9914157 OB/GYN-Eclampsia, \(Hypertensive Disorder of Pregnancy\)](#)

[9914147 Medical-Supraventricular Tachycardia \(Including Atrial Fibrillation\), \(Narrow Complex Tachycardia: SVT/A.Fib\)](#)

[it9914.114 Medical-Newborn Care, \(Newborn Care\)](#)

[9914153 Not Done, \(Not Applicable\)](#)

[9914165 Other](#)

[9914161 OB/GYN-Pregnancy Related Emergencies, \(OB/GYN-Pregnancy Related Emergencies\)](#)

[9914189 General-Refusal of Care, \(Refusal of Care/Transport\)](#)

[it9914.117 Respiratory Arrest](#)

[9914139 Medical-Respiratory Distress/Asthma/COPD/Reactive Airway, \(Respiratory Distress\)](#)

[9914141 Medical-Seizure, \(Seizure\)](#)

[it9914.115 Medical-Septic Shock or Sepsis, \(Sepsis\)](#)

[9914127 Medical-Hypotension/Shock \(Non-Trauma\), \(Shock: Symptomatic Hypotension\)](#)

[9914079 Injury-Bites and Envenomations-Land, \(Snake Envenomation\)](#)

[9914145 Medical-Stroke/TIA, \(Stroke or Intracranial Hem./TIA\)](#)

[9914135 General-Overdose/Poisoning/Toxic Ingestion, \(Substance Overdose/Poisoning\)](#)

[9914149 Medical-Syncope, \(Weak/Dizzy/Syncope/Near Syncope\)](#)

[9914185 General-Law Enforcement - Assist with Law Enforcement Activity, \(Taser\)](#)

[9914029 Environmental-Heat Stroke/Hyperthermia, \(Thermal Disorders: Heat Exposure/Hyperthermia\)](#)

[9914031 Environmental-Hypothermia, \(Thermal Disorder: Cold Exposure/Hypothermia\)](#)

[9914207 Injury-General Trauma Management, \(Trauma and General Injury\)](#)

[9914087 Injury-Cardiac Arrest \(Traumatic Cardiac Arrest\)](#)

[9914151 Medical-Ventricular Tachycardia \(With Pulse\), \(Ventricular Tachycardia-Wide QRS Complex \(With Pulse\)\)](#)

[it9914.113 Medical-Left Ventricular Assist Device Management, \(Ventricular Assist Device Management\)](#)

[9914131 Medical-Nausea/Vomiting, \(Vomiting/Diarrhea\)](#)

[it9914.346 Pandemic ~~9914005 Airway Obstruction/Trach/Stoma Problem~~](#)



OC-MEDS – DATA DICTIONARY

eProtocols.02 - Protocol Age Category

OC-MEDS

Reporting

Usage:

Recommended

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Reporting Condition:

Complete and submit when pertinentNone

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Definition:

The age group the protocol is written to address

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Protocol Age Category

Data Type:

Single-select

Pertinent Negatives
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

Attributes:

Correlation: eProtocols.ProtocolGroupNone

Code List:

Not Values:

7701001 Not Applicable

7701003 Not Recorded

7701005 Not Reporting

Select Resources:

3602001 Adult Only

3602003 General

3602005 Pediatric Only



OC-MEDS – DATA DICTIONARY

eRecord.01 - Patient Care Report Number

OC-MEDS
Reporting OC-MEDS
Usage:

Required Mandatory

Formatted: Highlight

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:

Yes

Agency Identifiable:

Yes

NEMSIS 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
ReportingOC-MEDS
Usage:

RequiredMandatory

Formatted: Highlight

Reporting Condition: Every submitted incident.

Definition:

The name of the vendor, manufacturer, and developer who designed the application that created this record.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Software Creator

Data Type:

String

Pertinent Negatives
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

Correlation: eRecord.SoftwareApplicationGroup

Constraints: character length = 1 to 50

Comments: Software Creator must be certified compliant with the current version of the National EMS Information System (NEMSIS) as stated on the NEMSIS Website.

Code List:

None



OC-MEDS – DATA DICTIONARY

eRecord.03 - Software Name

OC-MEDS
Reporting OC-MEDS
Usage:

Required Mandatory

Formatted: Highlight

Reporting Condition: Every submitted incident.

Definition:

The name of the application used to create this record.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Software Name

Data Type:

String

Pertinent Negatives
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

[Correlation: eRecord.SoftwareApplicationGroup](#)

Constraints: character length = 1 to 50

[Comments: Software Name must be certified compliant with the current version of the National EMS Information System \(NEMSIS\) as stated on the NEMSIS Website.](#)

Code List:

None



OC-MEDS – DATA DICTIONARY

eRecord.04 - Software Version

OC-MEDS
Reporting OC-MEDS
Usage:

Required Mandatory

Formatted: Highlight

Reporting Condition: Every submitted incident.

Definition:

The version of the application used to create this record.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Software Version

Data Type:

String

Pertinent Negatives
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

[Correlation: eRecord.SoftwareApplicationGroup](#)

Constraints: character length = 1 to 50

[Comments: Software Version must be certified compliant with the current version of the National EMS Information System \(NEMSIS\) as stated on the NEMSIS Website.](#)

Code List:

None



OC-MEDS – DATA DICTIONARY

eResponse.01 - EMS Agency Number

OC-MEDS Usage: ~~Required~~Mandatory

Formatted: Highlight

Reporting Condition: Every submitted incident.

Definition:

The provider number of the responding agency

Patient Identifiable:

No

Agency Identifiable:

Yes

NEMSIS Element: EMS Agency Number

Data Type:

String

Pertinent Negatives
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

[Correlation: eResponse.AgencyGroup](#)

Constraints: character length = 1 to 15

Public Provider Agencies (Fire Departments) will utilize the provider's Fire Department Identification Number (FDID). FDID ~~Numbers's~~ 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.

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/NationalProidentStand/>

Code List:



See Attachment 2 - EMS Provider Agency Data List



OC-MEDS – DATA DICTIONARY

eResponse.02 - EMS Agency Name

OC-MEDS
Reporting OC-MEDS
Usage:

Required Mandatory

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Reporting Condition: Every submitted incident.

Definition:

EMS Agency Name

Patient Identifiable:

No

Agency Identifiable:

Yes

NEMSIS Element:

EMS Agency Name

Data Type:

String

Pertinent Negatives
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

Attributes:

Correlation: eResponse.AgencyGroup

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 OC-MEDS
Usage:

Required Mandatory

Formatted: Highlight

Reporting Condition: Every submitted incident.

Definition:

The incident number assigned by the 911 Dispatch System

Patient Identifiable:

Yes

Agency Identifiable:

Yes

NEMSIS Element: Incident Number

Data Type:

String

Pertinent Negatives
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

Attributes:

Constraints: character length = 3 to 50

Comment: This number can be used to associate multiple EMS responses, dispatch information, and other information to the same EMS event or patient. Each EMS event (aka incident) shall receive a unique identifier for all time for the provider agency.

Code List:

Not Values:

7701001 Not Applicable

7701003 Not Recorded



OC-MEDS – DATA DICTIONARY

eResponse.04 - EMS Response Number

OC-MEDS
Reporting OC-MEDS
Usage:

~~Recommended~~ Required

Formatted: Highlight

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:

Yes

Agency Identifiable:

Yes

NEMSIS 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
Usage:

Required Mandatory

Formatted: Highlight

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:

No

Agency Identifiable:

No

NEMSIS Element:

Type of Service Requested

Data Type:

Single-select

Pertinent Negatives
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

~~None~~Correlation: eResponse.ServiceGroup

Code List:

Select Resources:

2205001 911 Response (Scene)

2205003 911 Intercept

2205005 Hospital to Hospital Interfacility Transport

2205007 Other Routine Medical Transport

2205009 911 Mutual Aid

2205011 Public Assistance/Other Not Listed

2205013 Standby

Commented [RL18]: Need to discuss expanded list and whether to include.



OC-MEDS – DATA DICTIONARY

eResponse.07 ~~Unit Transport and Equipment Capability~~ Type of Unit: ~~Primary Role of the Unit~~

OC-MEDS ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

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

Definition:
<u>The transport and equipment capabilities of the EMS Unit which responded to this specific EMS event.</u> <u>Previously defined in 3.4 standad as:</u> The primary role of the EMS Unit which responded to this specific EMS event

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Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Unit Transport and Equipment Capability Primary Role of the Unit
-----------------	---

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Comments: <u>Element Renamed, Redefined, New Values, Currently under consideration. Do not</u> <u>configure without further specification.</u> <u>Element renamed by NEMSIS, includes new values.</u> <u>None</u>

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Code List:



OC-MEDS – DATA DICTIONARY

Select Resources:

[2207021 Non-Transport-Medical Treatment \(ALS Equipped\), \(ALS Non-Transport\)](#)
[2207023 Non-Transport-Medical Treatment \(BLS Equipped\), \(BLS Non-Transport\)](#)
[it2207.100 Fire Apparatus, ALS \(non-transport\), \(PAU Non-Transport\)](#)
[2207015 Ground Transport \(ALS Equipped\) , \(ALS Ground Ambulance\)](#)
[2207017 Ground Transport \(BLS Equipped\), \(BLS Ground Ambulance\)](#)
[it2207.114 Non-Transport Assistance, \(First Responder \(i.e. Lifeguard\)\)](#)
[it2207.004 Ground TacMed](#)
[2207019 Ground Transport \(Critical Care Equipped\), \(CCT Ground Ambulance\)](#)
[2207011 Air Transport-Helicopter](#)
[2207013 Air Transport-Fixed Wing](#)
[2207025 Wheel Chair Van/Ambulette](#)
[2207027 Non-Transport-No Medical Equipment](#)~~[2207013 Air Transport-Fixed Wing](#)~~
~~[2207011 Air Transport-Helicopter](#)~~
~~[2207015 ALS Ground Ambulance](#)~~
~~[2207017 BLS Ground Ambulance](#)~~
~~[2207019 CCT Ground Ambulance](#)~~
~~[it2207.100 PAU Non-Transport](#)~~
~~[2207027 Non-Transport / No Medical Equipment](#)~~
~~[2207007 First Responder \(i.e. Lifeguard\)](#)~~
~~[2207021 ALS Non Transport](#)~~
~~[2207023 BLS Non-Transport](#)~~
~~[it2207.004 Ground TacMed](#)~~
~~[2207025 Wheel Chair Van / Ambulette](#)~~
~~[2207001 Air Ambulance](#)~~
~~[2207003 Ground Ambulance](#)~~
~~[2207009 Engine / Truck / Paramedic Van](#)~~

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Commented [RL19]: Need to discuss value re-labeling.



OC-MEDS – DATA DICTIONARY

eResponse.08 – Type of Dispatch Delay

<u>OC-MEDS Reporting Usage:</u>	<u>Required</u>
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<u>Reporting Condition:</u>	<u>Complete and submit when available.</u> <u>None</u>
-----------------------------	--

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<u>Definition:</u>
<u>The dispatch delays, if any, associated with the dispatch of the EMS unit to the EMS event.</u>

<u>Patient Identifiable:</u>	<u>Agency Identifiable:</u>
<u>No</u>	<u>No</u>

<u>NEMSIS Element:</u>	<u>Type of Dispatch Delay</u>
------------------------	-------------------------------

<u>Data Type:</u>	<u>Multi-select</u>	<u>Pertinent Negatives (PN):</u>	<u>No</u>
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<u>Is Nillable:</u>	<u>Yes</u>	<u>NOT Values:</u>	<u>Yes</u>
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<u>Attributes:</u>
<u>None</u>

Code List:

Not Values:
7701001 Not Applicable
7701003 Not Recorded

Select Resources:
2208001 Caller (Uncooperative)
2208003 Diversion/Failure (of previous unit)
2208005 High Call Volume
2208007 Language Barrier
2208009 Location (Inability to Obtain)
2208011 No EMS Vehicles (Units) Available
2208013 None/No Delay
2208015 Other
2208017 Technical Failure (Computer, Phone etc.)



OC-MEDS – DATA DICTIONARY

eResponse.09 - Type of Response Delay

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

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

Definition:
The response delays, if any, of the EMS unit associated with the EMS event.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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

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OC-MEDS – DATA DICTIONARY

eResponse.10 - Type of Scene Delay

OC-MEDS
Reporting
Usage:

Required

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Reporting Condition: Complete and submit when pertinent

Definition:

The scene delays, if any, of the EMS unit associated with the EMS event.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Type of Scene 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:

2210001 Awaiting Air Unit

2210003 Awaiting Ground Unit

2210005 Crowd

2210007 Directions/Unable to Locate

2210009 Distance

2210011 Extrication

2210013 HazMat

2210015 Language Barrier

2210039 Mechanical Issue-Unit, Equipment, etc.

2210017 None/No Delay

2210019 Other

2210021 Patient Access

[2210023 Safety-Crew/Staging](#)

[2210025 Safety-Patient](#)

[2210027 Staff Delay](#)

[2210.110 Surfline](#)

[2210029 Traffic](#)

[2210031 Triage/Multiple Patients](#)

[2210033 Vehicle Crash Involving this Unit](#)

[2210035 Vehicle Failure of this Unit](#)

[2210037 Weather](#)

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OC-MEDS – DATA DICTIONARY

eResponse.11 - Type of Transport Delay

OC-MEDS Reporting Usage:	Required
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Reporting Condition:	Complete and submit if pertinent when pertinent
----------------------	--

Definition:
The transport delays, if any, of the EMS unit associated with the EMS event.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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)	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

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OC-MEDS – DATA DICTIONARY

eResponse.12 - Type of Turn-Around Delay

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

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

Definition:
The turn-around delays, if any, of EMS unit associated with the EMS event.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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:	2212015 None/No Delay
7701001 Not Applicable	2212017 Other
7701003 Not Recorded	2212019 Rendezvous Transport Unavailable
	2212021 Route Obstruction (e.g., Train)
Select Resources:	2212023 Staff Delay
2212001 Clean-up	2212025 Traffic
2212003 Decontamination	2212027 Vehicle Crash of this Unit
2212005 Distance	2212029 Vehicle Failure of this Unit
2212007 Documentation	2212031 Weather
2212009 ED Overcrowding / Transfer of Care	
2212033 EMS Crew Accompanies Patient for Facility Procedure	
2212011 Equipment Failure	
2212013 Equipment/Supply Replenishment	



OC-MEDS – DATA DICTIONARY

eResponse.13 - EMS Vehicle (Unit) Number

OC-MEDS
Reporting OC-MEDS
Usage:

Required Mandatory

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Reporting Condition: Every submitted incident.

Definition:

The unique physical vehicle number of the responding unit.

Patient Identifiable:

No

Agency Identifiable:

Yes

NEMSIS 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

Comment: Must correspond to the VIN and CHP Permit # of the vehicle licensed by OCEMS

Code List:

Unit list created by EMS provider agency.



OC-MEDS – DATA DICTIONARY

eResponse.14 - EMS Unit Call Sign

OC-MEDS Reporting Usage:	RequiredMandatory
--------------------------------	-------------------

Formatted: Highlight

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

NEMSIS 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~~

Commented [RL20]: Deprecated by NEMSIS. Replaced by eResponse.07

Formatted Table

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

NEMSIS Element: Level of Care of This Unit

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

Is-Nullable:	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 OC-MEDS
Usage:

Optional Recommended

Formatted: Highlight

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 OC-MEDS
Usage:

Optional Recommended

Formatted: Highlight

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:

No

Agency Identifiable:

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 OC-MEDS
Usage:

Optional Recommended

Formatted: Highlight

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 OC-MEDS
Usage:

Optional Recommended

Formatted: Highlight

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:

No

Agency Identifiable:

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 OC-MEDS
Usage:

~~Required~~ Mandatory

Formatted: Highlight

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:

No

Agency Identifiable:

No

NEMSIS Element:

Response Mode to Scene

Data Type:

Single-select

Pertinent Negatives
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

~~None~~ Comment: Modified to use standard values. Code 2 vs Code 3 response mode now documented in eResponse.24

Formatted: Highlight

Code List:

Select Resources:

2223003 ~~Emergent Downgraded to Non-Emergent~~ Code 3 Downgraded to Code 2

2223001 ~~Emergent (Immediate Response)~~ Code 3

2223005 ~~Non-Emergent~~ Code 2

2223007 ~~Non-Emergent Upgraded to Emergent~~ Code 2 Upgraded to Code 3



OC-MEDS – DATA DICTIONARY

eResponse 24 - Response Mode Descriptors~~Additional Response Mode Descriptors~~

OC-MEDS <u>Reporting OC-MEDS</u> <u>Usage:</u>	<u>Mandatory</u> <u>Required</u>
--	----------------------------------

Formatted: Highlight

<u>Reporting Condition:</u>	<u>Every submitted incident.</u>
-----------------------------	----------------------------------

<u>Definition:</u>
<u>The documentation of response mode techniques used for this EMS response.</u>

<u>Patient Identifiable:</u>	<u>Agency Identifiable:</u>
<u>No</u>	<u>No</u>

<u>NEMSIS Element:</u>	<u>Additional Response Mode Descriptors</u> <u>Response Mode to Scene</u>
------------------------	--

<u>Data Type:</u>	<u>Multi-select</u>	<u>Pertinent Negatives</u> (PN):	<u>No</u>
-------------------	---------------------	-------------------------------------	-----------

<u>Is Nillable:</u>	<u>Yes</u>	<u>NOT Values:</u>	<u>Yes</u>
---------------------	------------	--------------------	------------

<u>Attributes:</u>
<u>None</u>

Code List:

Not Values:
7701001 Not Applicable
7701003 Not Recorded

Select Resources:
~~2224023 Code 3, Downgraded to Code 2~~
2224021 Code 2, Upgraded Code 3
2224015 Code 3
~~2224019 Code 2~~ 2224015 Lights and Sirens, (Code 3)
2224023 Initial Lights and Sirens, Downgraded to No Lights or Sirens, (Code 3, Downgraded to Code 2)
2224019 No Lights or Sirens, (Code 2)
2224021 Initial No Lights or Sirens, Upgraded to Lights and Sirens, (Code 2, Upgraded Code 3)
2224007 Scheduled
2224013 Unscheduled



OC-MEDS – DATA DICTIONARY

itResponse.017 - Encounter Specific Patient Tracking Number (Triage Tag #)

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

Reporting Condition:	Complete and submit if pertinent when 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 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 ReportingOC-MEDS Usage:	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

NEMSIS 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 ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
Other EMS agency names that were at the scene, if any

Patient Identifiable:	Agency Identifiable:
No	Yes

NEMSIS Element:	Other EMS or Public Safety Agencies at Scene
-----------------	--

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

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

Attributes:
Correlation: eScene.ResponderGroup
Constraints: character length = 2 to 100

Code List:
See Attachment 3 - EMS Provider Agencies



OC-MEDS – DATA DICTIONARY

eScene.03 - Other EMS or Public Safety Agency ID Number

OC-MEDS Reporting Usage:	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

NEMSIS Element:	Other EMS or Public Safety Agency ID Number
-----------------	---

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

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

Attributes:
Correlation: eScene.ResponderGroup
Constraints: character length = 1 to 25

Code List:
See Attachment 3 - EMS Provider Agencies



OC-MEDS – DATA DICTIONARY

eScene.06 - Number of Patients at Scene

OC-MEDS ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

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

Definition:
Indicator of how many total patients were at the scene

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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 Usage:	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

NEMSIS Element:	Mass Casualty Incident
-----------------	------------------------

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

Is Niltable:	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 ReportingOC-MEDS Usage:	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 ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

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

Definition:
The kind of location where the incident happened

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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:
 See Attachment 10 – Incident Location Type (eScene.09)



OC-MEDS – DATA DICTIONARY

eScene.10 - Incident Facility Code

OC-MEDS
Reporting
Usage:

~~Recommended~~ Required

Formatted: Highlight

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:

No

Agency Identifiable:

Yes

NEMSIS 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 2 –Facilities List



OC-MEDS – DATA DICTIONARY

eScene.11 - Scene GPS Location

OC-MEDS
Reporting OC-MEDS
Usage:

~~Recommended~~ Required

Formatted: Highlight

Reporting Condition: Complete and submit if available

Definition:

The GPS coordinates associated with the Scene.

Patient Identifiable:

Yes

Agency Identifiable:

Yes

NEMSIS 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 ReportingOC-MEDS Usage:	Recommended Required
---------------------------------------	---------------------------------

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

NEMSIS 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 2 –Facilities List



OC-MEDS – DATA DICTIONARY

eScene.15 - Incident Street Address

OC-MEDS Reporting Usage:	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

NEMSIS 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 ReportingOC-MEDS Usage:	Recommended
---------------------------------------	-------------

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

Definition:
StreetAddress2

Patient Identifiable:	Agency Identifiable:
Yes	No

OC-MEDS ElementNEMSIS Element:	StreetAddress2
--------------------------------------	----------------

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

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

Attributes:
Comments: v2 Code=None IT5.28

Code List:
None



OC-MEDS – DATA DICTIONARY

eScene.16 - Incident Apartment, Suite, or Room

OC-MEDS ReportingOC-MEDS Usage:	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

NEMSIS 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 ReportingOC-MEDS Usage:	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

NEMSIS 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



OC-MEDS – DATA DICTIONARY

eScene.18 - Incident State

OC-MEDS Reporting Usage:	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

NEMSIS 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 ReportingOC-MEDS Usage:	Required		
Reporting Condition:	Every submitted incident.		
Definition: The ZIP code of the incident location			
Patient Identifiable:	Agency Identifiable:		
No	No		
NEMSIS 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 Usage:	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

NEMSIS 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 OC-MEDS
Usage: Optional Recommendation

Reporting Condition: None

Definition:

The country of the incident location.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS 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:

http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm



OC-MEDS – DATA DICTIONARY

itScene.005 - Incident Area Classification

OC-MEDS Reporting Usage:	Recommended Required (Required for EATS Contracted Providers)
--------------------------------	--

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

Definition:
Incident Area Classification

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	Incident Area Classification
--------------------------------	------------------------------

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

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

Attributes:
Comments: v2 Code=None IT5.52 Required for EATS Contracted Providers

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
Usage:

~~Recommended~~ Required

Formatted: Highlight

Reporting Condition: Complete and submit when pertinent. Complete and submit if available

Definition:

The fire department incident district number.

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS
Element
Element:

District Number

Data Type:

Single-select

Pertinent Negatives
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

Comments: v2 Code=None 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 ReportingOC-MEDS Usage:	Recommended (Required for EATS Contracted Providers)Required
---------------------------------------	--

Formatted: Highlight

Reporting Condition:	Complete and submit when pertinent. 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 ElementNEMESIS Element:	Area of Operation
---------------------------------------	-------------------

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

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

Attributes:
Comments: Required for EATS Contracted Providers

Code List:
See Attachment 11 - Orange County EOA Data List



OC-MEDS – DATA DICTIONARY

eSituation.01 - Date/Time of Symptom Onset ~~Last Normal~~OC-MEDS
Reporting OC-MEDS
Usage:~~Recommended~~ Required

Formatted: Highlight

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:

No

Agency Identifiable:

No

NEMSIS Element:

Date/Time of Symptom Onset

Data Type:

Datetime

Pertinent Negatives
(PN):~~Yes~~ 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

Pertinent Negatives:8801023 - Unable to Complete8801029 - Approximate



OC-MEDS – DATA DICTIONARY

eSituation.02 - Possible Injury

OC-MEDS ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 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

NEMSIS 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 Usage:	Required
--------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 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

NEMSIS Element:	Complaint Type
-----------------	----------------

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

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

Attributes:
Correlation: eSituation.PatientComplaintGroup
Comments: None System defaulted to Chief (Primary) Complaint

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 ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 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

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

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

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

Attributes:
Correlation: eSituation.PatientComplaintGroup
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 ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

Reporting Condition:	eSituation.04 is not blank.
----------------------	-----------------------------

Definition:
The duration of the complaint

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Duration of Complaint
-----------------	-----------------------

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

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

Attributes:
Correlation: eSituation.PatientComplaintGroup
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 ReportingOC-MEDS Usage:	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

NEMSIS Element:	Time Units of Duration of Complaint
-----------------	-------------------------------------

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

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

Attributes:
Correlation: eSituation.PatientComplaintGroupNone

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.07 - Chief Complaint Anatomic Location

<u>OC-MEDS Reporting Usage:</u>	<u>Required</u>
---------------------------------	-----------------

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<u>Reporting Condition:</u>	<u>Complete and submit when pertinent. None</u>
-----------------------------	--

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<u>Definition:</u>
<u>The primary anatomic location of the chief complaint as identified by EMS personnel</u>

<u>Patient Identifiable:</u>	<u>Agency Identifiable:</u>
<u>No</u>	<u>No</u>

<u>NEMSIS Element:</u>	<u>Chief Complaint Anatomic Location</u>
------------------------	--

<u>Data Type:</u>	<u>Single-select</u>	<u>Pertinent Negatives (PN):</u>	<u>No</u>
-------------------	----------------------	----------------------------------	-----------

<u>Is Nillable:</u>	<u>Yes</u>	<u>NOT Values:</u>	<u>Yes</u>
---------------------	------------	--------------------	------------

<u>Attributes:</u>
<u>None</u>

<u>Code List:</u>
<u>Not Values:</u> <u>7701001 Not Applicable</u> <u>7701003 Not Recorded</u>
<u>Select Resources:</u> <u>2807001 Abdomen</u> <u>2807003 Back</u> <u>2807005 Chest</u> <u>2807007 Extremity-Lower</u> <u>2807009 Extremity-Upper</u> <u>2807011 General/Global</u> <u>2807013 Genitalia</u> <u>2807015 Head</u> <u>2807017 Neck</u>



OC-MEDS – DATA DICTIONARY

eSituation.08 – Chief Complaint Organ System

<u>OC-MEDS Reporting Usage:</u>	<u>Required</u>
---------------------------------	-----------------

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<u>Reporting Condition:</u>	<u>Complete and submit when pertinent. None</u>
-----------------------------	--

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<u>Definition:</u>
<u>The primary organ system of the patient injured or medically affected.</u>

<u>Patient Identifiable:</u>	<u>Agency Identifiable:</u>
<u>No</u>	<u>No</u>

<u>NEMSIS Element:</u>	<u>Chief Complaint Organ System</u>
------------------------	-------------------------------------

<u>Data Type:</u>	<u>Single-select</u>	<u>Pertinent Negatives (PN):</u>	<u>No</u>
-------------------	----------------------	----------------------------------	-----------

<u>Is Nillable:</u>	<u>Yes</u>	<u>NOT Values:</u>	<u>Yes</u>
---------------------	------------	--------------------	------------

<u>Attributes:</u>
<u>None</u>

Code List:

Not Values:
7701001 Not Applicable
7701003 Not Recorded

Select Resources:
2808001 Behavioral/Psychiatric
2808003 Cardiovascular
2808005 CNS/Neuro
2808007 Endocrine/Metabolic
2808009 GI
2808011 Global/General
2808013 Lymphatic/Immune
2808015 Musculoskeletal/Skin
2808019 Pulmonary
2808021 Renal
2808017 Reproductive



Orange County EMS Agency Policy/Procedure

OC-MEDS – DATA DICTIONARY

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OC-MEDS – DATA DICTIONARY

eSituation.09 - Primary Symptom

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

Reporting Condition:	eDisposition.12 itDisposition.112 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

NEMSIS Element:	Primary Symptom
-----------------	-----------------

Data Type:	ICD-10 value	Pertinent Negatives (PN):	No
------------	--------------	---------------------------	----

Is Nillable:	No Yes	NOT Values:	Yes 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:
<u>NOT Values:</u> <u>7701001 Not Applicable</u> <u>7701003 Not Recorded</u>
<u>Select Resources:</u> Only values listed in Attachment 8 may be used. <u>Data List</u>

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OC-MEDS – DATA DICTIONARY

eSituation.10 - Other Associated Symptoms

<u>OC-MEDS Reporting Usage:</u>	<u>Required</u>
---------------------------------	-----------------

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<u>Reporting Condition:</u>	<u>Complete and submit when pertinent. None</u>
-----------------------------	--

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<u>Definition:</u>
<u>Other symptoms identified by the patient or observed by EMS personnel</u>

<u>Patient Identifiable:</u>	<u>Agency Identifiable:</u>
<u>No</u>	<u>No</u>

<u>NEMSIS Element:</u>	<u>Other Associated Symptoms</u>
------------------------	----------------------------------

<u>Data Type:</u>	<u>ICD-10 value</u>	<u>Pertinent Negatives (PN):</u>	<u>NoYes</u>
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<u>Is Nillable:</u>	<u>No</u>	<u>NOT Values:</u>	<u>NoYes</u>
---------------------	-----------	--------------------	-------------------------

<u>Attributes:</u>
<u>Constraints:</u>
<u>pattern = (R[0-6][0-9](\.[0-9]{1,4})?) (R73\.[9])(R99)) ((A-QSTZ)[0-9]{2})(\.[0-9A-Z]{1,4})?)</u>

<u>Code List:</u>
<u>NOT Values:</u>
<u>7701001 Not Applicable</u>
<u>7701003 Not Recorded</u>
<u>Pertinent Negatives:</u>
<u>8801031 Symptom Not Present</u>
<u>Select Resources:</u>
<u>Only values listed in Attachment 8 may be used. Data List</u>
<u>Standardized list with ICD-10 values:</u>

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OC-MEDS – DATA DICTIONARY

eSituation.11 - Provider's Primary Impression

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

Reporting Condition:	eDisposition.12 itDisposition.112 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:

NOT Values:
[7701001 Not Applicable](#)
[7701003 Not Recorded](#)

Select Resources:

Only values listed in Attachment 9 may be used. [Data List](#)
and [eSituation.12 Data List](#)

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OC-MEDS – DATA DICTIONARY

eSituation.12 - Provider's Secondary Impressions

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

Reporting Condition:	Complete and submit if pertinent when 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

NEMSIS 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:
<u>NOT Values:</u> 7701001 Not Applicable 7701003 Not Recorded <u>Select Resources:</u> Only values listed in Attachment 9 may be used. Data List and eSituation.12 Data List

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OC-MEDS – DATA DICTIONARY

eSituation.13 - Initial Patient Acuity

<u>OC-MEDS Reporting Usage:</u>	<u>Required</u>
---------------------------------	-----------------

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<u>Reporting Condition:</u>	<u>itDisposition.112 does not include a Canceled or No Patient Contact value. Complete and submit if pertinent</u>
-----------------------------	--

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<u>Definition:</u>
<u>The acuity of the patient's condition upon EMS arrival at the scene.</u>

<u>Patient Identifiable:</u>	<u>Agency Identifiable:</u>
<u>No</u>	<u>No</u>

<u>NEMSIS Element:</u>	<u>Initial Patient Acuity</u>
------------------------	-------------------------------

<u>Data Type:</u>	<u>Single-select</u>	<u>Pertinent Negatives (PN):</u>	<u>No</u>
-------------------	----------------------	----------------------------------	-----------

<u>Is Nillable:</u>	<u>Yes</u>	<u>NOT Values:</u>	<u>Yes</u>
---------------------	------------	--------------------	------------

<u>Attributes:</u>
<u>Constraints:</u>
<u>pattern = (R[0-6][0-9](\.[0-9]{1,4})? (R73\.[9]) (R99)) ([A-QSTZ][0-9]{2})(\.[0-9A-Z]{1,4})?)</u>
<u>Comment:</u> <u>New Values</u>

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<u>Code List:</u>
<u>Not Values:</u>
<u>7701001 Not Applicable</u>
<u>7701003 Not Recorded</u>
<u>Select Resources:</u>
<u>2813001 Critical (Red)</u>
<u>2813007 Dead without Resuscitation Efforts (Black)</u>
<u>2813003 Emergent (Yellow)</u>
<u>2813005 Lower Acuity (Green)</u>
<u>2813009 Non-Acute/Routine</u>

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OC-MEDS – DATA DICTIONARY

eSituation.14 - Work-Related Illness/Injury

OC-MEDS ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 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

NEMSIS Element:	Work-Related Illness/Injury
-----------------	-----------------------------

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

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

Attributes:
None Correlation: eSituation.WorkRelatedGroup

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
Usage:

~~Recommended~~ Required

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Reporting Condition: Complete and submit ~~if pertinent~~ when 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:

No

Agency Identifiable:

No

NEMSIS 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

eSituation.19 - Justification for Transfer or Encounter

Commented [RL21]: New NEMSIS Element

<u>OC-MEDS Reporting Usage:</u>	<u>Recommended</u>
---------------------------------	--------------------

<u>Reporting Condition:</u>	<u>None</u>
-----------------------------	-------------

<u>Definition:</u>
The ordering physician or medical provider diagnosis or stated reason for a hospital-to-hospital transfer, other medical transport, or Mobile Integrated Healthcare encounter.

<u>Patient Identifiable:</u>	<u>Agency Identifiable:</u>
<u>No</u>	<u>No</u>

<u>NEMSIS Element:</u>	<u>Justification for Transfer or Encounter</u>
------------------------	--

<u>Data Type:</u>	<u>String</u>	<u>Pertinent Negatives (PN):</u>	<u>No</u>
-------------------	---------------	----------------------------------	-----------

<u>Is Nillable:</u>	<u>No</u>	<u>NOT Values:</u>	<u>No</u>
---------------------	-----------	--------------------	-----------

<u>Attributes:</u>
<u>None</u>

<u>Code List:</u>
<u>None</u>



OC-MEDS – DATA DICTIONARY

eSituation.20 - Reason for Interfacility Transfer/Medical Transport

Commented [RL22]: New NEMSIS Element

OC-MEDS Usage:	Required
----------------	----------

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

Definition:	Reason for Interfacility Transfer/Medical Transport
-------------	---

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Reason for Interfacility Transfer/Medical Transport
-----------------	---

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:
2820001 Cardiac Specialty
2820003 Convenience Transfer (Patient Request)
2820005 Diagnostic Testing
2820007 Dialysis
2820011 Extended Care
2820015 Medical Specialty Care (Other, Not Listed)
2820017 Neurological Specialty Care
2820019 Palliative/Hospice Care (Home or Facility)
2820021 Pediatric Specialty Care
2820023 Psychiatric/Behavioral Care
eSituation.20.100 Rehabilitation
2820027 Return to Home/Residence
2820029 Surgical Specialty Care (Other, Not Listed)
2820031 Trauma / Orthopedic Specialty Care



OC-MEDS – DATA DICTIONARY

itSituation.001 - Patient Belongings

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
Patient Belongings

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS ElementNEMSIS Element:	Patient Belongings
--------------------------------------	--------------------

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

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

Attributes:
Comments: v2 Code=None 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

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OC-MEDS – DATA DICTIONARY

itPatientFollowUp.004 - Contact Name

OC-MEDS
ReportingOC-MEDS
Usage:

~~Optional~~Required

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Reporting Condition: Complete and submit ~~if pertinent~~when pertinent.

Definition:

The contact name of the person who last saw the patient well.

Patient Identifiable:

Yes

Agency Identifiable:

No

OC-MEDS
ElementNEMESIS
Element:

Contact Name

Data Type:

String

Pertinent Negatives
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

~~None~~Comments:
v2 Code = IT30.2

Code List:

None



OC-MEDS – DATA DICTIONARY

itPatientFollowUp.008 - Contact Phone

OC-MEDS
Reporting
Usage:

~~Optional~~ Required

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Reporting Condition: Complete and submit ~~if pertinent~~ when pertinent.

Definition:

The contact phone number of the person who last saw the patient well.

Patient Identifiable:

Yes

Agency Identifiable:

No

OC-MEDS
Element
NEMSIS
Element:

Contact Phone

Data Type:

String

Pertinent Negatives
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

Comments:

v2 Code = IT30.6None

Code List:

None



OC-MEDS – DATA DICTIONARY

eTimes.01 - PSAP Call Date/Time

OC-MEDS
Reporting
Usage:

Required

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Reporting Condition: Every submitted incident. Complete and submit when pertinent.

Definition:

The date/time the phone rings (911 call to public safety answering point or other designated entity) requesting EMS services.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Dispatch Notified 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:

None



OC-MEDS – DATA DICTIONARY

eTimes.02 - Dispatch Notified Date/Time

OC-MEDS ReportingOC-MEDS Usage:	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

NEMSIS 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 OC-MEDS
Usage:

Required Mandatory

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Reporting Condition: Every submitted incident.

Definition:

The date/time the responding unit was notified by dispatch.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS 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 ReportingOC-MEDS Usage:		Required	
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	
NEMSIS Element:		Unit En Route 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.06 - Unit Arrived on Scene Date/Time

OC-MEDS ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

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

NEMSIS Element:	Unit Arrived on 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.07 - Arrived at Patient Date/Time

OC-MEDS ReportingOC-MEDS Usage:		Required	
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	
NEMSIS Element:		Arrived at Patient 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.08 - Transfer of EMS Patient Care Date/Time

OC-MEDS ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

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

NEMSIS Element:	Transfer of EMS Patient 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 7701005 Not Reporting



OC-MEDS – DATA DICTIONARY

eTimes.09 - Unit Left Scene Date/Time

OC-MEDS ReportingOC-MEDS Usage:		Required	
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	
NEMSIS 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 Usage:	Required
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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

NEMSIS Element:	Patient Arrived at Destination 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.12 - Destination Patient Transfer of Care Date/Time

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

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

NEMSIS 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
Usage:

Required Mandatory

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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:

No

Agency Identifiable:

No

NEMSIS 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 ReportingOC-MEDS Usage:	Recommended Required
---------------------------------------	---------------------------------

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

Definition:
The date/time the unit was canceled.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Unit Canceled 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

eVitals.01 - Date/Time Vital Signs Taken

OC-MEDS ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 does not include a Canceled or No Patient Contact value.
----------------------	---

Definition:
The date/time vital signs were taken on the patient.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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 ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 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

NEMSIS Element:	Obtained 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

eVitals.03 - Cardiac Rhythm / Electrocardiography (ECG)

OC-MEDS Usage:	Required
----------------	----------

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

NEMIS Element:	Cardiac Rhythm / Electrocardiography (ECG)
----------------	--

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

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

Attributes:	
NoneCorrelation: eVitals.CardiacRhythmGroup	Comment: New Values

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Code List:		
Not Values:	Pertinent Negatives:	
7701001 Not Applicable	8801019 Refused	
7701003 Not Recorded	8801023 Unable to Complete	
Select Resources:	9901031 Other	9901059 Supraventricular Tachycardia
9901001 Agonal/Idioventricular	9901033 Paced Rhythm	9901061 Torsades De Points
9901005 Artifact	9901035 PEA	9901063 Unknown AED Non-Shockable Rhythm
9901003 Asystole	9901037 Premature Atrial Contractions (PAC)	9901065 Unknown AED Shockable Rhythm
9901007 Atrial Fibrillation	9901039 Premature Ventricular Contractions (PVC)	9901067 Ventricular Fibrillation (VF)
9901009 Atrial Flutter	9901041 Right Bundle Branch Block	9901071 Ventricular Tachycardia (Pulseless)
9901011 AV Block-1st Degree	9901043 Sinus Arrhythmia	9901069 Ventricular Tachycardia (With Pulse)
9901013 AV Block-2nd Degree-Type 1	9901045 Sinus Bradycardia (SB)	9901030 Non-STEMI Septal Ischemia
9901015 AV Block-2nd Degree-Type 2	9901047 Normal Sinus Rhythm (NSR)	9901058 STEMI Septal Ischemia
9901017 AV Block-3rd Degree	9901049 Sinus Tachycardia (ST)	9901057 STEMI Posterior Ischemia
9901019 Junctional	9901051 STEMI Anterior Ischemia	
9901021 Left Bundle Branch Block	9901053 STEMI Inferior Ischemia	
9901023 Non-STEMI Anterior Ischemia	9901055 STEMI Lateral Ischemia	
9901025 Non-STEMI Inferior Ischemia	9901057 STEMI Posterior Ischemia	
9901027 Non-STEMI Lateral Ischemia		
9901029 Non-STEMI Posterior Ischemia		

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OC-MEDS – DATA DICTIONARY

eVitals.04 - ECG Type

OC-MEDS
Reporting
Usage:

Required

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Reporting Condition: Complete and submit if availableNone

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Definition:

The type of ECG associated with the cardiac rhythm.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

ECG Type

Data Type:

Single-select

Pertinent Negatives
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

Attributes:

Correlation: eVitals.CardiacRhythmGroup

None

Code List:

Not Values:

7701001 Not Applicable

7701003 Not Recorded

Pertinent Negatives:

3304007 12 Lead-Left Sided (Normal)

3304009 12 Lead-Right Sided

3304011 15 Lead

3304013 18 Lead

3304001 3 Lead

3304003 4 Lead

3304005 5 Lead

3304015 Other (AED, Not Listed)



OC-MEDS – DATA DICTIONARY

eVitals.05 – Method of ECG Interpretation

<u>OC-MEDS Reporting Usage:</u>	<u>Required</u>
---------------------------------	-----------------

<u>Reporting Condition:</u>	<u>Complete and submit if available</u> <u>None</u>
-----------------------------	---

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<u>Definition:</u>
<u>The method of ECG interpretation.</u>

<u>Patient Identifiable:</u>	<u>Agency Identifiable:</u>
<u>No</u>	<u>No</u>

<u>NEMSIS Element:</u>	<u>Method of ECG Interpretation</u>
------------------------	-------------------------------------

<u>Data Type:</u>	<u>Multi-select</u>	<u>Pertinent Negatives (PN):</u>	<u>No</u>
-------------------	---------------------	----------------------------------	-----------

<u>Is Nillable:</u>	<u>Yes</u>	<u>NOT Values:</u>	<u>Yes</u>
---------------------	------------	--------------------	------------

<u>Attributes:</u>
<u>Correlation: eVitals.CardiacRhythmGroup</u>
<u>Constraints: minimum = 0; maximum = 500</u>

<u>Code List:</u>
<u>Not Values:</u>
<u>7701001 Not Applicable</u>
<u>7701003 Not Recorded</u>
<u>Pertinent Negatives:</u>
<u>3305001 Computer Interpretation</u>
<u>3305003 Manual Interpretation</u>
<u>3305005 Transmission with No Interpretation</u>
<u>3305007 Transmission with Remote Interpretation</u>

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OC-MEDS – DATA DICTIONARY

eVitals.06 - SBP (Systolic Blood Pressure)

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

Reporting Condition:	eDisposition.12 itDisposition.112 does not include a Canceled or No Patient Contact value.
----------------------	---

Definition:
The patient's systolic blood pressure.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	SBP (Systolic Blood Pressure)
-----------------	-------------------------------

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

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

Attributes:
Correlation: eVitals.BloodPressureGroup
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 Usage:	Required
--------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 does not include a Canceled or No Patient Contact value.
----------------------	---

Definition:
The patient's diastolic blood pressure.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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:
Correlation: eVitals.BloodPressureGroup
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



OC-MEDS – DATA DICTIONARY

eVitals.08 - Method of Blood Pressure Measurement

OC-MEDS ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 does not include a Canceled or No Patient Contact value.
----------------------	---

Definition:
Indication of method of blood pressure measurement.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Method of Blood Pressure Measurement
-----------------	--------------------------------------

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
Correlation: eVitals.BloodPressureGroupNone

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.09 – Mean Arterial Pressure

<u>OC-MEDS Reporting Usage:</u>	<u>Optional</u>
---------------------------------	-----------------

<u>Reporting Condition:</u>	<u>None</u>
-----------------------------	-------------

<u>Definition:</u>
<u>The patient's mean arterial pressure.</u>

<u>Patient Identifiable:</u>	<u>Agency Identifiable:</u>
<u>No</u>	<u>No</u>

<u>NEMSIS Element:</u>	<u>Mean Arterial Pressure</u>
------------------------	-------------------------------

<u>Data Type:</u>	<u>Number</u>	<u>Pertinent Negatives (PN):</u>	<u>No</u>
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<u>Is Nillable:</u>	<u>No</u>	<u>NOT Values:</u>	<u>No</u>
---------------------	-----------	--------------------	-----------

<u>Attributes:</u>
<u>Correlation: eVitals.BloodPressureGroup</u>
<u>Constraints: Min 1 / Max 500</u>

<u>Code List:</u>
<u>None</u>

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OC-MEDS – DATA DICTIONARY

eVitals.10 - ~~Heart Pulse~~ Rate

OC-MEDS ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 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

NEMSIS Element:	Heart Rate
-----------------	------------

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

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

Attributes:
Correlation: eVitals.HeartRateGroup
Constraints: minimum = 0; maximum = 500

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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.11 – Method of Heart Rate Measurement

<u>OC-MEDS</u> <u>Reporting</u> <u>Usage:</u>	<u>Recommended</u>
---	--------------------

<u>Reporting Condition:</u>	<u>None</u>
-----------------------------	-------------

<u>Definition:</u>
The method in which the Heart Rate was measured. Values include auscultated, palpated, electronic monitor.

<u>Patient Identifiable:</u>	<u>Agency Identifiable:</u>
<u>No</u>	<u>No</u>

<u>NEMSIS Element:</u>	<u>Method of Heart Rate Measurement</u>
------------------------	---

<u>Data Type:</u>	<u>Single-select</u>	<u>Pertinent Negatives (PN):</u>	<u>No</u>
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<u>Is Nillable:</u>	<u>No</u>	<u>NOT Values:</u>	<u>No</u>
---------------------	-----------	--------------------	-----------

<u>Attributes:</u>
<u>Correlation:</u> <u>eVitals.HeartRateGroup</u> <u>None</u>

<u>Code List:</u>
Select Resources: <u>3311001 Auscultated</u> <u>3311003 Doppler</u> <u>3311005 Electronic Monitor - Cardiac</u> <u>3311009 Electronic Monitor (Other)</u> <u>3311007 Electronic Monitor - Pulse Oximeter</u> <u>3311011 Palpated</u>



OC-MEDS – DATA DICTIONARY

eVitals.12 - Pulse Oximetry

OC-MEDS ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

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

Definition:
The patient's oxygen saturation.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Pulse Oximetry
-----------------	----------------

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

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

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 ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 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

NEMSIS Element:	Pulse Rhythm
-----------------	--------------

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

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

Attributes:
None

Code List:
Select Resources: 3313001 Irregularly Irregular 3313003 Regular 3313005 Regularly Irregular



OC-MEDS – DATA DICTIONARY

eVitals.14 - Respiratory Rate

OC-MEDS ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 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

NEMSIS Element:	Respiratory Rate
-----------------	------------------

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

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

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~~ Breathing

OC-MEDS
Reporting
Usage:

Required

Reporting Condition: ~~eDisposition.12~~itDisposition.112 does not include a Canceled or No Patient Contact value.

Definition:

The patient's respiratory effort.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS 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 Usage:	Required
--------------------------------	----------

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

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

NEMSIS 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 ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

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

Definition:
The patient's blood glucose level.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Blood Glucose Level
-----------------	---------------------

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

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

Attributes:
Constraints: Pattern[2][0][0][0][1][0-9][0-9][0-9][1-9][0-9][0-9][1-9][0-9][0-9] High Low minimum = 0; maximum = 2000

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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
Usage:

Required

Reporting Condition: ~~eDisposition.12~~itDisposition.112 does not include a Canceled or No Patient Contact value.

Definition:

The patient's Glasgow Coma Score Eye opening.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Glasgow Coma Score-Eye

Data Type:

Single-select

Pertinent Negatives
(PN):

Yes

Is Nillable:

Yes

NOT Values:

Yes

Attributes:

~~None~~Correlation: eVitals.GlasgowScoreGroup

Code List:

Not Values:

7701001 Not Applicable

7701003 Not Recorded

Pertinent Negatives:

8801019 Refused

8801023 Unable to Complete

Select Resources:

[4 4 - Opens Eyes Spontaneously \(All Age Groups\)](#)[3 3 - Opens Eyes to Verbal Stimulation \(All Age Groups\)](#)[2 2 - Opens Eyes to Painful Stimulation \(All Age Groups\)](#)[1 1 - No Eye Movement When Assessed \(All Age Groups\)](#)



OC-MEDS – DATA DICTIONARY

~~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 Usage:	Required
--------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 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
------------	---------------	---------------------------	-----

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

Attributes:
Correlation: eVitals.GlasgowScoreGroupNone

Code List:
Not Values:
7701001 Not Applicable
7701003 Not Recorded
Pertinent Negatives:
8801019 Refused
8801023 Unable to Complete
Select Resources:
5 5 - Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts
4 4 - Confused (>2 Years); Cries but is consolable, inappropriate interactions
3 3 - Inappropriate words (>2 Years); Inconsistently consolable, moaning
2 2 - Incomprehensible sounds (>2 Years); Inconsolable, agitated
1 1- No verbal/vocal response (All Age Groups)
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 ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 does not include a Canceled or No Patient Contact value.
----------------------	---

Definition:
The patient's Glasgow Coma Score Motor

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Glasgow Coma Score-Motor
-----------------	--------------------------

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

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

Attributes:
Correlation: eVitals.GlasgowScoreGroupNone

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded
Pertinent Negatives: 8801019 Refused 8801023 Unable to Complete
Select Resources: 6 6 - Obeys commands (>2Years); Appropriate response to stimulation 5 5 - Localizing pain (All Age Groups) 4 4 - Withdrawal from pain (All Age Groups) 3 3 - Flexion to pain (All Age Groups) 2 2 - Extension to pain (All Age Groups) 1 1 - No Motor Response (All Age Groups) 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 ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 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

NEMSIS Element:	Glasgow Coma Score-Qualifier
-----------------	------------------------------

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

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

Attributes:
Correlation: eVitals.GlasgowScoreGroupNone

Code List:
Not Values:
7701001 Not Applicable
7701003 Not Recorded
Select Resources:
3322001 Eye Obstruction Prevents Eye Assessment
3322003 Legitimate values w/o interventions 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 ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 does not include a Canceled or No Patient Contact value.
----------------------	---

Definition:
The patient's total Glasgow Coma Score.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Total Glasgow Coma Score
-----------------	--------------------------

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

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

Attributes:
Correlation: eVitals.GlasgowScoreGroup
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 OC-MEDS
Usage:

~~Optional~~ Recommended

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Reporting Condition: Complete and submit if available

Definition:

The patient's body temperature in degrees Celsius/centigrade.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Temperature

Data Type:

Decimal

Pertinent Negatives
(PN):

Yes

Is Nillable:

Yes

NOT Values:

Yes

Attributes:

[Correlation: Vitals.TemperatureGroup](#)

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 ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The method used to obtain the patient's body temperature.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Temperature Method
-----------------	--------------------

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

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

Attributes:
Correlation: Vitals.TemperatureGroupNone

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 ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

Reporting Condition:	eDisposition.12 itDisposition.112 does not include a Canceled or No Patient Contact value.
----------------------	---

Definition:
The patient's highest level of responsiveness.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Level of Responsiveness (AVPU)
-----------------	--------------------------------

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:
3326001 Alert
3326003 Verbal
3326005 Painful
3326007 Unresponsive



OC-MEDS – DATA DICTIONARY

eVitals.27 - Pain Scale Score

OC-MEDS ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

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

Definition:
The patient's indication of pain from a scale of 0-10.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Pain Scale Score
-----------------	------------------

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

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

Attributes:
Correlation: eVitals.PainScaleGroup
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
Usage:

Required

Reporting Condition: [Complete and submit when pertinent](#)~~Complete and submit if available~~

Definition:

The type of pain scale used.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Pain Scale Type

Data Type:

Single-select

Pertinent Negatives
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

Attributes:

[Correlation: eVitals.PainScaleGroup](#)~~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 Usage:	Required
--------------------------------	----------

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

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

NEMSIS Element:	Stroke Scale Score
-----------------	--------------------

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

Is Niltable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
None Correlation: eVitals.StrokeScaleGroup

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 ReportingOC-MEDS Usage:	Required
---------------------------------------	----------

Reporting Condition:	Complete and submit when pertinentif available
----------------------	--

Definition:
The type of stroke scale used.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Stroke Scale Type
-----------------	-------------------

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

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

Attributes:
Correlation: eVitals.StrokeScaleGroupNone

Code List: note (OC-MEDS Label)
Not Values: 7701001 Not Applicable 7701003 Not Recorded
Select Resources: 3330011 Other Stroke Scale Type, (Orange County EMS) 3330004 Los Angeles Prehospital Stroke Screen (LAPSS), (Los Angeles) 3330001 Cincinnati Prehospital Stroke Scale (CPSS), (Cincinnati) 3330013 FAST-ED, (F.A.S.T. Exam) 3330009 NIH Stroke Scale (NIHSS) 3330001 Cincinnati 3330013 F.A.S.T. Exam 3330003 Los Angeles 3330009 NIH 3330011 Orange County EMS, (NIH)



eVitals.32 - APGAR

OC-MEDS ReportingOC-MEDS Usage:	Optional
---------------------------------------	----------

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

Definition:
The patient's total APGAR score (0-10).

Patient Identifiable:	Agency Identifiable:
No	No

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

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

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

Attributes:
Constraints: minimum = 0; maximum = 10

Code List:
Pertinent Negatives: 8801023 Unable to Complete



OC-MEDS – DATA DICTIONARY

itVitals.001 - Pulse Oximetry Qualifier

OC-MEDS Usage:	Recommended
----------------	-------------

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

Definition:
Pulse Oximetry Qualifier

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Pulse Oximetry Qualifier Custom Element
-----------------	---

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

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

Attributes:
None 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 Usage:	Required
----------------	----------

Reporting Condition:	itDisposition.112 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

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

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

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

Attributes:
None 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.003 - Respiration Regularity

OC-MEDS Usage:	Recommended
----------------	-------------

Reporting Condition:	Respiration Regularity
----------------------	------------------------

Definition:	Respiration Regularity
-------------	------------------------

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Respiration Regularity Custom Element
-----------------	---

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

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

Attributes:	None
-------------	----------------------

Code List:
Select Resources: itVitals.003.102 Irregularly-Irregular itVitals.003.101 Regularly-Irregular itVitals.003.100 Regularly-Regular



OC-MEDS – DATA DICTIONARY

itVitals.006 - Provoked

OC-MEDS Usage: ~~Recommended~~Optional

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

NEMSIS Element: ~~Provoked~~Custom Element

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

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

Attributes:
None ~~1.12~~

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 Usage: ~~Recommended~~ Optional

Reporting Condition: Complete and submit if available

Definition:
The quality of the patient's pain.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: ~~Quality~~ Custom Element

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

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

Attributes:
None ~~1.13~~

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 Usage: **Recommended** ~~Optional~~

Reporting Condition: Complete and submit if available

Definition:

Description of the location of the patient's pain or condition.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: **Custom Element** ~~Region~~

Data Type:

Single-select

Pertinent Negatives
(PN):

No

Is Nilable:

No

NOT Values:

No

Attributes:

None ~~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

itVitals.008.104 Subcost L

itVitals.008.105 Subcost R

itVitals.008.106 Substernal

itVitals.008.116 Upper Back

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OC-MEDS – DATA DICTIONARY

itVitals.009 - Radiation

OC-MEDS Usage: ~~Optional~~ Recommended

Reporting Condition: Complete and submit if available

Definition:

Description of whether the patient's pain radiated to any other part of the body.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: ~~Radiation~~ Custom Element

Data Type:

Single-select

Pertinent Negatives
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

None ~~471.15~~

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

itVitals.010 - Duration

OC-MEDS Usage: ~~Optional~~ Recommended

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Reporting Condition: Complete and submit if available

Definition:

The amount of time the patient has experienced the pain or condition.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: ~~Custom Element~~ Duration

Data Type:

Number

Pertinent Negatives
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

None ~~IT1.16~~

Code List:

None



OC-MEDS – DATA DICTIONARY

itVitals.011 - Duration Units

OC-MEDS Usage: ~~Optional~~ **Recommended**

Reporting Condition: Complete and submit if available

Definition:
Duration Units.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: ~~Duration Units~~ **Custom Element**

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

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

Attributes:
None ~~1.17~~

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 Usage: ~~Optional~~ **Recommended**

Reporting Condition: Complete and submit if available

Definition:
PQRST Narrative

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: ~~PQRST Narrative~~ **Custom Element**

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

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

Attributes:
Constraints: max length = 255
~~None~~ **IT1.24**

Code List:

None



OC-MEDS – DATA DICTIONARY

[itVitals.019 - Circulation](#)

OC-MEDS Usage: [Required](#)

Reporting Condition: [itDisposition.112 does not include a Canceled or No Patient Contact value.](#)

Definition:
[Pulse Quality](#)

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: [Custom Element](#)

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

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

Attributes:
[None](#)

[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 Usage: Required

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Reporting Condition: Complete and submit if available

Definition:
Stroke Scale Speech

Patient Identifiable:	Agency Identifiable:
<u>No</u>	<u>No</u>

NEMSIS Element: Custom Element

Data Type:	<u>String</u>	Pertinent Negatives (PN):	<u>No</u>
------------	---------------	---------------------------	-----------

Is Nillable:	<u>No</u>	NOT Values:	<u>No</u>
--------------	-----------	-------------	-----------

Attributes:
Constraints: max length = 500

Code List:

Select Resources:
itVitals.025.102 Abnormal
itVitals.025.101 Normal



OC-MEDS – DATA DICTIONARY

[itVitals.026 - Stroke Scale Facial Droop](#)

OC-MEDS Usage: [Required](#)

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Reporting Condition: [Complete and submit if available](#)

Definition:
[Stroke Scale Facial Droop](#)

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: [Custom Element](#)

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Niltable:	No	NOT Values:	No
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Attributes:
[None](#)

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 Usage: [Required](#)

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Reporting Condition: [Complete and submit if available](#)

Definition:
[Stroke Scale Arm Drift](#)

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: [Custom Element](#)

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

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

Attributes:
[None](#)

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.057 -- Stroke Scale Grip Strength](#)

OC-MEDS Usage: [Required](#)

Reporting Condition: [Complete and submit if available](#)

Definition:
[Stroke Scale Grip Strength](#)

Patient Identifiable: [Agency Identifiable:](#)
[No](#) [No](#)

NEMSIS Element: [Stroke Scale Grip Strength](#)

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

Is Nillable: [No](#) NOT Values: [No](#)

Attributes:
[None](#)

[Code List:](#)

[Select Resources:](#)
[itVitals.057.102 No Grip](#)
[itVitals.057.100 Normal](#)
[itVitals.057.101 Weak Grip](#)



OC-MEDS – DATA DICTIONARY

itVitals.046 – Vitals Crew Members ID

OC-MEDS Usage: Optional

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:	<u>Agency Identifiable:</u>
<u>No</u>	<u>Yes</u>

NEMSIS Element: Custom Element

Data Type:	<u>String</u>	Pertinent Negatives (PN):	<u>No</u>
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Is Nillable:	<u>No</u>	NOT Values:	<u>No</u>
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Attributes:
Constraints: max length = 50

Code List:

None



OC-MEDS – DATA DICTIONARY

itVitals.050 - Appearance			
OC-MEDS Usage:		Optional	
Reporting Condition:		Complete and submit if available	
Definition:			
APGAR Appearance (skin color)			
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:		Custom 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			
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 Usage: [Optional](#)

Reporting Condition: [Complete and submit if available](#)

Definition:
[APGAR Pulse \(heart rate\)](#)

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: [Custom Element](#)

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Niltable:	Yes	NOT Values:	Yes
--------------	---------------------	-------------	---------------------

Attributes:
[None](#)

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 Usage: [Optional](#)

Reporting Condition: [Complete and submit if available](#)

Definition:
[APGAR Grimace \("reflex irritability"\)](#)

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: [Custom 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](#)
[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 Usage: [Optional](#)

Reporting Condition: [Complete and submit if available](#)

Definition:
[APGAR Activity \(muscle tone\)](#)

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: [Custom Element](#)

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
--------------	---------------------	-----------------------------	---------------------

Attributes:
[None](#)

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 Usage: [Optional](#)

Reporting Condition: [Complete and submit if available](#)

Definition:
[APGAR Respiration \(breathing rate and effort\)](#)

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: [Custom Element](#)

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Niltable:	Yes	NOT Values:	Yes
--------------	---------------------	-----------------------------	---------------------

Attributes:
[None](#)

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](#)



OC-MEDS – DATA DICTIONARY

itControlledSubstances.003 - Broken Seal Number

OC-MEDS Usage: Recommended

Reporting Condition: Complete and submit when pertinent

Definition:
Broken Seal Number

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Patient Identifiable:	Agency Identifiable:
<u>No</u>	<u>No</u>

NEMSIS Element: Custom Element

Data Type:	<u>string</u>	Pertinent Negatives (PN):	<u>No</u>
------------	---------------	---------------------------	-----------

Is Nilable:	<u>No</u>	NOT Values:	<u>No</u>
-------------	-----------	-------------	-----------

Attributes:
None

Code List:

None



OC-MEDS – DATA DICTIONARY

[itControlledSubstances.004 - New Seal Number](#)

OC-MEDS Usage: [Recommended](#)

Reporting Condition: [Complete and submit when pertinent](#)

Definition:

[New Seal Number](#)

Patient Identifiable:

[No](#)

Agency Identifiable:

[No](#)

NEMSIS Element: [Custom Element](#)

Data Type:

[string](#)

Pertinent Negatives
(PN):

[No](#)

Is Niltable:

[No](#)

NOT Values:

[No](#)

Attributes:

[None](#)

Code List:

[None](#)



OC-MEDS – DATA DICTIONARY

[itControlledSubstances.005 - Crew Member #1 Signature](#)

OC-MEDS Usage:	Recommended
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Reporting Condition:	Complete and submit when pertinent
----------------------	--

Definition:
Crew Member #1 Signature

Patient Identifiable:	Agency Identifiable:
No	No

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

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:
None



OC-MEDS – DATA DICTIONARY

[itControlledSubstances.006 - Crew Member #2 Signature](#)

OC-MEDS Usage: [Recommended](#)

Reporting Condition: [Complete and submit when pertinent](#)

Definition:
[Crew Member #2 Signature](#)

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: [Custom Element](#)

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

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

Attributes:
[None](#)

Code List:

[None](#)



OC-MEDS – DATA DICTIONARY

itControlledSubstances.007 – Crew Member #1 Licensure ID

OC-MEDS Usage: Recommended

Reporting Condition: Complete and submit when pertinent

Definition:
Crew Member #1 Licensure ID

Patient Identifiable:	Agency Identifiable:
<u>No</u>	<u>No</u>

NEMSIS Element: Custom Element

Data Type:	<u>string</u>	Pertinent Negatives (PN):	<u>No</u>
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Is Nilable:	<u>No</u>	NOT Values:	<u>No</u>
-------------	-----------	-------------	-----------

Attributes:
Constraint: State ID issued to EMS care provider

Code List:

None



OC-MEDS – DATA DICTIONARY

itControlledSubstances.008 – Crew Member #2 Licensure ID

OC-MEDS Usage: Recommended

Reporting Condition: Complete and submit when pertinent

Definition:
Crew Member #2 Licensure ID

Patient Identifiable:	Agency Identifiable:
<u>No</u>	<u>No</u>

NEMSIS Element: Custom Element

Data Type:	<u>string</u>	Pertinent Negatives (PN):	<u>No</u>
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Is Nilable:	<u>No</u>	NOT Values:	<u>No</u>
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Attributes:
Constraint: State ID issued to EMS care provider

Code List:

None



OC-MEDS – DATA DICTIONARY

itControlledSubstances.009 – Controlled Substance Medication Name

OC-MEDS Usage: Recommended

Reporting Condition: Complete and submit when pertinent

Definition:
Controlled Substance Medication Name

Patient Identifiable: No Agency Identifiable: No

NEMSIS Element: Custom Element

Data Type: RxNorm value Pertinent Negatives (PN): No

Is Nillable: No NOT Values: No

Attributes:
None

Code List:

None



OC-MEDS – DATA DICTIONARY

itControlledSubstances.011 – Controlled Substance Amount Administered

OC-MEDS Usage: Recommended

Reporting Condition: Complete and submit when pertinent

Definition:
Controlled Substance Amount Administered

Patient Identifiable:	Agency Identifiable:
<u>No</u>	<u>No</u>

NEMSIS Element: Custom Element

Data Type:	<u>decimal</u>	Pertinent Negatives (PN):	<u>No</u>
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Is Nillable:	<u>No</u>	NOT Values:	<u>No</u>
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Attributes:
None

Code List:

None



OC-MEDS – DATA DICTIONARY

itControlledSubstances.012 - Controlled Substance Amount Wasted

OC-MEDS Usage: Recommended

Reporting Condition: Complete and submit when pertinent

Definition:
Controlled Substance Amount Wasted

Patient Identifiable:	Agency Identifiable:
<u>No</u>	<u>No</u>

NEMSIS Element: Custom Element

Data Type:	<u>decimal</u>	Pertinent Negatives (PN):	<u>No</u>
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Is Niltable:	<u>No</u>	NOT Values:	<u>No</u>
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Attributes:
None

Code List:

None



OC-MEDS – DATA DICTIONARY

itStemi.001 - STEMI 12 Lead ECG Used?

OC-MEDS Reporting Usage:	Required
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Reporting Condition:	Complete and submit if pertinent when pertinent
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Definition:
STEMI 12 Lead ECG Used?

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	STEMI 12 Lead ECG Used?Custom Element
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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=None-IT12.2

Code List:
Select Resources: itStemi.001.100 No itStemi.001.101 Yes



OC-MEDS – DATA DICTIONARY

itStemi.002 - STEMI 12 Lead ECG Transmitted for Interpretation

OC-MEDS Reporting Usage:	Required
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Reporting Condition:	Complete and submit if pertinent when pertinent
----------------------	--

Definition:
STEMI 12 Lead ECG Transmitted for Interpretation

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	STEMI 12 Lead ECG Transmitted for Interpretation Custom Element
--------------------------------	--

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 = None 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 Usage:	Required
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Reporting Condition:	Complete and submit if pertinent when pertinent
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Definition:
STEMI Probable?

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	STEMI Probable? Custom Element
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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=None IT12.5

Code List:
Select Resources: itStemi.003.102 Inconclusive itStemi.003.100 No itStemi.003.101 Yes



OC-MEDS – DATA DICTIONARY

itStemi.004 - STEMI 12 Lead ECG Interpreted By

<u>OC-MEDS</u> <u>Reporting</u> <u>Usage:</u>	<u>Required</u>
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<u>Reporting Condition:</u>	<u>Complete and submit if pertinent when pertinent</u>
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<u>Definition:</u>
<u>STEMI 12 Lead ECG Interpreted By</u>

<u>Patient Identifiable:</u>	<u>Agency Identifiable:</u>
<u>No</u>	<u>No</u>

<u>OC-MEDS</u> <u>Element</u> <u>Element:</u>	<u>STEMI 12 Lead ECG Interpreted By</u> <u>Custom Element</u>
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<u>Data Type:</u>	<u>Multi-select</u>	<u>Pertinent Negatives</u> <u>(PN):</u>	<u>No</u>
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<u>Is Nillable:</u>	<u>No</u>	<u>NOT Values:</u>	<u>No</u>
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<u>Attributes:</u>
<u>Comments:</u> <u>v2 Code=None IT12.4</u>

<u>Code List:</u>
<u>Select Resources:</u> <u>itStemi.004.4 Cardiac Monitor Program</u> <u>itStemi.004.1 EMT-Basic</u> <u>itStemi.004.3 EMT-Paramedic</u> <u>itStemi.004.7 Nurse Practitioner</u> <u>itStemi.004.5 Physician</u> <u>itStemi.004.8 Physician Assistant</u> <u>itStemi.004.6 Registered Nurse</u>



OC-MEDS – DATA DICTIONARY

itStemi.005 – STEMI Triage Criteria

<u>OC-MEDS</u> <u>Reporting</u> <u>Usage:</u>	<u>Required</u>
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<u>Reporting Condition:</u>	<u>Complete and submit if pertinent when pertinent</u>
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<u>Definition:</u>
<u>STEMI Triage Criteria</u>

<u>Patient Identifiable:</u>	<u>Agency Identifiable:</u>
<u>No</u>	<u>No</u>

<u>OC-MEDS</u> <u>Element</u> <u>Element:</u>	<u>STEMI Triage Criteria Custom Element</u>
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<u>Data Type:</u>	<u>Single-select</u>	<u>Pertinent Negatives (PN):</u>	<u>No</u>
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<u>Is Niltable:</u>	<u>No</u>	<u>NOT Values:</u>	<u>No</u>
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<u>Attributes:</u>
<u>Comments: v2 Code=None IT12.1</u>

<u>Code List:</u>
<u>Select Resources:</u> <u>itStemi.005.001 No</u> <u>itStemi.005.002 Yes</u>



OC-MEDS – DATA DICTIONARY

itVentilator.001 - Date/Time of Ventilator Setting

OC-MEDS Reporting Usage:	Optional Recommended equired (Required for IFT-ALS Providers)
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Reporting Condition:	Complete and submit when pertinentComplete and submit if available
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Definition:
Date/Time of Ventilator Setting

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element: NEMESIS Element:	Date/Time of Ventilator SettingCustom Element
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Data Type:	Datetime	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments: May be required if agency is using VentilatorsNone

Code List:
None

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OC-MEDS – DATA DICTIONARY

itVentilator.002 - Ventilator Setting Crew Member

OC-MEDS Reporting Usage:	Optional Recommended guirled (Required for IFT-ALS Providers)
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Reporting Condition:	Complete and submit when pertinentComplete and submit if available
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Definition:
Ventilator Setting Crew Member

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	Custom ElementVentilator Setting Crew Member
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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: May be required if agency is using VentilatorsNone

Code List:
None

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OC-MEDS – DATA DICTIONARY

itVentilator.003 - Ventilator Setting Prior to EMS Care

OC-MEDS Reporting Usage:	Required Optional Recommended (Required for IFT-ALS Providers)
--------------------------------	---

Reporting Condition:	Complete and submit if available <u>pertinent</u>
----------------------	--

Definition:
Ventilator Setting Prior to EMS Care

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element: NEMESIS Element:	<u>Custom Element Ventilator Setting Prior to EMS Care</u>
--	--

Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments: May be required if agency is using Ventilators <u>None</u>

Code List:
Select Resources: itVentilator.003.101 No itVentilator.003.100 Yes



OC-MEDS – DATA DICTIONARY

itVentilator.005 - Ventilator Mode

OC-MEDS Reporting Usage: Required ~~Optional~~ Recommended ~~(Required for IFT-ALS Providers)~~

Reporting Condition: Complete and submit if available ~~pertinent~~

Definition:

Ventilator Mode

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS Element: Custom Element ~~Ventilator Mode~~
NEMSIS Element:

Data Type:

Single-select

Pertinent Negatives
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

Comments: May be required if agency is using Ventilators ~~None~~

Code List:

Select Resources:

itVentilator.005.108 AC-V (or VACV)

itVentilator.005.100 APV/SIMV

itVentilator.005.111 Other



OC-MEDS – DATA DICTIONARY

itVentilator.010 - VT (Tidal Volume)

OC-MEDS Reporting Usage:	<u>Required</u> <u>Optional</u> <u>Recommended</u> (Required for IFT-ALS Providers)
--------------------------------	--

Reporting Condition:	Complete and submit if <u>available</u> <u>pertinent</u>
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Definition:	VT (Tidal Volume)
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Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	VT (Tidal Volume) <u>Custom Element</u>
--------------------------------	--

Data Type:	Number	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:	
<u>Comments: May be required if agency is using Ventilators</u>	<u>None</u>

Code List:	
None	

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OC-MEDS – DATA DICTIONARY

itVentilator.013 - PEEP (Positive End-Expiratory Pressure)

OC-MEDS
Reporting OC-MEDS
Usage: Required Optional Recommended (Required for IFT-ALS Providers)

Reporting Condition: Complete and submit if available when pertinent

Definition:
PEEP (Positive End-Expiratory Pressure)

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS
Element NEMESIS
Element: Custom Element PEEP (Positive End-Expiratory Pressure)

Data Type:	Number	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments: May be required if agency is using Ventilators

Code List:

None

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OC-MEDS – DATA DICTIONARY

itVentilator.014 - FiO2 - Percentage

OC-MEDS Reporting Usage:	Required Optional Recommended (Required for IFT-ALS Providers)
--------------------------------	---

Reporting Condition:	Complete and submit if available when pertinent
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Definition:
FiO2 - Percentage

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element Element:	Custom Element FiO2 – Percentage
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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:
Comments: May be required if agency is using Ventilators None

Code List:
None

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OC-MEDS – DATA DICTIONARY

itVentilator.016 - PS (Pressure Support)

OC-MEDS
Reporting OC-MEDS
Usage: ~~Required~~ ~~Optional~~ ~~Recommended~~ (Required for IFT-ALS Providers)

Reporting Condition: Complete and submit ~~if available~~ when pertinent

Definition:
PS (Pressure Support)

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS
Element: ~~PS (Pressure Support)~~ Custom Element
NEMSIS
Element:

Data Type:	Number	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
~~Comments: May be required if agency is using Ventilators~~ None

Code List:

None



OC-MEDS – DATA DICTIONARY

itVentilator.035 - Date/Time of Ventilator Measurement

OC-MEDS
ReportingOC-MEDS
Usage:

RequiredRecommended

Reporting Condition: Complete and submit if available when pertinent

Definition:

Date/Time of Ventilator Measurement

Patient Identifiable:

No

Agency Identifiable:

No

OC-MEDS
ElementNEMSIS
Element:

Date/Time of Ventilator MeasurementCustom Element

Data Type:

Datetime

Pertinent Negatives
(PN):

No

Is Nullable:

No

NOT Values:

No

Attributes:

Units BPMNone

Comments: May be required if agency is using Ventilators

Code List:

None

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OC-MEDS – DATA DICTIONARY

itVentilator.038 - Ventilator RR (Respiratory Rate)

OC-MEDS
Reporting OC-MEDS
Usage: Required ~~Optional~~ Recommended ~~(Required for IFT-ALS Providers)~~

Reporting Condition: Complete and submit if available when pertinent

Definition:
Ventilator RR (Respiratory Rate)

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS
Element NEMSIS
Element: Ventilator RR (Respiratory Rate) Custom Element

Data Type:	Number	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
~~None~~ Units — BPM
Comments: May be required if agency is using Ventilators

Code List:

None

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OC-MEDS – DATA DICTIONARY

itVentilator.039 - PIP (Peak Inspiratory Pressure)

OC-MEDS
Reporting OC-MEDS
Usage: Required Optional Recommended (~~Required for IFT-ALS Providers~~)

Reporting Condition: Complete and submit if available when pertinent

Definition:
PIP (Peak Inspiratory Pressure)

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS
Element NEMESIS
Element: PIP (Peak Inspiratory Pressure) Custom Element

Data Type:	Decimal	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Units – cmH2O
Comments: May be required if agency is using Ventilators

Code List:

None

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OC-MEDS – DATA DICTIONARY

itVentilator.043 - I:E Ratio

OC-MEDS Reporting Usage:	Required Optional Recommended (Required for IFT-ALS Providers)
--------------------------------	---

Reporting Condition:	Complete and submit if available when pertinent
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Definition:
I:E Ratio

Patient Identifiable:	Agency Identifiable:
No	No

OC-MEDS Element: NEMSIS Element:	I:E Ratio Custom Element
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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:
Comments: May be required if agency is using Ventilators None

Code List:
None

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OC-MEDS – DATA DICTIONARY

itVentilator.048 – Plateau Pressure

OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent

Definition:
I:E Ratio

Patient Identifiable:	Agency Identifiable:
<u>No</u>	<u>No</u>

NEMSIS Element: Custom Element

Data Type:	<u>decimal</u>	Pertinent Negatives (PN):	<u>No</u>
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Is Nillable:	<u>No</u>	NOT Values:	<u>No</u>
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Attributes:
Units – cmH2O

Code List:
None