



I. AUTHORITY:

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

II. APPLICATION:

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

III. DEFINITIONS:

**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 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 completed and 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 shall be completed and submitted on ALL incidents, are not Nillable, and do NOT allow NOT Values (NV) or Pertinent Negatives (PN).
- **Required:** Data elements that shall be completed and submitted depending on the specified OC-MEDS Reporting Condition. Required data elements 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 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.

**OC-MEDS Reporting Condition:** The circumstance upon which a data element is required to be completed and submitted. Implemented as Validation Rules (Attachment 18).



## OC-MEDS – DATA DICTIONARY

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

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

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

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

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

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

**Code List:** The list of values with codes and labels to be used for completing the data element. Where applicable the format will be specified in Constraints. Some Code Lists may be restricted to local, state, and federal limitations on industry data standards (i.e. ICD-10, SnoMed, GNIS, etc.). Where limited the defined values for use will be further articulated.

**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:** Documents that provide further articulation of specifications.

- Attachment 1 – Data Element List
- Attachment 2 – Facilities List
- Attachment 3 – EMS Provider Agencies
- 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 10 – Incident Location Type (eScene.09)
- 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 16 – Orange County Fire District Numbers
- Attachment 17 – Orange County EOAs
- Attachment 18 – Reporting Conditions Validation Rules



## OC-MEDS – DATA DICTIONARY

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### IV. CRITERIA:

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

### Approved:

  
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Carl H Schultz, MD, FACEP  
OCEMS Medical Director

  
\_\_\_\_\_  
Tammi McConnell, MSN, RN  
OCEMS Administrator

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Reviewed Date(s): 04/17/2017, 04/01/2018, 06/01/2019, 06/30/2023  
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Effective Date: 10/01/2023

**OC-MEDS – DATA DICTIONARY**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.

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 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

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

OC-MEDS 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 airway device in which placement is being confirmed.
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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:	
Correlation:	eAirway.ConfirmationGroup

**Code List: note (OC-MEDS Label)****Not Values:**

7701001 Not Applicable  
7701003 Not Recorded  
7701005 Not Reporting

**Select Resources:**

4003003 Endotracheal Tube  
4003005 Other-Invasive Airway  
4003007 SAD-Combitube, (Combitube/King)  
It4003.001 SAD-i-gel, (LMA (i-gel)

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

OC-MEDS 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 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:	Correlation: eAirway.ConfirmationGroup Comment: New Value
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**Code List: note (OC-MEDS Label)**

## 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

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

OC-MEDS 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:
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No	No
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NEMSIS Element:	Tube Depth
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Data Type:	Number	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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**Attributes:**

Correlation: eAirway.ConfirmationGroup

Constraints: minimum = 4; maximum = 32

**Code List:**

None



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

OC-MEDS 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 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:
Correlation: eAirway.ConfirmationGroup

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

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

OC-MEDS 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.
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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.ConfirmationGroup Constraints: character length = 2 to 50
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**Code List:**

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

OC-MEDS Usage:	Optional
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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:	Agency Identifiable:
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No	No
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NEMSIS Element:	Airway Complications Encountered
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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:**

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

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

OC-MEDS Usage: Optional

Reporting Condition: If your PCRS is unable to use itAirway.018, eAirway.09 shall be used. Same Reporting Conditions apply.

## Definition:

The type of individual who confirmed the airway device placement.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Suspected Reasons for Failed Airway Procedure

Data Type:

Multi-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

## Attributes:

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

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

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

Definition:  
ETT Placement Verification

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: 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:  
Correlation: eAirway.ConfirmationGroup

## 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 Usage:	Recommended
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Reporting Condition:	None
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Definition:
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ETT Verification Comments
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Patient Identifiable:
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No
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Agency Identifiable:
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No
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NEMESIS Element:	Custom Element
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Data Type:
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String
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Pertinent Negatives (PN):
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No
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Is Nillable:
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No
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NOT Values:
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No
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Attributes:
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Correlation: eAirway.ConfirmationGroup
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Constraints: max length = 255
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Code List:
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None
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**OC-MEDS – DATA DICTIONARY****itAirway.004 - Breath Sounds-Left**OC-MEDS Usage: **Required**

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

## Definition:

Breath Sounds-Left

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Custom Element

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

## Attributes:

Correlation: eAirway.ConfirmationGroup

## Code List:

Select Resources:

itAirway.004.100 No

itAirway.004.101 Yes

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

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

## Definition:

Airway Measured At

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Custom Element

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

## Attributes:

Correlation: eAirway.ConfirmationGroup

## 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 Usage: **Required**

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

## Definition:

Breath Sounds-Right

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Custom Element

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

## Attributes:

Correlation: eAirway.ConfirmationGroup

## Code List:

Select Resources:

itAirway.006.100 No

itAirway.006.101 Yes

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

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

## Definition:

Chest Rise-Left

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Custom Element

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

## Attributes:

Correlation: eAirway.ConfirmationGroup

## Code List:

Select Resources:

itAirway.007.100 No

itAirway.007.101 Yes

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

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

## Definition:

Chest Rise-Right

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Custom Element

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

## Attributes:

Correlation: eAirway.ConfirmationGroup

## Code List:

Select Resources:

itAirway.008.100 No

itAirway.008.101 Yes

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

OC-MEDS Usage:	Recommended
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Reporting Condition:	None
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Definition:
Esophageal Detector Device

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	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.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

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

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

## Definition:

Gastric Sounds

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Custom Element

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

## Attributes:

Correlation: eAirway.ConfirmationGroup

## Code List:

Select Resources:  
itAirway.010.100 No  
itAirway.010.101 Yes

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

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

Definition:

Tube Misting

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Custom Element

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

Correlation: eAirway.ConfirmationGroup

Code List:

Select Resources:

itAirway.011.100 No

itAirway.011.101 Yes

**OC-MEDS – DATA DICTIONARY****itAirway.013 - Preoxygenation Done**OC-MEDS Usage: **Required**

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

Definition:  
Preoxygenation Done

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: 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:  
Correlation: eAirway.ConfirmationGroupCode List:  
  
Select Resources:  
itAirway.013.100 No  
itAirway.013.101 Yes

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

OC-MEDS Usage:	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

NEMSIS Element:	Custom Element
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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:
Correlation: eAirway.ConfirmationGroup

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 Usage: **Required**

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:

No

Agency Identifiable:

No

NEMSIS Element:

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 Usage: **Required**

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:

No

Agency Identifiable:

No

NEMSIS Element:

Custom Element

Data Type:

Multi-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Correlation: eAirway.ConfirmationGroup

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 Usage:	Required
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Reporting Condition:	eSituation.11 includes Cardiac Arrest, Traumatic Cardiac Arrest, Respiratory Arrest, or Unconscious.
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Definition:
Indication of the presence of a cardiac arrest at any time during this EMS event.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Cardiac Arrest
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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:
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None
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Code List:
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Not Values: 7701001 Not Applicable 7701003 Not Recorded  Select Resources: 3001001 No 3001005 Yes, After EMS Arrival 3001003 Yes, Prior to EMS Arrival
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**OC-MEDS – DATA DICTIONARY****eArrest.02 - Cardiac Arrest Etiology**

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

Indication of the etiology or cause of the cardiac arrest (classified as cardiac, non-cardiac, etc.)
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Patient Identifiable:	Agency Identifiable:
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No	No
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NEMSIS Element:	Cardiac Arrest Etiology
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Data Type:	Single-select	Pertinent Negatives (PN):	No
------------	---------------	---------------------------	----

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

**Attributes:**

Comment: Value change
-----------------------

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

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

3002001 Cardiac (Presumed)

3002003 Drowning/Submersion

3002005 Drug Overdose

3002007 Electrocutation

3002009 Exsanguination-Medical (Non-Traumatic)

3002011 Other

3002013 Respiratory/Asphyxia

3002015 Trauma

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

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

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

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Type of CPR Provided

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:**

3009001 Manual Compressions Only-Continuous

3009003 Compressions-External Band Type Device (Auto-Pulse)

3009005 Compressions-External Plunger Type Device (Lucas Device)

3009009 Compressions-Manual - Intermittent with Ventilation

3009011 Compressions-Other Device

it3009.107 Elevated Head 30 Degree Semi-Fowlers

3009013 Ventilation-Bag Valve Mask Only

3009015 Ventilation-Impedance Threshold Device

3009017 Ventilation-Mouth to Mouth

3009019 Ventilation-Pocket Mask



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

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

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

**Definition:**

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

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

No	No
----	----

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

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

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

**Attributes:**

None
------

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

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

3012001 No

3012003 Yes, At Arrival at the ED

3012005 Yes, Prior to Arrival at the ED

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

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

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

**Definition:**

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

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

No	No
----	----

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 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 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
------------	---------------	---------------------------	----

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 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
------------	--------------	---------------------------	----

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

9901023 Non-STEMI Anterior Ischemia



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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 Usage: Required

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

## 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

## 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 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:**

Comment: **New Element**

**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

**OC-MEDS – DATA DICTIONARY****eArrest.21 - Who First Applied the AED**

OC-MEDS 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:
Comment: <b>New Element</b>

**Code List:**

Not Values:

7701001 Not Applicable

3021013 EMS (Transporting Unit Personnel)

3021007 First Responder (EMS)

3021011 First Responder (non-EMS)

3021009 Law Enforcement

3021001 Lay Person

3021003 Lay Person Family Member

3021005 Lay Person Medical Provider

**OC-MEDS – DATA DICTIONARY****eArrest.22 - Who First Defibrillated the Patient**

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

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

Definition:
Who First Defibrillated the Patient.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Who First Defibrillated the Patient
-----------------	-------------------------------------

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

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

Attributes:
Comment: <b>New Element</b>

**Code List:**

Not Values:  
7701001 Not Applicable

Select Resources:  
3022007 First Responder (EMS)  
3022011 First Responder (non-EMS)  
3022009 First Responder (Police)  
3022001 Lay Person  
3022003 Lay Person Family Member  
3022005 Lay Person Medical Provider  
3022013 Responding EMS Personnel

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

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

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

**Definition:**

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

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

No	Yes
----	-----

NEMSIS 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 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.CrewGroup

**Comments: There are significant changes to the values list from previous version.**

**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)

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

OC-MEDS 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
------------	--------------	---------------------------	----

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

Attributes:
Correlation: eCrew.CrewGroup

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

Reporting Condition: Complete and submit when pertinent

**Definition:**

The unique manufacturer's serial number associated with a medical device.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Medical Device Serial Number

Data Type:

String

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Constraints: Min Length: 2, Max Length: 50

**Code List:**

None

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

Reporting Condition: Complete and submit 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}

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

7701001 Not Applicable

7701003 Not Recorded



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

Reporting Condition: Complete and submit when pertinent

**Definition:**

The type of event documented by the medical device.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Medical Device Event Type

Data Type:

Multi-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

None

**Code List:**

Select Resources:

4103001 12-Lead ECG

4103003 Analysis (Button Pressed)

4103005 CO2

4103007 Date Transmitted

it4103.109 Cardioversion

4103009 Defibrillation

4103011 ECG-Monitor

4103013 Heart Rate

4103015 Invasive Pressure 1

4103017 Invasive Pressure 2

4103021 Non-Invasive BP

4103019 No Shock Advised

4103023 Other

4103025 Pacing Electrical Capture

4103027 Pacing Started

4103029 Pacing Stopped

4103031 Patient Connected

4103033 Power On

4103035 Pulse Oximetry

4103037 Pulse Rate

4103039 Respiratory Rate

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 Usage: **Required**

Reporting Condition: Complete and submit when pertinent

**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

**Code List:**

None

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

Reporting Condition: Complete and submit 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

Code List:

None

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

Reporting Condition: Complete and submit 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:**

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 Usage: **Required**

Reporting Condition: Complete and submit when pertinent

**Definition:**

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

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Medical Device ECG Lead

Data Type:

Multi-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

None

**Code List:**

Select Resources:

4107011 AVF

4107009 AVL

4107007 AVR

4107001 I

4107003 II

4107005 III

4107013 Paddle

4107015 Pads

4107017 V1

4107019 V2

4107021 V3

4107023 V3r

4107025 V4

4107027 V4r

4107029 V5

4107031 V5r

4107033 V6

4107035 V6r

4107037 V7

4107039 V8

4107041 V9

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

Reporting Condition: Complete and submit when pertinent

**Definition:**

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

Patient Identifiable:

No

Agency Identifiable:

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

**Code List:**

None

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

Reporting Condition: Complete and submit when pertinent

**Definition:**

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

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Type of Shock

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

None

**Code List:**

Select Resources:

4109001 Biphasic

4109003 Monophasic

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

Reporting Condition: Complete and submit when pertinent

## Definition:

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

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Shock or Pacing Energy

Data Type:

Decimal

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

## Attributes:

Constraints: minimum = 1; maximum = 9000; format = #####.#

## Code List:

None



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

Reporting Condition: Complete and submit when pertinent

**Definition:**

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

Patient Identifiable:

No

Agency Identifiable:

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

**Code List:**

None

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

Reporting Condition: Complete and submit when pertinent

**Definition:**

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

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Pacing Rate

Data Type:

Number

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Constraints: minimum = 1; maximum = 1000

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****itDevice.006 - EKG Ectopy**

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

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

Definition:
EKG Ectopy

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

<b>Code List:</b>	
Select Resources: itDevice.006.100 12 Lead ECG-Anterior Ischemia itDevice.006.101 12 Lead ECG-Inferior Ischemia itDevice.006.102 12 Lead ECG-Lateral Ischemia itDevice.006.114 12 lead ECG - Posterior Wall itDevice.006.111 12 Lead ECG - Septal Ischemia itDevice.006.117 Anterior Hemiblock itDevice.006.103 Artifact itDevice.006.104 AV Block-1st Degree itDevice.006.116 Bifascicular Block itDevice.006.132 Bigeminy itDevice.006.113 Bi/Trigeminy PVC's itDevice.006.122 Delta Wave Positive itDevice.006.115 Fascicular Block itDevice.006.125 Isolated Posterior Ischemia itDevice.006.123 J Wave (Osborn) Positive itDevice.006.105 Left Bundle Branch Block itDevice.006.112 Multifocal PVC's itDevice.006.107 No Ectopy Noted itDevice.006.131 No Elevation Noted	itDevice.006.109 P > 6 itDevice.006.108 P < 6 itDevice.006.119 Pacemaker: Atrial itDevice.006.121 Pacemaker: A-V Sequential itDevice.006.120 Pacemaker: Ventricular itDevice.006.134 PAC - Premature Atrial Contractions itDevice.006.135 PJC - Premature Junctional Contractions itDevice.006.118 Posterior Hemiblock itDevice.006.136 PVC - Premature Ventricular Contractions itDevice.006.110 Q wave itDevice.006.106 Right Bundle Branch Block itDevice.006.126 STEMI Anterior Ischemia / Injury (12 Lead) itDevice.006.127 STEMI Inferior Ischemia / Injury (12 Lead) itDevice.006.128 STEMI Lateral Ischemia / Injury (12 Lead) itDevice.006.129 STEMI Posterior Ischemia / Injury (12 Lead) itDevice.006.130 STEMI Septal Ischemia / Injury (12 Lead) itDevice.006.137 S-T Segment Depression itDevice.006.138 S-T Segment Elevation itDevice.006.133 Trigeminy itDevice.006.124 T Wave Inversion

**OC-MEDS – DATA DICTIONARY****itDevice.008 - Medical Device Administered Prior to EMS Care**

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

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

**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:	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

**Select Resources:**

itDevice.008.100 No

itDevice.008.101 Yes

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

Reporting Condition: Every submitted incident.

**Definition:**

The complaint dispatch reported to the responding unit.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Complaint Reported by Dispatch

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**Comment: **New Values****Code List:**

Select Resources:

2301001 Abdominal Pain/Problems

2301083 Airmedical Transport

2301003 Allergic Reaction/Stings

2301005 Animal Bite

2301007 Assault

2301009 Automated Crash Notification

2301011 Back Pain (Non-Traumatic)

2301013 Breathing Problem

2301015 Burns/Explosion

2301017 Carbon Monoxide/Hazmat/Inhalation/CBRN

2301019 Cardiac Arrest/Death

2301021 Chest Pain (Non-Traumatic)

2301023 Choking

2301025 Convulsions/Seizure

2301027 Diabetic Problem

2301081 Drowning/Diving/SCUBA Accident

2301029 Electrocutation/Lightning

2301031 Eye Problem/Injury

2301033 Falls

2301035 Fire

2301037 Headache

2301039 Healthcare Professional/Admission

2301041 Heart Problems/AICD

2301043 Heat/Cold Exposure

2301045 Hemorrhage/Laceration

2301047 Industrial Accident/Inaccessible Incident/Other  
Entrapments (Non-Vehicle)

2301049 Medical Alarm

2301051 No Other Appropriate Choice

2301053 Overdose/Poisoning/Ingestion

2301055 Pandemic/Epidemic/Outbreak

2301057 Pregnancy/Childbirth/Miscarriage

2301059 Psychiatric Problem/Abnormal Behavior/Suicide  
Attempt

2301061 Sick Person

2301063 Stab/Gunshot Wound/Penetrating Trauma

2301065 Standby

2301067 Stroke/CVA

2301069 Traffic/Transportation Incident

2301071 Transfer/Interfacility/Palliative Care

2301073 Traumatic Injury

2301077 Unconscious/Fainting/Near-Fainting

2301079 Unknown Problem/Person Down

2301075 Well Person Check

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

**OC-MEDS – DATA DICTIONARY****eDispatch.02 - EMD Performed**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit if available

**Definition:**

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

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: EMD Performed

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:**

2302001 No

2302007 Yes, Unknown Pre-Arrival Instructions

2302005 Yes, Without Pre-Arrival Instructions

2302003 Yes, With Pre-Arrival Instruction

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

OC-MEDS 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
------------	--------	---------------------------	----

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

Reporting Condition:	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

**Only those values in Attachment 2 –Facilities List may be used. Both the name and code must match EXACTLY. For additional values please submit a request to [oc-meds@ochca.com](mailto:oc-meds@ochca.com)**



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

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

Reporting Condition:	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:**

Correlation: eDisposition.DestinationGroup

Constraints: character length = 2 to 50

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

7701001 Not Applicable

7701003 Not Recorded

**Only those values in Attachment 2 –Facilities List may be used. For additional values please submit a request to [oc-meds@ochca.com](mailto:oc-meds@ochca.com)**

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

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

Reporting Condition:	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 Usage:	Optional
----------------	----------

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

**Definition:**

None
------

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

No	Yes
----	-----

NEMSIS Element:	Destination Street Address 2
-----------------	------------------------------

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:**

None
------

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

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

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

**Definition:**

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

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

No

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

No

NEMIS Element:	Destination City
----------------	------------------

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

String

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

No

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

No

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

No

**Attributes:**

Correlation: eDisposition.DestinationGroup

Constraints: GNIS Codes

**Code List:**

**See Attachment 2 –Facilities List**

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

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

Reporting Condition:	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

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

Reporting Condition:	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:**

Correlation: eDisposition.DestinationGroup

Constraints: [0-9]{5}, ANSI Codes

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

Reporting Condition:	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:**

Correlation: eDisposition.DestinationGroup

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 Usage:	Optional
----------------	----------

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

Definition:
The country of the destination.

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Destination Country
----------------	---------------------

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

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

Attributes:
Correlation: eDisposition.DestinationGroup
Constraints: character length = 2, ANSI Codes

Code List:
 <b>See Attachment 2 –Facilities List</b>



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

OC-MEDS Usage:	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



## OC-MEDS – DATA DICTIONARY

**itDisposition.112 - Incident/Patient Disposition**

OC-MEDS Usage:	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 Element:	Custom Element
-----------------	----------------

Data Type:	Single-select
------------	---------------

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

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

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

**Attributes:**

Comment: eDisposition.12 was removed from NEMSIS standard, however OC-MEDS is maintaining it as a **Mandatory** custom element that is critical to OC-MEDS operations. See Attachment 7 for more information and definitions and note the changes in value coding and addition of values.

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

itDisposition.112.137 ALS EVAL./BLS - Treated and Transported BLS after PM/ALS evaluation  
itDisposition.112.164 911 TRANSFER - Treated, Transferred Care to a BLS EMS Unit (BLS/PAU/ALS to BLS Ambulance)  
itDisposition.112.153 911 TRANSFER - Treated, Transferred Care to an ALS EMS Unit (BLS/PAU/ALS to ALS)  
itDisposition.112.134 911 ALS NO CONTACT - Treated and Transported ALS w/o Base Hospital Contact (ALS No Contact)  
itDisposition.112.135 911 BHC - Treated and Transported ALS with Base Hospital Contact  
itDisposition.112.142 911 BLS ONLY - Treated and Transported with EMT (BLS level eval. and care only)  
itDisposition.112.125 911 BHC - 911 IFT with PM  
itDisposition.112.166 911 IFT - ALS No Contact  
itDisposition.112.110 RELEASE - No Treatment/Transport Required  
itDisposition.112.146 BHC - AMA - with Base Hospital Contact  
itDisposition.112.112 AMA - Patient Refused Evaluation/Care and Transport  
itDisposition.112.113 AMA - Patient Refuses Transport / Accepts Evaluation/Care



## OC-MEDS – DATA DICTIONARY

itDisposition.112.111 AMA - Patient Refused Evaluation/Care / Accepts Transport  
itDisposition.112.104 CANCELED - On Scene (No Patient Contact)  
itDisposition.112.103 CANCELED - Prior to Arrival At Scene  
itDisposition.112.107 DOA - Obvious Death  
itDisposition.112.109 DOA - Pronounced Death After Intervention Attempted  
itDisposition.112.101 ASSIST - Public (e.g. back to bed)  
itDisposition.112.105 PERSON CONTACTED - Not a Patient  
itDisposition.112.119 STANDBY ONLY - No Services or Support Provided  
itDisposition.112.167 NON-911 BLS Transport  
itDisposition.112.138 NON-911 IFT-ALS - Treated and Transported with non-911 IFT PM without Base Hospital Contact  
itDisposition.112.139 NON-911 BHC IFT-ALS - Treated and Transported w/ Base Hospital Contact  
itDisposition.112.140 NON-911 CCT - Critical Care Transport w/ RN or RT  
itDisposition.112.152 NON-911 CCT - Critical Care Transport w/ Hospital Staff  
itDisposition.112.155 HOSPICE - Patient Treated, Released (to Hospice per protocol)  
itDisposition.112.102 Assist, Unit (e.g. lift assist)  
itDisposition.112.116 Treated, Transported by EMS  
itDisposition.112.115 TRANSFER - Treated, Transferred Care to Another EMS Unit  
itDisposition.112.129 AST TRANSPORT - Ambulance Strike Team / Facility Evacuation Transport



## OC-MEDS – DATA DICTIONARY

**eDisposition.16 - EMS Transport Method**

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

Reporting Condition:	itDisposition.112 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
------------	---------------	---------------------------	----

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

Attributes:
None

**Code List: note (OC-MEDS Label)**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded

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



## OC-MEDS – DATA DICTIONARY

**eDisposition.17 - Transport Mode from Scene**

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

Reporting Condition:	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
------------	---------------	---------------------------	----

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

Attributes:
Comment: Major change in values with 3.5 standard.

**Code List:**

Not Values:  
7701001 Not Applicable  
7701003 Not Recorded

Select Resources:  
4217003 Emergent Downgraded to Non-Emergent  
4217001 Emergent (Immediate Response)  
4217005 Non-Emergent  
4217007 Non-Emergent Upgraded to Emergent



## OC-MEDS – DATA DICTIONARY

**eDisposition.18 - Additional Transport Mode Descriptors**OC-MEDS Usage: **Required**

Reporting Condition: itDisposition.112 includes a "Transport" value.

## Definition:

The documentation of transport mode techniques for this EMS response.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Additional Transport Mode Descriptors

Data Type:

Multi-select

Pertinent Negatives  
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

## Attributes:

Comments: **New Element. Required to differentiate Code 2 vs Code 3 transport**

## Code List: note (OC-MEDS Label)

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

Reporting Condition:	itDisposition.112 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
------------	---------------	---------------------------	----

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

Attributes:
None

**Code List: note (OC-MEDS Label)**

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)  
4219009 Dead with Resuscitation Efforts (Black), (DOA - Pronounced After Interventions)  
4219011 Non-Acute/Routine



## OC-MEDS – DATA DICTIONARY

**eDisposition.20 - Reason for Choosing Destination**

OC-MEDS Usage: Required

Reporting Condition: itDisposition.112 includes a "Transport" value.

## Definition:

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

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Reason for Choosing Destination

Data Type:

Multi-select

Pertinent Negatives  
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

## Attributes:

Comment: New custom values

## Code List:

## Not Values:

7701001 Not Applicable

7701003 Not Recorded

## Select Resources:

4220001 Closest Facility, (Closest Facility)

4220003 Diversion

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&gt;60min

it4220.111 Depart After 1hr

it4220.100 Dead On Scene / Coroner





## OC-MEDS – DATA DICTIONARY

**eDisposition.21 - Type of Destination**

OC-MEDS Usage: Required

Reporting Condition: itDisposition.112 includes a "Transport" value.

## Definition:

The type of destination the patient was delivered or transferred to

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Type of Destination

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

## Attributes:

Comment: New NEMSIS values. Continued use of custom values.

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

## Not Values:

7701001 Not Applicable

7701003 Not Recorded

## 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)

4221029 Assisted Living Facility

4221041 Skilled Nursing 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 Usage: Required

Reporting Condition: itDisposition.112 includes a "Transport" value.

**Definition:**

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

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Hospital In-Patient Destination

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

**Attributes:**

None

**Code List: note (OC-MEDS Label)****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**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)

4222021 Hospital-MICU, (MICU)

4222023 Hospital-NICU, (NICU)

4222025 Hospital-Nursery, (Nursery)

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)

24222053 Hospital-Outpatient Surgery,  
(Outpatient Surgery)



## OC-MEDS – DATA DICTIONARY

**eDisposition.23 - Hospital Capability**

OC-MEDS Usage: Required

Reporting Condition: itDisposition.112 includes a "Transport" value.

## Definition:

The primary hospital capability associated with the patient's condition for this transport (e.g., Trauma, STEMI, Peds, etc.).

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Hospital Capability

Data Type:

Multi-select

Pertinent Negatives  
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

## Attributes:

Comments: Replaces OC-MEDS use of eOther.02

## 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 Center

**OC-MEDS – DATA DICTIONARY****Disposition.24 - Destination Team Pre-Arrival Alert or Activation**OC-MEDS Usage: **Required**

Reporting Condition: 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-select

Pertinent Negatives  
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

**Attributes:**

Correlation: eDisposition.HospitalTeamActivationGroup

**Code List:**

## Not Values:

7701001 Not Applicable

7701003 Not Recorded

## Select Resources:

it4224.101 Yes-Burn

it4224.104 Yes-Replant

4224001 None

4224019 Yes-Sepsis

4224021 Yes-Biological/Infectious Precautions

4224005 Yes-Cardiac Arrest

4224007 YEs-Obstetrics

4224009 Other

4224013 Yes-STEMI

4224015 Yes-Stroke

4224017 Yes-Trauma

**OC-MEDS – DATA DICTIONARY****eDisposition.25 - Date/Time of Destination Prearrival Alert or Activation**

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

Reporting Condition:	eResponse.07 contains an ALS value and itDisposition.112 indicates transport at ALS level of care
----------------------	---------------------------------------------------------------------------------------------------

**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:**

No

**Agency Identifiable:**

No

**NEMSIS Element:**

Date/Time of Destination Prearrival Alert or Activation

**Data Type:**

DateTime

**Pertinent Negatives (PN):**

No

**Is Nillable:**

Yes

**NOT Values:**

Yes

**Attributes:**

Correlation: eDisposition.HospitalTeamActivationGroup

Constraints:[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}

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 Usage: **Mandatory**

Reporting Condition: All Incidents

**Definition:**

The patient disposition for an EMS event identifying whether patient contact was made.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Unit Disposition

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

**Attributes:**

Correlation: eDisposition.IncidentDispositionGroup

Comments: **New Element****Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

4227003 Cancelled on Scene

4227005 Cancelled Prior to Arrival at Scene

4227011 Non-Patient Incident (Not Otherwise Listed)

4227007 No Patient Contact

4227009 No Patient Found

4227001 Patient Contact Made

**OC-MEDS – DATA DICTIONARY****eDisposition.28 - Patient Evaluation/Care**OC-MEDS Usage: **Required**

Reporting Condition: 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:

No

Agency Identifiable:

No

NEMSIS Element: Patient Evaluation/Care

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

**Attributes:**

Correlation: eDisposition.IncidentDispositionGroup

Comments: **New Element****Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

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 Usage: **Required**

Reporting Condition: 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****Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

4229007 Assumed Primary Care from Another EMS Crew

4229013 Back in Service, Care/Support Services Refused

4229011 Back in Service, No Care/Support Services Required

4229009 Incident Support Services Provided (Including Standby)

4229001 Initiated and Continued Primary Care

4229003 Initiated Primary Care and Transferred to Another EMS Crew

4229005 Provided Care Supporting Primary EMS Crew





## OC-MEDS – DATA DICTIONARY

**eDisposition.30 - Transport Disposition**OC-MEDS Usage: **Required**

Reporting Condition: All Incidents

**Definition:**

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

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Transport Disposition

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

**Attributes:**

Correlation: eDisposition.IncidentDispositionGroup

Comments: **New Element****Code List:**

## Not Values:

7701001 Not Applicable

7701003 Not Recorded

## Select Resources:

4230011 Non-Patient Transport (Not Otherwise Listed)

4230013 No Transport

4230009 Patient Refused Transport

4230005 Transport by Another EMS Unit

4230007 Transport by Another EMS Unit, with a Member of This Crew

4230001 Transport by This EMS Unit (This Crew Only)

4230003 Transport by This EMS Unit, with a Member of Another Crew

**OC-MEDS – DATA DICTIONARY****eDisposition.31 - Reason for Refusal/Release**OC-MEDS Usage: **Required**

Reporting Condition: 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:

No

Agency Identifiable:

No

NEMSIS Element:

Reason for Refusal/Release

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

**Attributes:**

Correlation: eDisposition.IncidentDispositionGroup

Comments: **New Element****Code List:**

## Not Values:

7701001 Not Applicable

7701003 Not Recorded

## Select Resources:

4231001 Against Medical Advice

4231011 DNR

4231013 Medical/Physician Orders for Life Sustaining Treatment

4231015 Other, Not Listed

4231003 Patient/Guardian Indicates Ambulance Transport is Not Necessary

4231009 Patient/Guardian States Intent to Transport by Other Means

4231005 Released Following Protocol Guidelines

4231007 Released to Law Enforcement

**OC-MEDS – DATA DICTIONARY****eDisposition.32 - Level of Care Provided per Protocol**OC-MEDS Usage: **Required**

Reporting Condition: 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:

No

Agency Identifiable:

No

NEMSIS Element:

Level of Care Provided per Protocol

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

**Attributes:**Comments: **New Element****Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

4232001 BLS - All Levels, (BLS - Standing Order)

4232005 ALS - Paramedic, (ALS - Standing Order)

4232011 Integrated Health Care, (ALS - Base Hospital Contact)

4232013 No Care Provided, (No Care Provided)

4232009 Critical Care, (Critical Care (RN, RT))

4232007 EMS and Other Health-Care Staff, (Critical Care (Hospital Staff))

4232003 ALS - AEMT/Intermediate

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

OC-MEDS Usage:	Base Hospital Use Only
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
Destination Directed To Code

Patient Identifiable:	Agency Identifiable:
No	Yes

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

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

Is Nillable:	No	NOT Values:	No
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Attributes:
None

Code List:
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None
------

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

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

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

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

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

**Attributes:**

None

**Code List:**

Select Resources:

itDisposition.002.104 911 Interfacility Transfer (911-IFT)

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 Trauma Center (TC)

itDisposition.002.105 Replant Center

itDisposition.002.108 Stroke Neuro Receiving Center (SNRC)

itDisposition.002.110 Patient/Family Request/MD Request

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

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

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

**Definition:**

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

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

No	No
----	----

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

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

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

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

Min Date: 01/01/1753

Max Date: 12/31/9999

**Code List:**

None
------

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

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

Reporting Condition:	Complete and report when pertinent
----------------------	------------------------------------

Definition:
Base Hospital Clear Communications Date/Time

Patient Identifiable:	Agency Identifiable:
No	No

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

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

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

Attributes:
None

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

None
------

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

Reporting Condition: itDisposition.112 includes a "Transport" value.

**Definition:**

Transfer Rig Number

Patient Identifiable:

No

Agency Identifiable:

Yes

NEMSIS Element:

Custom Element

Data Type:

String

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Constraints: max length = 50

**Code List:**

None



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

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

Definition:
First EMS Unit Arriving

Patient Identifiable:	Agency Identifiable:
No	No

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

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

Attributes:
Constraints: max length = 100

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

None
------

**OC-MEDS – DATA DICTIONARY****itDisposition.032 - Received From Agency ID**

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

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

**Definition:**

Received From Agency ID
-------------------------

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

No	No
----	----

NEMIS Element:	Custom Element
----------------	----------------

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

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

**Attributes:**

Comments: For OC-MEDS PCRS users, this field is auto-populated upon transfer in the field.
--------------------------------------------------------------------------------------------

Constraints: max length = 100
-------------------------------

**Code List:**

See Attachment 2 – EMS Provider Agency List
---------------------------------------------

**OC-MEDS – DATA DICTIONARY****itDisposition.034 - Transferred To Agency ID**

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

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

Definition:
Transferred To Agency ID

Patient Identifiable:	Agency Identifiable:
No	No

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

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

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

Attributes:
Comments: For OC-MEDS PCRS users, this field is auto-populated upon transfer in the field.
Constraints: max length = 100

**Code List:**

**See Attachment 2 – EMS Provider Agency List**



## OC-MEDS – DATA DICTIONARY

### itDisposition.035 – Transferring Physician / Referring MD

OC-MEDS Usage: Required

Reporting Condition: Complete and submit if pertinent

#### Definition:

Transferring Physician / Referring MD

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Custom Element

Data Type:

String

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

#### Attributes:

Constraints: max length = 50

#### Code List:

None

**OC-MEDS – DATA DICTIONARY****itDisposition.036 – Receiving Physician / Accepting MD**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit if pertinent

**Definition:**

Receiving Physician / Accepting MD

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Custom Element

Data Type:

String

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Constraints: max length = 50

**Code List:**

None

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

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

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

Definition:
-------------

Transporting Agency
---------------------

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

No	Yes
----	-----

NEMIS Element:	Custom Element
----------------	----------------

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

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

Attributes:
-------------

Constraints: max length = 50
------------------------------

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

See Attachment 2 – EMS Provider Agency List
---------------------------------------------



## OC-MEDS – DATA DICTIONARY

**itDisposition.047 - Base Hospital Contacted**

OC-MEDS Usage: Required

Reporting Condition: itDisposition.112 includes a Base Hospital value.

## Definition:

Base Hospital Contacted

Patient Identifiable:

No

Agency Identifiable:

Yes

NEMSIS Element:

Custom Element

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

## Attributes:

None

## Code List:

**See Attachment 2 –Facilities List (Base Hospital Column)*****The name is used as the value for this element, not the code. Name should be configured exactly, spaces, capitalizations, special characters, etc.***

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

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

Reporting Condition:	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 Usage:	Required
----------------	----------

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

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Length Based Tape Measure
-----------------	---------------------------

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

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

Attributes:
Comment: custom values do not need to be used unless pertinent for agency specific needs

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

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

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

Reporting Condition:	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:	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

NEMSIS 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
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**OC-MEDS – DATA DICTIONARY****Exam.05 - Head Assessment**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent.

**Definition:**

The assessment findings associated with the patient's head.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Head 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:

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 Usage: **Required**

Reporting Condition: Complete and submit when pertinent.

**Definition:**

The assessment findings associated with the patient's face.

Patient Identifiable:

No

Agency Identifiable:

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

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

Reporting Condition: Complete and submit when pertinent.

**Definition:**

The assessment findings associated with the patient's neck.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Neck 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:

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.09 - Heart Assessment**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent.

**Definition:**

The assessment findings associated with the patient's heart.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Heart 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:

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 Usage: **Required**

Reporting Condition: Complete and submit when pertinent.

**Definition:**

The location of the patient's abdomen assessment findings.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Abdominal Assessment Finding Location

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Correlation: eExam.AbdomenGroup

**Comment: New Value****Code List:**

Select Resources:

3510001 Generalized

3510003 Left Lower Quadrant

3510005 Left Upper Quadrant

3510007 Periumbilical

3510009 Right Lower Quadrant

3510011 Right Upper Quadrant

**3510013 Epigastric**



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

Reporting Condition: Complete and submit when pertinent.

**Definition:**

The assessment findings associated with the patient's abdomen.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Abdomen Assessment

Data Type:

Multi-select

Pertinent Negatives  
(PN):

Yes

Is Nillable:

Yes

NOT Values:

No

**Attributes:**

Correlation: eExam.AbdomenGroup

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

8801005 Exam Finding Not Present

**Select Resources:**

3511001 Abrasion

3511003 Avulsion

3511005 Bleeding Controlled

3511007 Bleeding Uncontrolled

3511009 Bowel Sounds-Absent

3511011 Bowel Sounds-Present

3511013 Burn-Blistering

3511015 Burn-Charring

3511017 Burn-Redness

3511019 Burn-White/Waxy

3511059 Contusion

3511055 Crush Injury

3511061 Deformity

3511021 Distention

3511023 Foreign Body

3511025 Guarding

3511053 Gunshot Wound

3511031 Laceration

3511033 Mass/Lesion

3511035 Mass-Pulsating

3511037 Normal

3511039 Not Indicated/Not Done

3511041 Pain

3511043 Pregnant-Palpable Uterus

3511045 Puncture/Stab Wound

it3511.001 Rash

3511057 Swelling

3511051 Tenderness

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

Reporting Condition: Complete and submit 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 Usage: **Required**

Reporting Condition: Complete and submit when pertinent.

**Definition:**

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

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Back and Spine Assessment Finding Location

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

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 Usage: **Required**

Reporting Condition: Complete and submit when pertinent.

**Definition:**

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

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Back and Spine Assessment

Data Type:

Multi-select

Pertinent Negatives  
(PN):

Yes

Is Nillable:

Yes

NOT Values:

No

**Attributes:**

Correlation: eExam.SpineGroup

**Code List:**

Pertinent Negatives:

8801005 Exam Finding Not Present

Select Resources:

3514001 Abrasion

3514003 Avulsion

3514005 Bleeding Controlled

3514007 Bleeding Uncontrolled

3514009 Burn-Blistering

3514011 Burn-Charring

3514013 Burn-Redness

3514015 Burn-White/Waxy

3514053 Contusion

3514049 Crush Injury

3514017 Deformity

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

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

Reporting Condition: Complete and submit 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****Code List:**

Select Resources:	3515037 Forearm-Left	3515077 Toe-2nd-Left
3515001 Ankle-Left	3515039 Forearm-Right	3515079 Toe-2nd-Right
3515003 Ankle-Right	3515041 Hand-Dorsal-Left	3515081 Toe-3rd-Left
3515005 Arm-Upper-Left	3515043 Hand-Dorsal-Right	3515083 Toe-3rd-Right
3515007 Arm-Upper-Right	3515045 Hand-Palm-Left	3515085 Toe-4th-Left
3515009 Elbow-Left	3515047 Hand-Palm-Right	3515087 Toe-4th-Right
3515011 Elbow-Right	3515049 Hip-Left	3515089 Toe-5th (Smallest)-Left
3515013 Finger-2nd (Index)-Left	3515051 Hip-Right	3515091 Toe-5th (Smallest)-Right
3515015 Finger-2nd (Index)-Right	3515053 Knee-Left	3515093 Wrist-Left
3515017 Finger-3rd (Middle)-Left	3515055 Knee-Right	3515095 Wrist-Right
3515019 Finger-3rd (Middle)-Right	3515057 Leg-Lower-Left	<b>3515097 Arm-Whole Arm and Hand-Left</b>
3515021 Finger-4th (Ring)-Left	3515059 Leg-Lower-Right	<b>3515099 Arm-Whole Arm and Hand-Right</b>
3515023 Finger-4th (Ring)-Right	3515061 Leg-Upper-Left	<b>3515101 Hand-Whole Hand-Left</b>
3515025 Finger-5th (Smallest)-Left	3515063 Leg-Upper-Right	<b>3515103 Hand-Whole Hand-Right</b>
3515027 Finger-5th (Smallest)-Right	3515065 Shoulder-Left	<b>3515105 Leg-Whole Leg-Left</b>
3515029 Foot-Dorsal-Left	3515067 Shoulder-Right	<b>3515107 Leg-Whole Leg-Right</b>
3515031 Foot-Dorsal-Right	3515069 Thumb-Left	<b>3515109 Foot-Whole Foot-Left</b>
3515033 Foot-Plantar-Left	3515071 Thumb-Right	<b>3515111 Foot-Whole Foot-Right</b>
3515035 Foot-Plantar-Right	3515073 Toe-1st (Big)-Left	
	3515075 Toe-1st (Big)-Right	

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

Reporting Condition: Complete and submit when pertinent.

**Definition:**

The assessment findings associated with the patient's extremities.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Extremities Assessment

Data Type:

Multi-select

Pertinent Negatives  
(PN):

Yes

Is Nillable:

Yes

NOT Values:

No

**Attributes:**

Correlation: eExam.ExtremityGroup

**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

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

Reporting Condition: Complete and submit when pertinent.

**Definition:**

The location of the patient's eye assessment findings.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Eye Assessment Finding Location

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Correlation: eExam.EyeGroup

**Code List:**

Select Resources:

3517001 Bilateral

3517003 Left

3517005 Right

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

Reporting Condition: Complete and submit when pertinent.

**Definition:**

The assessment findings of the patient's eye examination.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Eye Assessment

Data Type:

Multi-select

Pertinent Negatives  
(PN):

Yes

Is Nillable:

Yes

NOT Values:

No

**Attributes:**Correlation: eExam.EyeGroup Comment: **New Values****Code List:**

Pertinent Negatives:

8801005 Exam Finding Not Present

Select Resources:

3518001 1-mm

3518003 2-mm

3518005 3-mm

3518007 4-mm

3518009 5-mm

3518011 6-mm

3518013 7-mm

3518015 8-mm or &gt;

3518017 Blind

3518019 Cataract Present

3518021 Clouded

3518057 Contusion

3518023 Deformity

3518025 Dysconjugate Gaze 3518027 Foreign Body

3518029 Glaucoma Present

3518031 Hyphema

3518033 Jaundiced Sclera

3518035 Missing

3518037 Non-Reactive

3518041 Non-Reactive Prosthetic

3518039 Not Indicated/Not Done

3518043 Nystagmus Noted

3518045 Open Globe

3518047 PERRL

3518059 Puncture/Stab Wound

3518049 Pupil-Irregular/Teardrop

3518051 Reactive

3518053 Sluggish

3518055 Swelling

**3518061 Dilated****3518063 Pin Point**



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

OC-MEDS Usage: Required

Reporting Condition: 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:

No

Agency Identifiable:

No

NEMSIS Element: Mental Status 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:

3519023 Agitation

3519001 Combative

3519003 Confused

3519005 Hallucinations

3519007 Normal Baseline for Patient

3519009 Not Indicated/Not Done

3519015 Oriented-Event

3519011 Oriented-Person

3519013 Oriented-Place

3519017 Oriented-Time

it3519.100 Perseveration (Uncontrolled Verbal  
Repetition)

3519019 Pharmacologically Sedated/Paralyzed

3519025 Somnolent (Lethargic / Sleepy)

3519027 Stupor

3519021 Unresponsive

3519029 Altered mental status, unspecified

3519031 Developmentally Impaired

3519033 Disorientation, unspecified

3519035 Pharmacologically Paralyzed

3519037 Pharmacologically Sedated

3519039 Psychologically Impaired

3519041 Slowness and poor responsiveness

3519043 State of emotional shock and stress,  
unspecified

3519045 Strange and inexplicable behavior

3519049 Unspecified coma

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

Reporting Condition: Complete and submit when pertinent.

**Definition:**

The assessment findings of the patient's neurological examination.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Neurological 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:

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 Presence3520047 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 Usage: **Required**

Reporting Condition: Complete and submit when pertinent.

## Definition:

Indication if the Stroke/CVA Symptoms resolved and when.

Patient Identifiable:

No

Agency Identifiable:

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: **Required**

Reporting Condition: Complete and submit when pertinent.

**Definition:**

The location of the patient's lung assessment findings

Patient Identifiable:

No

Agency Identifiable:

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 replaces eExam.08****Code List:**

Select Resources:

3522005 Bilateral

3522001 Left

3522003 Right

**OC-MEDS – DATA DICTIONARY****eExam.23 - Lung Assessment**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent.

**Definition:**

The assessment findings associated with the patient's lungs

Patient Identifiable:

No

Agency Identifiable:

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, in part replaces eExam.08****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



## OC-MEDS – DATA DICTIONARY

**eExam.24 - Chest Assessment Finding Location**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit 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 Nillable:

No

NOT Values:

No

## Attributes:

Correlation: eExam.ChestGroup

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

## Code List:

Select Resources:

3522005 Bilateral

3522001 Left

3522003 Right

**OC-MEDS – DATA DICTIONARY****eExam.25 - Chest Assessment**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent.

**Definition:**

The assessment findings associated with the patient's chest

Patient Identifiable:

No

Agency Identifiable:

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 replaces eExam.08****Code List:**

Pertinent Negatives:

8801005 Exam Finding Not Present

Select Resources:

3525001 Abrasion

3525005 Accessory Muscles Used with Breathing

3525003 Avulsion

3525007 Bleeding Controlled

3525009 Bleeding Uncontrolled

3525011 Burn-Blistering

3525013 Burn-Charring

3525015 Burn-Redness

3525017 Burn-White/Waxy

3525047 Contusion

3525019 Crush Injury

3525021 Deformity

3525023 Flail Segment

3525043 Gunshot Wound

3525025 Implanted Device

3525027 Laceration

3525029 Normal

3525031 Not Done

3525033 Pain

3525035 Pain with Inspiration/Expiration

3525037 Puncture/Stab Wound

3525039 Retraction

3525045 Swelling

3525041 Tenderness

3525049 Tenderness-General

**OC-MEDS – DATA DICTIONARY****itExam.037 - Skin Exam Details**

OC-MEDS Usage:	Optional		
Reporting Condition:	None		
Definition:			
Skin Exam Details – Comments Field			
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Custom Element		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			



**OC-MEDS – DATA DICTIONARY****itExam.038 - Mental Exam Details**

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

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

Definition:
Mental Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

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

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

Attributes:
None

Code List:
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None
------

**OC-MEDS – DATA DICTIONARY****itExam.039 - Neurological Exam Details**

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

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

Definition:
Neurological Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

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

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

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

Attributes:
None

Code List:
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None
------

**OC-MEDS – DATA DICTIONARY****itExam.040 - Head Exam Details**

OC-MEDS Usage:	Optional
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Reporting Condition:	None
----------------------	------

Definition:
-------------

Head Exam Details – Comments Field
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Patient Identifiable:
-----------------------

No
----

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

No
----

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

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:	Optional
----------------	----------

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

Definition:
Face Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

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

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:	Optional		
Reporting Condition:	None		
Definition:			
Eye Exam Details – Comments Field			
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Custom Element		
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 Usage:	Optional
----------------	----------

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

Definition:
Neck Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

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

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.044 - Extremity Exam Details**

OC-MEDS Usage:	Optional
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Reporting Condition:	None
----------------------	------

Definition:
Extremity Exam Details – Comments Field

Patient Identifiable:	Agency Identifiable:
No	No

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

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

Attributes:
None

Code List:
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None
------

**OC-MEDS – DATA DICTIONARY****itExam.045 – Chest/Lung Exam Details**

OC-MEDS Usage:	Optional
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Reporting Condition:	None
----------------------	------

Definition:
-------------

Chest Exam Details – Comments Field
-------------------------------------

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

No
----

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

No
----

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

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

String
--------

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

No
----

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

No
----

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

No
----

Attributes:
-------------

None
------

Code List:
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None
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**OC-MEDS – DATA DICTIONARY****itExam.046 - Heart Exam Details**

OC-MEDS Usage:	Optional
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Reporting Condition:	None
----------------------	------

Definition:
-------------

Heart Exam Details – Comments Field
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Patient Identifiable:
-----------------------

No
----

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

No
----

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

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

String
--------

Pertinent Negatives (PN):
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No
----

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

No
----

NOT Values:
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No
----

Attributes:
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None
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Code List:
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None
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**OC-MEDS – DATA DICTIONARY****itExam.047 - Abdomen Exam Details**

OC-MEDS Usage:	Optional		
Reporting Condition:	None		
Definition:			
Abdomen Exam Details – Comments Field			
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Custom Element		
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 Usage:	Optional
----------------	----------

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

Definition:
-------------

Pelvis Exam Details – Comments Field
--------------------------------------

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

No
----

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

No
----

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

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 Usage:	Optional
----------------	----------

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

Definition:
-------------

Spine Exam Details – Comments Field
-------------------------------------

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

No
----

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

No
----

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

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

String
--------

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

No
----

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

No
----

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

No
----

Attributes:
-------------

None
------

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

None
------

**OC-MEDS – DATA DICTIONARY****itExam.091 – Estimated Height (Patient)**

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

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

Definition:
Patient's Height

Patient Identifiable:	Agency Identifiable:
No	No

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

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

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

Attributes:
Constraints: minimum = 0.1; maximum = 999.9; format = ###.##

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

None
------



## OC-MEDS – DATA DICTIONARY

## eHistory.01 - Barriers to Patient Care

OC-MEDS Usage: Required

Reporting Condition: 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:

No

Agency Identifiable:

No

NEMSIS Element: Barriers to Patient Care

Data Type:

Multi-select

Pertinent Negatives  
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

## Attributes:

Comment: New Values

## Code List:

## Not Values:

7701001 Not Applicable  
7701003 Not Recorded

## Select Resources:

3101001 Cultural, Custom, Religious  
3101003 Developmentally Impaired  
3101005 Hearing Impaired  
3101007 Language  
3101009 None Noted  
3101011 Obesity  
3101013 Physical Barrier (Unable to Access Patient)  
3101015 Physically Impaired  
3101017 Physically Restrained3101019 Psychologically Impaired  
3101021 Sight Impaired  
3101023 Speech Impaired  
3101025 Unattended or Unsupervised  
(including minors)  
3101027 Unconscious  
3101029 Uncooperative  
3101031 State of Emotional Distress  
3101033 Alcohol Use, Suspected  
3101035 Drug Use, Suspected

**OC-MEDS – DATA DICTIONARY****eHistory.02 - Last Name of Patient's Practitioner**

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

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

Definition:
The last name of the patient's practitioner

Patient Identifiable:	Agency Identifiable:
No	Yes

NEMSIS 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.05 - Advance Directives**

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

Reporting Condition:	Complete and submit 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
----	----

NEMIS 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 Usage: Required

Reporting Condition: itDisposition.112 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:

No

Agency Identifiable:

No

NEMESIS Element:

Medication Allergies

Data Type:

ICD-10 or RxNorm

Pertinent Negatives  
(PN):

Yes

Is Nillable:

Yes

NOT Values:

Yes

## Attributes:

None

## Code List:

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.

At a minimum the values provided in **Attachment 11** shall be used. Additional values that conform to the NEMESIS specification may also be used.

Reference the NEMESIS Suggested Lists at: <https://nemsis.org/technical-resources/version-3/version-3-resource-repository/>

Code list is represented in two separate UMLS datasets:

- 1) ICD-10 Codes.
- 2) 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



## OC-MEDS – DATA DICTIONARY

## eHistory.07 - Environmental/Food Allergies

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

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

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Environmental/Food Allergies
------------------	------------------------------

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

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

Attributes:
None

Code List:
Code list is represented in SNOMEDCT. Reference the NEMESIS Suggested Lists at: <a href="https://nemesis.org/technical-resources/version-3/version-3-resource-repository/">https://nemesis.org/technical-resources/version-3/version-3-resource-repository/</a>

At a minimum the values provided in **Attachment 12** shall be used. Additional values that conform to the NEMESIS specification may also be used.

SNOMEDCT  
Website: [http://www.nlm.nih.gov/research/umls/Snomed/snomed\\_main.html](http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html)  
Product: Product - UMLS Metathesaurus



## OC-MEDS – DATA DICTIONARY

## eHistory.08 - Medical/Surgical History

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

Reporting Condition:	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
----	----

NEMESIS 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 NEMESIS specification may also be used.

ICD-10-CM: Diagnosis Codes.

Website - <http://uts.nlm.nih.gov>

Product - UMLS Metathesaurus

Please reference the NEMESIS Suggested Lists at: <https://nemesis.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

**OC-MEDS – DATA DICTIONARY****eHistory.09 - Medical History Obtained From**

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

Reporting Condition:	Complete and submit 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 Usage:	Required
----------------	----------

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

Definition:
The medications the patient currently takes

Patient Identifiable:	Agency Identifiable:
No	No

NEMESIS Element:	Current Medications
------------------	---------------------

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

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

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

Code List:
At a minimum the values provided in <b>Attachment 14</b> shall be used. Additional values that conform to the NEMESIS specification may also be used.

Reference the NEMESIS Suggested Lists at: <https://nemesis.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

**OC-MEDS – DATA DICTIONARY****eHistory.13 - Current Medication Dose**

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

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

**Definition:**

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

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

No
----

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

No
----

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

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

Decimal
---------

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

No
----

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

No
----

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

No
----

**Attributes:**

Correlation: eHistory.CurrentMedsGroup
----------------------------------------

Constraints: format = #####.##
--------------------------------

**Code List:**

None
------

**OC-MEDS – DATA DICTIONARY****eHistory.14 - Current Medication Dosage Unit**

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

Reporting Condition:	Complete and submit 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.CurrentMedsGroup

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

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

**Definition:**

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

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

No
----

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

No
----

NEMSIS Element:	Current Medication Administration Route
-----------------	-----------------------------------------

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

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

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

No
----

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

No
----

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

No
----

**Attributes:**

Correlation: eHistory.CurrentMedsGroup
----------------------------------------

**Code List:**

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

9927001 Blow-By
-----------------

9927003 Buccal
----------------

9927005 Endotracheal Tube (ET)
--------------------------------

9927007 Gastrostomy Tube
--------------------------

9927009 Inhalation
--------------------

9927011 Intraarterial
-----------------------

9927013 Intradermal
---------------------

9927015 Intramuscular (IM)
----------------------------

9927017 Intranasal
--------------------

9927019 Intraocular
---------------------

9927021 Intraosseous (IO)
---------------------------

9927023 Intravenous (IV)
--------------------------

9927025 Nasal Cannula
-----------------------

9927027 Nasogastric
---------------------

9927029 Nasotracheal Tube
---------------------------

9927031 Non-Rebreather Mask
-----------------------------

9927033 Ophthalmic
--------------------

9927035 Oral
--------------

9927037 Other/miscellaneous
-----------------------------

9927039 Otic
--------------

9927041 Re-breather mask
--------------------------

9927043 Rectal
----------------

9927045 Subcutaneous
----------------------

9927047 Sublingual
--------------------

9927049 Topical
-----------------

9927051 Tracheostomy
----------------------

9927053 Transdermal
---------------------

9927055 Urethral
------------------

9927057 Ventimask
-------------------

9927059 Wound
---------------



**OC-MEDS – DATA DICTIONARY****eHistory.17 - Alcohol/Drug Use Indicators**

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

Reporting Condition:	eTimes.07 - Patient Contact Time is documented and itDisposition.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
----	----

NEMESIS Element:	Alcohol/Drug Use Indicators
------------------	-----------------------------

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

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

**Attributes:**

None

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

7701001 Not Applicable

7701003 Not Recorded

**Pertinent Negatives:**

8801015 None Reported

8801019 Refused

8801023 Unable to Complete

**Select Resources:**

3117001 ETOH Containers/Paraphernalia Visible

3117003 Drug Paraphernalia Visible

3117005 Admits to ETOH Use

3117007 Admits to Drug Use

3117009 Positive Test from Law or Health Provider

3117013 Physical Exam Indicates Suspected Alcohol or Drug Use

**OC-MEDS – DATA DICTIONARY****eHistory.18 - Pregnancy**

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

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

**Definition:**

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

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

No	No
----	----

NEMSIS 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**OC-MEDS Usage: **Recommended**

Reporting Condition: Complete and submit 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****Code List:**

## 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 Usage:	Recommended
----------------	-------------

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

Definition:
Current Medication Comments

Patient Identifiable:	Agency Identifiable:
No	No

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

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

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

Attributes:
Correlation: eHistory.CurrentMedsGroup

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

None
------

**OC-MEDS – DATA DICTIONARY****itHistory.008 - Environment Allergy Comments**

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

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

Definition:
Environment Allergy Comments

Patient Identifiable:	Agency Identifiable:
No	No

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

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

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

Definition:
Medication Allergy Comments

Patient Identifiable:	Agency Identifiable:
No	No

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

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

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

Definition:
Other Past Medical History

Patient Identifiable:	Agency Identifiable:
No	No

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

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

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

Attributes:
None

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

None
------

**OC-MEDS – DATA DICTIONARY****itHistory.023 - Other Allergies (Allergies Notes)**

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

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

Definition:
Other Allergies (Allergies Notes)

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Custom 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 Usage:	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 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 (Steps 1 and 2 - High Risk for Serious Injury)**

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

Reporting Condition:	eDisposition.23 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 (High Risk for Serious Injury)
-----------------	-------------------------------------------------------

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

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

**Attributes:**

None

**Code List:**

Not Values:	Pertinent Negatives:
-------------	----------------------

7701001 Not Applicable	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)

**OC-MEDS – DATA DICTIONARY****eInjury.04 - Trauma Center Criteria (Steps 3 and 4 - Moderate Risk for Serious Injury)**

OC-MEDS 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:	Trauma Center Criteria (Moderate Risk for Serious Injury)
-----------------	-----------------------------------------------------------

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

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

Attributes:
None

Code List:	
Not Values: 7701001 Not Applicable 7701003 Not Recorded	Pertinent Negatives: 8801005 Exam Finding Not Present
Select Resources: 2904019 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 > 20 MPH Including "laying bike down" 2904021 Pregnancy w/ Blunt or Penetrating Abdominal Injury it2904.018 Hanging

**OC-MEDS – DATA DICTIONARY****eInjury.05 - Main Area of the Vehicle Impacted by the Collision**

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

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

**Definition:**

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

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

No

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

No

NEMSIS Element:	Main Area of the Vehicle Impacted by the Collision
-----------------	----------------------------------------------------

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

Number

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

No

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

No

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

No

**Attributes:**

Constraints: minimum = 1; maximum = 12

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****eInjury.06 - Location of Patient in Vehicle**

OC-MEDS 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

**eInjury.07 - Use of Occupant Safety Equipment**

OC-MEDS Usage: Required

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

## Definition:

Safety equipment in use by the patient at the time of the injury

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Use of Occupant Safety Equipment

Data Type:

Multi-select

Pertinent Negatives  
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

## Attributes:

Comment: New Value

## Code List:

## Not Values:

7701001 Not Applicable

7701003 Not Recorded

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

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

Definition:
-------------

Indication of Airbag Deployment
---------------------------------

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

No
----

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

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 Usage:	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 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 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
----	----

NEMIS 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.MedicationGroup

**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 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 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

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)	9927065 BVM, (Bag Valve Mask (BVM))
9927069 IV Pump, (Intravenous Pump)	9927057 Ventimask
9927025 Nasal Cannula	9927059 Wound

**OC-MEDS – DATA DICTIONARY****eMedications.05 - Medication Dosage**

OC-MEDS Usage:	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 Usage: Required

Reporting Condition: Complete and submit if medication administered.

## Definition:

The unit of medication dosage given to patient

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS 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 and New Value

## Code List:

## Not Values:

7701001 Not Applicable

7701003 Not Recorded

## Select Resources:

3706001 gm (Grams)

3706033 gtts (Drops)

3706007 Keep Vein Open (kvo)

3706009 L (Liters)

3706035 L/min (Liters Per Minute)

3706013 Puffs

3706015 mcg (Micrograms)

3706017 mcg/kg/min (Micrograms per Kilogram per Minute)

3706019 mEq (Milliequivalents)

3706021 mg (Milligrams)

3706023 mg/kg/min (Milligrams Per Kilogram Per Minute)

3706025 ml (Milliliters)

3706027 ml/hr (Milliliters Per Hour)

3706045 Units per Hour (units/hr)

3706029 Other

3706051 Units per Kilogram per Hour (units/kg/hr)

3706055 Milligrams per Hour (mg/hr)

it3706.108 Micrograms per Hour (mcg/hr)

it3706.109 Milliequivalents per Hour (mEq/hr)

**OC-MEDS – DATA DICTIONARY****eMedications.07 - Response to Medication**

OC-MEDS 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.MedicationGroup

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:** 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:**

No

**Agency Identifiable:**

No

**NEMSIS Element:** Medication Complication**Data Type:**

Multi-select

**Pertinent Negatives  
(PN):**

No

**Is Nillable:**

Yes

**NOT Values:**

Yes

**Attributes:****Correlation:** eMedications.MedicationGroup**Code List:****Not Values:**7701001 Not Applicable  
7701003 Not Recorded**Select Resources:**3708001 Altered Mental Status  
3708003 Apnea  
3708005 Bleeding  
3708007 Bradycardia  
3708009 Bradypnea  
3708011 Diarrhea  
3708013 Extravasation  
3708015 Hypertension  
3708017 Hyperthermia  
3708019 Hypotension  
3708021 Hypothermia3708023 Hypoxia  
3708025 Injury  
3708027 Itching/Urticaria  
3708029 Nausea  
3708031 None  
3708033 Other  
3708035 Respiratory Distress  
3708037 Tachycardia  
3708039 Tachypnea  
3708041 Vomiting

**OC-MEDS – DATA DICTIONARY****eMedications.09 - Medication Crew (Healthcare Professionals) ID**

OC-MEDS 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:	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. Similar to changes in eCrew.02.

**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)

9905043 Patient

9905045 Lay Person

9905047 Law Enforcement

9905049 Family Member

**OC-MEDS – DATA DICTIONARY****eMedications.11 - Medication Authorization**

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

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
-------------------------------------------

**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 Usage:	Recommended
----------------	-------------

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

**Definition:**

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

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

No	No
----	----

NEMIS Element:	Medication Authorizing Physician
----------------	----------------------------------

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

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

**Attributes:**

Correlation: eMedications.MedicationGroup

Constraints: Min Length: 1 Max Length: 255

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****itMedications.002 - Medication Comments**

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

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

Definition:
Medication Comments

Patient Identifiable:	Agency Identifiable:
No	No

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

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

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

Attributes:
Correlation: eMedications.MedicationGroup
Constraints: max length = 500

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

None
------

**OC-MEDS – DATA DICTIONARY****itMedications.010 - Medication Site**

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

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

Definition:
Medication Site

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:
Correlation: eMedications.MedicationGroup

**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:	Base Hospital Use Only
----------------	------------------------

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

Definition:
Medication Ordered

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: <b>See Attachment 5</b>
----------------------------------------------



**OC-MEDS – DATA DICTIONARY****itMedications.018 - Medication Ordered By**

OC-MEDS 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
----	-----

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

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 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

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

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

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

Attributes:
None

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

None
------

**OC-MEDS – DATA DICTIONARY****itMedications.020 - Medication Ordered Dosage Units**

OC-MEDS Usage:	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

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

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

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

Attributes:
None

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

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

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

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

Attributes:
None

Code List:	
Select Resources: itMedications.021.100 Blow-By itMedications.021.101 Buccal itMedications.021.102 Endotracheal Tube (ET) itMedications.021.103 Gastrostomy Tube itMedications.021.104 Inhalation itMedications.021.105 Intraarterial itMedications.021.106 Intradermal itMedications.021.107 Intramuscular (IM) itMedications.021.108 Intranasal itMedications.021.109 Intraocular itMedications.021.110 Intraosseous (IO) itMedications.021.111 Intravenous (IV) itMedications.021.112 Intravenous Pump itMedications.021.113 Nasal Cannula itMedications.021.114 Nasogastric itMedications.021.115 Nasotracheal Tube itMedications.021.116 Non-Rebreather Mask	itMedications.021.117 Ophthalmic itMedications.021.118 Oral itMedications.021.119 Other/miscellaneous itMedications.021.120 Otic itMedications.021.121 Re-breather mask itMedications.021.122 Rectal itMedications.021.123 Subcutaneous itMedications.021.124 Sublingual itMedications.021.125 Topical itMedications.021.126 Tracheostomy itMedications.021.127 Transdermal itMedications.021.128 Urethral itMedications.021.129 Ventimask itMedications.021.130 Wound

**OC-MEDS – DATA DICTIONARY****itMedications.022 - Medication Ordered Response**

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

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

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

Attributes:
None

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 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
----	----

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

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

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

**Attributes:**

None
------

**Code List:**

None
------

**OC-MEDS – DATA DICTIONARY****itMedications.024 - Medication Ordered Comments**

OC-MEDS 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

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

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

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

Attributes:
None

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

None
------

**OC-MEDS – DATA DICTIONARY****eNarrative.01 - Patient Care Report Narrative**

OC-MEDS None:	Required
---------------	----------

Reporting Condition:	eTimes.07 - Patient Contact Time is documented and itDisposition.112 is not blank.
----------------------	------------------------------------------------------------------------------------

Definition:
The narrative of the patient care report (PCR).

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMIS 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.03 - Personal Protective Equipment Used**

OC-MEDS 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
----	----

NEMIS Element:	Personal Protective Equipment Used
----------------	------------------------------------

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

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

**Attributes:**

Correlation: 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:	Optional
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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
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**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 Usage:	Required
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Reporting Condition:	Complete and submit 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
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Is Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
Correlation: eOther.EMSCrewMemberGroup

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded  Select Resources: 9923001 No 9923003 Yes

**OC-MEDS – DATA DICTIONARY****eOther.06 - Type of Work-Related Injury, Death or Suspected Exposure**

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

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.EMSCrewMemberGroup

Code List:	
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting  Select Resources: 4506001 Death-Cardiac Arrest 4506003 Death-Injury Related 4506005 Death-Other 4506007 Exposure-Airborne Respiratory/Biological/Aerosolized Secretions 4506009 Exposure-Body Fluid Contact to Broken Skin 4506011 Exposure-Body Fluid Contact with Eye 4506013 Exposure-Body Fluid Contact with Intact Skin 4506015 Exposure-Body Fluid Contact with Mucosal Surface 4506017 Exposure-Needle Stick with Body Fluid Injection 4506019 Exposure-Needle Stick without Body Fluid Injection	4506021 Exposure-Toxin/Chemical/Hazmat 4506023 Injury-Lifting/Back/Musculoskeletal 4506025 Injury-Other 4506027 None 4506029 Other

**OC-MEDS – DATA DICTIONARY****eOther.08 - Crew Member Completing this Report**

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

Definition:
The statewide assigned ID number of the EMS crew member which completed this patient care report

Patient Identifiable:	Agency Identifiable:
No	Yes

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 Usage: **Required**

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:**

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 Usage: **Required**

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:

No

Agency Identifiable:

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 Usage:	Required
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Reporting Condition:	Complete and submit if available
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**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.FileGroup

**Code List:**

None



**OC-MEDS – DATA DICTIONARY****eOther.12 - Type of Person Signing**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit if available

**Definition:**

The individual's signature associated with eOther.15 (Signature Status).

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Type of Person Signing

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Correlation: eOther.SignatureGroup

**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: **Required**

Reporting Condition: Complete and submit if available

**Definition:**

The reason for the individuals signature.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Signature Reason

Data Type:

Multi-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Correlation: eOther.SignatureGroup

**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: **Required**

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:

No

Agency Identifiable:

No

NEMSIS Element: Type Of Patient Representative

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Correlation: eOther.SignatureGroup

**Code List:**

## Select Resources:

4514001 Aunt  
4514003 Brother  
4514005 Daughter  
4514007 Discharge Planner  
4514009 Domestic Partner  
4514011 Father  
4514013 Friend  
4514015 Grandfather  
4514017 Grandmother  
4514019 Guardian  
4514021 Husband  
4514023 Law Enforcement  
4514025 MD/DO  
4514027 Mother

4514031 Nurse Practitioner (NP)  
4514029 Nurse (RN)  
4514035 Other  
4514033 Other Care Provider (Home health, hospice, etc.)  
4514037 Physician's Assistant (PA)  
4514039 Power of Attorney  
4514041 Other Relative  
4514043 Self  
4514045 Sister  
4514047 Son  
4514049 Uncle  
4514051 Wife

**OC-MEDS – DATA DICTIONARY****eOther.15 - Signature Status**OC-MEDS Usage: **Required**

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:

No

Agency Identifiable:

No

NEMSIS Element: Signature Status

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Correlation: eOther.SignatureGroup

Comment: **New Values****Code List:****Select Resources:**

4515001 Not Signed - Crew Called out to another call  
4515003 Not Signed - Deceased  
4515005 Not Signed - Due to Distress Level  
4515007 Not Signed - Equipment Failure  
4515009 Not Signed - In Law Enforcement Custody  
4515011 Not Signed - Language Barrier  
4515013 Not Signed - Mental Status/Impaired  
4515015 Not Signed - Minor/Child  
eOther.15.100 Not Signed - Patient Contamination  
4515017 Not Signed - Physical Impairment of  
Extremities  
4515019 Not Signed - Refused  
4515021 Not Signed - Transferred Care/No Access to  
Obtain Signature

4515023 Not Signed - Unconscious  
4515025 Not Signed -Visually Impaired  
4515027 Physical Signature/Paper Copy  
Obtained  
4515031 Signed  
4515033 Signed-Not Patient  
**4515037 Not Signed-Restrained, (Not Signed  
- Physically Restrained)**  
**4515035 Not Signed-Illiterate (Unable to  
Read)**  
**4515039 Not Signed-Combative or  
Uncooperative**

**OC-MEDS – DATA DICTIONARY****eOther.16 - Signature File Name**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit if available

**Definition:**

The name of the graphic file for the signature.

Patient Identifiable:

No

Agency Identifiable:

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 Usage: **Required**

Reporting Condition: Complete and submit if available

**Definition:**

The description of the file attachment stored in Signature Graphic (eOther.18).

Patient Identifiable:

No

Agency Identifiable:

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 Usage: **Required**

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.SignatureGroup

Code List:

None

**OC-MEDS – DATA DICTIONARY****eOther.19 - Date/Time of Signature**OC-MEDS USage: **Required**

Reporting Condition: Complete and submit if available

**Definition:**

The date and time the signature was captured.

Patient Identifiable:

No

Agency Identifiable:

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



**OC-MEDS – DATA DICTIONARY****eOther.20 - Signature Last Name**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit if available

**Definition:**

The last name of the individual who signed the associated signature.

Patient Identifiable:

Yes

Agency Identifiable:

Yes

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 Usage: **Required**

Reporting Condition: Complete and submit if available

**Definition:**

The first name of the individual associated with the signature.

Patient Identifiable:

No

Agency Identifiable:

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 Usage: **Required**

Reporting Condition: Complete and submit if available

**Definition:**

The name of the attached file.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: File Attachment Name

Data Type:

String

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Correlation: eOther.FileGroup

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****itOther.002 - Language**

OC-MEDS Usage:	Recommended
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Reporting Condition:	Complete and submit if available
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Definition:
Used to select the language text on the signature page.

Patient Identifiable:	Agency Identifiable:
No	No

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

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

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

Attributes:
None

Code List:
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None
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**OC-MEDS – DATA DICTIONARY****itOther.015 - AMA Type**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent

Definition:

AMA Type

Patient Identifiable:

No

Agency Identifiable:

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:

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 Usage: **Required**

Reporting Condition: Complete and submit when pertinent

## Definition:

Patient/DDM Reason For AMA

Patient Identifiable:

No

Agency Identifiable:

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:

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 Usage:	Required
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Reporting Condition:	Complete and submit when pertinent
----------------------	------------------------------------

Definition:
AMA - Patient/DDM Alternative Plan

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: 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 Usage: **Required**

Reporting Condition: Complete and submit when pertinent

**Definition:**

AMA - Who (family/friends) with patient now

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Custom Element

Data Type:

Multi-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

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 Usage: **Required**

Reporting Condition: Complete and submit when pertinent

**Definition:**

AMA - Is Patient (or DDM) oriented to person, place, time &amp; event

Patient Identifiable:

No

Agency Identifiable:

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:**

itOther.020.NV.100 Not Applicable

**Select Resources:**

itOther.020.101 No

itOther.020.100 Yes

itOther.020.103 Not Available

itOther.020.102 Unknown

**OC-MEDS – DATA DICTIONARY****itOther.021 - Is Patient (or DDM) Unimpaired by drugs or alcohol**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent

**Definition:**

AMA - Is Patient (or DDM) Unimpaired by drugs or alcohol

Patient Identifiable:

No

Agency Identifiable:

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:**

itOther.021.NV.100 Not Applicable

**Select Resources:**

itOther.021.101 No

itOther.021.100 Yes

itOther.021.103 Not Available

itOther.021.102 Unknown

**OC-MEDS – DATA DICTIONARY****itOther.022 - Is Patient (or DDM) competent to refuse care**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent

## Definition:

AMA - Is Patient (or DDM) competent to refuse care

Patient Identifiable:

No

Agency Identifiable:

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:

itOther.022.NV.100 Not Applicable

## Select Resources:

itOther.022.101 No

itOther.022.100 Yes

itOther.022.103 Not Available

itOther.022.102 Unknown

**OC-MEDS – DATA DICTIONARY****itOther.023 - Has patient (or DDM) been advised that 911 can be reassessed**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent

## Definition:

AMA - Has patient (or DDM) been advised that 911 can be reassessed

Patient Identifiable:

No

Agency Identifiable:

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:

itOther.023.NV.100 Not Applicable

## Select Resources:

itOther.023.101 No

itOther.023.100 Yes

itOther.023.103 Not Available

itOther.023.102 Unknown

**OC-MEDS – DATA DICTIONARY****itOther.024 - Have the risks and complications of refusal been discussed**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent

## Definition:

AMA - Have the risks and complications of refusal been discussed

Patient Identifiable:

No

Agency Identifiable:

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:

itOther.024.NV.100 Not Applicable

## Select Resources:

itOther.024.101 No

itOther.024.100 Yes

itOther.024.103 Not Available

itOther.024.102 Unknown

**OC-MEDS – DATA DICTIONARY****itOther.025 - Is the patient 18 YEARS OF AGE or emancipated**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent

**Definition:**

AMA - Is the patient 18 YEARS OF AGE or emancipated

Patient Identifiable:

No

Agency Identifiable:

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:**

itOther.025.NV.100 Not Applicable

**Select Resources:**

itOther.025.101 No

itOther.025.100 Yes

itOther.025.103 Not Available

itOther.025.102 Unknown

**OC-MEDS – DATA DICTIONARY****itOther.029 - AMA Initial Disposition**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent

Definition:  
AMA Initial Disposition

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:

- 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 Usage: **Required**

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:

No

Agency Identifiable:

No

NEMSIS Element:

Emergency Department Disposition

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

**Attributes:**Comments: **Required to be submitted by designated ERC's per policy 300.50.****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 Usage: **Required**

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:

No

Agency Identifiable:

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.****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.:



**OC-MEDS – DATA DICTIONARY**



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 Usage: **Required**

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:

No

Agency Identifiable:

No

NEMSIS Element: External Report ID/Number Type

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**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.

**Code List:**

Select Resources:

it4303.003 AHA Patient Identifier

4303001 Disaster Tag

**it4303.002 Encounter Number**

4303003 Fire Incident Report

4303005 Hospital-Receiving

4303007 Hospital-Transferring

4303009 Law Enforcement Report

**it4303.001 Medical Record Number**

4303011 Other

4303013 Other Registry

4303015 Other Report

4303017 Patient ID

4303019 Prior EMS Patient Care Report

4303021 STEMI Registry

4303023 Stroke Registry

4303025 Trauma Registry

**OC-MEDS – DATA DICTIONARY****eOutcome.04 - External Report ID/Number**OC-MEDS Usage: **Required**

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:

No

Agency Identifiable:

No

NEMESIS Element:

External Report ID/Number

Data Type:

String

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**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.**Code List:**

None

**OC-MEDS – DATA DICTIONARY****eOutcome.05 - Other Report Registry Type**

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

Reporting Condition:	Complete and submit if pertinent
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**Definition:**

The type of external report/registry that was documented as "other" in eOutcome.03

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

No

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

No

NEMSIS Element:	Other Report Registry Type
-----------------	----------------------------

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

String

Pertinent Negatives (PN):
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No

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

No

NOT Values:
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No

**Attributes:**

Correlation: eOutcome.ExternalDataGroup

Constraints: character length = 2 to 50

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****itOutcome.106 - Emergency Department Chief Complaint**

OC-MEDS 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:	Agency Identifiable:
No	No

NEMESIS Element:	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:**

Constraints: character length = 2 to 100

Comments: Replaces eOutcome.06 which was deprecated by NEMESIS

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****itOutcome.107 - First ED Systolic Blood Pressure**

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

Data Type:	Number	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Constraints: minimum = 0; maximum = 500
Comments: Replaces eOutcome.07 which was deprecated by NEMSIS

**Code List:**

None
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**OC-MEDS – DATA DICTIONARY****itOutcome.108 - Emergency Department Recorded Cause of Injury**

OC-MEDS 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:	Agency Identifiable:
No	No

NEMESIS Element:	Custom Element
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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:
Constraints: pattern = ([TV-Y][0-9]{2})(\.[0-9A-Z]{1,7})?
Comments: Replaces eOutcome.08 which was deprecated by NEMESIS

Code List:

**OC-MEDS – DATA DICTIONARY****eOutcome.09 - Emergency Department Procedures****OC-MEDS Usage:** Required**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.

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

**NEMESIS Element:** Emergency Department Procedures

<b>Data Type:</b>	ICD-10 value	<b>Pertinent Negatives (PN):</b>	No
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<b>Is Nillable:</b>	No	<b>NOT Values:</b>	No
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**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.**Code List:**

Standardized list.

**OC-MEDS – DATA DICTIONARY****eOutcome.10 - Emergency Department Diagnosis**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.

**Definition:**

The practitioner's description of the condition or problem for which Emergency Department services were provided.

Patient Identifiable:	Agency Identifiable:
No	No

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.**

**Code List:**

Standardized list.

**OC-MEDS – DATA DICTIONARY****eOutcome.11 - Date/Time of Hospital Admission**OC-MEDS Usage: **Required**

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:

No

Agency Identifiable:

No

NEMESIS Element:

Date/Time of Hospital Admission

Data Type:

Datetime

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

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

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

Comments: **Required to be submitted by designated ERC per policy 300.50.****Code List:**

None



## OC-MEDS – DATA DICTIONARY

**eOutcome.12 - Hospital Procedures**OC-MEDS Usage: **Required**

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
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Is Nillable:	No	NOT Values:	No
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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.**

**Code List:**

Standardized list.

**OC-MEDS – DATA DICTIONARY****eOutcome.13 - Hospital Diagnosis**OC-MEDS Usage: **Required**

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

Is Nillable:	No	NOT Values:	No

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.**

**Code List:**

Standardized list.

**OC-MEDS – DATA DICTIONARY****itOutcome.114 - Total ICU Length of Stay**

OC-MEDS 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
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: minimum = 1; maximum = 400			
Comments: Replaces eOutcome.14 which was deprecated by NEMSIS			
Code List:			
None			

**OC-MEDS – DATA DICTIONARY****itOutcome.115 - Total Ventilator Days**

OC-MEDS Usage:	Optional
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Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.
----------------------	-------------------------------------------------------------------------------------------------------------------------------------------------

**Definition:**

The 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
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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 Usage: **Required**

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:

No

Agency Identifiable:

No

NEMESIS Element:

Date/Time of Hospital Discharge

Data Type:

Datetime

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

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

Comments: **Required to be submitted by designated ERC per policy 300.50.**

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****itOutcome.117 - Outcome at Hospital Discharge**

OC-MEDS 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 date and time the patient was admitted to the emergency department.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Custom 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: 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.18 - Date/Time of Emergency Department Admission**OC-MEDS Usage: **Required**

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:

No

Agency Identifiable:

No

NEMESIS Element:

Date/Time of Emergency Department Admission

Data Type:

Datetime

Pertinent Negatives  
(PN):

No

Is Nillable:

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.****Code List:**

Not Values:

7701001 Not Applicable

7701003 Not Recorded

**OC-MEDS – DATA DICTIONARY****eOutcome.19 - Date/Time Emergency Department Procedure Performed****OC-MEDS Usage:** Required**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:**

No

**Agency Identifiable:**

No

**NEMESIS 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.

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

7701001 Not Applicable

7701003 Not Recorded

**OC-MEDS – DATA DICTIONARY****eOutcome.20 - Date/Time Hospital Procedure Performed****OC-MEDS Usage:** Required**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.

**Patient Identifiable:**

No

**Agency Identifiable:**

No

**NEMESIS Element:**

Date/Time Hospital Procedure Performed

**Data Type:**

Datetime

**Pertinent Negatives  
(PN):**

No

**Is Nillable:**

No

**NOT Values:**

Yes

**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.

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

7701001 Not Applicable

7701003 Not Recorded

**OC-MEDS – DATA DICTIONARY****itOutcome.015 – EMS Subscription Membership #**

OC-MEDS 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
-----	-----

NEMESIS Element:	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:**

Constraints: max length = 255

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePatient.01 – EMS Patient ID**

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

Reporting Condition:	Auto generated on every incident.
----------------------	-----------------------------------

Definition:
The unique ID for the patient within the Agency

Patient Identifiable:	Agency Identifiable:
Yes	No

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

Reporting Condition:	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
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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 Usage:	Required
----------------	----------

Reporting Condition:	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
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Is Nillable:	Yes	NOT Values:	Yes
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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 Usage:	Optional
----------------	----------

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

**Definition:**

The patient's middle name, if any
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Patient Identifiable:
-----------------------

Yes
-----

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

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
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**OC-MEDS – DATA DICTIONARY****ePatient.05 - Patient's Home Address**

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

Reporting Condition:	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
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Is Nillable:	Yes	NOT Values:	No
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Attributes:
Constraints: character length = 1 to 255

Code List:
 Pertinent Negatives (PN) 8801023 - Unable to Complete



## OC-MEDS – DATA DICTIONARY

### ePatient.05.StreetAddress2 - StreetAddress2

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

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

Definition:
Additional address field.

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	Street Address 2
-----------------	------------------

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

Attributes:
None

Code List:
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None
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**OC-MEDS – DATA DICTIONARY****ePatient.06 - Patient's Home City**

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

Reporting Condition:	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
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Is Nillable:	Yes	NOT Values:	No
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Attributes:
GNIS Codes Website: <a href="http://geonames.usgs.gov/domestic/download_data.htm">http://geonames.usgs.gov/domestic/download_data.htm</a>

Code List:
Pertinent Negatives (PN) 8801023 - Unable to Complete

**OC-MEDS – DATA DICTIONARY****ePatient.07 - Patient's Home County**

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

Reporting Condition:	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

NEMIS Element:	Patient's Home County
----------------	-----------------------

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

Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
Constraints: pattern = [0-9]{5}

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

**OC-MEDS – DATA DICTIONARY****ePatient.08 - Patient's Home State**

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

Reporting Condition:	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

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

Reporting Condition:	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

NEMESIS Element:	Patient's Home ZIP Code
------------------	-------------------------

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

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

Definition:
The country of residence of the patient.

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Patient's Country of Residence
----------------	--------------------------------

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

Attributes:
Constraints: character length = 2
Comments: Based on the ISO Country Code.
<a href="http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm">http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm</a>

**Code List:**

None
------

**OC-MEDS – DATA DICTIONARY****ePatient.12 - Social Security Number**

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

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

Definition:
The patient's social security number

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMIS Element:	Social Security Number
----------------	------------------------

Data Type:	Number	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	No
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Attributes:
Constraints: pattern = [0-9]{9}

Code List:
 Pertinent Negatives (PN) 8801023 - Unable to Complete



## OC-MEDS – DATA DICTIONARY

## ePatient.13 - Gender

OC-MEDS Usage: Required

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

## Definition:

The Patient's Gender

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Gender

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

## Attributes:

Comments: New Values

## 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)

**OC-MEDS – DATA DICTIONARY****ePatient.14 - Race**OC-MEDS Usage: **Required**

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

NEMSIS 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

**OC-MEDS – DATA DICTIONARY****ePatient.15 - Age**

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

Reporting Condition:	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
----	----

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

Reporting Condition:	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 Usage: **Required**

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

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

Definition:
The patient's phone number

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMIS Element:	Patient's Phone Number
----------------	------------------------

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

Is Nillable:	Yes	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



**OC-MEDS – DATA DICTIONARY****ePatient.19 - Patient's Email Address**

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

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

Definition:
The email address of the patient

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	Patient's Email Address
-----------------	-------------------------

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

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

Attributes:
Constraints: character length = 3 to 100

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

None
------

**OC-MEDS – DATA DICTIONARY****ePatient.20 - State Issuing Driver's License**

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

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

**Definition:**

The state that issued the drivers license

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

No

No

NEMIS Element:	State Issuing Driver's License
----------------	--------------------------------

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

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

**Attributes:**

Constraints: pattern = [0-9]{2}

**Code List:**

Stored as the ANSI State Code.

GNIS Codes Website: [http://geonames.usgs.gov/domestic/download\\_data.htm](http://geonames.usgs.gov/domestic/download_data.htm)

**OC-MEDS – DATA DICTIONARY****ePatient.21 - Driver's License Number**

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

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"**

## 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 Usage:	Optional
----------------	----------

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

Definition:
Street Address of the other kin.

Patient Identifiable:	Agency Identifiable:
Yes	No

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

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

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

Attributes:
None IT10.24

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

None
------

**OC-MEDS – DATA DICTIONARY****itOtherKin.002 - Street Address 2**

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

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

Definition:
Street Address 2 of the other kin.

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	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 Usage:	Optional
----------------	----------

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

Definition:
Postal Code of the other kin.

Patient Identifiable:	Agency Identifiable:
No	No

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

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

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

Attributes:
None IT10.31

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

None
------

**OC-MEDS – DATA DICTIONARY****itOtherKin.004 - Apartment Number**

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

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

Definition:
Apartment Number of the other kin.

Patient Identifiable:	Agency Identifiable:
Yes	No

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

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 Usage:	Optional
----------------	----------

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

Definition:
City Name of the other kin.

Patient Identifiable:	Agency Identifiable:
No	No

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

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: <a href="http://geonames.usgs.gov/domestic/download_data.htm">http://geonames.usgs.gov/domestic/download_data.htm</a>

**OC-MEDS – DATA DICTIONARY****itOtherKin.008 - County Name**

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

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

Definition:
County Name of the other kin.

Patient Identifiable:	Agency Identifiable:
No	No

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

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 Usage:	Optional
----------------	----------

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

Definition:
State Name of the other kin.

Patient Identifiable:	Agency Identifiable:
No	No

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

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 Usage:	Optional
----------------	----------

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

Definition:
Country Code of the other kin.

Patient Identifiable:	Agency Identifiable:
No	No

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

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: <a href="http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm">http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm</a>

**OC-MEDS – DATA DICTIONARY****itOtherKin.013 - First Name**

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

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

Definition:
First Name of the other kin.

Patient Identifiable:	Agency Identifiable:
Yes	No

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

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

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

Attributes:
None

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

None
------

**OC-MEDS – DATA DICTIONARY****itOtherKin.014 - Last Name**

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

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

Definition:
Last Name of the other kin.

Patient Identifiable:	Agency Identifiable:
Yes	No

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

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

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

Attributes:
None

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

None
------

**OC-MEDS – DATA DICTIONARY****itOtherKin.015 - Middle Initial**

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

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

Definition:
Middle Initial of the other kin.

Patient Identifiable:	Agency Identifiable:
Yes	No

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

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

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

Attributes:
None

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

None
------

**OC-MEDS – DATA DICTIONARY****itOtherKin.016 - Phone**

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

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

Definition:
Phone Number of the other kin.

Patient Identifiable:	Agency Identifiable:
Yes	No

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

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

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

Attributes:
None

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

None
------



**OC-MEDS – DATA DICTIONARY****itOtherKin.017 - Relation**

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

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

**Definition:**

The relation of the other kin to the patient.
-----------------------------------------------

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:**

itOtherKin.017.001 Appointed Guardian itOtherKin.017.002 Aunt/Uncle itOtherKin.017.003 Brother itOtherKin.017.004 Child Dependent itOtherKin.017.005 Employee itOtherKin.017.006 Father itOtherKin.017.007 Grandchild itOtherKin.017.008 Grandparent itOtherKin.017.009 Life Domestic Partner	itOtherKin.017.010 Mother itOtherKin.017.011 Other itOtherKin.017.012 Other Non-Relative itOtherKin.017.013 Other Relative itOtherKin.017.014 Partner to a Civil Union itOtherKin.017.015 Sibling itOtherKin.017.016 Sister itOtherKin.017.017 Son/Daughter itOtherKin.017.018 Spouse itOtherKin.017.019 Unknown
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**OC-MEDS – DATA DICTIONARY****itPatient.004 - Patient Apartment Number**

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

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

**Definition:**

Patient Apartment Number
--------------------------

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

Yes	No
-----	----

NEMESIS Element:	Patient Apartment Number
------------------	--------------------------

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

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

**Attributes:**

Constraints: max length = 50
------------------------------

**Code List:**

None
------



## OC-MEDS – DATA DICTIONARY

### itPatient.013 - Patient Alternate Address - Street Address

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

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

Definition:
-------------

Patient Alternate Address - Street Address
--------------------------------------------

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

Yes
-----

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

No
----

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

Custom Element
----------------

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

String
--------

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

No
----

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

No
----

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

No
----

Attributes:
-------------

None
------

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

None
------

**OC-MEDS – DATA DICTIONARY****itPatient.014 - Patient Alternate Address - Street Address 2**

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

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

**Definition:**

Patient Alternate Address - Street Address 2
----------------------------------------------

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

Yes	No
-----	----

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

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

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

**Attributes:**

None
------

**Code List:**

None
------

**OC-MEDS – DATA DICTIONARY****itPatient.015 - Patient Alternate Address - Postal Code**

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

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

Definition:
Patient Alternate Address - Postal Code

Patient Identifiable:	Agency Identifiable:
No	No

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

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

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

Attributes:
None

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

None
------

**OC-MEDS – DATA DICTIONARY****itPatient.016 - Patient Alternate Address - City**

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

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

**Definition:**

Patient Alternate Address - City
----------------------------------

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

Yes	No
-----	----

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

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

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

**Attributes:**

Constraints: 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: <a href="http://geonames.usgs.gov/domestic/download_data.htm">http://geonames.usgs.gov/domestic/download_data.htm</a>
-------------------------------------------------------------------------------------------------------------------------------------------

**OC-MEDS – DATA DICTIONARY****itPatient.017 - Patient Alternate Address - County**

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

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

Definition:
Patient Alternate Address - County

Patient Identifiable:	Agency Identifiable:
No	No

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

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****itPatient.018 - Patient Alternate Address - State**

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

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

Definition:
Patient Alternate Address - State

Patient Identifiable:	Agency Identifiable:
No	No

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

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

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

Attributes:
The ANSI Code Selection by text but stored as ANSI code.

**Code List:**

None
------



**OC-MEDS – DATA DICTIONARY****itPatient.019 - Patient Alternate Address - Country Code**

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

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

**Definition:**

Patient Alternate Address - Country Code
------------------------------------------

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

No
----

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

No
----

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

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

ANSI Value
------------

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

No
----

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

No
----

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

No
----

**Attributes:**

Comments: Based on the ISO Country Codes.
-------------------------------------------

**Code List:**

ANSI Country Codes (ISO 3166) Website:

[http://www.iso.org/iso/country\\_codes/iso\\_3166\\_code\\_lists.htm](http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm)

**OC-MEDS – DATA DICTIONARY****itPatient.020 - Patient Alternate Address - Apartment Number**

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

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

**Definition:**

Patient Alternate Address - Apartment Number
----------------------------------------------

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

Yes	No
-----	----

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

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

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

**Attributes:**

None
------

**Code List:**

None
------

**OC-MEDS – DATA DICTIONARY****ePayment.01 - Primary Method of Payment**OC-MEDS Usage: **Required**

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 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
----	----

NEMIS Element:	Physician Certification Statement
----------------	-----------------------------------

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

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

**Attributes:**

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 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.CertificateGroup
----------------------------------------

**Code List:**

Select Resources: 2604001 Bed Confined 2604003 Cardiac/Hemodynamic monitoring required during transport 2604005 Confused, combative, lethargic, comatose 2604007 Contractures 2604009 Danger to self or others-monitoring 2604011 Danger to self or others-seclusion (flight risk) 2604013 DVT requires elevation of lower extremity 2604015 IV medications/fluids required during transport 2604017 Moderate to severe pain on movement 2604019 Morbid Obesity requires additional personnel/equipment to handle 2604021 Non-healing fractures 2604023 Orthopedic device (backboard, halo, use of pins in traction, etc.) requiring special handling in transit 2604025 Restraints (Physical or Chemical) anticipated or used during transport	2604027 Risk of falling off wheelchair or stretcher while in motion (not related to obesity) 2604029 Severe Muscular weakness and de-conditioned state precludes any significant physical activity 2604031 Special handling en route-Isolation 2604033 Third Party assistance/attendant required to apply, administer, or regulate or adjust oxygen en route 2604035 Unable to maintain erect sitting position in a chair for time needed to transport, due to moderate muscular weakness and de-conditioning. 2604037 Unable to sit in chair or wheelchair due to Grade II or greater decubitus ulcers on buttocks.
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**OC-MEDS – DATA DICTIONARY****ePayment.05 - Healthcare Provider Type Signing Physician Certification Statement**

OC-MEDS 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.CertificateGroup
----------------------------------------

**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 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 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 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
----	----

NEMIS 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 Usage:	Optional
----------------	----------

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

**Definition:**

The ID Number of the patient's insurance company.

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

No

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

No

NEMIS 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 Usage:	Optional
----------------	----------

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

**Definition:**

The name of the patient's insurance company.

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

No

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

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 Usage:	Optional
----------------	----------

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

**Definition:**

The billing priority or order for the insurance company.

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

No	No
----	----

NEMIS Element:	Insurance Company Billing Priority
----------------	------------------------------------

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

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

**Attributes:**

Correlation: ePayment.InsuranceGroup

**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



---

---

**ePayment.12.StreetAddress2 - Insurance Company Address 2**

OC-MEDS Usage:

Reporting Condition:

Definition:

The mailing address 2 of the Insurance Company

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Insurance Company Address 2

Data Type:

String

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

Correlation: ePayment.InsuranceGroup

Code List:

None

**OC-MEDS – DATA DICTIONARY****ePayment.12 - Insurance Company Address**

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

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

**Definition:**

The mailing address of the Insurance Company

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

No

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

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 Usage:	Optional
----------------	----------

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

**Definition:**

The insurance company's city or township used for mailing purposes.

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

No	No
----	----

NEMIS 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 Usage:	Optional
----------------	----------

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

**Definition:**

The insurance company's state, territory, or province, or District of Columbia.

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

No	No
----	----

NEMIS 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 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 Usage:	Optional
----------------	----------

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

Definition:
The insurance company's country

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Insurance Company Country
----------------	---------------------------

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

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

Attributes:
Correlation: ePayment.InsuranceGroup
Constraints: character length = 2 / Based on the ISO Country Codes.

Code List:
ANSI Country Codes (ISO 3166) Website: <a href="http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm">http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm</a>

**OC-MEDS – DATA DICTIONARY****ePayment.17 - Insurance Group ID**

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

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

**Definition:**

The ID number of the patient's insurance group.

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

Yes	No
-----	----

NEMESIS Element:	Insurance Group ID
------------------	--------------------

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

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

**Attributes:**

Correlation: ePayment.InsuranceGroup

Constraints: character length = 2 to 30

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****ePayment.18 - Insurance Policy ID Number**

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

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

**Definition:**

The ID number of the patient's insurance policy
-------------------------------------------------

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

Yes	No
-----	----

NEMIS 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 Usage:	Optional
----------------	----------

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

**Definition:**

The last (family) name of the person insured by the insurance company.

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

Yes	No
-----	----

NEMIS 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 Usage:	Optional
----------------	----------

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

**Definition:**

The first (given) name of the person insured by the insurance company

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

Yes	No
-----	----

NEMESIS 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 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
-----	----

NEMIS 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 Usage:	Optional
----------------	----------

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

**Definition:**

The relationship of the patient to the primary insured person

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

No	No
----	----

NEMIS Element:	Relationship to the Insured
----------------	-----------------------------

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

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

**Attributes:**

Correlation: ePayment.InsuranceGroup

**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 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 Usage:	Optional
----------------	----------

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

**Definition:**

The first (given) name of the patient's closest relative or guardian

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

Yes	No
-----	----

NEMESIS 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 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
-----	----

NEMESIS 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 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 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
----	----

NEMIS 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 Usage:	Optional
----------------	----------

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

**Definition:**

The state of residence of the patient's closest relative or guardian.

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

No	No
----	----

NEMIS 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 Usage:	Optional
----------------	----------

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

**Definition:**

The ZIP Code of the residence of the patient's closest relative or guardian.

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

No

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

No

NEMSIS Element:	Closest Relative/ Guardian ZIP Code
-----------------	-------------------------------------

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

String

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

No

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

No

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

No

**Attributes:**

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 Usage:	Optional
----------------	----------

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

**Definition:**

The country of residence of the patient's closest relative or guardian.

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

No	No
----	----

NEMIS 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](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 Usage:	Optional
----------------	----------

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

**Definition:**

The phone number of the patient's closest relative or guardian

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

Yes	No
-----	----

NEMIS 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 Usage:	Optional
----------------	----------

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

**Definition:**

The relationship of the patient's closest relative or guardian

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

No	No
----	----

NEMIS Element:	Closest Relative/ Guardian Relationship
----------------	-----------------------------------------

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

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

**Attributes:**

Correlation: ePayment.ClosestRelativeGroup

**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 Usage: **Required**

Reporting Condition: Complete and submit when pertinent

**Definition:**

The patient's employers Name

Patient Identifiable:

Yes

Agency Identifiable:

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 Usage:	Optional
----------------	----------

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

**Definition:**

The street address of the patient's employer

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

Yes	No
-----	----

NEMIS 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 Usage:	Optional
----------------	----------

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

**Definition:**

The city or township of the patients employer used for mailing purposes
-------------------------------------------------------------------------

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

No
----

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

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 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 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 Usage:	Optional
----------------	----------

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

**Definition:**

The country of the patient's employer

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

No	No
----	----

NEMIS 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](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 Usage: **Required**

Reporting Condition: Complete and submit when pertinent

**Definition:**

The employer's primary phone number.

Patient Identifiable:

Yes

Agency Identifiable:

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 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 Usage:	Optional
----------------	----------

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

**Definition:**

Documentation of the patient's transport need based on mobility and/or physical capability.
---------------------------------------------------------------------------------------------

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

No
----

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

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:

No

Agency Identifiable:

No

NEMSIS Element: Specialty Care Transport Care Provider

Data Type:

Multi-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Comment: New Values. Similar to changes in eCrew.02.

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

2642015 2009 Advanced Emergency Medical Technician (AEMT)  
2642011 Emergency Medical Responder (EMR)  
2642013 Emergency Medical Technician (EMT)  
2642015 Advanced Emergency Medical Technician (AEMT)  
2642017 Paramedic  
2642037 Community Paramedicine  
2642003 Nurse  
2642005 Nurse Practitioner

2642027 Other Healthcare Professional  
2642029 Other Non-Healthcare Professional  
2642009 Physician Assistant  
2642007 Physician (MD, DO)  
2642039 Registered Nurse  
2642031 Respiratory Therapist  
2642033 Student

**OC-MEDS – DATA DICTIONARY****ePayment.44 - Ambulance Transport Reason Code**

OC-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 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 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 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 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 Usage:	Optional
----------------	----------

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

**Definition:**

Documentation that the patient required an ALS assessment and it was performed.
---------------------------------------------------------------------------------

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

No
----

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

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 Usage: **Required**

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 Usage:	Optional
----------------	----------

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

**Definition:**

The condition code associated with the CMS EMS negotiated rule-making process.

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

No

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

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 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 Usage:	Optional
----------------	----------

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

**Definition:**

Prior authorization code provided by the insurance carrier/payer.

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

No

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

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 Usage:	Optional
----------------	----------

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

**Definition:**

The Payer who has provided the Prior Authorization Code.

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

No

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

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 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
----	----

NEMIS 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 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 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 BL Blue Cross/Blue Shield CH Champus CI Commercial Insurance Co. 17 Dental Maintenance Organization DS Disability 14 Exclusive Provider Organization (EPO) FI Federal Employees Program HM Health Maintenance Organization 16 Health Maintenance Organization (HMO) Medicare Risk 15 Indemnity Insurance	LM Liability Medical MC Medicaid MA Medicare Part A MB Medicare Part B ZZ Mutually Defined OF Other Federal Program 11 Other Non-Federal Programs 13 Point of Service (POS) 12 Preferred Provider Organization (PPO) TV Title V VA Veteran Affairs Plan WC Workers' Compensation Health Claim

**OC-MEDS – DATA DICTIONARY****ePayment.58 - Insurance Group Name**

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

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

**Definition:**

The name of the patient's insurance group.

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

Yes	No
-----	----

NEMIS 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
-----	----

NEMESIS Element:	Insurance Company Phone Number
------------------	--------------------------------

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

Is Nillable:	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]

Comment: **New Element**

**Code List:**

PhoneNumberType:

9913001 – Fax, 9913003 – Home, 9913005 – Mobile, 9913007 – Pager, 9913009 - Work

**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:
-----------------------	----------------------

Yes	No
-----	----

NEMIS Element:	Date of Birth of the Insured
----------------	------------------------------

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

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

**Attributes:**

Correlation: ePayment.InsuranceGroup

Constraints: Data Type Date, minInclusive 1890-01-01, maxInclusive 2050-01-01

Comment: **New Element**

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****itPayment.001 - Moved by Stretcher**

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

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

Definition:
Moved by Stretcher

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: itPayment.001.100 No itPayment.001.101 Yes

**OC-MEDS – DATA DICTIONARY****itPayment.002 - Visible Hemorrhaging**

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

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

Definition:
Visible Hemorrhaging

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: itPayment.002.100 No itPayment.002.101 Yes



**OC-MEDS – DATA DICTIONARY****itPayment.003 - Unconscious/Shock**

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

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

Definition:
Unconscious/Shock

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:  
itPayment.003.100 No  
itPayment.003.101 Yes

**OC-MEDS – DATA DICTIONARY****itPayment.004 - Bed Confined Before**

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

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

Definition:
Bed Confined Before

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:  
itPayment.004.100 No  
itPayment.004.101 Yes

**OC-MEDS – DATA DICTIONARY****itPayment.005 - Bed Confined After**

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

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

Definition:
Bed Confined After

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: itPayment.005.100 No itPayment.005.101 Yes

**OC-MEDS – DATA DICTIONARY****itPayment.007 - Physical Restraints**

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

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

Definition:
Physical Restraints

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:  
itPayment.007.100 No  
itPayment.007.101 Yes

**OC-MEDS – DATA DICTIONARY****itPayment.008 - Hospital Admit**

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

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

Definition:
Hospital Admit

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:  
itPayment.008.100 No  
itPayment.008.101 Yes

**OC-MEDS – DATA DICTIONARY****itPayment.010 - Patient Belongings Other**

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

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

Definition:
Patient Belongings Other

Patient Identifiable:	Agency Identifiable:
No	No

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

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

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

Attributes:
None

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

None
------

**OC-MEDS – DATA DICTIONARY****itPayment.011 - Patient Belongings Left With**

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

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

Definition:
Patient Belongings Left With

Patient Identifiable:	Agency Identifiable:
No	No

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

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

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

Attributes:
None

**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 Usage:	Optional
----------------	----------

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

Definition:
Patient Belongings Left With Other

Patient Identifiable:	Agency Identifiable:
No	No

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

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

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

Attributes:
None

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

None
------



**OC-MEDS – DATA DICTIONARY****itPayment.013 - Mult. Joint Contracture**

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

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

Definition:
Mult. Joint Contracture

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: itPayment.013.100 No itPayment.013.101 Yes

**OC-MEDS – DATA DICTIONARY****itPayment.014 - Invalid Transport Possible**

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

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

Definition:
Invalid Transport Possible

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:  
itPayment.014.100 No  
itPayment.014.101 Yes

**OC-MEDS – DATA DICTIONARY****itPayment.015 - Treatment Available at the Originating Facility**

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

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

Definition:
Treatment Available at the Originating Facility

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: itPayment.015.100 No itPayment.015.101 Yes

**OC-MEDS – DATA DICTIONARY****itPayment.016 - Patient Status/Bed Type**

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

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

Definition:
Patient Status/Bed Type

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: 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
----

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

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

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

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

No
----

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

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 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 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
----	----

NEMIS Element:	Procedure Performed Prior to this Units EMS Care
----------------	--------------------------------------------------

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

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

**Attributes:**

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 Usage: Required

Reporting Condition: Complete and submit if procedure performed.

## Definition:

The procedure performed on the patient.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Procedure

Data Type:

SnoMed value

Pertinent Negatives  
(PN):

Yes

Is Nillable:

Yes

NOT Values:

Yes

## Attributes:

Correlation: eProcedures.ProcedureGroup

Comment: New PN Value

## 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



**OC-MEDS – DATA DICTIONARY****eProcedures.04 - Size of Procedure Equipment**

OC-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 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
----	----

NEMIS 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 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
----	----

NEMIS Element:	Procedure Successful
----------------	----------------------

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.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:**

No

**Agency Identifiable:**

No

**NEMIS Element:** Procedure Complication**Data Type:**

Multi-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:**3907001 Altered Mental Status  
3907003 Apnea  
3907005 Bleeding  
3907047 Bradycardia  
3907007 Bradypnea  
3907009 Diarrhea  
3907011 Esophageal Intubation-immediately  
3907013 Esophageal Intubation-other  
3907015 Extravasation  
3907017 Hypertension  
3907019 Hyperthermia  
3907021 Hypotension3907023 Hypothermia  
3907025 Hypoxia  
3907027 Injury  
3907029 Itching/Urticaria  
3907031 Nausea  
3907033 None  
3907035 Other  
3907039 Respiratory Distress  
3907041 Tachycardia  
3907043 Tachypnea  
3907045 Vomiting

**OC-MEDS – DATA DICTIONARY****eProcedures.08 - Response to Procedure**

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

Reporting Condition:	Complete and submit if procedure performed.
----------------------	---------------------------------------------

Definition:
The patient's response to the procedure

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Response to Procedure
----------------	-----------------------

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: 9916001 Improved 9916003 Unchanged 9916005 Worse

**OC-MEDS – DATA DICTIONARY****eProcedures.09 - Procedure Crew Members ID**

OC-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 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.ProcedureGroup

Comment: New Values. Similar to changes in eCrew.02

**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

9905045 Lay Person

9905049 Family Member

**OC-MEDS – DATA DICTIONARY****eProcedures.11 - Procedure Authorization**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit if available

**Definition:**

The type of treatment authorization obtained

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Procedure Authorization

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Correlation: eProcedures.ProcedureGroup

**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**

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

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

**Definition:**

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

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

No	No
----	----

NEMIS Element:	Procedure Authorizing Physician
----------------	---------------------------------

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

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

**Attributes:**

Correlation: eProcedures.ProcedureGroup

Constraints: Min: 1 Max: 255

**Code List:**

None

**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
----	----

NEMIS Element:	Vascular Access Location
----------------	--------------------------

Data Type:	Single-select
------------	---------------

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

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

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

**Attributes:**

Correlation: eProcedures.ProcedureGroup

Comment: **New Values**

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

7701001 Not Applicable  
7701003 Not Recorded  
7701005 Not Reporting

**Select Resources:**

3913001 Antecubital-Left  
3913003 Antecubital-Right  
3913005 External Jugular-Left  
3913007 External Jugular-Right  
3913015 Foot-Left  
3913013 Foot-Right  
3913017 Forearm-Left  
3913019 Forearm-Right  
3913021 Hand-Left  
3913023 Hand-Right  
3913047 IO-Tibia-Left Proximal  
3913049 IO-Tibia-Right Proximal

3913051 Lower Extremity-Left  
3913053 Lower Extremity-Right  
3913057 Other Central (PICC, Portacath, etc.)  
3913055 Other Peripheral  
3913059 Scalp  
3913065 Umbilical  
3913071 Upper Arm-Left  
3913073 Upper Arm-Right  
**3913079 Wrist-Left**  
**3913081 Wrist-Right**

**OC-MEDS – DATA DICTIONARY****itProcedures.005 - Procedure Comments**

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

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

Definition:
Procedure Comments

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Procedure Comments
-----------------	--------------------

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

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

Attributes:
Correlation: eProcedures.ProcedureGroup
Constraints: max length = 500

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

None
------

**OC-MEDS – DATA DICTIONARY****itProcedures.006 - Procedure Location**OC-MEDS Usage: **Recommended**

Reporting Condition: Complete and submit if available

**Definition:**

Procedure Location

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Procedure Location

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Correlation: eProcedures.ProcedureGroup

**Code List:**

## Select Resources:

itProcedures.006.100 Antecubital-Left  
itProcedures.006.101 Antecubital-Right  
itProcedures.006.125 Arm-Left  
itProcedures.006.126 Arm-Right  
itProcedures.006.127 Back  
itProcedures.006.143 Chest  
itProcedures.006.128 Chest-Left  
itProcedures.006.129 Chest-Right  
itProcedures.006.146 Esophagus  
itProcedures.006.102 External Jugular-Left  
itProcedures.006.103 External Jugular-Right  
itProcedures.006.130 Eye-Left  
itProcedures.006.131 Eye-Right  
itProcedures.006.132 Eyes-Both  
itProcedures.006.105 Femoral-Left Distal IO  
itProcedures.006.104 Femoral-Left IV  
itProcedures.006.107 Femoral-Right Distal IO  
itProcedures.006.106 Femoral-Right IV



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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 Usage: **Required**

Reporting Condition: Complete and submit when pertinent

Definition:  
Circulation Prior To Procedure

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: Circulation Prior To Procedure

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

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

Attributes:  
Correlation: eProcedures.ProcedureGroup

Code List:
Select Resources: itProcedures.045.100 Absent itProcedures.045.101 Present

**OC-MEDS – DATA DICTIONARY****itProcedures.046 - Sensation Prior To Procedure**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent

Definition:  
Sensation Prior To Procedure

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: Sensation Prior To Procedure

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

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

Attributes:  
Correlation: eProcedures.ProcedureGroup

Code List:
Select Resources: itProcedures.046.100 Absent itProcedures.046.101 Present

**OC-MEDS – DATA DICTIONARY****itProcedures.047 - Motor Prior To Procedure**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent

**Definition:**

Motor Prior To Procedure

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Motor Prior To Procedure

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Correlation: eProcedures.ProcedureGroup

**Code List:**

Select Resources:

itProcedures.047.100 Absent

itProcedures.047.101 Present



**OC-MEDS – DATA DICTIONARY****itProcedures.048 - Circulation After Procedure**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent

Definition:  
Circulation After Procedure

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: Circulation After Procedure

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

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

Attributes:  
Correlation: eProcedures.ProcedureGroup**Code List:**  
  
Select Resources:  
itProcedures.048.100 Absent  
itProcedures.048.101 Present

**OC-MEDS – DATA DICTIONARY****itProcedures.049 - Sensation After Procedure**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent

**Definition:**

Sensation After Procedure

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Sensation After Procedure

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

Correlation: eProcedures.ProcedureGroup

**Code List:**

Select Resources:

itProcedures.049.100 Absent

itProcedures.049.101 Present

**OC-MEDS – DATA DICTIONARY****itProcedures.050 - Motor After Procedure**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent

Definition:  
Motor After Procedure

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: Motor After Procedure

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

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

Attributes:  
Correlation: eProcedures.ProcedureGroup**Code List:**  
  
Select Resources:  
itProcedures.050.100 Absent  
itProcedures.050.101 Present

**OC-MEDS – DATA DICTIONARY****itProcedures.055 - Procedure Ordered**

OC-MEDS 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

NEMSIS Element:	Procedure Ordered
-----------------	-------------------

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

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

Attributes:
None

**Code List:**

Select Resources:  
**See Attachment 4**

**OC-MEDS – DATA DICTIONARY****itProcedures.056 - Procedure Ordered By**

OC-MEDS 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

NEMSIS 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 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

NEMSIS Element:	Procedure Ordered Size of Equipment
-----------------	-------------------------------------

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

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

Attributes:
None

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

None
------

**OC-MEDS – DATA DICTIONARY****itProcedures.058 - Procedure Ordered Date/Time**

OC-MEDS 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

NEMSIS Element:	Procedure Ordered Date/Time
-----------------	-----------------------------

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

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

Attributes:
None

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

None
------

**OC-MEDS – DATA DICTIONARY****itProcedures.059 - Procedure Ordered Comments**

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

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

Definition:
Procedure Ordered Comments

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Procedure Ordered Comments
-----------------	----------------------------

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

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

Attributes:
None

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
------------	---------------	---------------------------	----

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

**Attributes:**

None

**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



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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 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
----	----

NEMIS Element:	Procedure Ordered Response
----------------	----------------------------

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

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

**Attributes:**

None

**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 Usage: **Required**

Reporting Condition: Complete and submit when pertinent

**Definition:**

The protocol used by EMS personnel to direct the clinical care of the patient

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Protocols Used

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

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)



## OC-MEDS – DATA DICTIONARY

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

**OC-MEDS – DATA DICTIONARY****eProtocols.02 - Protocol Age Category**OC-MEDS Usage: **Recommended**

Reporting Condition: Complete and submit when pertinent

**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.ProtocolGroup

**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 Usage: **Mandatory**

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 Usage: **Mandatory**

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 Usage: **Mandatory**

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 Usage:	Mandatory
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Reporting Condition:	Every submitted incident.
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Definition:
The version of the application used to create this record.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Software Version
-----------------	------------------

Data Type:	String	Pertinent Negatives (PN):	No
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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: **Mandatory**

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's are issued by the California State Office of the State Fire Marshal (SFM). More information regarding NFIRS is available at . FDID numbers are a five-digit number used for reporting data pursuant to the National Fire Incident Reporting System (NFIRS) - [www.nfirs.fema.gov](http://www.nfirs.fema.gov).

Private Provider Agencies (Ambulance Companies) will utilize the provider's Health Insurance Portability and Accountability Act (HIPAA) National Provider Identifier (NPI). NPI # is a HIPAA Administrative Simplification Standard. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. Additional information is available online at: <http://www.cms.hhs.gov/NationalProvIdentStand/>

**Code List:****See Attachment 2 - EMS Provider Agency Data List**

**OC-MEDS – DATA DICTIONARY****eResponse.02 - EMS Agency Name**OC-MEDS Usage: **Mandatory**

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

Definition:
The incident number assigned by the 911 Dispatch System

Patient Identifiable:	Agency Identifiable:
Yes	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 Usage: **Required**

Reporting Condition: Complete 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

NEMESIS Element:

EMS Response Number

Data Type:

String

Pertinent Negatives  
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

**Attributes:**

Constraints: character length = 3 to 50

**Code List:**

Not Values:

7701001 Not Applicable

7701003 Not Recorded

**OC-MEDS – DATA DICTIONARY****eResponse.05 - Type of Service Requested**OC-MEDS Usage: **Mandatory**

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:**

Correlation: eResponse.ServiceGroup

Comment: **New Values****Code List: Note (OC-MEDS Label)**

## Select Resources:

2205001 Emergency Response (Primary Response Area), (911 Response (Scene))

2205003 Emergency Response (Intercept), (911 Intercept)

2205009 Emergency Response (Mutual Aid), (911 Mutual Aid)

2205005 Hospital-to-Hospital Transfer, (Hospital to Hospital Transport)

**2205015 Hospital to Non-Hospital Facility Transfer, (Hospital to Facility Transport)****2205017 Non-Hospital Facility to Non-Hospital Facility Transfer, (Facility to Facility Transport)****2205019 Non-Hospital Facility to Hospital Transfer, (Facility to Hospital Transport)**

2205007 Other Routine Medical Transport

2205011 Public Assistance

2205013 Standby

**2205021 Support Services****2205025 Crew Transport Only****2205023 Non-Patient Care Rescue/Extrication****2205035 Administrative Operations**

**OC-MEDS – DATA DICTIONARY****eResponse.07 – Type of Unit**

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

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

**Definition:**

The transport and equipment capabilities of the EMS Unit which responded to this specific EMS event. Previously defined in 3.4 standard as: The primary role of the EMS Unit which responded to this specific EMS event

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Unit Transport and Equipment Capability
-----------------	-----------------------------------------

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

Comments:	Element Renamed, Redefined, New Values, Custom Values
-----------	-------------------------------------------------------

**Code List:****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 Other Transport, (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



**OC-MEDS – DATA DICTIONARY****eResponse.08 - Type of Dispatch Delay**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when available.

**Definition:**

The dispatch delays, if any, associated with the dispatch of the EMS unit to the EMS event.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Type of Dispatch 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:

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 Usage:	Required
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Reporting Condition:	Complete and submit when pertinent
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**Definition:**

The response delays, if any, of the EMS unit associated with the EMS event.

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

No	No
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NEMSIS Element:	Type of Response Delay
-----------------	------------------------

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

None

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

7701001 Not Applicable

7701003 Not Recorded

**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 Surflin

2209023 Traffic

2209025 Vehicle Crash Involving this Unit

2209027 Vehicle Failure of this Unit

2209029 Weather

**OC-MEDS – DATA DICTIONARY****eResponse.10 - Type of Scene Delay**OC-MEDS Usage: **Required**

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 Surflines

2210029 Traffic

2210031 Triage/Multiple Patients

2210033 Vehicle Crash Involving this Unit

2210035 Vehicle Failure of this Unit

2210037 Weather

**OC-MEDS – DATA DICTIONARY****eResponse.11 - Type of Transport Delay**

OC-MEDS Usage:	Required
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Reporting Condition:	Complete and submit when pertinent
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**Definition:**

The transport delays, if any, of the EMS unit associated with the EMS event.
------------------------------------------------------------------------------

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

No	No
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NEMSIS Element:	Type of Transport Delay
-----------------	-------------------------

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

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

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

2211001 Crowd

2211003 Directions/Unable to Locate

2211005 Distance

2211007 Diversion

2211009 HazMat

2211011 None/No Delay

2211013 Other

2211031 Patient Condition Change (e.g., Unit Stopped)

2211015 Rendezvous Transport Unavailable

2211017 Route Obstruction (e.g., Train)

2211019 Safety

2211021 Staff Delay

2211023 Traffic

2211025 Vehicle Crash Involving this Unit

2211027 Vehicle Failure of this Unit

2211029 Weather

**OC-MEDS – DATA DICTIONARY****eResponse.12 - Type of Turn-Around Delay**

OC-MEDS Usage:	Required		
Reporting Condition:	Complete and submit 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: 7701001 Not Applicable 7701003 Not Recorded  Select Resources: 2212001 Clean-up 2212003 Decontamination 2212005 Distance 2212007 Documentation 2212009 ED Overcrowding / Transfer of Care 2212033 EMS Crew Accompanies Patient for Facility Procedure 2212011 Equipment Failure 2212013 Equipment/Supply Replenishment		2212015 None/No Delay 2212017 Other 2212019 Rendezvous Transport Unavailable 2212021 Route Obstruction (e.g., Train) 2212023 Staff Delay 2212025 Traffic 2212027 Vehicle Crash of this Unit 2212029 Vehicle Failure of this Unit 2212031 Weather	

**OC-MEDS – DATA DICTIONARY****eResponse.13 - EMS Vehicle (Unit) Number**

OC-MEDS Usage:	Mandatory
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Reporting Condition:	Every submitted incident.
----------------------	---------------------------

Definition:
The unique physical vehicle number of the responding unit.

Patient Identifiable:	Agency Identifiable:
No	Yes

NEMSIS Element:	EMS Vehicle (Unit) Number
-----------------	---------------------------

Data Type:	String	Pertinent Negatives (PN):	No
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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 Usage: **Mandatory**

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:

No

Agency Identifiable:

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.19 - Beginning Odometer Reading of Responding Vehicle**OC-MEDS Usage: **Recommended**

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 Usage: **Recommended**

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 Usage: **Recommended**

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 Usage: **Recommended**

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 Usage: **Mandatory**

Reporting Condition: Every submitted incident.

**Definition:**

The indication whether the response was emergent or non-emergent. An emergent response is an immediate response.

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:**

Comment: **Modified to use standard values. Code 2 vs Code 3 response mode now documented in eResponse.24**

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

2223003 Emergent Downgraded to Non-Emergent

2223001 Emergent (Immediate Response)

2223005 Non-Emergent

2223007 Non-Emergent Upgraded to Emergent

**OC-MEDS – DATA DICTIONARY****eResponse.24 - Response Mode Descriptors**OC-MEDS Usage: **Required**

Reporting Condition: Every submitted incident.

**Definition:**

The documentation of response mode techniques used for this EMS response.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Additional Response Mode Descriptors

Data Type:

Multi-select

Pertinent Negatives  
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

**Attributes:**Comment: **New Element****Code List: Note (OC-MEDS Label)****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

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 Usage:	Optional
----------------	----------

Reporting Condition:	Complete and submit 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
-----	-----

NEMIS 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 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 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
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**Code List:**

See Attachment 3 - EMS Provider Agencies
------------------------------------------



**OC-MEDS – DATA DICTIONARY****eScene.03 - Other EMS or Public Safety Agency ID Number**

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

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

Definition:
Indicator of how many total patients were at the scene

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS 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 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 Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

Attributes:
-------------

None
------

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

Not Values: 7701001 Not Applicable 7701003 Not Recorded
---------------------------------------------------------------

Select Resources: 9923001 No 9923003 Yes
------------------------------------------------

**OC-MEDS – DATA DICTIONARY****eScene.08 - Triage Classification for MCI Patient**

OC-MEDS 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 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:
 <b>See Attachment 10 – Incident Location Type (eScene.09)</b>

**OC-MEDS – DATA DICTIONARY****eScene.10 - Incident Facility Code**OC-MEDS Usage: **Required**

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 Usage: **Required**

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

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

Definition:
StreetAddress2

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	StreetAddress2
-----------------	----------------

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

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

Attributes:
None IT5.28

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

None
------

**OC-MEDS – DATA DICTIONARY****eScene.16 - Incident Apartment, Suite, or Room**

OC-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
-----	----

NEMIS 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 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 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 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 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 Usage:	Recommendation
----------------	----------------

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

Definition:
The country of the incident location.

Patient Identifiable:	Agency Identifiable:
No	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: <a href="http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm">http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm</a>



**OC-MEDS – DATA DICTIONARY****itScene.005 - Incident Area Classification**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit if pertinent.

**Definition:**

Incident Area Classification

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Incident Area Classification

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

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 Usage: **Required**

Reporting Condition: Complete and submit when pertinent.

**Definition:**

The fire department incident district number.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: District Number

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

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 Usage: **Required**

Reporting Condition: Complete and submit when pertinent.

**Definition:**

The Emergency Operating Area (EOA) as defined by the Orange County EMS Plan.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS 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 Usage: **Required**

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

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 Complete

8801029 - Approximate

**OC-MEDS – DATA DICTIONARY****eSituation.02 - Possible Injury**

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

Reporting Condition:	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 Usage:	Required
----------------	----------

Reporting Condition:	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

NEMIS Element:	Complaint Type
----------------	----------------

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

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

Attributes:
Correlation: eSituation.PatientComplaintGroup
Comments: 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 Usage:	Required
----------------	----------

Reporting Condition:	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 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 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
----	----

NEMIS Element:	Time Units of Duration of Complaint
----------------	-------------------------------------

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

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

**Attributes:**

Correlation: eSituation.PatientComplaintGroup

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

Reporting Condition: Complete and submit when pertinent.

**Definition:**

The primary anatomic location of the chief complaint as identified by EMS personnel

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Chief Complaint Anatomic Location

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

**Attributes:**

None

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

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

2807001 Abdomen

2807003 Back

2807005 Chest

2807007 Extremity-Lower

2807009 Extremity-Upper

2807011 General/Global

2807013 Genitalia

2807015 Head

2807017 Neck

**OC-MEDS – DATA DICTIONARY****eSituation.08 - Chief Complaint Organ System**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent.

**Definition:**

The primary organ system of the patient injured or medically affected.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Chief Complaint Organ System

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:**

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



## OC-MEDS – DATA DICTIONARY

## eSituation.09 - Primary Symptom

OC-MEDS Usage: Required

Reporting Condition: 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:

No

Agency Identifiable:

No

NEMSIS Element: Primary Symptom

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

## Select Resources:

**Only values listed in Attachment 8 may be used.**



## OC-MEDS – DATA DICTIONARY

**eSituation.10 - Other Associated Symptoms**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent.

## Definition:

Other symptoms identified by the patient or observed by EMS personnel

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Other Associated Symptoms

Data Type:

ICD-10 value

Pertinent Negatives  
(PN):**Yes**

Is Nillable:

No

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

## Pertinent Negatives:

8801031 Symptom Not Present

## Select Resources:

**Only values listed in Attachment 8 may be used.**



## OC-MEDS – DATA DICTIONARY

**eSituation.11 - Provider's Primary Impression**

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

Reporting Condition:	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.**



## OC-MEDS – DATA DICTIONARY

**eSituation.12 - Provider's Secondary Impressions**

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

Reporting Condition:	Complete and submit 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:****NOT Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

**Only values listed in Attachment 9 may be used.**

**OC-MEDS – DATA DICTIONARY****eSituation.13 - Initial Patient Acuity**OC-MEDS Usage: **Required**

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

**Definition:**

The acuity of the patient's condition upon EMS arrival at the scene.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Initial Patient Acuity

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

**Attributes:**

Constraints: pattern = (R[0-6][0-9](\.[0-9]{1,4})?|(R73\.[0-9])|(R99))|([A-QSTZ][0-9]{2})(\.[0-9A-Z]{1,4})?

Comment: **New Values****Code List:****Not Values:**

7701001 Not Applicable

7701003 Not Recorded

**Select Resources:**

2813001 Critical (Red)

2813007 Dead without Resuscitation Efforts (Black)

2813003 Emergent (Yellow)

2813005 Lower Acuity (Green)

**2813009 Non-Acute/Routine**



**OC-MEDS – DATA DICTIONARY****eSituation.14 - Work-Related Illness/Injury**

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

Reporting Condition:	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:
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 Usage: **Required**

Reporting Condition: Complete and submit 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**

OC-MEDS Usage:	Recommended
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Reporting Condition:	None
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**Definition:**

The ordering physician or medical provider diagnosis or stated reason for a hospital-to-hospital transfer, other medical transport, or Mobile Integrated Healthcare encounter.

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

No	No
----	----

NEMESIS Element:	Justification for Transfer or Encounter
------------------	-----------------------------------------

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

None

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****eSituation.20 - Reason for Interfacility Transfer/Medical Transport**

OC-MEDS Usage:	Required
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Reporting Condition:	None
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**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 Usage:	Optional
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Reporting Condition:	None
----------------------	------

Definition:
Patient Belongings

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Patient Belongings
-----------------	--------------------

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

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

Attributes:
None IT8.15

<b>Code List:</b>	
Select Resources: itSituation.001.115 Cane itSituation.001.111 Cell Phone itSituation.001.103 Clothing itSituation.001.114 Crutches itSituation.001.106 False Teeth itSituation.001.104 Glasses itSituation.001.105 ID Card/License itSituation.001.102 Insurance Card itSituation.001.107 Jewelry (Describe Below) itSituation.001.110 Keys	itSituation.001.118 Medication List itSituation.001.100 Medications itSituation.001.109 None itSituation.001.108 Other (Describe Below) itSituation.001.113 Suitcase itSituation.001.112 Walker/Cane itSituation.001.101 Wallet/Purse itSituation.001.117 Weapon itSituation.001.116 Wheelchair

**OC-MEDS – DATA DICTIONARY****itPatientFollowUp.004 - Contact Name**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent.

**Definition:**

The contact name of the person who last saw the patient well.

Patient Identifiable:

Yes

Agency Identifiable:

No

NEMSIS Element: Contact Name

Data Type:

String

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

None

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****itPatientFollowUp.008 - Contact Phone**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent.

**Definition:**

The contact phone number of the person who last saw the patient well.

Patient Identifiable:

Yes

Agency Identifiable:

No

NEMSIS Element: Contact Phone

Data Type:

String

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

None

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****eTimes.01 - PSAP Call Date/Time**OC-MEDS Usage: **Required**

Reporting Condition: 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 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 Usage:	Mandatory
----------------	-----------

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

**Definition:**

The date/time the responding unit was notified by dispatch.

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

No	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 Usage:	Required
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

**Definition:**

The date/time the unit responded; that is, the time the vehicle started moving.

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

No	No
----	----

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

Reporting Condition:	Complete and submit if available
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**Definition:**

The date/time the patient was transferred from this EMS agency to another EMS agency for care.

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

No	No
----	----

NEMIS 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

**OC-MEDS – DATA DICTIONARY****eTimes.09 - Unit Left Scene Date/Time**

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

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

**Definition:**

The date/time the responding unit arrived with the patient at the destination or transfer point.

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

No	No
----	----

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 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
----	----

NEMIS 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 Usage: **Mandatory**

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 Usage: **Required**

Reporting Condition: Complete and submit if available

**Definition:**

The date/time the unit was canceled.

Patient Identifiable:

No

Agency Identifiable:

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

Reporting Condition:	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 Usage:	Required
----------------	----------

Reporting Condition:	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:

No

Agency Identifiable:

No

NEMSIS Element:

Cardiac Rhythm / Electrocardiography (ECG)

Data Type:

Multi-select

Pertinent Negatives  
(PN):

Yes

Is Nillable:

Yes

NOT Values:

Yes

**Attributes:**

Correlation: eVitals.CardiacRhythmGroup

Comment: New Values

**Code List:**

Not Values:

7701001 Not Applicable

7701003 Not Recorded

Pertinent Negatives:

8801019 Refused

8801023 Unable to Complete

Select Resources:

9901001 Agonal/Idioventricular

9901005 Artifact

9901003 Asystole

9901007 Atrial Fibrillation

9901009 Atrial Flutter

9901011 AV Block-1st Degree

9901013 AV Block-2nd Degree-Type 1

9901015 AV Block-2nd Degree-Type 2

9901017 AV Block-3rd Degree

9901019 Junctional

9901021 Left Bundle Branch Block

9901023 Non-STEMI Anterior

Ischemia

9901025 Non-STEMI Inferior Ischemia

9901027 Non-STEMI Lateral Ischemia

9901029 Non-STEMI Posterior

Ischemia

9901031 Other

9901033 Paced Rhythm

9901035 PEA

9901037 Premature Atrial  
Contractions (PAC)9901039 Premature Ventricular  
Contractions (PVC)

9901041 Right Bundle Branch Block

9901043 Sinus Arrhythmia

9901045 Sinus Bradycardia (SB)

9901047 Normal Sinus Rhythm (NSR)

9901049 Sinus Tachycardia (ST)

9901051 STEMI Anterior Ischemia

9901053 STEMI Inferior Ischemia

9901055 STEMI Lateral Ischemia

9901057 STEMI Posterior Ischemia

9901059 Supraventricular  
Tachycardia

9901061 Torsades De Points

9901063 Unknown AED Non-  
Shockable Rhythm9901065 Unknown AED  
Shockable Rhythm9901067 Ventricular  
Fibrillation (VF)9901071 Ventricular  
Tachycardia (Pulseless)9901069 Ventricular  
Tachycardia (With Pulse)9901030 Non-STEMI Septal  
Ischemia9901058 STEMI Septal  
Ischemia

**OC-MEDS – DATA DICTIONARY****eVitals.04 - ECG Type**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit if available

**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

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

Reporting Condition: Complete and submit if available

**Definition:**

The method of ECG interpretation.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Method of ECG Interpretation

Data Type:

Multi-select

Pertinent Negatives  
(PN):

No

Is Nillable:

Yes

NOT Values:

Yes

**Attributes:**

Correlation: eVitals.CardiacRhythmGroup

Constraints: minimum = 0; maximum = 500

**Code List:**

Not Values:

7701001 Not Applicable

7701003 Not Recorded

Pertinent Negatives:

3305001 Computer Interpretation

3305003 Manual Interpretation

3305005 Transmission with No Interpretation

3305007 Transmission with Remote Interpretation



**OC-MEDS – DATA DICTIONARY****eVitals.06 - SBP (Systolic Blood Pressure)**

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

Reporting Condition:	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 Usage:	Required
----------------	----------

Reporting Condition:	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

NEMESIS Element:	DBP (Diastolic Blood Pressure)
------------------	--------------------------------

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

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

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

Reporting Condition:	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
------------	---------------	---------------------------	----

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

Attributes:
Correlation: eVitals.BloodPressureGroup

**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**

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

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

Definition:
The patient's mean arterial pressure.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Mean Arterial Pressure
-----------------	------------------------

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

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

Attributes:
Correlation: eVitals.BloodPressureGroup
Constraints: Min 1 / Max 500

Code List:
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None
------

**OC-MEDS – DATA DICTIONARY****eVitals.10 - Pulse Rate**

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

Reporting Condition:	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

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**

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

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

**Definition:**

The method in which the Heart Rate was measured. Values include auscultated, palpated, electronic monitor.

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

No	No
----	----

NEMSIS Element:	Method of Heart Rate Measurement
-----------------	----------------------------------

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

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

**Attributes:**

Correlation: eVitals.HeartRateGroup

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

3311001 Auscultated

3311003 Doppler

3311005 Electronic Monitor - Cardiac

3311009 Electronic Monitor (Other)

3311007 Electronic Monitor - Pulse Oximeter

3311011 Palpated

**OC-MEDS – DATA DICTIONARY****eVitals.12 - Pulse Oximetry**

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

Reporting Condition:	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
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Is Nillable:	No	NOT Values:	No
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Attributes:
None

Code List:
Select Resources: 3313001 Irregularly Irregular 3313003 Regular 3313005 Regularly Irregular



**OC-MEDS – DATA DICTIONARY****eVitals.14 - Respiratory Rate**

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

Reporting Condition:	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 - Breathing**

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

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

Definition:
The patient's respiratory effort.

Patient Identifiable:	Agency Identifiable:
No	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 Usage:	Required
----------------	----------

Reporting Condition:	Complete and submit 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
--------------	-----	-------------	-----

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

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

Definition:
The patient's blood glucose level.

Patient Identifiable:	Agency Identifiable:
No	No

NEMIS Element:	Blood Glucose Level
----------------	---------------------

Data Type:	Number	Pertinent Negatives (PN):	Yes
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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

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 Usage: Required

Reporting Condition: 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:

Correlation: eVitals.GlasgowScoreGroup

Comment: Value labels revised to include Pediatrics

## 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****eVitals.20 - Glasgow Coma Score-Verbal**

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

Reporting Condition:	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

NEMIS Element:	Glasgow Coma Score-Verbal
----------------	---------------------------

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

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

Attributes:
Correlation: eVitals.GlasgowScoreGroup
Comment: Value labels revised to include Pediatrics

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)

**OC-MEDS – DATA DICTIONARY****eVitals.21 - Glasgow Coma Score-Motor**

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

Reporting Condition:	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

NEMIS Element:	Glasgow Coma Score-Motor
----------------	--------------------------

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

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

Attributes:
Correlation: eVitals.GlasgowScoreGroup
Comment: Value labels revised to include Pediatrics

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)

**OC-MEDS – DATA DICTIONARY****eVitals.22 - Glasgow Coma Score-Qualifier**

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

Reporting Condition:	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

NEMIS Element:	Glasgow Coma Score-Qualifier
----------------	------------------------------

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

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

Attributes:
Correlation: eVitals.GlasgowScoreGroup

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

7701001 Not Applicable  
7701003 Not Recorded

**Select Resources:**

3322001 Eye Obstruction Prevents Eye Assessment  
3322003 Legitimate values w/o interventions 3322005 Patient Chemically Paralyzed  
3322007 Patient Chemically Sedated  
3322009 Patient Intubated



**OC-MEDS – DATA DICTIONARY****eVitals.23 - Total Glasgow Coma Score**

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

Reporting Condition:	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 Usage: **Recommended**

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 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
----	----

NEMIS Element:	Temperature Method
----------------	--------------------

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

Is Nillable:	No	NOT Values:	No
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**Attributes:**

Correlation: Vitals.TemperatureGroup

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

Reporting Condition:	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 Usage:	Required
----------------	----------

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

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

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

Definition:
The type of pain scale used.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Pain Scale Type
-----------------	-----------------

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

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

Attributes:
Correlation: eVitals.PainScaleGroup

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

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

**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 Nillable:	Yes	NOT Values:	Yes
--------------	-----	-------------	-----

**Attributes:**

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

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

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.StrokeScaleGroup
Comment: <b>New Value Coding</b>

**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), (NIH)



**OC-MEDS – DATA DICTIONARY****eVitals.32 - APGAR**

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

Definition:
Pulse Oximetry Qualifier

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.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:	Custom Element
-----------------	----------------

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

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

Attributes:
None

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:	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
----------------	-------------

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:	Custom Element
-----------------	----------------

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

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

Attributes:
None

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
----------------	-------------

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

Definition:
The quality of the patient's pain.

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.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**

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

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

None

**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

**OC-MEDS – DATA DICTIONARY****itVitals.009 - Radiation**OC-MEDS Usage: **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: Custom Element

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

None

**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: **Recommended**

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

Data Type:

Number

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

None

**Code List:**

None

**OC-MEDS – DATA DICTIONARY****itVitals.011 - Duration Units**

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

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

Definition:
-------------

Duration Units.
-----------------

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

No
----

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

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.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:	Recommended
----------------	-------------

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

Definition:
-------------

PQRST Narrative
-----------------

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

No
----

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

No
----

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

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

String
--------

Pertinent Negatives (PN):
------------------------------

No
----

Is Nillable:
--------------

No
----

NOT Values:
-------------

No
----

Attributes:
-------------

Constraints: max length = 255
-------------------------------

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:
-----------------------

No
----

Agency Identifiable:
----------------------

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**

Reporting Condition: Complete and submit if available

Definition:  
Stroke Scale Speech

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: Custom Element

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

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**

Reporting Condition: Complete and submit if available

## Definition:

Stroke Scale Facial Droop

Patient Identifiable:

No

Agency Identifiable:

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.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**

Reporting Condition: Complete and submit if available

## Definition:

Stroke Scale Arm Drift

Patient Identifiable:

No

Agency Identifiable:

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:	Agency Identifiable:
-----------------------	----------------------

No	Yes
----	-----

NEMSIS Element:	Custom Element
-----------------	----------------

Data Type:	String	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

**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
------------	---------------	---------------------------	----

Is Nillable:	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
------------	---------------	---------------------------	----

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
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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
------------	---------------	---------------------------	----

Is Nillable:	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
--------------------

Patient Identifiable:
-----------------------

No
----

Agency Identifiable:
----------------------

No
----

NEMSIS Element:	Custom Element
-----------------	----------------

Data Type:
------------

string
--------

Pertinent Negatives (PN):
------------------------------

No
----

Is Nillable:
--------------

No
----

NOT Values:
-------------

No
----

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 Nillable:
--------------

No
----

NOT Values:
-------------

No
----

Attributes:
-------------

None
------

Code List:
------------

None
------



**OC-MEDS – DATA DICTIONARY****itControlledSubstances.005 - Crew Member #1 Signature**

OC-MEDS Usage:	Recommended
----------------	-------------

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
------------	--------------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

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:
-----------------------

No
----

Agency Identifiable:
----------------------

No
----

NEMSIS Element:	Custom Element
-----------------	----------------

Data Type:
------------

string
--------

Pertinent Negatives (PN):
------------------------------

No
----

Is Nillable:
--------------

No
----

NOT Values:
-------------

No
----

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:
-----------------------

No
----

Agency Identifiable:
----------------------

No
----

NEMSIS Element:	Custom Element
-----------------	----------------

Data Type:
------------

string
--------

Pertinent Negatives (PN):
------------------------------

No
----

Is Nillable:
--------------

No
----

NOT Values:
-------------

No
----

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:		Agency Identifiable:	
No		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**

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**itControlledSubstances.011 - Controlled Substance Amount Administered**

OC-MEDS Usage:	Recommended
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Reporting Condition:	Complete and submit when pertinent
----------------------	------------------------------------

Definition:
Controlled Substance Amount Administered

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element
-----------------	----------------

Data Type:	decimal	Pertinent Negatives (PN):	No
------------	---------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

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:
No	No

NEMSIS Element:	Custom Element
-----------------	----------------

Data Type:	decimal	Pertinent Negatives (PN):	No
------------	---------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****itStemi.001 - STEMI 12 Lead ECG Used?**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent

## Definition:

STEMI 12 Lead ECG Used?

Patient Identifiable:

No

Agency Identifiable:

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:

itStemi.001.100 No

itStemi.001.101 Yes



**OC-MEDS – DATA DICTIONARY****itStemi.002 - STEMI 12 Lead ECG Transmitted for Interpretation**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent

**Definition:**

STEMI 12 Lead ECG Transmitted for Interpretation

Patient Identifiable:

No

Agency Identifiable:

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:

itStemi.002.100 No

itStemi.002.101 Yes

**OC-MEDS – DATA DICTIONARY****itStemi.003 - STEMI Probable?**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent

Definition:  
STEMI Probable?

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:  
itStemi.003.102 Inconclusive  
itStemi.003.100 No  
itStemi.003.101 Yes

**OC-MEDS – DATA DICTIONARY****itStemi.004 - STEMI 12 Lead ECG Interpreted By**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent

**Definition:**

STEMI 12 Lead ECG Interpreted By

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Custom Element

Data Type:

Multi-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

**Attributes:**

None IT12.4

**Code List:**

Select Resources:

itStemi.004.4 Cardiac Monitor Program

itStemi.004.1 EMT-Basic

itStemi.004.3 EMT-Paramedic

itStemi.004.7 Nurse Practitioner

itStemi.004.5 Physician

itStemi.004.8 Physician Assistant

itStemi.004.6 Registered Nurse

**OC-MEDS – DATA DICTIONARY****itStemi.005 - STEMI Triage Criteria**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent

Definition:  
STEMI Triage Criteria

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 IT12.1**Code List:**Select Resources:  
itStemi.005.001 No  
itStemi.005.002 Yes

**OC-MEDS – DATA DICTIONARY****itVentilator.001 - Date/Time of Ventilator Setting**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent

Definition:  
Date/Time of Ventilator Setting

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: Custom Element

Data Type:	Datetime	Pertinent Negatives (PN):	No
------------	----------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:  
None

Code List:

None

**OC-MEDS – DATA DICTIONARY****itVentilator.002 - Ventilator Setting Crew Member**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent

## Definition:

Ventilator Setting Crew Member

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Custom Element

Data Type:

Single-select

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

## Attributes:

None

## Code List:

None

**OC-MEDS – DATA DICTIONARY****itVentilator.003 - Ventilator Setting Prior to EMS Care**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit if pertinent

Definition:  
Ventilator Setting Prior to EMS Care

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: itVentilator.003.101 No itVentilator.003.100 Yes

**OC-MEDS – DATA DICTIONARY****itVentilator.005 - Ventilator Mode**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit if pertinent

## Definition:

Ventilator Mode

Patient Identifiable:

No

Agency Identifiable:

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:

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 Usage: **Required**

Reporting Condition: Complete and submit if pertinent

## Definition:

VT (Tidal Volume)

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Custom Element

Data Type:

Number

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

## Attributes:

None

## Code List:

None

**OC-MEDS – DATA DICTIONARY****itVentilator.013 - PEEP (Positive End-Expiratory Pressure)**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent

## Definition:

PEEP (Positive End-Expiratory Pressure)

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element:

Custom Element

Data Type:

Number

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

## Attributes:

Comments: May be required if agency is using Ventilators

## Code List:

None

**OC-MEDS – DATA DICTIONARY****itVentilator.014 - FiO2 - Percentage**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent

Definition:

FiO2 - Percentage

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Custom Element

Data Type:

Number

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

None

Code List:

None



### itVentilator.016 - PS (Pressure Support)

OC-MEDS Usage: Required

Reporting Condition: Complete and submit when pertinent

Definition:  
PS (Pressure Support)

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element: Custom Element

Data Type:	Number	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:  
None

Code List:

None



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**itVentilator.035 - Date/Time of Ventilator Measurement**

OC-MEDS Usage:	Required
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Reporting Condition:	Complete and submit when pertinent
----------------------	------------------------------------

Definition:
Date/Time of Ventilator Measurement

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element
-----------------	----------------

Data Type:	Datetime	Pertinent Negatives (PN):	No
------------	----------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

Code List:
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None
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**OC-MEDS – DATA DICTIONARY**

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**itVentilator.038 - Ventilator RR (Respiratory Rate)**

OC-MEDS Usage:	Required
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Reporting Condition:	Complete and submit when pertinent
----------------------	------------------------------------

Definition:
Ventilator RR (Respiratory Rate)

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element
-----------------	----------------

Data Type:	Number	Pertinent Negatives (PN):	No
------------	--------	---------------------------	----

Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

Code List:
------------

None
------

**OC-MEDS – DATA DICTIONARY****itVentilator.039 - PIP (Peak Inspiratory Pressure)**OC-MEDS Usage: **Required**

Reporting Condition: Complete and submit when pertinent

## Definition:

PIP (Peak Inspiratory Pressure)

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Custom Element

Data Type:

Decimal

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

## Attributes:

Units – cmH2O

## Code List:

None



OC-MEDS – DATA DICTIONARY



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itVentilator.043 - I:E Ratio

OC-MEDS Usage:	Required
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Reporting Condition:	Complete and submit when pertinent
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Definition:
-------------

I:E Ratio
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Patient Identifiable:
-----------------------

No
----

Agency Identifiable:
----------------------

No
----

NEMSIS Element:	Custom Element
-----------------	----------------

Data Type:
------------

String
--------

Pertinent Negatives (PN):
------------------------------

No
----

Is Nillable:
--------------

No
----

NOT Values:
-------------

No
----

Attributes:
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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:

No

Agency Identifiable:

No

NEMSIS Element: Custom Element

Data Type:

decimal

Pertinent Negatives  
(PN):

No

Is Nillable:

No

NOT Values:

No

Attributes:

Units – cmH2O

Code List:

None